



Monroe County Health Department

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www.monroecountyohio.com/departments/health_department/

SITE REVIEW APPLICATION

Fee: \$125.00

Property Owner's Name: _____

Phone Number: _____ E-mail: _____

Township: _____ Lot Size: _____ Number of Bedrooms: _____

Current Mailing Address: _____

Property Address: _____

Printed Name: _____ Date: _____

Applicant's Signature: _____ Date: _____

****An approved Site Review shall be valid for no more than five years from approval date. ****

Application for a Site Review is in accordance with Rule 3701-29-09 of the Administrative Code **MUST INCLUDE** the following: **SOIL EVALUATION AND SEWAGE TREATMENT SYSTEM DESIGN**

1. Soil Evaluation- A soil evaluation must be completed in accordance with Rule 3701-29-07 of the Administrative Code.

Soil Evaluator: _____ Phone Number: _____

2. STS Design- A Sewage Treatment System Design must be completed in accordance of Rule 3701-29-10 of the Administrative Code.

Designer: _____ Phone Number: _____

**** Do Not Write Below This Line—Office Use Only ****

Date Application Received: _____ Receipt Number: _____

Date Site Review Completed: _____ Amount Paid: _____

Site Review: Approved Disapproved Cash: Check Number: _____

Reviewed By: _____ Date: _____

Reason for disapproval: _____