



**Public Health**  
Prevent. Promote. Protect.  
**Greene County**



**Greene County Public Health**  
*Melissa Howell MS, MBA, MPH, RN, RS, Health Commissioner*  
*Kevin L. Sharrett, MD, Medical Director*

## SITE & SEWAGE DESIGN REVIEW APPLICATION

Date \_\_\_\_\_

Site ID \_\_\_\_\_

Fill out this form as completely as possible.

1. Review the application to ensure all the necessary information has been provided.
2. The lot must be marked with a sign that is clearly visible from the road.
3. Property lines and corners must be clearly staked and marked.
4. House and accessory buildings must be staked.
5. The area of the proposed sewage system must be clearly staked, and free of tall grass, brush, or crops.
6. A Site and Soil Evaluation form must be submitted with this application, along with a scaled drawing. See Sewage Design Instructions for more details.
7. An approved design is valid for up to five (5) years.
8. Construction of the new sewage system must NOT begin until the design is approved, AND an Installation Permit has been purchased.

Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

Location of Property _____		
Township/City _____	Parcel ID _____	
Subdivision _____	Lot # _____	Acreage _____
Number of Bedrooms in Proposed House _____ Foundation Type? <input type="checkbox"/> Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab		

***This space for office use only.***

<p>The following are attached with this application:</p> <p><input type="checkbox"/> Site &amp; Soil Evaluation form</p> <p><input type="checkbox"/> Scaled drawing of proposed system</p> <p><input type="checkbox"/> House plans</p>
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Site & Design ARE Conditionally Approved

Site & Design ARE NOT Approved

—Explanation Attached

Sanitarian \_\_\_\_\_ Date \_\_\_\_\_