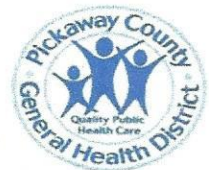


PICKAWAY COUNTY GENERAL HEALTH DISTRICT

P.O. BOX 613 CIRCLEVILLE, OHIO 43113

Phone: (740) 477-9667 ♦ Fax: (740) 474-5523 ♦ Clinical Health Fax (740) 420-6102



Planning · Developing
Educating · Implementing

Household Sewage Treatment System Evaluation for room additions, pools, garages/pole barns, etc.

Owners Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Site/Location Address: _____

Email: _____ Township: _____

Type of Evaluation:

- Pool
- Garage/Pole Barn
- Room Addition/s
- Ponds

Other
Explain: _____

Dimensions of proposed addition: _____

Drawing of existing and new construction below: _____ or Drawing attached



*******Do not fill out below this line Health Dept. section*******

Approved by The Pickaway County General Health District
No sewage permit required.

Sewage Permit required by The Pickaway County General Health District

Disapproved by The Pickaway County General Health District for the following reason: _____

*******Do not fill out below this line Health Dept. section*******

Comments _____

Sanitarian _____ Date: _____

This evaluation is not a guarantee and applies only to conditions noted on the above date of inspection. Our examination is limited to those items that can be observed under the prevailing weather and surface conditions on the above date of inspection, and not by the factors that cannot be observed upon inspection.