

BELMONT COUNTY HEALTH DEPARTMENT

68501 Bannock Road • St. Clairsville, Ohio 43950 • Phone (740) 695-1202 • Fax (740) 695-8890

www.BelmontCountyHealth.com



SITE REVIEW APPLICATION

FEE: \$350.00

Site Review fee must accompany a completed site review application.

Please make your check payable to: Belmont County Health Department

Parcel (s) # _____ # of Bedrooms or GPD _____

Township: _____ Lot Size: _____

Property Owner's Name: _____

Phone#: _____ E-mail: _____

Current Mailing Address: _____
Include City/Town

Property Address (Required) _____
Include City/Town

Applicant's Signature: _____

Printed Name: _____

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

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

☐ Soil Evaluator Name: _____ Phone # _____

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

☐ Designer Name: _____ Phone # _____

Do Not Write Below This Line - Office Use Only

Date Application Received: _____ Receipt # _____

Date Site Review Completed: _____ Amount Paid: _____

Site Review _____ Approved _____ Disapproved _____ Cash _____ Check # _____

Reviewed By: _____

Reason for Disapproval: _____

An approved site review shall be valid for five years from the date of approval provided there are no changes to the site conditions or the STS design, including the sewage source.

Revised 1/4/2024