

# GREENE COUNTY COMBINED HEALTH DISTRICT

360 Wilson Drive, Xenia, Ohio, 45385-1810  
Phone#: (937)374-5600, Toll Free 1-866-858-3588 Fax#: (937)374-5675

## SEWAGE TREATMENT SYSTEM APPLICATION/PERMIT

DATE \_\_\_\_\_  NEW INSTALLATION Installation Permit # \_\_\_\_\_  
DATE EXPIRES \_\_\_\_\_  ALTERATION INSTALLATION Operation Permit # \_\_\_\_\_

### INSTRUCTIONS

- Fill out the form completely. Please print and make writing legible.

Applicant \_\_\_\_\_ Telephone Number \_\_\_\_\_

Installation Address \_\_\_\_\_ Township \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot Number \_\_\_\_\_ Parcel ID # \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cellular \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Installer \_\_\_\_\_ Telephone Number \_\_\_\_\_

Registration Number \_\_\_\_\_ Estimated System Cost \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

### Do Not Write Below This Line

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\_\_\_\_\_ As Built Record Received \_\_\_\_\_ DATE Revised As Built Record Received \_\_\_\_\_ DATE

\_\_\_\_\_ Reviewed on \_\_\_\_\_ DATE by \_\_\_\_\_ SANITARIAN Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Audit Sticker New Installation