



AUGLAIZE COUNTY HEALTH DEPARTMENT

prevent. promote. protect.

Application for Site Evaluation

Applicant Name:	Phone Number:
Mailing Address:	Cell Phone Number:

Property Information:

Location of Property:				
Township:	Section:	Lot Size (Acres):	Width (ft.):	Depth (ft.):
Type of dwelling : ___ 1 Family ___ 2 Family ___ 3 Family ___ Privy				Number of Bedrooms:
Proposed System Type: ___ New ___ Replacement ___ Alteration				

Submit this form with the following:

- \$100.00 fee
- Soil profile
- House plans
- 2 copies of HSTS design

*Note: Do not return this application until after house and lot have been properly flagged.

For Office Use Only

Initial information entered into HDIS	Date: _____ Initials: _____
Number of bedrooms verified via house plans (make change above as needed).	Date: _____ Initials: _____
Site / Soil review received.	Date: _____ Initials: _____
Site review Packet provided to applicant	Date: _____ Initials: _____
HSTS design plan received	Date: _____ Initials: _____
HSTS design entered into HDIS	Date: _____ Initials: _____
HSTS design approved	Date: _____ Initials: _____

Remarks: _____
