

Clark County Combined Health District (CCCHD)
Division of Environmental Health
529 E. Home Road
Springfield, Ohio 45503
Phone: 937-390-5600 Fax: 937-390-5625

Permit to Install or Replace
a Household Sewage Disposal System

Permit Fee \$175.00 Receipt #: _____

An installation permit is valid for one year from the date of issuance.

Address of Site	City	State	Zip
Check Type of Permit Requested: <input type="checkbox"/> New System <input type="checkbox"/> Replacement System			

Applicant Contact Information:			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

Owner Information if Different from Applicant:			
Name			
Address	City	State	Zip
Telephone Number:	Cell Phone Number:		

Installer Name:	Installer Telephone Number:	Installer Registration Number:
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By signing this permit, you agree to abide by any and all state laws and regulations and by the regulations set forth by the Clark County Combined Health District.

Applicant Signature:	Date:
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For Health District Use Only

Permit #:	Date Issued:	Expiration Date:
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