



Clinton County Health District

Public Health - Prevent. Promote. Protect.

ID # _____
111 S. Nelson Ave. Suite 1
Wilmington, Ohio 45177
info@clincohd.com
937.382.3829

Lot Improvement \$100.00

Applicant Name: _____ Date: _____

Address of Improvement: _____

Twp: _____ Phone: _____ Email: _____

(If different than above.)
Owner Name: _____ Address: _____

Phone: _____ Email: _____

Send results to: Applicant Address Applicant Email Owner Address Owner Email

Description of Improvement: _____

Dimensions: _____ Proposed Location: _____

Is there a bedroom or bathroom being added? _____ If so, describe change: _____

Property Sketch

Include the location of your household sewage treatment system, private water system, property lines, easements, and other details you would like to share.

*** The improvement location must be accessible and be staked, flagged, or marked on the property. ***

- OFFICE USE ONLY -

Date(s) Received/Fee Paid _____ Receipt # _____ Date/Initials Results Sent _____

Comments: _____

Approved: _____ Disapproved: _____ Date: _____

Registered Environmental Health Specialist (REHS) Signature: _____

