

ATTACHMENT B
Mahoning County District Board of Health
Site Plan

PROPERTY INFORMATION			Permit Type	
Installation Address	Street	City	Addition	<input type="checkbox"/>
			Structure Replacement	<input type="checkbox"/>
			Lot Division	<input type="checkbox"/>

Please prepare an accurate, detailed drawing of the above referenced property. Show the following: existing septic system(s) location, well(s) location, proposed & existing adjacent structures, driveways and utility lines. Show distances between proposed structures and the septic system(s), well(s), existing structures, driveways, utility lines and property lines & bodies of water.

