1 - HALDEMAN, Wilson - R 1 TR 371 Dover (Sc)
5 - HARIG, Terry - R 1 CR 94 Strasburg (Sm)
6 - HAMILTON, Mike - Riverside Warwick Twp (Tschudy)
8 - HAGLOCK, Grant - R 1 Red Hill Dover (Sc)
9 - HATCHER, Herbert - R 1 Gnadenhutten (Sm)
11 - HILL, Sue - R 4 New Phila (Bouscher)
15 - HEAD, David - TR 66 R 1 Dundee (Glick)
17 - HABINAK, James - R 1 CR 90 Min City (N)
18 - HERSHEYBERGER, Abe - CR 97 Dundee (Yoder)
13 - KUHN, Lynn - R 2 Sgcrk (Shutt)
16 - KERNS, Delmer - CR 62 Uhrichsville
20 - KEPLINGER, Florence - R 1 CR 78 Dover (Gasser)
21 - KUERMERLE, Larry - R 1 SR 39 Dover (Gasser)
14 - LEE, Ed - R 5 Old Rt 250 N.F. (Larkin)
22 - LIEDTKE, Michel - R 3 TR 267 N.P. (Larkin)
23 - LUSHER, John - R 2 CR 80 Dover (Wallace)
24 - LIMBACHER, Mike - R 3 TR 462 N.P. (Tschudy)
7 - GRAY, Glenn - R 2 CR 13 Tippecanoe (Self)
10 - GRIESEN, Wm - Rt 1 Stonecreek (Bayer)
2 - ICKES, Lloyd - R 2 Port Wash (Fivencrast)
12 - IRVEN, Bill - R 2 Uhrichsville (Thornton)
3 - JOHNS, Barry - R 1 CR 21 Nctn (Hooper)
4 - JOHNSTON, Donald - R 1 Sgcrk (Sulzener)
19 - JONES, Jack - R 2 Nctn (Self)
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Wilson Haldeman
Phone: 343-5957
Date: 2/25/81

Address: Route 91, Dover

I hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Route 91, Dover

(Property mailing address) (municipality or township) (Road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(Signature, owner or authorized agent)

(Signature, installer's name)

This application is for the following disposal devices.

Septic tank 1250 gal
Aerobic tank 1250 gal

Leaching lines
Leaching well
Filter

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by: RF
Date: 2/12/81

Fee paid: $25.00

Permit issued: 2/12/81
(Clerk)

Permit number: 8-81

Inspection date: 2/25/81

INSTALLATION INSPECTION

Existing tank:

Sewage tank: Aerobic
Leaching field ___ x ___ lineal feet
Filter
Leaching well

Inspected by: R. Forson
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:  

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.

If none check here  

(Owner's name)
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Lloyd Ickes Jr.  Phone: 937-333-0 Date: 3/24/83
Address: Uhrichsville  hereby applies for a permit to
install, alter, extend or modify a sewage disposal system located at

145  Road & Post Washington Perry Twp. (property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(signature, owner or authorized agent)  (installer's name)

(address)  (address)

This application is for the following disposal devices.

Septic tank 1500 gallon

Aerobic tank (gallon)

Leaching lines 400 (linear feet) Leaching well (size) Filter (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit approved by RDF</td>
</tr>
<tr>
<td>Date 3-21-81</td>
</tr>
<tr>
<td>Fee paid $35</td>
</tr>
<tr>
<td>Permit issued 2/25/81 (date) Ltc (clerk)</td>
</tr>
<tr>
<td>Permit number 7-81</td>
</tr>
<tr>
<td>Inspection date 3-6-81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewage tank 1500 gallon</td>
</tr>
<tr>
<td>Leaching field 4 x 100 linear feet</td>
</tr>
<tr>
<td>Filter</td>
</tr>
<tr>
<td>Leaching well</td>
</tr>
<tr>
<td>Inspected by Richard Petz</td>
</tr>
</tbody>
</table>
1500 gallon septic tank → 0

Need to split flow in dish box

R/A

Soil sandy - some small gravel at bottom of hole when checked by auger

T.R. 145 to CR 10
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:  

1. The shape and dimensions of the lot with the location of lot lines.
2. The location and construction of the sewage disposal system.
3. The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
4. The slope and general drainage pattern of the lot.
5. The area reserved for relocation of the sewage disposal system.
6. Depth to ground water or rock strata.
7. Location of any drainage lines.
8. Percolation rates or soil study data.
9. The location of the dwelling and any existing or proposed buildings.
10. Locate and describe any right of ways or easements on this lot.

If none check here _ _ _
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 443, Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 7-22-80

LOCATION OF PROPERTY
Town or Township
Street, Road, Allotment or Lot No.

SOIL CONDITIONS Sand
SOIL PERCOLATION TEST RESULTS OK

PROPOSED LAND USE 3 BEDROOM 1 FAMILY DWELLING, OTHER:

---

INSERT DIAGRAM

---

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES  NO  INCOMPLETE

1500 GALLON SEPTIC TANK 400 LINEAL FEET OF LEACHING LINE LEACHING WELL

AEROBIC TANK FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES  NO  INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN

(Richard Foutz)
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner BARRY & BETTY JOHNS Phone 498-5630 Date 2-18-81

Address RT 1 CORNOAD 21 NEWCOMERTOWN, OHIO hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

RT 1 CORNOAD 21 NCT, O

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(signature, owner or authorized agent)

Hooper & Sons Excavating

(installer's name)

RT 1 NEWCOMERTOWN, O

(address)

MAIN ST PORT WASHINGTON, O

(address)

498-7657

(phone)

This application is for the following disposal devices.

Septic tank (gallon)

Aerobic tank 10\' x 5\' 4\' x 6\'

(gallon)

Leaching lines (linear feet)

Leaching well (size)

Filter 4 x 8 x 3 3/4 ft

(size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

<table>
<thead>
<tr>
<th>Permit approved by</th>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: 2-20-81</td>
<td>Sewage tank AEROBIC gallon</td>
</tr>
<tr>
<td>Fee paid $25.00</td>
<td>Laaching field x linear feet</td>
</tr>
<tr>
<td>Permit issued 2/20/81 (date)</td>
<td>Filter 4 x 8' Surface sand</td>
</tr>
<tr>
<td>Permit number 5-81 (clerk)</td>
<td>Leaching well</td>
</tr>
<tr>
<td>Inspection date 3/3/81</td>
<td>Inspected by Richard Smith</td>
</tr>
</tbody>
</table>
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

1. The shape and dimensions of the lot with the location of lot lines.
2. The location and construction of the sewage disposal system.
3. The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
4. The slope and general drainage pattern of the lot.
5. The area reserved for relocation of the sewage disposal system.
6. Depth to ground water or rock strata.
7. Location of any drainage lines.
8. Percolation rates or soil study data.
9. The location of the dwelling and any existing or proposed buildings.
10. Locate and describe any right of ways or easements on this lot.

If none check here

Ohio Power
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
227 E. Iron Ave., PO Box 3, Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 11-13-80

LOCATION OF PROPERTY

SITE EVALUATION FOR:
 NAME Barry Johns
 ADDRESS Rt. 1, Mala
 PHONE
 PRESENT OWNER Aboe
 PROPERTY SIZE 4 ac.

LOCATION OF PROPERTY

Soil Conditions

Soil Percolation Test Results

PROPOSED LAND USE

Bedroom Family Dwelling, Other:

This drawing not to scale

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

Site Approved for Sewage Disposal: YES NO INCOMPLETE

Gallon Septic Tank Lineal Feet of Leaching Line Leaching Well

Aerobic Tank Filter - Recorded Permission to Discharge Required

Site Approved for Transfer Subject to Survey YES NO INCOMPLETE

Transfer Not Required

Sanitarian Richard Feath
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Donald Johnston  Phone: 334-681  Date: 2/29/81
Address: Route 1, Sugarcreek

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

signature, owner or authorized agent

(address)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank

Leaching lines 400 (linear feet)
Leaching well (size)
Filter (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by

Date 2-24-81
Fee paid $35

Permit issued 2-24-81 (date) (clerk)
Permit number L-81
Inspection date 3-17-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon
Leaching field 2 x 400 linear feet
Filter 55 TON GRAVEL
Leaching well

Inspected by CARL KELLY
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 205, Dover, Ohio
Phone: 334-5555 or 254-9371

DATE 12-29-80

LOCATION OF PROPERTY

Franklin Twp Rd 425
Town or Township

SOIL CONDITIONS 576 DEPTH TO GROUND WATER Checkmark

SOIL PERCOLATION TEST RESULTS Not Necessary

PROPOSED LAND USE 3 BEDROOM 1 FAMILY DWELLING, OTHER: No home.

Note: WATER WELL TO BE 50 FEET FROM LEACHING LINES & SEPTIC TANK

This drawing not to scale

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES [ ] NO [ ] INCOMPLETE [ ]

GALLON SEPTIC TANK 400 LINEAL FEET OF LEACHING LINE [ ] LEACHING WELL [ ]

AEROBIC TANK [ ] FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED [ ]

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY: YES [ ] NO [ ] INCOMPLETE [ ]

TRANSFER NOT REQUIRED

SANITARIAN [Signature]
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

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PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

897 East Iron Ave., PO Box 443 Dover, Ohio Phone 343-5555

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner TERRY L. HARIG. Phone 833-2469 Date 3-16-81
Address 819 -Lot. SE Massillon O. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at RT. - CO. 94

STRASBURG, Franklin Township, CO. 94
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

JERRY L. HARIG
(signature, owner or authorized agent)

819 Lot. SE Massillon Ohio
(address)

This application is for the following disposal devices.

Septic tank 1500 (gallon)

Aerobic tank _______ (gallon)

Leaching lines 600 (linear feet)
Leaching well _______ (size)
Filter _______ (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by KNC
Date 3-16-81
Fee paid $35.00
Permit issued 3-16-81 (date) (clerk)
Permit number 13-81
Inspection date 3-25-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon
Leaching field 5 x 125 linear feet
Filter
Leaching well 5
Inspected by CA

[Signature]
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 62, Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 7-29-80

LOCATION OF PROPERTY
Town or Township

SOIL CONDITIONS

SOIL PERCOLATION TEST RESULTS

PROPOSED LAND USE

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES 7-29-80 NO INCOMPLETE

1500 GALLON SEPTIC TANK 400 LINEAL FEET OF LEACHING LINE LEACHING WELL

AERobic TANK FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES 2-29-80 NO INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

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WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

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PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

897 East Iron Ave., PO Box 443 Dover, Ohio Phone 343-5555

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Mike Hamilton Phone __________ Date 5/18/81

Address ____________________________ (Riverside) hereby applies for a permit to
install, alter, extend or modify a sewage disposal system located at ____________________________

(Warwick)

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with
the Regulations of the Tuscarawas County, Ohio, General Health District. I have received
a summary of these rules and regulations and understand the provisions therein. I will
call for inspection of the completed system at least 24 hours in advance of the expected
covering date.

Randy Tschudy
(signature, owner or authorized agent)

Randy Tschudy Co.
(installer's name)

Rt 4, New Phil 140
(address) 922-0986
(phone)

This application is for the following
disposal devices.

Septic tank ______ (gallon)

Aerobic tank ______ (gallon)

Leaching lines ______ (linear feet)
Leaching well ______ (size) Filter ______ (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

 Permit approved by __________
 Date __________ 4/8/81
 Fee paid __________ 125.00
 Permit issued __________ (date) 4/18/81 (clerk)
 Permit number __________ 19-81
 Inspection date __________ 4-8-81

INSTALLATION INSPECTION

Sewage tank ______ gallon
Leaching field ______ x ______ linear feet
Filter ______
Leaching well ______ x ______ P. placement

Inspected by __________
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.
If none check here
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Gray, Glen

Address: 897 East Iron Ave., P.O. Box 443, Dover, Ohio

Phone: 343-5555

Date

I hereby applies for a permit to install, alter, or modify a sewage disposal system located at

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install, and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(Owner or authorized agent)

(Installer's name)

(address)

(address)

(phone)

This application is for the following disposal devices.

Septic tank 1000 (gallon)

Aerobic tank __________________ (gallon)

Leaching lines 600 ft (linear feet)

Leaching well 4" (size)

Filter __________________ (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by:

Date 7-1-81

Fee paid:

Permit issued: 7-1-81 (date)

Permit number 490-81

Inspection date 6-29-81

INSTALLATION INSPECTION

Sewage tank 1000 gallon

Leaching field 2 x 600 linear feet

Filter

Leaching well

Installed by: C.R.L. Kempf
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.
If none check here
This is to certify that Glenn E. Gray

is hereby granted a permit for the installation and operation of a sewage disposal system on the property located at Rt. #2, Co. Rd. 13, Tippecanoe, Ohio

The disposal system is to be installed by Lainard Gray

This permit is issued upon the condition that all work will be carried out according to the legal provisions regulating the installation and operation of privies, privy vaults, sewerage, and sewage disposal equipment. It may be revoked at any time for failure to comply with the orders and regulations of the Board of Health. Final inspection and approval by the Health Department is necessary. Notify this department and request inspection of the completed system at least 24 hours before the expected covering date.

Health Department approval of the disposal system to be installed and this permit in no way guarantees successful operation of the treatment and disposal devices and does not relieve the property owner of full obligation and responsibility for operation and maintenance of the system as installed. The property owner shall immediately provide such corrections as are necessary to abate any health hazards, unsanitary or nuisance conditions which may result from the operation or failure of this disposal system.

PERMIT NO. 42-81
ISSUED July 1, 1981

Robert C. Hood, M.D.
Health Commissioner

INSPECTOR’S RECORD

Sewage tank 1000 gallon
Leaching tile field 2 X 600 lineal feet
Leaching well
Filter bed

NOTE: Due to the splitter boxes limited design & function, upon breakdown it will require the installation of a replacement conventional distribution box.

Inspection Date 6/30/81
Inspector

POST THIS PERMIT CONSPICUOUSLY ON THE PREMISES WHERE THE WORK IS TO BE DONE.

This permit is effective for one year from date of issue. The operational privilege it affords may be revoked for failure to properly maintain the disposal system. When Municipal sewer is available to this property, the private sewage disposal system shall be abandoned and connection made to the central sewer.
SITE EVALUATION FOR:
NAME: [Blank]
ADDRESS: [Blank]
PHONE: [Blank]
PRESENT OWNER: Glenn Gray
PROPERTY SIZE [Blank]

DATE: 4-21-81

LOCATION OF PROPERTY:
Town or Township: Perry Twp.
Street, Road, Allotment or Lot No.: C.R. 13

SOIL CONDITIONS:
Shale, sand, loam
DEPTH TO GROUND WATER: [Blank]
ROCK STRATA: [Blank]

SOIL PERCOLATION TEST RESULTS: O.K.
WATER WELL LOCATION: "X"

PROPOSED LAND USE: 2 BEDROOM 1 FAMILY DWELLING, OTHER:

[Image: Diagram of a 1000 gallon septic tank with labels for distribution box and mobile home]

Important: See reverse side for further information regarding this site.

SITE APPROVED FOR SEWAGE DISPOSAL: YES [Blank] NO [Blank] INCOMPLETE [Blank]
1000 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE [Blank] LEACHING WELL
AERobic TANK [Blank] FILTER - RECORdED PERMISSION TO DISCHARGE REQUIRED [Blank]
SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY: YES [Blank] NO [Blank] INCOMPLETE [Blank]
TRANSFER NOT REQUIRED [Blank]

Sanitarian: [Signature]
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $35.00 (thirty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Albert Haglock
Phone: __________________________ Date: 5/28/81

Address: Route #1 Dover, Box 431 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at
Route #1 Dover
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Schaer Exc. & Side Co. (signature, owner or authorized agent)
Route #3 Dover (installer's name)
Route #3 Dover (address)
364-2708 (phone)

This application is for the following disposal devices.

Septic tank (gallon) 1250
Aerobic tank (gallon)

Leaching lines (lineal feet) Leaching well (size) Filter (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by: CK Date: 6/1/81
Fee paid: $35.00
Permit issued: 6/1/81 (date) (clerk)
Permit number: 34-81

INSTALLATION INSPECTION

Sewage tank 1200 ACREAGE gallon
Leaching field ______ x ______ lineal feet
Filter MERV PHNT SYSTEM
Leaching well OLD SEPTIC TANK BROKEN DOWN
Inspected by: CORI KEMP
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: (owner's name)

1. The shape and dimensions of the lot with the location of lot lines.
2. The location and construction of the sewage disposal system.
3. The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
4. The slope and general drainage pattern of the lot.
5. The area reserved for relocation of the sewage disposal system.
6. Depth to ground water or rock strata.
7. Location of any drainage lines.
8. Percolation rates or soil study data.
9. The location of the dwelling and any existing or proposed buildings.
10. Locate and describe any right of ways or easements on this lot.

If none check here
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Herbert Hatchett

Address: 822 W. Main, Dover, Ohio

Phone: 343-7011

Date: 7/2/81

I hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Route 3, Dresden, Ohio 196

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Herbert Hatchett
(signature, owner or authorized agent)

Same
(installer's name)

822 W. Main, Dover, OH
(address)

(address)

(telephone)

This application is for the following disposal devices.

Septic tank
(gallon)

Aerobic tank
(gallon)

Leaching lines 450'
(lineal feet)

Leaching well
(size)

Filter
(size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by

Date: 7-7-81

Fee paid: $35

Permit issued: 7/1/81

Permit number: 45-81

Inspection date: July 1, 1981

INSTALLATION INSPECTION

Sewage tank existing gallon

Leaching field x lineal feet

Filter

Leaching well

Inspected by: Sonne Kompf
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.

If none check here
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 East Iron Ave., P.O. Box 443, Dover, Ohio 44622

INSTALLATION AND OPERATIONAL PERMIT - SEWAGE DISPOSAL

This is to certify that Herbert Hatcher

is hereby granted a permit for the installation and operation of a sewage disposal system on the property located at Rt. #1, Clay Twp. Rd. 196, Gnadenhutten, Ohio

The disposal system is to be installed by Self

This permit is issued upon the condition that all work will be carried out according to the legal provisions regulating the installation and operation of privies, privy vaults, sewerage, and sewage disposal equipment. It may be revoked at any time for failure to comply with the orders and regulations of the Board of Health. Final inspection and approval by the Health Department is necessary. Notify this department and request inspection of the completed system at least 24 hours before the expected covering date.

Health Department approval of the disposal system to be installed and this permit in no way guarantees successful operation of the treatment and disposal devices and does not relieve the property owner of full obligation and responsibility for operation and maintenance of the system as installed. The property owner shall immediately provide such corrections as are necessary to abate any health hazards, unsanitary or nuisance conditions which may result from the operation or failure of this disposal system.

PERMIT NO. 45-81
ISSUED July 7, 1981

Robert C. Blatnik, M.D.
Health Commissioner

INSPECTOR’S RECORD

Sewage tank EXIST 2 x 3.0’ dia, P.A. = 500 sq. ft
2 x 300 EACH

Leaching tile field 2 x 450 1ineal feet
Leaching well 5-90 ft = 450 ft

Filter bed 4.2 Ton Capacity

Inspection Date 7-1-81

Inspector C. B. Kopp

POST THIS PERMIT CONSPICUOUSLY ON THE PREMISES WHERE THE WORK IS TO BE DONE.

This permit is effective for one year from date of issue. The operational privilege it affords may be revoked for failure to properly maintain the disposal system. When Municipal sewer is available to this property, the private sewage disposal system shall be abandoned and connection made to the central sewer.

NOTE: Conditional Permit issued with the attached advisement
July 7, 1981

Mr. Herbert W. Hatcher
822 N. Tuscarawas Avenue
Dover, Ohio 44622

Dear Mr. Hatcher:

The attached sewage disposal permit is issued with the following history and advisement:

Approximately two years ago this writer visited your property on Twp. Rd. 197 and advised you that due to the clay soils it would be necessary to install an aerobic treatment system with a discharge to the creek on the Fred Kinsey property. This, of course, would require written permission from the Kinsey's. Last year the site was evaluated at your request by Mr. Richard Fouts of this office. At that time you were advised of the same recommendations.

Last week we received a call from the Kinsey's stating that you were digging in the yard and that they have not given permission for any discharge of effluent into their creek.

Mr. Roger Fanning investigated this call and found that the dwelling had been remodeled and that you were digging a sewage disposal system.

In view of the remodeling and finding a very minimum amount of acceptable topsoil, you were advised that this office would issue a conditional permit for the leaching system if the trenches were dug deep and extra gravel added and that the piping be layed in the area of topsoil.

An inspection on July 1, 1981 by Mr. Carl Kempf found that the lines have been installed in this manner and that they have been connected to the original two stage vitrified tile septic tanks.

You are hereby advised:

1. This permit is issued with the understanding that there is no guarantee that this system will function properly because of the existing soil condition.

2. Waste flow to this system should be limited, i.e. no substantial quantities of liquid such as laundry waste.

"EQUAL OPPORTUNITY EMPLOYER"
3. If the system malfunctions and causes surfacing of effluent, it shall be corrected immediately, if possible.

4. If not corrected, item 3 shall be cause for suspension of the operational portion of the enclosed permit and the system must be repaired or the dwelling vacated.

5. No "off lot" discharge is permitted by authority of this permit.

6. A copy of this letter is to remain attached to the Sewage Disposal Installation and Operational Permit.

Very truly yours,

Earl E. Paulus, R.S.
Director
Environmental Health
des
Attachment
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: M. McWright, Jr., phone 330-573, Date 8/3/81

Address: Boyer Rd. R1 Stone Creek

Hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Boyer Rd. R1 Stone Creek.

(Property mailing address) (Municipality or township) (Road no.) (Subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(Signature, owner or authorized agent)                (Installer's name)

(Jane as above)                        (R5 #1, New Phila.)

(address)                               (Phone) 364-6721

This application is for the following disposal devices.

Septic tank ___________________________ Aerobic tank 1200 (gallon)

Leaching lines __________________________ Leaching well __________________________ Filter __________________________

(lineal feet) (size) (size)

Prepare a plot plan on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Permit approved by</th>
<th>Installation Inspection</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td>Sewage tank Acrobia</td>
</tr>
<tr>
<td>Fee paid $35.00</td>
<td>Leaching field x Lineal. feet</td>
</tr>
<tr>
<td>Permit issued 8/13/81</td>
<td>Filter pa - east</td>
</tr>
<tr>
<td>Permit number 61-81</td>
<td>Leaching well</td>
</tr>
<tr>
<td>Inspection date 8/2/81</td>
<td>Inspected by R. Fanning</td>
</tr>
</tbody>
</table>
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: 

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.

If none check here
PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Alfred A. and Zerna B. Zimmerly their heirs or assigns, as owner or
owners of a certain tract of land, located in Jefferson Township, Tuscarawas
County, Ohio, as described in Volume 444 Page 419, of the Tuscarawas County Deed Records,
do hereby grant permission to William Gerald and Phyllis June Griesen their heirs or
assigns, owners of a tract of land as described in Volume Page, of the Tuscarawas
County Deed Records, to discharge sewage effluent from a proposed sewage disposal system to
be located on their lands providing:

1) the sewage disposal system installation, maintenance, and operation is approved by
   the Tuscarawas County Health Department,

2) the effluent from the sewage disposal system, as measured at the point of discharge,
   shall comply with current effluent standards of the Tuscarawas County Board of
   Health or other official agency having legal jurisdiction.

Witnesses

Signature - Persons Granting Permission

Subscribed and duly sworn before me according to law, by the above named persons this
17th day of August, 1981, at Dover, County of Tuscarawas

and State of Ohio.

(Official Seal of Notary)

Mary Lou Metzgar, Notary Public
Dover, Ohio
Statewide Jurisdiction R.C. 147.07
Commission Expires 5/4/87

This instrument prepared by the Tuscarawas County General Health District.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Sue Hill
Address: Rt 4 New Phila. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Harold Bruscher (signature, owner or authorized agent)

(address)

This application is for the following disposal devices.

Septic tank 1000 (gallon) Aerobic tank (gallon)

Leaching lines 480 (linear feet) Leaching well (size) Filter (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by P.E. Date 8/19/81
Fee paid $35
Permit issued 8/19/81 (date) (clerk)
Permit number 65-81
Inspection date 8-24-81

INSTALLATION INSPECTION

Sewage tank 1000 gallon
Leaching field 26 x 510 (linear feet)
Filter
Leaching well
Inspected by Richard Bosek
Bouscher to build septic tank - approx. 1000 gal.
not built at this time - also disl box not set yet.
8-21-81 Ref

Top three lines in and
bottom line 1/2 done

< 140
130
120
Approx. 120

< done to T.C. 324

< blocks 61
high

< 2.5
7.6
5.3
1.3
9.1
4.6
14.9
6
5.3
6.

< 5.3
2.6
9.9
12
2.1
7.8
2.4
7.3
5
29.9
0.0

1000 gallon homemade tank
lines not connected
and no top on
tank - disl box
not set
8-24-81 Ref

proposed well site
LOCATION OF PROPERTY
Goshen Hill Rd. 324
Town or Township
Street, Road, Allotment or Lot No.

SOIL CONDITIONS
DEPTH TO GROUND WATER
ROCK STRATA

SOIL PERCATION TEST RESULTS
OK IF SHALLOW SYSTEM
WATER WELL LOCATION "X" OPTIONAL

PROPOSED LAND USE
2 BEDROOM 1 FAMILY DWELLING, OTHER: EXISTING

Trench depth 22" with 6" gravel in bottom,
2' gravel over pipe

(RHA) 4 hole - dist. Box 1000 Septic tank

Important: See reverse side for further information regarding this site

SITE APPROVED FOR SEWAGE DISPOSAL: YES  V  NO  INCOMPLETE
1000 GALLON SEPTIC TANK 480 to 600 LINEAL FEET OF LEACHING LINE
LEACHING WELL
AEROBIC TANK FILTER - INTENDED PERMSSION TO DISCHARGE REQUIRED
NO
SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES  NO  INCOMPLETE
TRANSFER NOT REQUIRED

Sanitarian
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $35.00 (thirty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Bill Irven
Phone: (614) 266-68

Address: 205 Westville Drive, Westville, Ohio 43030

Date: 6-26-81

I hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at 205 Westville Drive, Westville, Ohio 43030.

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Signature, owner or authorized agent: Robert Irven
Installer's name: Thornton Excavating

Address: 205 Westville Drive, Westville, Ohio 43030

Phone: (614) 266-68

This application is for the following disposal devices:

- Septic tank: 1,500 gallon
- Leaching lines: 500 lineal feet
- Leaching well: 5 x 5
- Filter: 5 x 5
- Aerobic tank: 1,500 gallon

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by: CK
Date: 8-5-81
Fee paid: $35
Permit issued: 8/5/81
Permit number: 57-81
Inspection date: 6-26-81

INSTALLATION INSPECTION

Sewage tank: 1,200 gallons
Leaching field: 500 x 500 lineal feet
Filter: 5 x 5
Leaching well: 5 x 5
Inspected by: Carl Irven
This plot plan must contain the following information: 

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.

If none check here
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 400, Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 3/5/81

LOCATION OF PROPERTY Rush Street, Road, Allotment or Lot No.

SOIL CONDITIONS = Clay?

DEPT TO GROUND WATER

ROCK STRATA

SOIL PERCOLATION TEST RESULTS = Unsatisfactory

WATER WELL LOCATION = N

PROPOSED LAND USE = Bedroom Family Dwelling, Other

Mail Trusts Rep. Ships

Aerobic tank

Surface Sand Fills

Steep quality

Culvert

THIS DRAWING NOT TO SCALE

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES NO INCOMPLETE

GALLON SEPTIC TANK LINEAL FEET OF LEACHING LINE LEACHING WELL

AEROBIC TANK FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES NO INCOMPLETE

TRANSFER NOT REQUIRED SANITARIAN

This drawing not to scale.
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

We, Jessie A. Tatman, heirs or assigns, as owner or
ners of a certain tract of land, located in Rush Township, Tuscarawas
nty, Ohio, as described in Volume 261, Page 637, of the Tuscarawas County Deed Records,
hereby grant permission to William E. Irvin, heirs or
assigns, owners of a tract of land as described in Volume 457, Page 280, of the Tuscarawas
nty Deed Records, to discharge sewage effluent from a proposed sewage disposal system to
located on their lands providing:

1) the sewage disposal system installation, maintenance, and operation is approved by
the Tuscarawas County Health Department,

2) the effluent from the sewage disposal system, as measured at the point of discharge,
shall comply with current effluent standards of the Tuscarawas County Board of
Health or other official agency having legal jurisdiction.

Witnesses

[Signatures]

Signature – Persons Granting Permission

[Signature]

Subscribed and duly sworn before me according to law, by the above named persons this
23rd day of June 1981, at Stillwater, County of Tuscarawas
and State of Ohio.

[Signature of Notary Public]

(Official Seal of Notary)

This instrument prepared by the Tuscarawas County General Health District.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Kuhn, Lynn
Phone: 343-5555
Address: 897 East Iron Ave., PO Box 443, Dover, Ohio

Date: 7/29/81

I, Kuhn, Lynn, hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(signature, owner or authorized agent) (installer's name)

(address) (address)

This application is for the following disposal devices:

Septic tank: 1000 gallon
Aerobic tank: (gallon)
Leaching lines: 600 lineal feet
Leaching well: (size)
Filter: (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit approved by:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Fee paid:</td>
</tr>
<tr>
<td>Permit issued:</td>
</tr>
<tr>
<td>(date) (clerk)</td>
</tr>
<tr>
<td>Permit number:</td>
</tr>
<tr>
<td>Inspection date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewage tank: 1000 gallon</td>
</tr>
<tr>
<td>Leaching field: 2 x 600 lineal feet</td>
</tr>
<tr>
<td>Filter:</td>
</tr>
<tr>
<td>Leaching well: 13</td>
</tr>
</tbody>
</table>

Inspected by: R. Fanning
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

1. The shape and dimensions of the lot with the location of lot lines.
2. The location and construction of the sewage disposal system.
3. The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
4. The slope and general drainage pattern of the lot.
5. The area reserved for relocation of the sewage disposal system.
6. Depth to ground water or rock strata.
7. Location of any drainage lines.
8. Percolation rates or soil study data.
9. The location of the dwelling and any existing or proposed buildings.
10. Locate and describe any right of ways or easements on this lot.

If none check here
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Ed Lee
Phone: 
Date: 

Address: RT 250 R.D. #5 N.P. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at R.D. #5 N.P.

Old Address: 714 250th Heavelin Motel
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

[Signatures]

Thomas Shanklin
(Installer's name)

(R.D. #3 New Phila)
(address)

339-1287
(phone)

This application is for the following disposal devices.

Septic tank (Existing) (gallon)
Aerobic tank (gallon)

Leaching lines (linear feet)
Leaching well (size) Filter (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by: 
Date: 9-1-81

Fee paid: $35.00

Permit issued: 9/1/81 (c.k.)
Permit number: 73-81
Inspection date: 9/1/81

INSTALLATION INSPECTION

Sewage tank (Existing) gallon
Leaching field - x - linear feet
Filter
Leaching well 3,000 gallon
Inspected by: L. Evans
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.
If none check here
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: [DAVID W. HEAD] Phone: 359-5275 Date: 9/19/81
Address: STAR, Rt. 1, Box 135A, MILLERSBURG, OHIO hereby applies for a permit to
install, alter, extend or modify a sewage disposal system located at

WAYNE GC

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Earl Alick
(signature, owner or authorized agent)
13015 Lincoln St. N.W.
Massillon, Ohio

(Installer's name)
13015 Lincoln St. N.W.
(address) Massillon, Ohio 44646
(phone) 216-833-6372

This application is for the following disposal devices.

Septic tank _______ (gallon) Aerobic tank 1200 (gallon)
Leaching lines _______ (lineal feet) Leaching well _______ (size) Filter _______ (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by: CK
Date: 9-23-81
Fee paid: $35.00
Permit issued: 9/3/81 (date) (clerk)
Permit number: 83-81
Inspection date: 10-9-81

INSTALLATION INSPECTION

Sewage tank 1000 gallons
Leaching field ______ x ______ linear feet
Filter 5 x 8 SURFACE
Leaching well
Inspected by: CORAL COMA
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: 

1. The shape and dimensions of the lot with the location of lot lines.
2. The location and construction of the sewage disposal system.
3. The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
4. The slope and general drainage pattern of the lot.
5. The area reserved for relocation of the sewage disposal system.
6. Depth to ground water or rock strata.
7. Location of any drainage lines.
8. Percolation rates or soil study data.
9. The location of the dwelling and any existing or proposed buildings.
10. Locate and describe any right of ways or easements on this lot.

If none check here _
KNOW ALL MEN BY THESE PRESENTS, That I/We Harry and Leona Alexander, the Grantors, in consideration of the sum of One Dollar ($1.00) and other good and valuable considerations, received from the Grantee, do hereby GRANT, BARGAIN, SELL AND CONVEY unto the said Grantee, his heirs and assigns, a perpetual easement with the right to construct, install and lay, and thereafter operate, maintain, repair, replace or remove, a sanitary sewer line with associated appurtenances as may be required, over, across and through my/our land, situated in the Township of Wayne, County of Tuscarawas and State of Ohio:

Description of Property:

This easement is to be 10 feet in width, the center line of which is described as follows:

Description of Easement:

Together with the right of ingress and egress over adjacent lands of Grantors, their heirs and assigns, if necessary, for the purposes of this easement.

Grantee, his heirs and assigns, shall reimburse Grantors, their heirs and assigns, for all damages which may in any way arise as a result of the use of this easement, and Grantee for himself and his heirs and assigns, agrees to maintain the easement in good repair so that no unreasonable damage will result from its use and further agrees that following installation or any repairing or maintenance of the same in the future, the Grantee, his heirs and assigns, shall restore the surface of Grantors land to the condition it was in prior to said installation, repair or maintenance which would require disturbing the surface.

This easement shall constitute a covenant running with the land for the benefit of the Grantee, his heirs and assigns.

PROVIDED, however, the Grantors, their heirs and assigns, shall have the full use of the land subject to this easement, including the right to fill said land or in any manner change the contour of the surface or to install sewer or other utility lines within the 10 foot easement as long as such use does not interfere with the operation of the sanitary sewer line to be installed by the Grantee.

IN WITNESS WHEREOF, we have hereunto set our hands this 1st day of May, 1981.

In the presence of

Harry Alexander
Leona S. Alexander

Notary Public - Ruth L. Wiselgren

RUTH L. WISSELGREN, Notary Public
My Commission Expires Feb. 22, 1984
KNOW ALL MEN BY THESE PRESENTS, That I/We HAPPY + LEONA ALEXANDER and other good and valuable considerations, received from the Grantee, do hereby GRANT, BARGAIN, SELL AND CONVEY unto the said Grantee, his heirs and assigns, a perpetual easement with the right to construct, install and lay, and thereafter operate, maintain, repair, replace or remove, a sanitary sewer line with associated appurtenances as may be required, over, across and through my/our land, situated in the Township of WAYNE, County of Tuscarawas and State of Ohio:

Description of Property:

This easement is to be ___ feet in width, the center line of which is described as follows:

Description of Easement:

Together with the right of ingress and egress over adjacent lands of Grantors, their heirs and assigns, if necessary, for the purposes of this easement.

Grantee, his heirs and assigns, shall reimburse Grantors, their heirs and assigns, for all damages which may in any way arise as a result of the use of this easement, and Grantee for himself and his heirs and assigns, agrees to maintain the easement in good repair so that no unreasonable damage will result from its use and further agrees that following installation or any repairing or maintenance of the same in the future, the Grantee, his heirs and assigns, shall restore the surface of Grantors land to the condition it was in prior to said installation, repair or maintenance which would require disturbing the surface.

This easement shall constitute a covenant running with the land for the benefit of the Grantee, his heirs and assigns.

PROVIDED, however, the Grantors, their heirs and assigns, shall have the full use of the land subject to this easement, including the right to fill said land or in any manner change the contour of the surface or to install sewer or other utility lines within the ___ foot easement as long as such use does not interfere with the operation of the sanitary sewer line to be installed by the Grantee.

IN WITNESS WHEREOF, we have hereunto set our hands this ___ day of MAY, 1981.

In the presence of

RUTH M. WISSELMAN
Notary Public

RUTH M. WISSELGREN, Notary Public
My Commission Expires Feb. 22, 1984
PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Harry and Leona Alexander, heirs or assigns, as owner or owners of a certain tract of land, located in Wayne Township, Tuscarawas County, Ohio, as described in Volume 503, Page 909, of the Tuscarawas County Deed Records, do hereby grant permission to David and Mary Head, heirs or assigns, owners of a tract of land as described in Volume 503, Page 909, of the Tuscarawas County Deed Records, to discharge sewage effluent from a proposed sewage disposal system to be located on their lands providing:

1) the sewage disposal system installation, maintenance, and operation is approved by the Tuscarawas County Health Department;

2) the effluent from the sewage disposal system, as measured at the point of discharge, shall comply with current effluent standards of the Tuscarawas County Board of Health or other official agency having legal jurisdiction.

Witnesses

[Signatures]

Signature - Persons Granting Permission

[Signatures]

Subscribed and duly sworn before me according to law, by the above named persons this 5th day of May, 1981, at Beach City, County of Stark, and State of Ohio.

[Signature of Notary Public]

RUTH M. WISSELGREN, Notary Public
My Commission Expires Feb. 22, 1984

(Official Seal of Notary)

This instrument prepared by the Tuscarawas County General Health District.
PERMISSION TO DISCHARGE SEWAGE EFFLUENT TO OR THROUGH PUBLIC RIGHT OF WAYS.

Permission is hereby granted to David M. Head, heirs or assignees, as owners of a tract of land located at Twp. Rd. #66 in Wayne Township, Tuscarawas County, Ohio as described in Volume ______, Page______, of the Tuscarawas County Deed Records to: Construct a Sewer System discharge line.

providing the following:

1. The sewage disposal system installation, maintenance, and operation is approved by the Tuscarawas County Health Department.

2. The effluent from the sewage disposal system, as measured at the point of discharge, shall comply with current effluent standards of the Tuscarawas County Board of Health or other official agency having legal jurisdiction.

3. The point of discharge shall be approved by the official agency having legal jurisdiction over said right of ways.

4. The sewage disposal system or parts thereof must be operated in a manner that will not cause a nuisance condition.

Date: 3/11/81 Approved by: [Signature] [Title]

[Signature] [Title]
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 4 Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 2-20-81

LOCATION OF PROPERTY
Town or Township Wayne Two
Street, Road, Allotment or Lot No. 66 K+1 16 N00256

SOIL CONDITIONS clay
SOIL PERCOLATION TEST RESULTS

PROPOSED LAND USE 3 BEDROOM 1 FAMILY DWELLING, OTHER:

(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: yes 2-20/81/no incomplete

GALLON SEPTIC TANK LINEAL FEET OF LEACHING LINE LEACHING WELL

500 AEROBIC TANK 5X8 FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED YES

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY: yes no incomplete

TRANSFER NOT REQUIRED

SANITARIAN

Earl Canady
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
PLAT OF A SURVEY OF A PART OF LOT 6 IN THE THIRD QUARTER TOWNSHIP 10, RANGE 4, MILITARY LANDS, WAYNE TOWNSHIP, TUSCARAWAS COUNTY, OHIO FOR HARRY R. AND LEONA S. ALEXANDER.

SCALE - 1' = 100'

SEPT 6, 1980
R.H. HUNSINGER, #3685, REGISTERED SURVEYOR.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: James Habinak

Address: 811 Mineral City (Co. Rd. 90) hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at 811 Mineral City Sandy (Co. Rd. 90) (property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

James Habinak

(address)

Jim News Plumbing

(Installer's name)

Box 16 Zanesville, O

(address)

859 2244

(phone)

This application is for the following disposal devices.

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Quantity</th>
<th>Details</th>
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</thead>
<tbody>
<tr>
<td>Septic tank</td>
<td>1500</td>
<td>gallon</td>
</tr>
<tr>
<td>Aerobic tank</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leaching lines</td>
<td>120</td>
<td>feet</td>
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<td>Leaching well</td>
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<tr>
<td>Filter</td>
<td></td>
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PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

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<thead>
<tr>
<th>Permit approved by</th>
<th>RE.</th>
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<td>Date</td>
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<td>Permit issued</td>
<td>11-9-81</td>
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<td>(date)</td>
<td>(clerk)</td>
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<td>Permit number</td>
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<td>Inspection date</td>
<td>Nov. 11, 1981</td>
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<th>INSTALLATION INSPECTION</th>
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<tbody>
<tr>
<td>Sewage tank 1500 gallon</td>
</tr>
<tr>
<td>Leaching field 4 x 150 lineal feet</td>
</tr>
<tr>
<td>Filter 0/10</td>
</tr>
<tr>
<td>Leaching well 0/10</td>
</tr>
<tr>
<td>Inspected by Keith Ennez</td>
</tr>
</tbody>
</table>
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 44, Dover, Ohio
Phone: 343-5555 or 254-9371

DATE March 25, 1981

LOCATION OF PROPERTY
Sandy Township
CR 90

SOIL CONDITIONS
Sandy-loam clay

SOIL PERCOLATION TEST RESULTS
OK

PROPOSED LAND USE
2 BEDROOM 1 FAMILY DWELLING, OTHER:

SITE EVALUATION FOR:
NAME Eames, Mark
ADDRESS Rd. 1, Mineral City
PHONE 343-3237
PRESENT OWNER
PROPERTY SIZE

Keep house up hill as much as possible to allow enough room for reserve area. Keep septic system at least 50' away from well. Check elevations to assure proper drop to septic tank.

(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES  NO  INCOMPLETE

GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE  LEACHING WELL

AEROBIC TANK  FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED  NO

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY  YES  NO  INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN Eames, Mark
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $35.00 (thirty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Ali Shehlaghe Jr. Phone: 004-55 Date 12/6/81
Address: R.R. 1 Box 9 Dover, Ohio 44624 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Co. Road 97

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Ali Shehlaghe Jr. (signature, owner or authorized agent)

(municipality or township) (road no.) (subdivision lot no.)

This application is for the following disposal devices:

- Septic tank 1250 gallon
- Aerobic tank
- Leaching lines 600 lineal feet
- Leaching well
- Filter

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Permit approved by</th>
<th>Date</th>
<th>Fee paid</th>
<th>Permit issued</th>
<th>Permit number</th>
<th>Inspection date</th>
</tr>
</thead>
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<tr>
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<td>$35.00</td>
<td>11/6/81</td>
<td>103-81</td>
<td>11-12-81</td>
</tr>
</tbody>
</table>

INSTALLATION INSPECTION

| Sewage tank | 1250 gallon |
| Leaching field | 2 x 600 lineal feet |
| Filter | No |
| Leaching well | No |
| Inspected by | EHP |

(Installer's Name)
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:  

(1) The shape and dimensions of the lot with the location of lot lines.  
(2) The location and construction of the sewage disposal system.  
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.  
(4) The slope and general drainage pattern of the lot.  
(5) The area reserved for relocation of the sewage disposal system.  
(6) Depth to ground water or rock strata.  
(7) Location of any drainage lines.  
(8) Percolation rates or soil study data.  
(9) The location of the dwelling and any existing or proposed buildings.  
(10) Locate and describe any right of ways or easements on this lot.  

If none check here __________________
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 443, Dover, Ohio
Phone: 330-555-3 or 254-9371

DATE 11-2-81

LOCATION OF PROPERTY
Wayne Twp

SOIL CONDITIONS
Sandy loam
DEPTH TO GROUND WATER

ROCK STRATA

SOIL PERCOLATION TEST RESULTS
Satisfactory
WATER WELL LOCATION "X"

PROPOSED LAND USE
2 BEDROOM 1 FAMILY DWELLING, OTHER:

leaching lines contoured around hill

1000 gallon septic tank riser to grade

Distribution box split flow riser to grade

R/A
Can either put in:
6 - 100 ft. lines or
4 - 150 ft. lines

GARAGE

(Barn)

Trailer

EXIST

EXIST

(House)

IMPRESS: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES NO INCOMPLETE

1000 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE LEACHING WELL

AEROBIC TANK FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES NO INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN

Richard J. [Signature]
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $35.00 (thirty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner  

Address 

property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

(signature, owner) or authorized agent

(address)

This application is for the following disposal devices.

Septic tank  1500 gallon

Aerobic tank

Leaching lines  600 lineal feet

Leaching well (size)

Filter (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit approved by</td>
</tr>
<tr>
<td>Date  9-18-81</td>
</tr>
<tr>
<td>Fee paid $35.00</td>
</tr>
<tr>
<td>Permit issued 9/1/81</td>
</tr>
<tr>
<td>Permit number 81-81</td>
</tr>
<tr>
<td>Inspection date 11-4-81</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewage tank 1500 gallon</td>
</tr>
<tr>
<td>Leaching field 2 x 600 lineal feet</td>
</tr>
<tr>
<td>Filter</td>
</tr>
<tr>
<td>Leaching well 19</td>
</tr>
<tr>
<td>Inspected by Carl Kurtz</td>
</tr>
<tr>
<td>Pending final on dist box 11-4-81 andropic 21</td>
</tr>
</tbody>
</table>
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 20, Dover, Ohio
Phone: 330-655-5555 or 254-9371

DATE: 9-17-81

LOCATION OF PROPERTY: JEFFERSON TWP 25-7 R7 4 NEWCOMB HOUSING

SOIL CONDITIONS: STRUCTURE DEPTH TO GROUND WATER: 12 ROCK STRATA: 

SOIL PERCOLATION TEST RESULTS: SATISFACTORY WATER WELL LOCATION "X": 

PROPOSED LAND USE: 3 BEDROOM 1 FAMILY DWELLING, OTHER: 

1500 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE LEACHING WELL 
AEROBIC TANK FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED 

SITE APPROVED FOR SEWAGE DISPOSAL: YES 9-17-81 NO INCOMPLETE 

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY: YES NO INCOMPLETE 

TRANSFER NOT REQUIRED: 

SANITARIAN: 

(This drawing not to scale)
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $35.00 (thirty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal Installation Permit can be issued.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Florence Keplinger
Phone: 917-7989
Date: Oct. 13, 1981

Address: Route #1, Dover

I hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Route #1, Dover

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Signature, owner or authorized agent:

Installer's name:

Address:

This application is for the following disposal devices:

- Septic tank 1500 gallon
- Aerobic tank
- Leaching lines (lineal feet)
- Leaching well (size)
- Filter 12 x 40 (size)

Prepare a plot plan on the attached sheet. Be sure all pertinent data is included.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit approved by CK</td>
<td>Sewage tank 1500 gallon</td>
</tr>
<tr>
<td>Date 11/18/81</td>
<td>Leaching field x lineal ft.</td>
</tr>
<tr>
<td>Fee paid $35.00</td>
<td>Filter 12 x 40 Subsurf</td>
</tr>
<tr>
<td>Permit issued 11/18/81 (date) (clerk)</td>
<td>Leaching well</td>
</tr>
<tr>
<td>Permit number 108-81</td>
<td>Inspected by Carl Kempf</td>
</tr>
<tr>
<td>Inspection date 11/13/81</td>
<td></td>
</tr>
</tbody>
</table>
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: 

(owners name)

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percollation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.

If none check here ________.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Larry Kuemerle Phone __________________ Date 11-4-81
Address 31 #1 Box 443 Dover Phone 364-4438
hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at
Ref #: 1
Dover
(mailing address) (municipality or township) (road no.) (subdivision lot no.)
3.6.39

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

[Signature]
(signature, owner or authorized agent)

[Signature]
(installer's name)

[Address]
(address)

This application is for the following disposal devices:

Septic tank _______ (gallon)

Aerobic tank _______ (gallon)

Leaching lines _______ (lineal feet)

Leaching well _______ (size)

Filter _______ (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
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<tbody>
<tr>
<td>Permit approved by PDF</td>
</tr>
<tr>
<td>Date 11-4-81</td>
</tr>
<tr>
<td>Fee paid $35.00</td>
</tr>
<tr>
<td>Permit issued 11-4-81 clerk</td>
</tr>
<tr>
<td>Permit number 99-81</td>
</tr>
<tr>
<td>Inspection date 11-10-81</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewage tank JET AEROBIC gallon</td>
</tr>
<tr>
<td>Leaching field x lineal ft</td>
</tr>
<tr>
<td>Filter 4' x 8' SURFACE BAIL</td>
</tr>
<tr>
<td>Leaching well</td>
</tr>
<tr>
<td>Inspected by Richard T. J.</td>
</tr>
</tbody>
</table>
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: ________________________________

(owners name)

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
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(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.
If none check here ________.
TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 421, Dover, Ohio
Phone: 330-5555 or 254-9371

DATE 9/25/80

LOCATION OF PROPERTY
Town or Township

SOIL CONDITIONS
Clay

SOIL CONDITIO NS

DEPAH TO GROUND WATER

ROCK STRATA

SOIL PERCOLATION TEST RESULTS

WATER WELL LOCATION

PROPOSED LAND USE
3-bedroom

FAMILY DWELLING, OTHER:

(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES NO INCOMPLETE

?? GALLON SEPTIC TANK ?? LINEAL FEET OF LEACHING LINE ?? LEACHING WELL

?? AEROBIC TANK ?? FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES NO INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN

Richard Fuentes
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal installation Permit can be issued.
PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Mr. & Mrs. James W. Schweitzer, heirs or assigns, as owner or owners of a certain tract of land, located in [ township, Tuscarawas County, Ohio, as described in Volume 567 Page 507 of the Tuscarawas County Deed Records, do hereby grant permission to Lawrence J. Serani, heirs or assigns, owners of a tract of land as described in Volume 539 Page 527 of the Tuscarawas County Deed Records, to discharge sewage effluent from a proposed sewage disposal system to be located on their lands providing:

1) the sewage disposal system installation, maintenance, and operation is approved by the Tuscarawas County Health Department,

2) the effluent from the sewage disposal system, as measured at the point of discharge, shall comply with current effluent standards of the Tuscarawas County Board of Health or other official agency having legal jurisdiction.

Witnessed:

[Signatures]

Signature - Persons Granting Permission

[Signatures]

Subscribed and duly sworn before me according to law, by the above named persons this [date], 19[ _], at [place], County of [county name], State of [state name].

[Notary Public Signature]

This instrument prepared by the Tuscarawas County General Health District.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner: Michel Liedtke  
Address: R.D. #3 New Philadelphia  
itting for a permit to install, alter, extend or modify a sewage disposal system located at:

Date: Aug 31  

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Thomás Laskin  
Laskin Lerner Contractors  

R.D. #3 New Philadelphia  
339-1289

(address)  
(phone)

This application is for the following disposal devices:

Septic tank  
Aerobic tank

(gallon)  
(Airjet)  
1200 gal

Leaching lines  
Leaching well  
Filter  

(Linear feet)  
(size)  
(4 x 8 to 16)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by C.R.  

Date: 11/30/81  

Fee paid: $35.00  

Permit issued: 11/30/81 (clerk)  

Permit number: 110-81  

Inspection date: NOV 30/81

MICHEL LIEDTKE IS PROPERLY OWNED TO CHECK OR POINT OF DISCHARGE.

INSTALLATION INSPECTION

Sewage tank 1200 gal  
Leaching field x lineal feet  
Filter 5 x 8 Pre/Post  
Leaching well  

INSPECTED BY C.R. LIEBSTISSLER
THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

(1) The shape and dimensions of the lot with the location of lot lines.
(2) The location and construction of the sewage disposal system.
(3) The location of all water supplies within 100 feet of any component of the sewage disposal system on this or adjacent lots.
(4) The slope and general drainage pattern of the lot.
(5) The area reserved for relocation of the sewage disposal system.
(6) Depth to ground water or rock strata.
(7) Location of any drainage lines.
(8) Percolation rates or soil study data.
(9) The location of the dwelling and any existing or proposed buildings.
(10) Locate and describe any right of ways or easements on this lot.

If none check here
LOCATION OF PROPERTY: Workick Township P.O. Box 857, New Philadelphia.

SOIL CONDITIONS: clay-

DEPTH TO GROUND WATER: rock strata

SOIL PERCOLATION TEST RESULTS: clay UNSATURATED WATER WELL LOCATION "X"

PROPOSED LAND USE: 3 bedroom 1 family dwelling, other:

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES NO INCOMPLETE

120 GALLON SEPTIC TANK LINEAL FEET OF LEACHING LINE LEACHING WELL

AERobic TANK FILTER - RECORDED PERMISsION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY: YES NO INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN: [Signature]
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the "Application for Minor Subdivision" form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department BEFORE any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal installation Permit can be issued.
PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

Two, Charles K. McHil1, heirs or assigns, as owner or owners of a certain tract of land, located in 

Junction Township, Tuscarawas County, Ohio, as described in Volume 509 Page 504 of the Tuscarawas County Deed Records, do hereby grant permission to 

Michael McHill, heirs or assigns, owners of a tract of land as described in Volume 501 Page 195 of the Tuscarawas County Deed Records, to discharge sewage effluent from a proposed sewage disposal system to be located on their lands providing:

1) the sewage disposal system installation, maintenance, and operation is approved by the Tuscarawas County Health Department,

2) the effluent from the sewage disposal system, as measured at the point of discharge, shall comply with current effluent standards of the Tuscarawas County Board of Health or other official agency having legal jurisdiction.

Subscribed and duly sworn before me according to law, by the above named persons this 1st day of September, 1981, at the Court House, County of Tuscarawas.

Received for record

Doris M. Godfrey, County Recorder

9:30 a.m.

This instrument prepared by the Tuscarawas County General Health District.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner John L. Lusher Phone 333-5598 Date 4 Nov. 1981
Address RR #2 Box 402A Dover, Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Same Dover County Rd. 80 #1

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

John L. Lusher (signature, owner or authorized agent)

Wallace Excavating (installer's name)

RR #2 Box 402A Dover, Ohio (address)

Route #1 New Philadelphia, Ohio (address)

(phone)

This application is for the following disposal devices.

Septic tank _______ Aerobic tank 1200 gallon

Leaching lines _______ Leaching well _______ Filter _______

(lineal feet) (size) (size)

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

OFFICE USE ONLY

Permit approved by ____________________________

Date 11-4-81

Fee paid $35.00

Permit issued 11-4-81 clerk

Permit number 101-81

Inspection date 11-4-81

INSTALLATION INSPECTION

Sewage tank _______ gallon

Leaching field _______ lineal feet

Filter _______ surface area

Leaching well _______ Inspected by _______
(1) The shape and dimensions of the lot with the location of lot lines.  
(2) The location and construction of the sewage disposal system.  
(3) The location of all water supplies within 100 feet of any component  
    of the sewage disposal system on this or adjacent lots.  
(4) The slope and general drainage pattern of the lot.  
(5) The area reserved for relocation of the sewage disposal system.  
(6) Depth to ground water or rock strata.  
(7) Location of any drainage lines.  
(8) Percolation rates or soil study data.  
(9) The location of the dwelling and any existing or proposed buildings.  
(10) Locate and describe any right of ways or easements on this lot.  

If none check here __________
LOCATION OF PROPERTY
RT 2, LEROY CDP 4380
Town or Township
RT 2
Street, Road, Allotment or Lot No.

SOIL CONDITIONS
CCOY
DEPTH TO GROUND WATER
ROCK STRATA

SOIL PERCOLATION TEST RESULTS
AERobic SPO
WATER WELL LOCATION "X"

PROPOSED LAND USE
3 BEDROOM 1 FAMILY DWELLING, OTHER:

(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES
NO INCOMPLETE

1200 GALLON SEPTIC TANK
LINEAL FEET OF LEACHING LINE
LEACHING WELL

1200 AEROBIC TANK
5X8 FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY
TRANSFER NOT REQUIRED

SANITARIAN

[Signature]
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

New deeds describing less than five (5) acre tracts will not be accepted for transfer without the “Application for Minor Subdivision” form.

SEWAGE DISPOSAL PERMIT:

This evaluation is NOT a permit. A sewage disposal installation and operational permit must be obtained from the Health Department before any excavating or construction is started. The permit fee is $25.00 (twenty-five dollars). Applications for a permit may be obtained from the Health Department. It would be desirable to present a copy of this evaluation sheet when you make your application for the permit.

WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

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PERMISSION TO DISCHARGE:

If “RECORDED PERMISSION TO DISCHARGE” is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized, and recorded at the Tuscarawas County Recorder’s Office before a sewage disposal installation permit can be issued.
DATE 12-5-80

LOCATION OF PROPERTY CT 200UER 0280
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLOY
DEPTH TO GROUND WATER
ROCK STRATA

SOIL PERCOLATION TEST RESULTS AEROBIC 505
WATER WELL LOCATION "X"

PROPOSED LAND USE 3 BEDROOM 1 FAMILY DWELLING, OTHER:

(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES NO INCOMPLETE
GALLON SEPTIC TANK LINEAL FEET OF LEACHING LINE LEACHING WELL
1200 AEROBIC TANK 5X8 SURF FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED
SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES NO INCOMPLETE
TRANSFER NOT REQUIRED
SANITARIAN
TRANSFER OF PROPERTY DEED:

If a transfer of ownership of this property requires a new deed description to be written, the deed must be accompanied by a completed Application for Minor Subdivision form when it is presented at the Tuscarawas County Map Office. These forms are available through your attorney, the Health Department or the Regional Planning Commission. They must be signed by the Health Department and Regional Planning Commission officials before they are taken to the map office.

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WATER WELL DRILLING PERMIT:

Please advise your well driller that the water well drilling site is designated on this form. He can then refer to this (if approved) when he applies for the permit to drill. After the well is put into operation, please contact the Health Department and we will secure a water sample for bacteriological testing.

CONSTRUCTION CAUTION:

The location of the proposed structures, driveways, sewage disposal system, water well location, etc., shown on the reverse side of this evaluation sheet, SHALL NOT BE CHANGED without the approval of the Health Department. The area designated by R/A is reserved for future disposal use if and when it becomes necessary. Building on this area is not permitted.

ZONING:

Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

If "RECORDED PERMISSION TO DISCHARGE" is required, it is necessary that you obtain written permission from the owner or owners of property that would be directly affected by the discharge of effluent from the disposal system. These forms are available at the Health Department and must be properly completed, signed, notarized and recorded at the Tuscarawas County Recorder's Office before a sewage disposal installation Permit can be issued.
ALL LOTS SHALL HAVE AERATION TANKS WITH SURFACE SAND FILTERS AND INDIVIDUAL DRAIN LINES TO CREEK.

OK'd 8-26-81

C.M. Pierson

SPECIFIC LOCATIONS

M.R. Day

PYLE SURVEYING
PROFESSIONAL LAND SURVEYORS OF OHIO

Plat of Survey for

Don Abuhl Survey

Located in

Certificate of Surveyor
I, the undersigned, hereby certify that this map is true and correct.

Registered Surveyor No.
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner [MIKE LIMBACHER] Phone [343-5555] Date [12-3-81]
Address [RT. 3 NEW PHILADELPHIA] hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at [RT. 3 NEW PHILADELPHIA] [WARWICK] [TR. 467]

(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I have received a summary of these rules and regulations and understand the provisions therein. I will call for inspection of the completed system at least 24 hours in advance of the expected covering date.

Randi Tschudy [signature, owner or authorized agent] Same [installer's name]

[RT 4] [NEW PHILADELPHIA] [SAME]

(address) (address) (phone)

This application is for the following disposal devices.

Septic tank [gallon] Aerobic tank [1250 gallon]

Leaching lines [linear feet] Leaching well [size] Filter [4'X3' SURFACE size]

PREPARE A PLOT PLAN on the attached sheet. Be sure all pertinent data is included.

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<table>
<thead>
<tr>
<th>OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permit approved by [K&amp;F]</td>
</tr>
<tr>
<td>Date [12-3-81]</td>
</tr>
<tr>
<td>Fee paid [35.00] by [Tschudy]</td>
</tr>
<tr>
<td>Permit issued [12-3-81] (date) (clerk)</td>
</tr>
<tr>
<td>Permit number [115-S1]</td>
</tr>
<tr>
<td>Inspection date [12-11-81]</td>
</tr>
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<table>
<thead>
<tr>
<th>INSTALLATION INSPECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sewage tank [jet] Aerobic [gallon]</td>
</tr>
<tr>
<td>Leaching field [x] [linear feet]</td>
</tr>
<tr>
<td>Filter [4'X3' PRECAST]</td>
</tr>
<tr>
<td>Leaching well [size]</td>
</tr>
<tr>
<td>Inspected by [Richard]</td>
</tr>
</tbody>
</table>

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[Red circle with the number 24]
PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, William Martha Carlisle, heirs or assigns, as owner or owners of a certain tract of land, located in Warsaw Township, Tuscarawas County, Ohio, as described in Volume 892, Page 522, of the Tuscarawas County Deed Records, do hereby grant permission to Eddy - Mike Linholder, heirs or assigns, owners of a tract of land as described in Volume 110, Page 462, of the Tuscarawas County Deed Records, to discharge sewage effluent from a proposed sewage disposal system to be located on their lands providing:

1) the sewage disposal system installation, maintenance, and operation is approved by the Tuscarawas County Health Department,

2) the effluent from the sewage disposal system, as measured at the point of discharge, shall comply with current effluent standards of the Tuscarawas County Board of Health or other official agency having legal jurisdiction.

Witnesses

Teressa Greer

Thursday 14 August

Signature - Persons Granting Permission

William Carlisle

Martha Carlisle

Subscribed and duly sworn before me according to law, by the above named persons this 1 Day of September, 1981, at New Philadelphia, County of Tuscarawas, and State of Ohio.

Shirley L. Cronebach
Notary Public, State of Ohio
My Commission Expires June 2, 1985
(Official Seal of Notary)

This instrument prepared by the Tuscarawas County General Health District.