I

2 - ICKES, Lloyd - R 2 Port Wash (Fivecoat)
12 - IRVEN, Bill - R 2 Uhrichsville (Thornton)

3 - JOHNS, Barry - R 1 CR 21 Nctwn (Hooper)
4 - JOHNStoN, Donald - R 1 Sgcrk (Sulzener)
19 - JONES, Jack - R 2 Nctwn (Self)
~~25 - JUS School~~ -

K

13 - KUHN, Lynn - R 2 Sgcrk (Shutt)
16 - KERNS, Delmer - CR 62 Uhrichsville
20 - KEPLINGER, FLorence - R 1 CR 78 Dover (Gasser)
21 - KUEMERLE, Larry - R 1 SR 39 Dover (Gasser)

L

14 - LEE, Ed - R 5 Old Rt 250 N.P. (Larkin)
22 - LIEDTKE, Michel - R 3 TR 267 N.P. (Larkir
23 - LUSHER, John - R 2 CR 80 Dover (Wallace)
24 - LIMBACHER, Mike - R 3 TR 462 N.P. (Tschu

1981

G

7 - GRAY, Glenn - R 2 CR 13 Tippecanoe(Self)
10 - GRIESEN, Wm - Rt 1 Stonecreek (Bayer)

H

1 - HALDEMAN, Wilson - R 1 TR 371 Dover (Sc
5 - HARIG, Terry - R 1 CR 94 Strasburg (Smi
6 - HAMILTON, Mike - Riverside Warwick Twp (Tschudy)
8 - HAGLOCK, Grant - R 1 Red Hill Dover (Sc
9 - HATCHER, Herbert - R 1 Gnadenhutten (Se
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 - HERSHBERGER, Abe - CR 97 Dundee (Yoder

FEE: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HALDEMAN, WILSON

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Wilson Haldeman Phone 343-8397 Date 2/25/81

Address Route #1 hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at

Route #1 Dover Twp Rd. 371
(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.

Schaar Exc & Sil Co.
(signature, owner or authorized agent)

Schaar Exc. & Sil Co.
(installer's name)

Route #3 Dover
(address)

Route #3 Dover
(address)

364-2708
(phone)

This application is for the following disposal devices.

Septic tank _____ (gallon) Aerobic tank 1250 (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 RT

Date 2/27/81

Fee paid $25.00

Permit issued 2/27/81 (date) do (clerk)

Permit number 8-81

Inspection date 2/25/81

INSTALLATION INSPECTION

Sewage tank Existing Aerobic Tank gallon

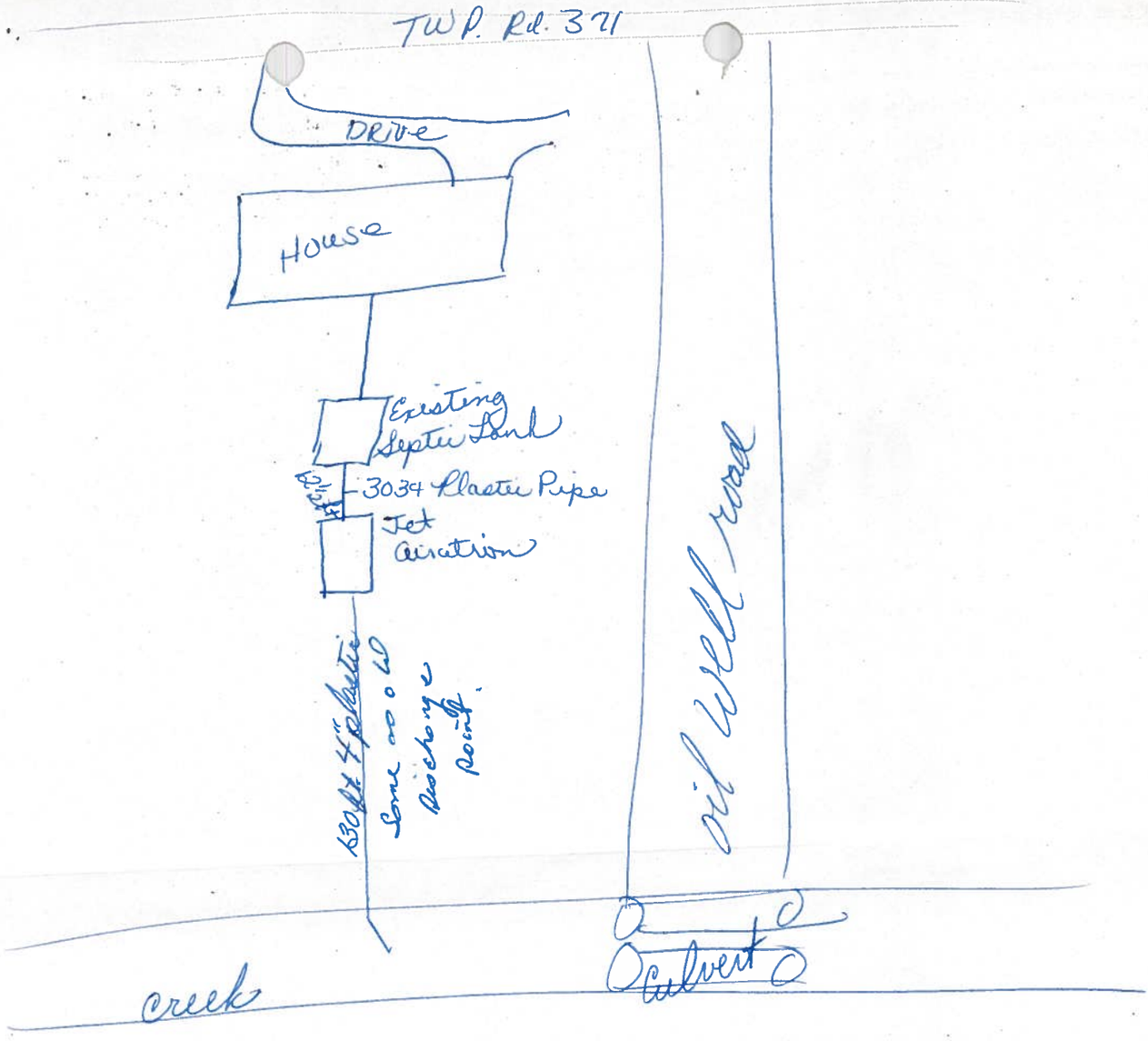
Leaching field — x — lineal feet

Filter —

Leaching well —

Inspected by R. Fanning

1



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Sheldemon Wilson
(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 _____

FEE: ~~$25.00~~ 35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Ickes, Lloyd

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Lloyd Ickes Jr Phone 922-3730 Date 2/24/81

Address Uhrichsville hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at

Rd 2 Port Washington Perry Twp 145 5 acres
(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)

John D. Fivecoat
(installer's name)

(address)

R.R. 1 Port Washington
(address)

498-7826
(phone)

This application is for the following disposal devices.

Septic tank 1500 (gallon) Aerobic tank (gallon)

Leaching lines 400 (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 RDF

Date 3-24-81

Fee paid $35.00

Permit issued 2/25/81 (date) dco (clerk)

Permit number 7-81

Inspection date 3-6-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

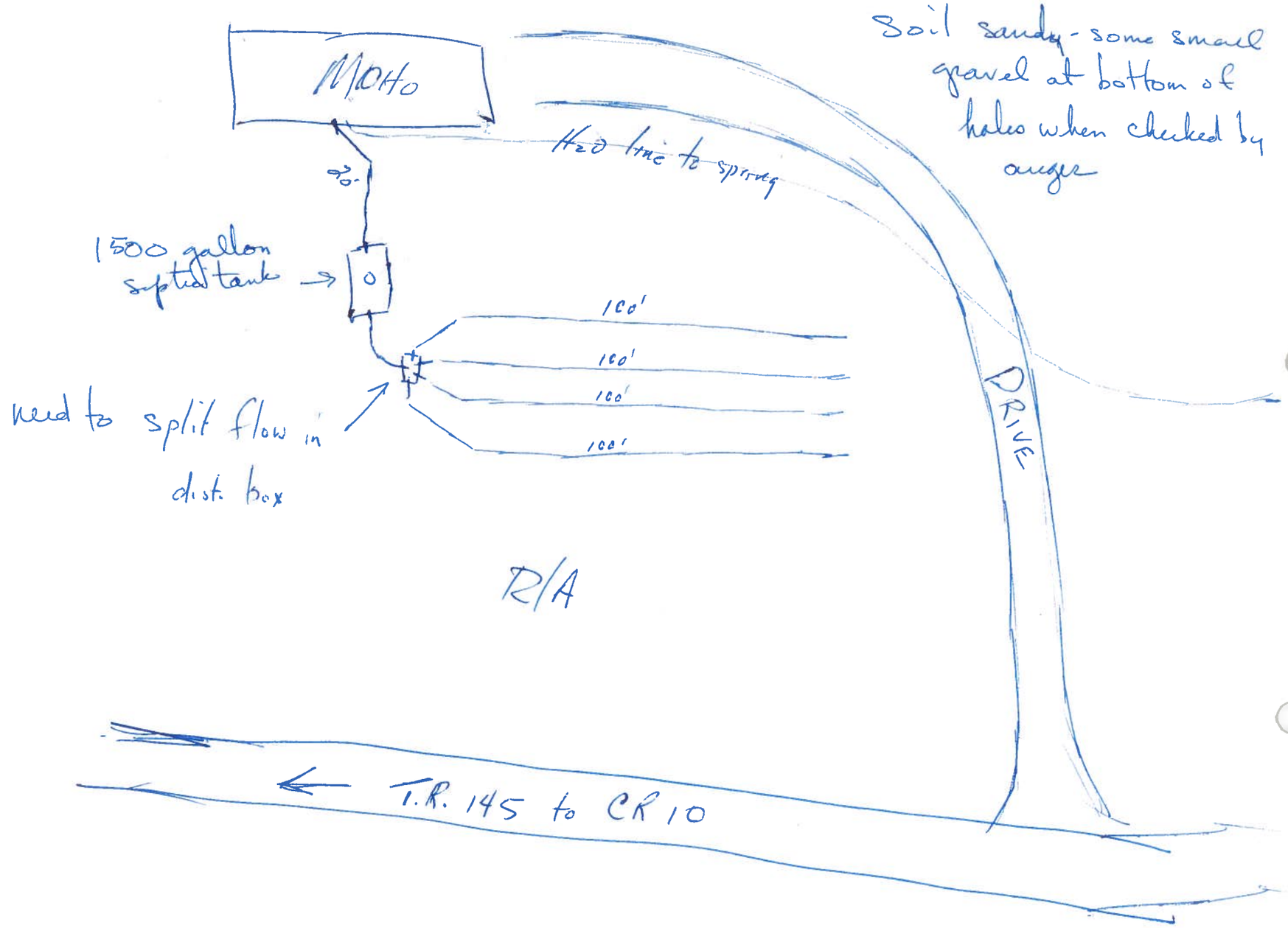
Leaching field 4 x 100 lineal feet

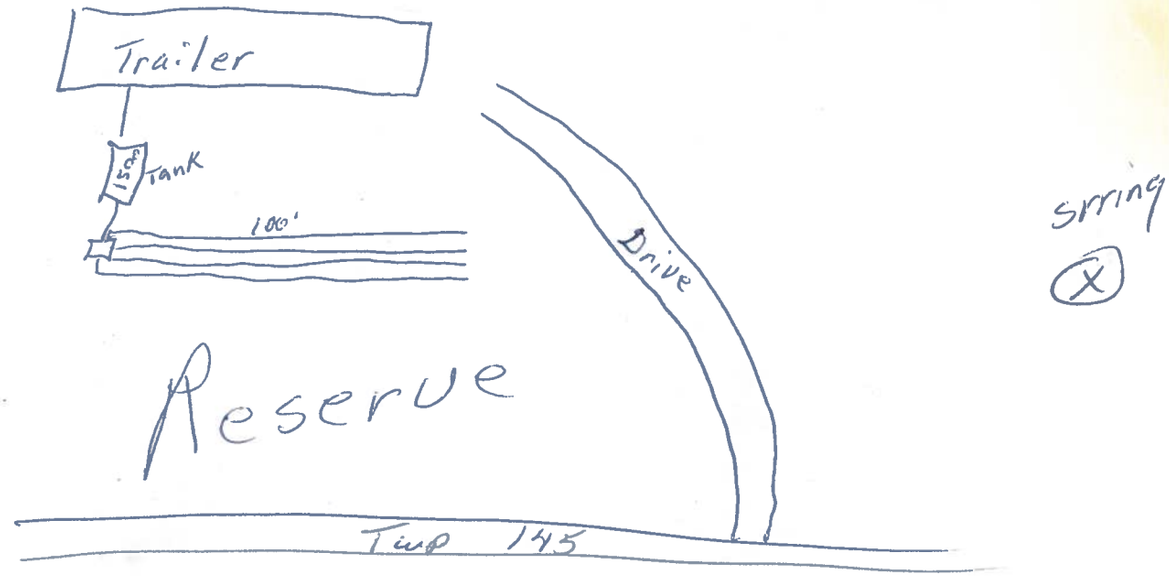
Filter

Leaching well

Inspected by Richard Futs

2


Soil sandy - some small gravel at bottom of holes when checked by auger
MOHO
H2O line to spring
1500 gallon septic tank
100'
100'
100'
100'
need to split flow in dist. box
DRIVE
R/A
T.R. 145 to CR 10



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Lloyd Sakes
(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 ✓

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 143, Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME Lloyd + Violet Ekis
ADDRESS Rt. 12 Port Washington
PHONE
PRESENT OWNER
PROPERTY SIZE 5 ac.

DATE 7-22-80

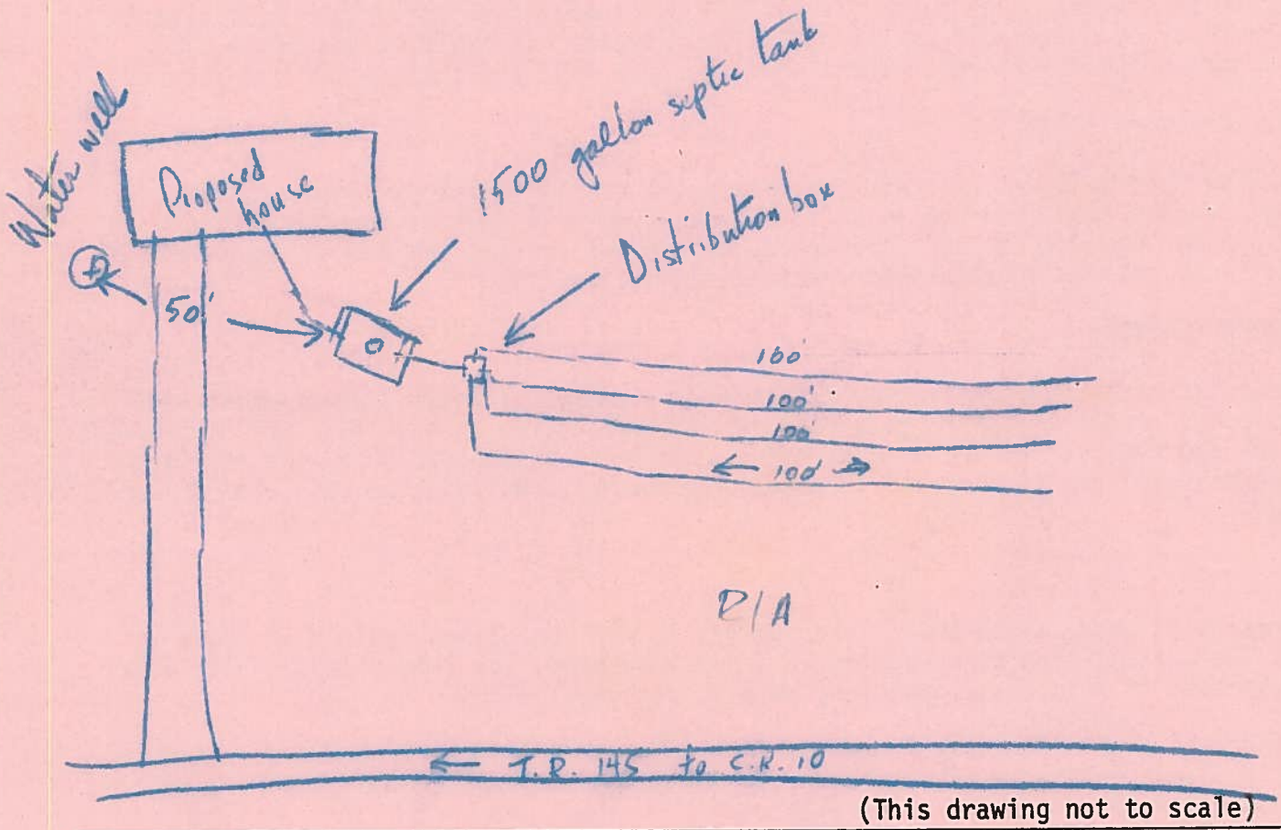
Mark list of installers John Menefee

LOCATION OF PROPERTY Perry Twp. (Town or Township) T.R. 145 (Street, Road, Allotment or Lot No.)

SOIL CONDITIONS Sand / sandstone DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS O.K. 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 _____

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 Fouts

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.

FEE: ~~$25.00~~ $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT JOHNS, BARRY

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

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

Address RT 1 CO ROAD 21 NEWCOMERSTOWN, OHIO hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

RT 1 CO ROAD 21 NCT, O OXFORD
(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.

Barry L. Johns
(signature, owner or authorized agent)

HOOPER & SONS EXCAVATING
(installer's name)

RT 1 NEWCOMERSTOWN, 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 5½' x 6' (gallon)

Leaching lines _____ (lineal feet) Leaching well _____ (size) Filter 4 x 8 x 3¼ ft (size)

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

OFFICE USE ONLY

Permit approved by RDF

Date 2-20-81

Fee paid #35.00

Permit issued 2/20/81 (date) dec (clerk)

Permit number 15-81

Inspection date 3/3/81

INSTALLATION INSPECTION

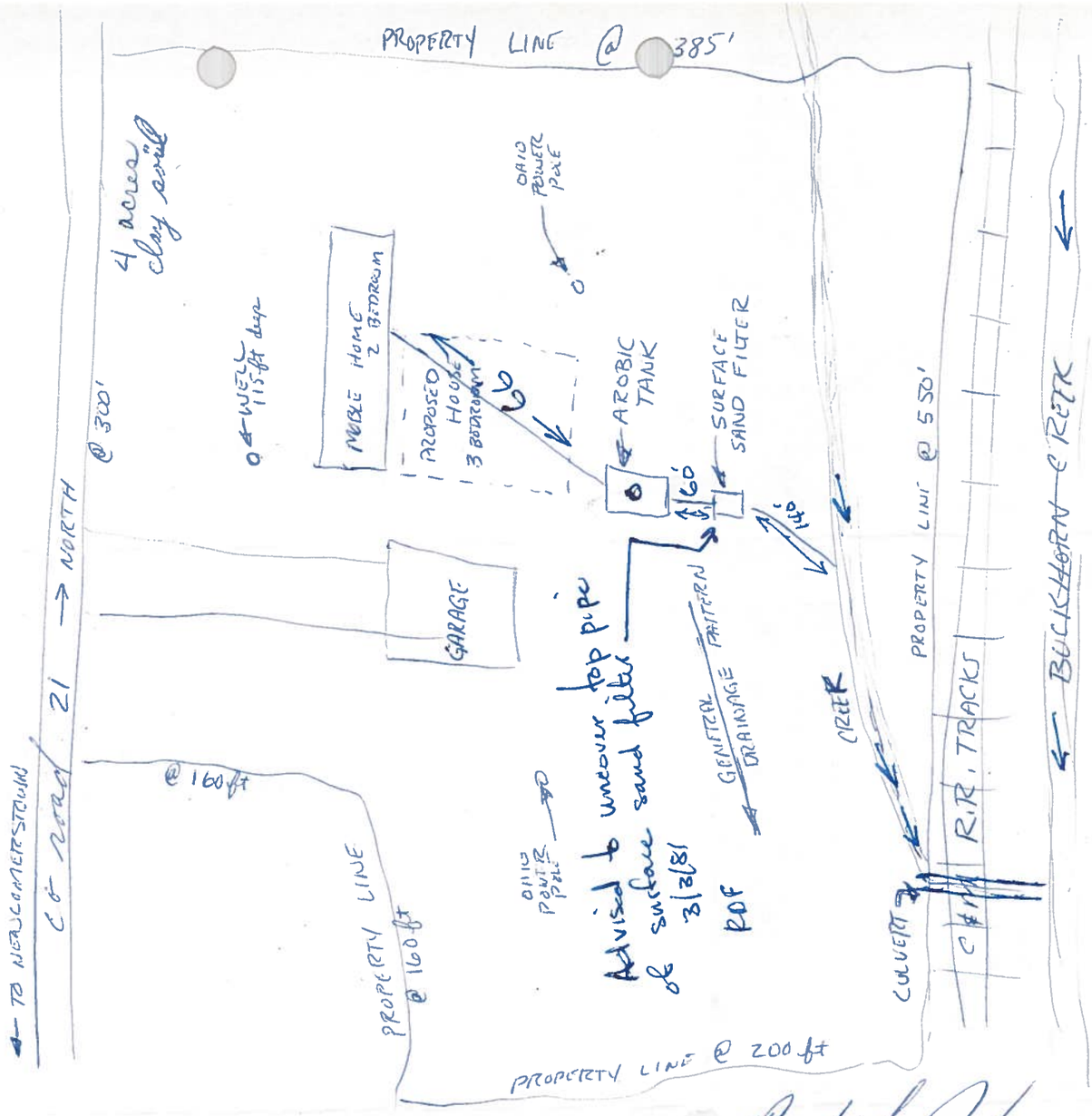
Sewage tank AEROBIC gallon

Leaching field ____ x ____ lineal feet

Filter 4x8' surface sand

Leaching well _____

Inspected by Richard Foutz



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Barel L. Johns
(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. OHIO POWER
If none check here X

FEB 20 1981

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

SITE EVALUATION FOR:
NAME Barry Johns
ADDRESS RT. 1 Ncto.
PHONE
PRESENT OWNER Above
PROPERTY SIZE 4 ac.

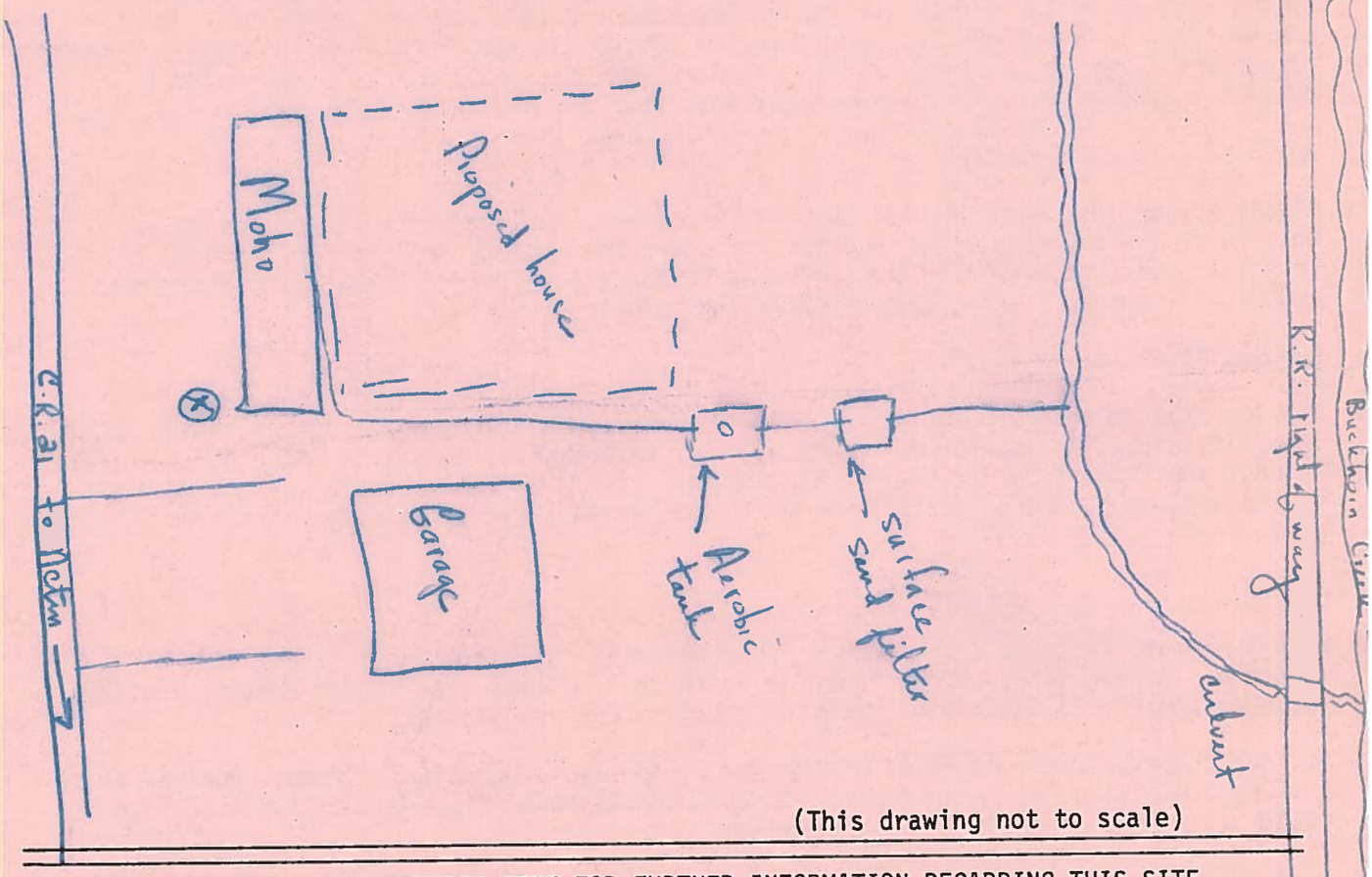
DATE 11-13-80

LOCATION OF PROPERTY Orford (Town or Township) C.R. 21 (Street, Road, Allotment or Lot No.)

SOIL CONDITIONS Clay DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS Unsatisfactory 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

✓ AEROBIC TANK ✓ FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED No

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES _____ NO _____ INCOMPLETE _____

TRANSFER NOT REQUIRED _____

SANITARIAN Richard Fouts

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.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT JOHNSTON, DONALD

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Donald Johnston Phone 897-8854 Date 2/24/81

Address Route #1 Sugarcreek hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at Strasburg

Route #1 Franklin Twp Rd 425 —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)

SULZENER TRUSS & Const.
(installer's name)

(address)

754 allen St S.E. N.
(address)

This application is for the following disposal devices.

339-4224
(phone)

Septic tank 1500 (gallon) Aerobic tank _____ (gallon)

Leaching lines 400 (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 EP

Date 2-24-81

Fee paid $35.00

Permit issued 2/24/81 (date) do (clerk)

Permit number 6-81

Inspection date 3-17-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 400 lineal feet

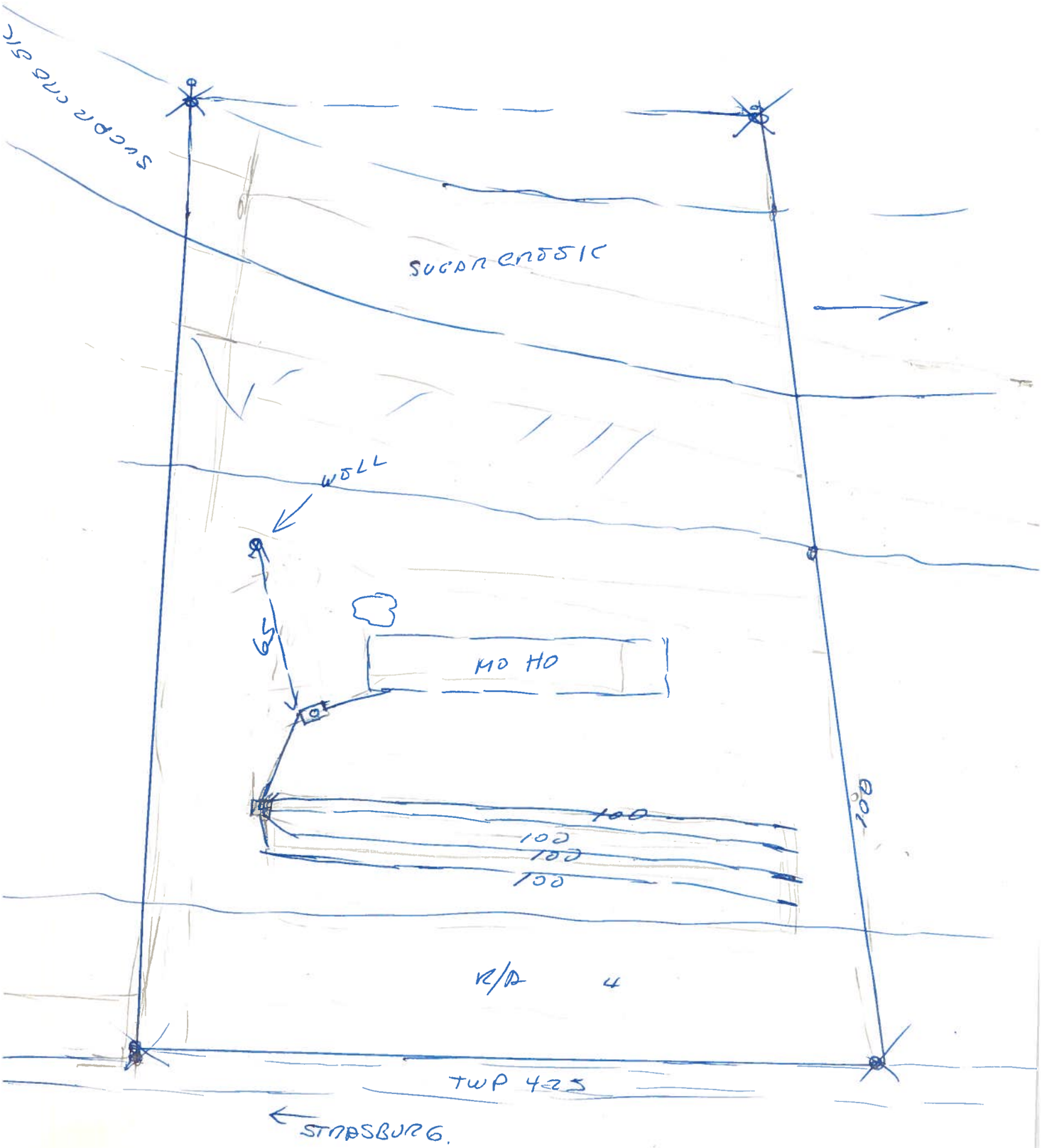
Filter 55 TON GRAVEL

Leaching well _____

Inspected by CARL KEMPF

4

I-77
OFF
RAMP


SUGAR CREEK
SUGAR CREEK
WELL
65
MO HO
100
100
100
100
100
R/D 4
TWP 423
STRASBURG.

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

SITE EVALUATION FOR:
NAME DONALD JOHNSTON
ADDRESS R1 SUGARCREEK
PHONE 897-8854
PRESENT OWNER WAGNER
PROPERTY SIZE .845 A

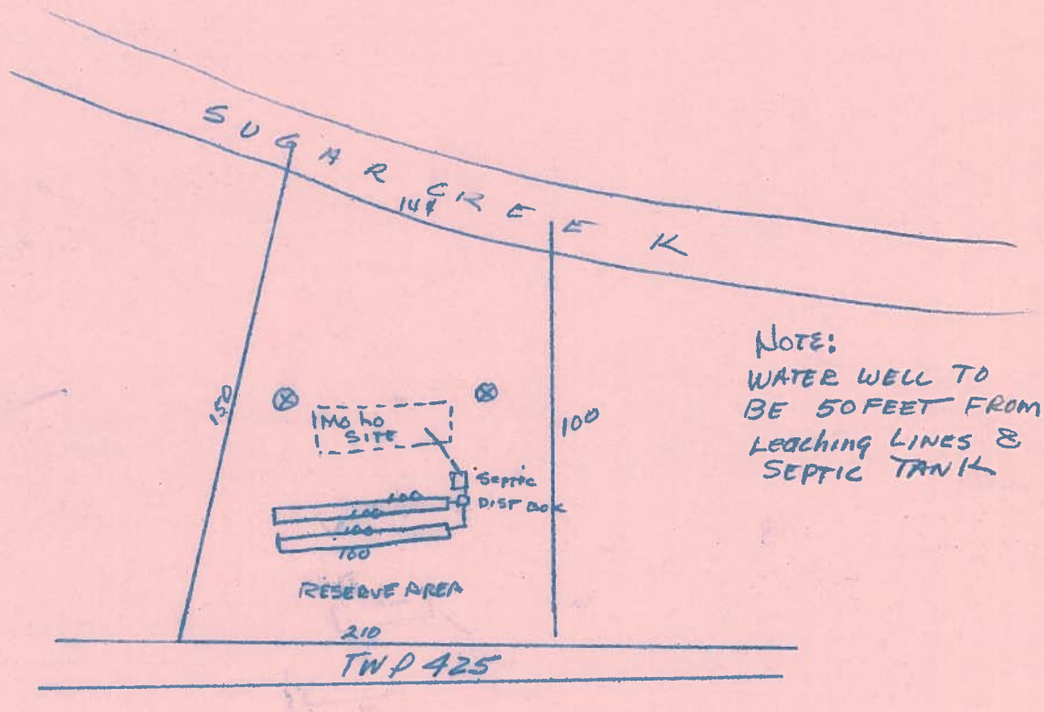
DATE 12-29-80

LOCATION OF PROPERTY Franklin Twp Rd 425
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS 5Y6 DEPTH TO GROUND WATER Checklist ROCK STRATA N/A

SOIL PERCOLATION TEST RESULTS Not Necessary WATER WELL LOCATION "X" optional

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 _____

1500 GALLON SEPTIC TANK 400 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 [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.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HARIG, TERRY L.

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 - 1st. ST. SE massillon O. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at RT-1 - CO.RD 94

STRASBURG (property mailing address) FRANKLIN TWNSHIP. (municipality or township) CO. RD 94 (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.

Terry L Harig (signature, owner or authorized agent)

John Smith (installer's name)

819 - 1st. SE massillon ohio (address)

2424 Harrisburg Rd, NE, Cant (address)

452-8810 (phone)

This application is for the following disposal devices.

Septic tank 1500 (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.

OFFICE USE ONLY

Permit approved by RDF

Date 3-16-81

Fee paid $35.00

Permit issued 3/16/81 (date) do (clerk)

Permit number 13-81

Inspection date 3-25-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 5 x 125 lineal feet

Filter plus reserve

Leaching well _____

Inspected by CK

5

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

SITE EVALUATION FOR: HORIG
NAME ~~TORRY HORIG~~
ADDRESS ~~RT 1 STRASBURG~~
PHONE ~~832-2469~~
PRESENT OWNER ~~JIM COOPER~~
PROPERTY SIZE ~~6.6 ACRES~~

DATE 7-29-80

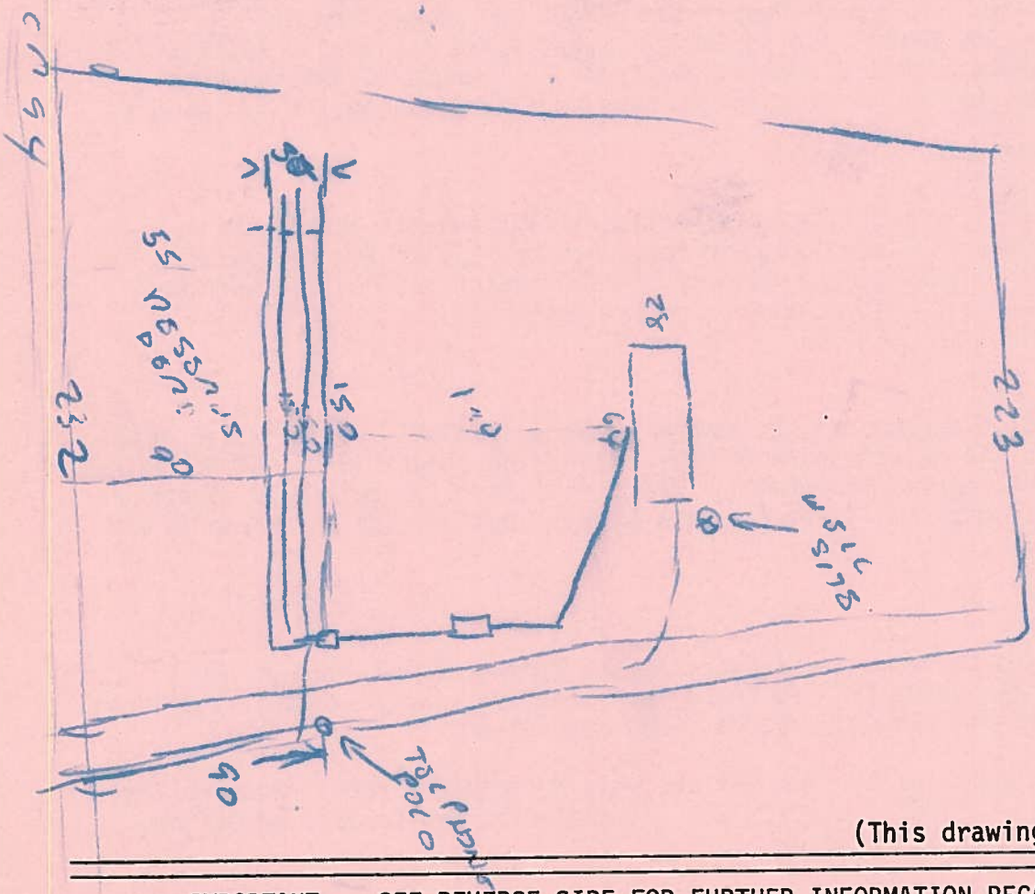
871 8TH ST
MASSILLON

LOCATION OF PROPERTY FRANKLIN - CR 94 RT 1 STRASBURG
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY-LOAM DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS SATISFACTORY 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) 7-29-80 NO _____ INCOMPLETE _____

1500 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) 7-29-80 CR 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:

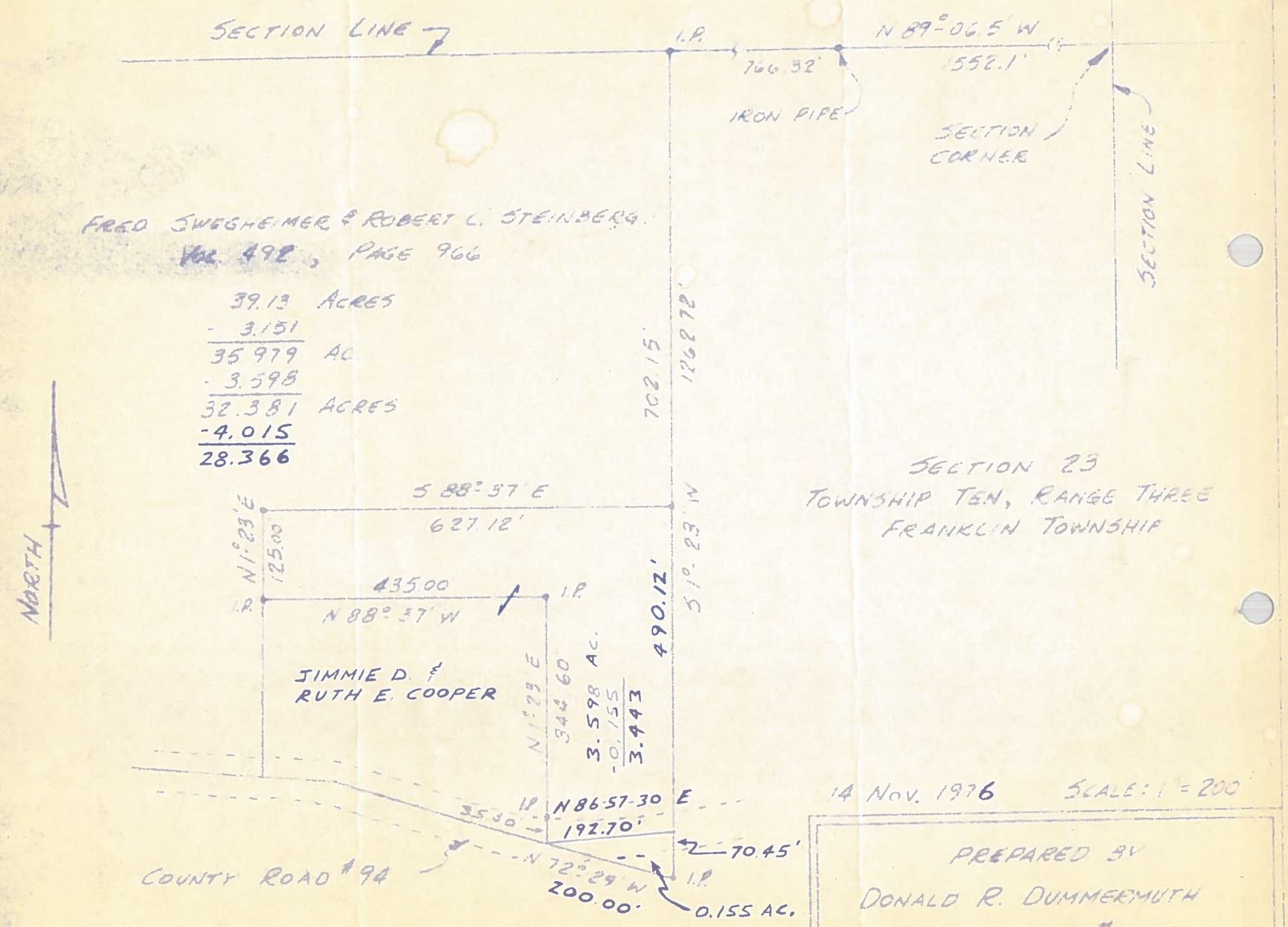
Land transfers in Sandy and Lawrence are subject to the Zoning Regulations of the Township. Before starting construction in these Townships, you should contact the local zoning inspector to secure the necessary permits and regulations.

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.

JR 000052
PT 1 STAPLETON
CR-94
878-7069



FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HAMILTON, MIKE

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Mr Mike Hamilton Phone _____ Date 4/6/81

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 Const.
(installer's name)

— same —
(address)

Rt 4, New Phila, O
(address)

922-0986
(phone)

This application is for the following disposal devices.

Septic tank — (gallon) Aerobic tank — (gallon)

Leaching lines — (lineal feet) Leaching well 8' (size) Filter — (size)

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

OFFICE USE ONLY

Permit approved by RT

Date 4/6/81

Fee paid $35.00

Permit issued 4/6/81 (date) ds (clerk)

Permit number 19-81

Inspection date 4-8-81

INSTALLATION INSPECTION

Sewage tank — gallon

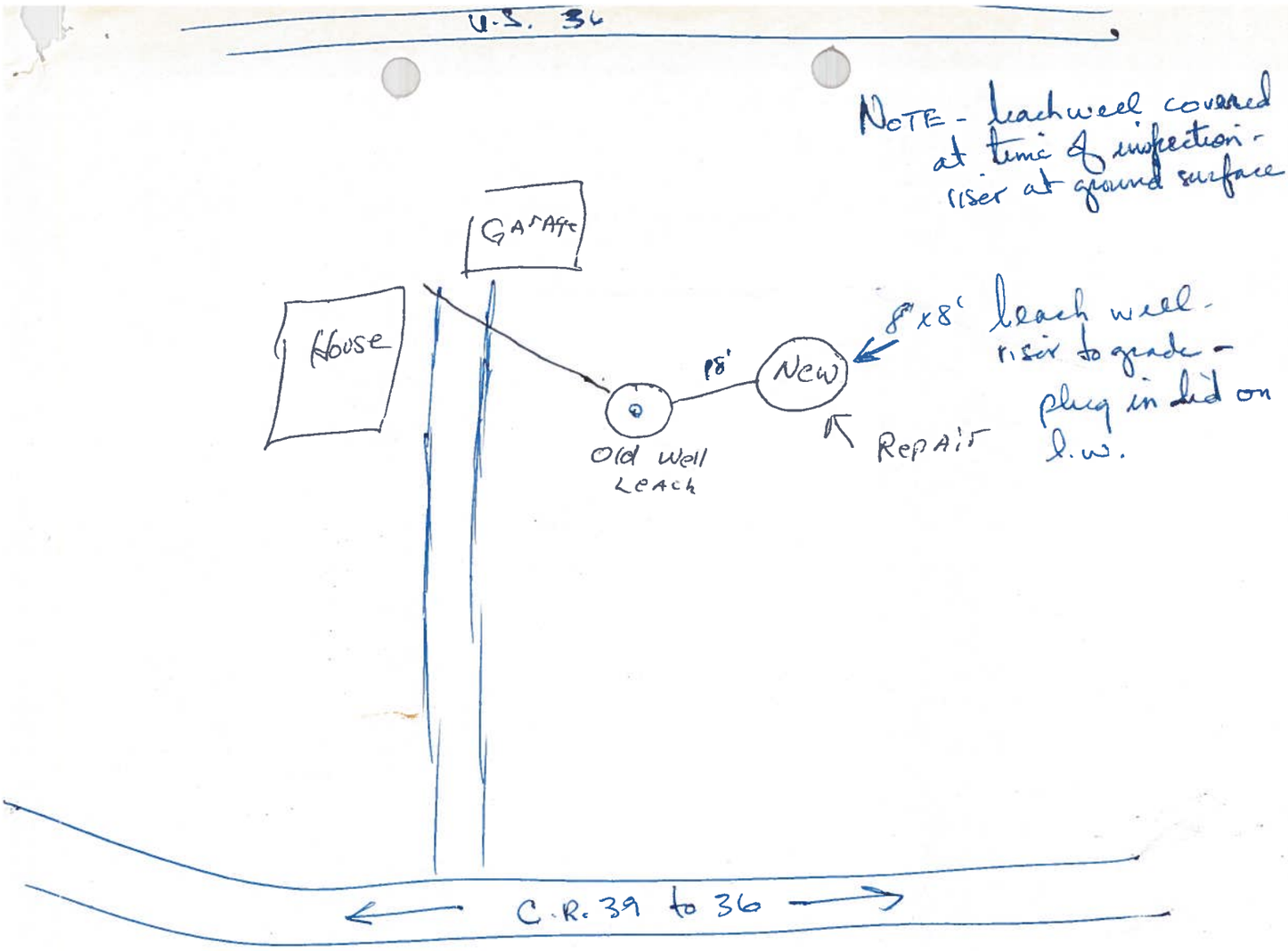
Leaching field ____ x ____ lineal feet

Filter _____

Leaching well 8'x8' Replacement

Inspected by Richard Tuttle

6



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Hamil Fox
(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 _____

FEE: ~~$25.00~~ $ 35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT GRAY, GLENN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Glenn E Gray Phone 498-6238 Date _____

Address R#2 Tippecanoe hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at _____

R#2 Tippecanoe Perry 13
(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.

Glenn Gray
(signature, owner or authorized agent)

Lainard Gray
(installer's name)

Rt 2 Tippecanoe O 44699
(address)

R#2 Tippecanoe
(address)

498-6238
(phone)

This application is for the following disposal devices.

Septic tank 1000 (gallon) Aerobic tank _____ (gallon)

Leaching lines 600 ft (lineal 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 CR

Date 7-1-81

Fee paid $35.00

Permit issued 7/1/81 (date) des (clerk)

Permit number 42-81

Inspection date 6-29-81

INSTALLATION INSPECTION

Sewage tank 1000 gallon

Leaching field 2 x 600 ~~lineal~~ feet

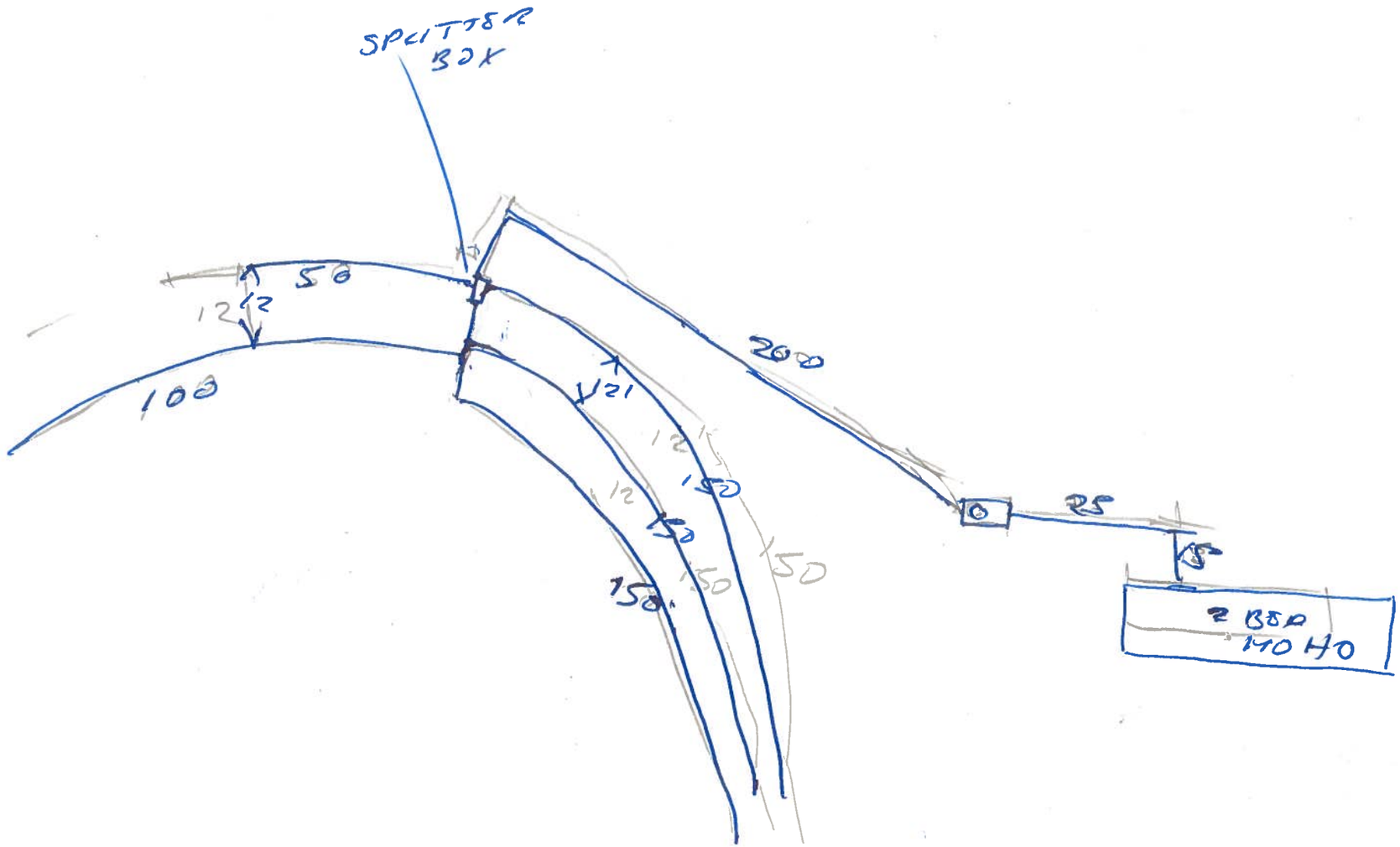
Filter _____

Leaching well _____

Inspected by CARL KEMPF

(NOTE) SPLITTER BOX USED AS DIST. BOX HOW WITH BREAK DOWN REQUIRE REPLACEMENT WITH A CONSISTENT DIST. BOX AT SEPTIC TANK NOTED ON PERMIT 6-30-81

7


SPLITTER BOX
50
12
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100
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12
150
150
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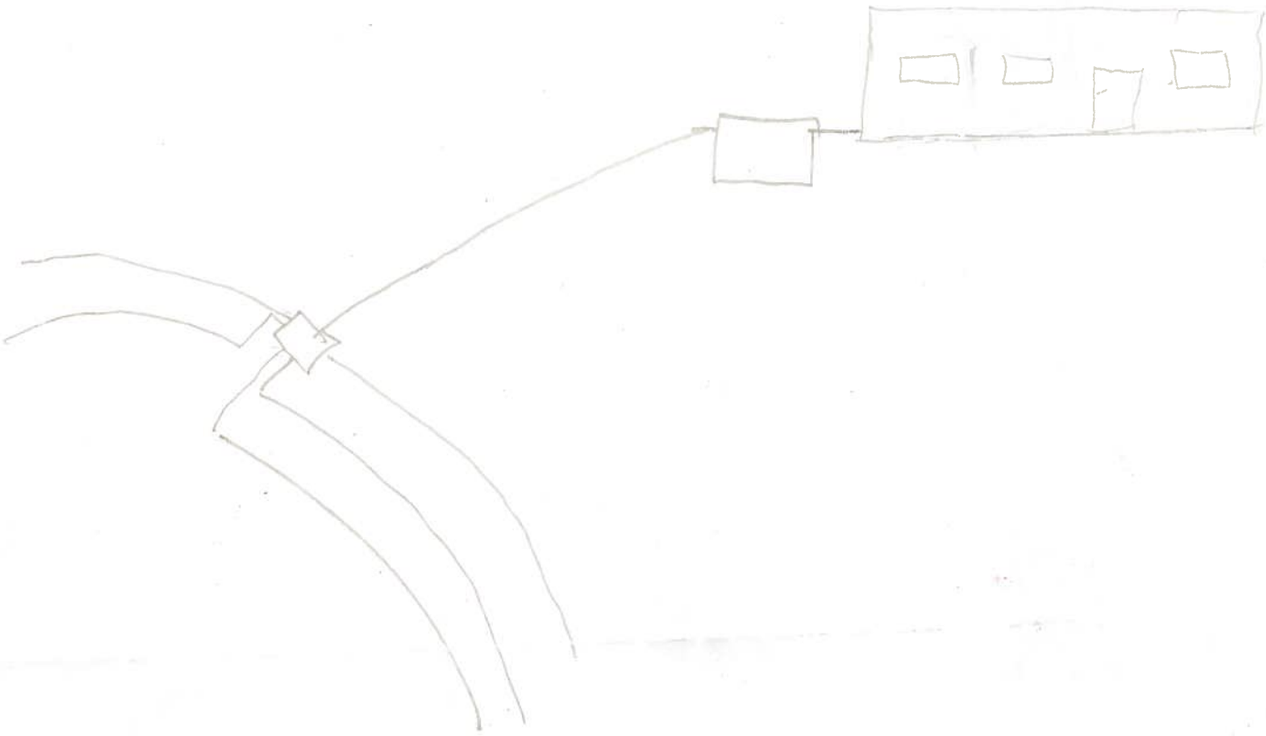
150
150
200
25
15
2 BOX
MOMO



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Glen Gray
(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 _____

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 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

address Route #2, Tippecanoe

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 quarantees 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 Hartel, 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 spliter 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.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 4[illegible]3, Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME Lamard Gray
ADDRESS RT. 2 Tuppecanoe
PHONE 498-623[illegible]
PRESENT OWNER Glenn Gray
PROPERTY SIZE Acres

DATE 4-21-81

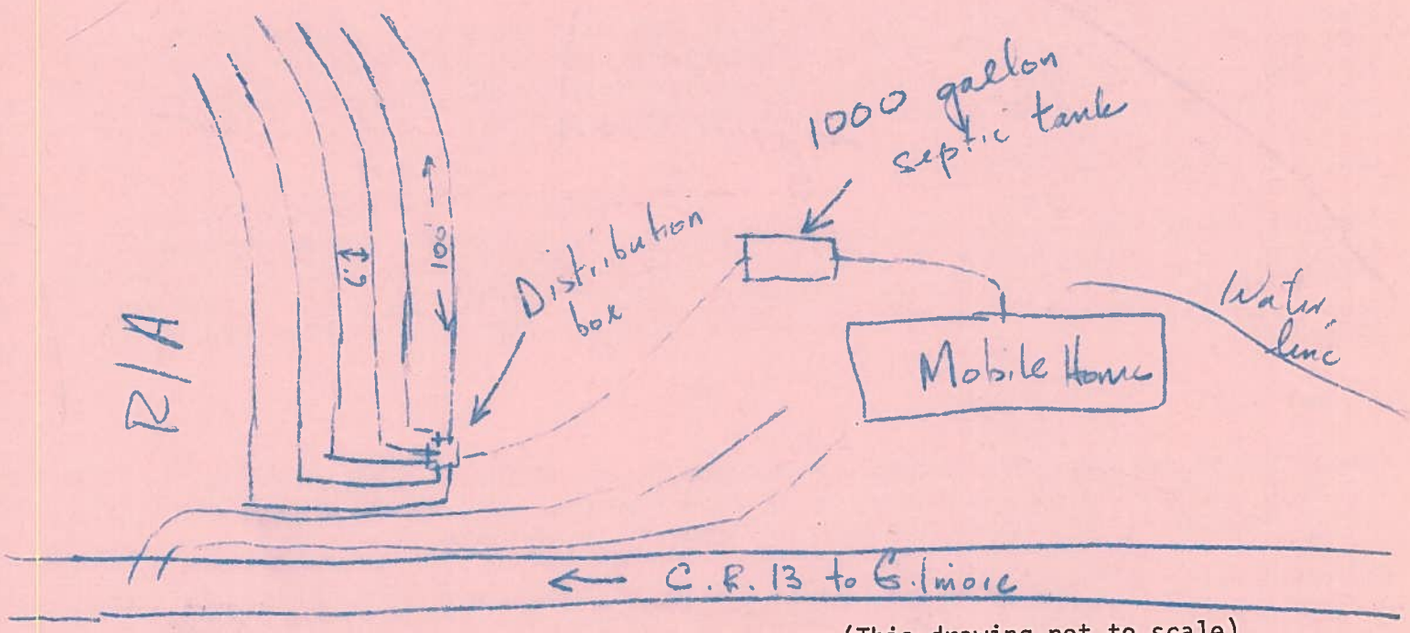
LOCATION OF PROPERTY Perry Twp. (Town or Township) C.R. 13 (Street, Road, Allotment or Lot No.)

SOIL CONDITIONS Shale-sandstone DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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

Man C info. on installing



(This drawing not to scale)

IMPORTANT: 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 Fouts

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.

FEE: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HAGLOCK, GRANT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Grant 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 (property mailing address) Dover (municipality or township) Redfield Rd. (road no.) 384 (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.

Schaar Exc & Sik Co. (signature, owner or authorized agent)

Schaar Exc & Sik Co. (installer's name)

Route #3 Dover (address)

Route #3 Dover (address)

364-2708 (phone)

This application is for the following disposal devices.

Septic tank _____ (gallon)

Aerobic tank 1250 (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) dee (clerk)

Permit number 34-81

Inspection date 4-25-81

INSTALLATION INSPECTION

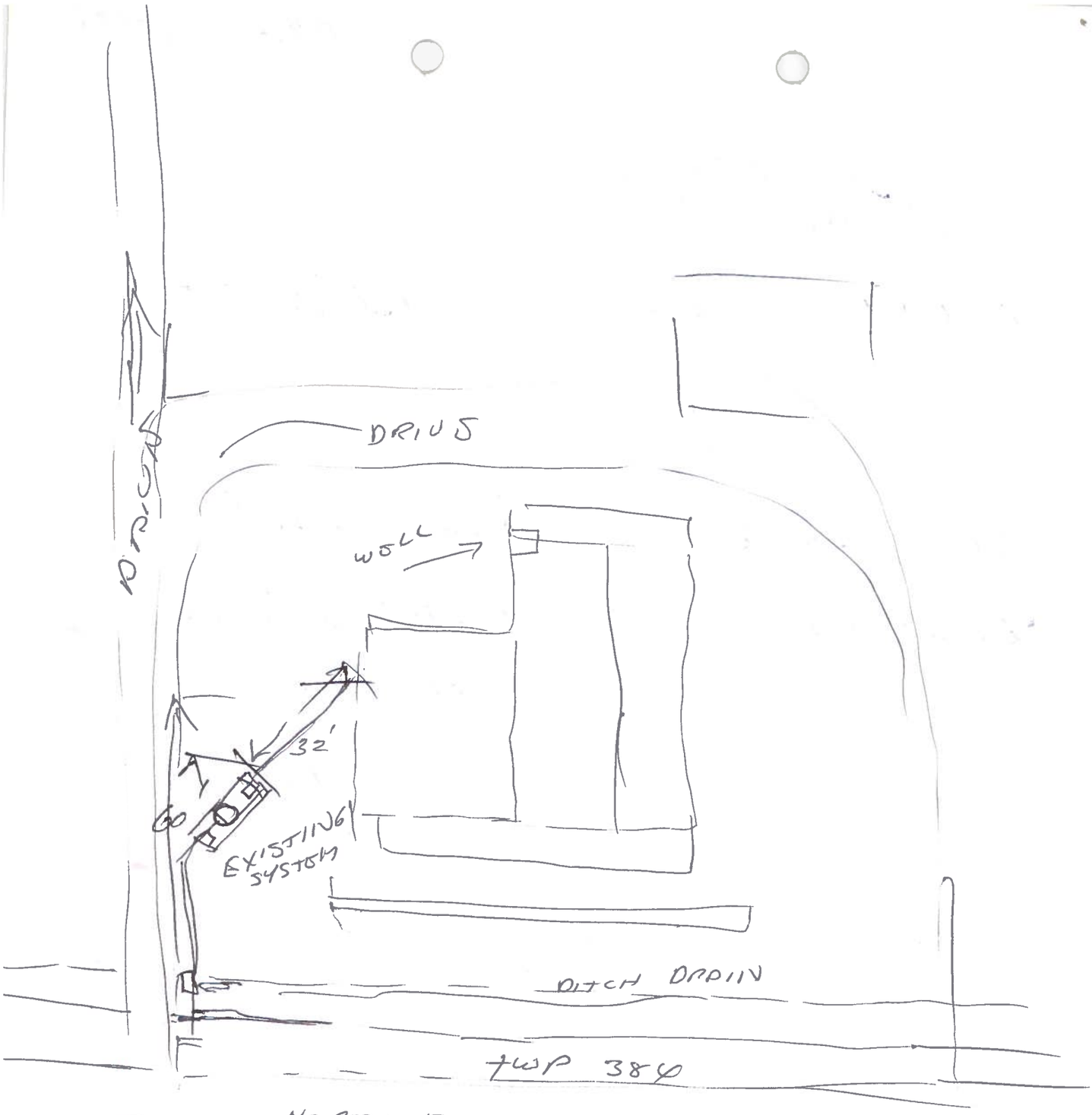
Sewage tank 1200 AEROBIC gallon

Leaching field ____ x ____ lineal feet

Filter REPLACEMENT SYSTEM

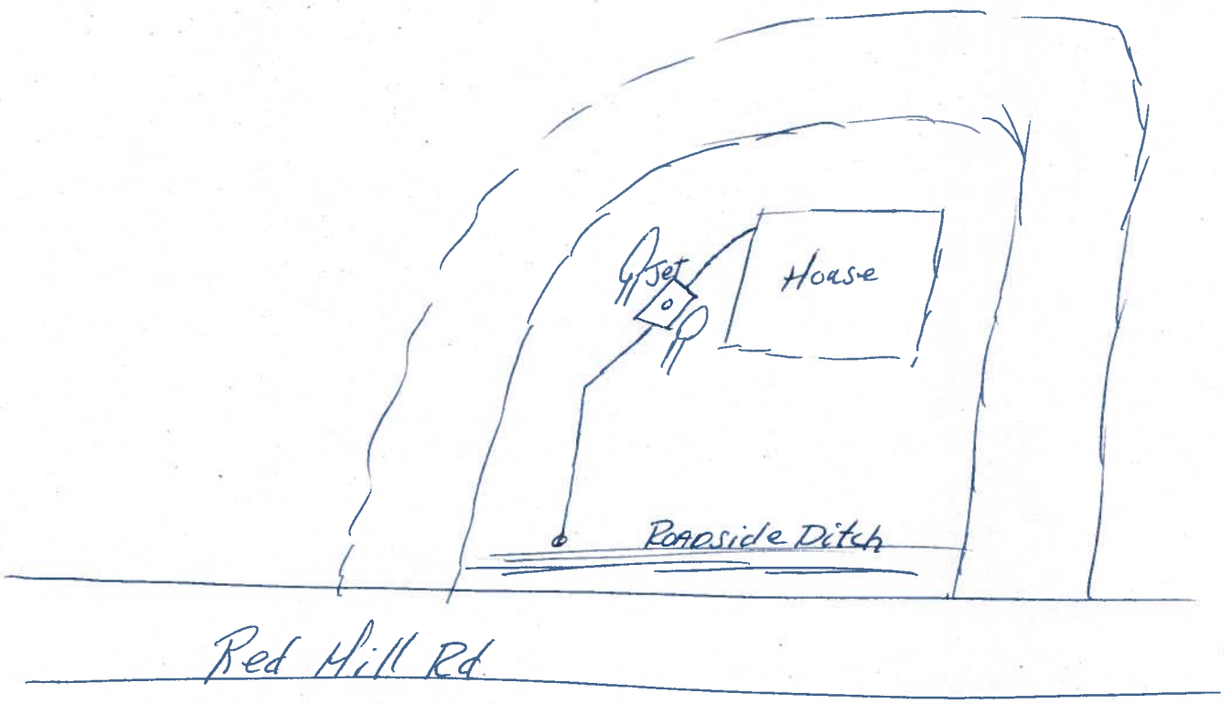
Leaching well OLD SEPTIC TK BROKEN DOWN

Inspected by CARL KEMPF



NO ROOM FOR FILTER
FROM AEROBIC TANK

HOUSE



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 _____

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HATCHER, HERBERT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Herbert Hatcher Phone 343-9011 Date 7/2/81

Address 822 N. Tusc. Dover, Ohio hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at

Route #, Gnadenhutten, O Clay 196
(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.

Herbert Hatcher
(signature, owner or authorized agent)

Same
(installer's name)

822 N. Tusc. Dover, O
(address)

(address)

This application is for the following disposal devices.

(phone)

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 Conditional Letter See attached letter

Date 7-7-81

Fee paid $35.00

Permit issued 7/7/81 (date) dep (clerk)

Permit number 45-81

Inspection date July 1, 81

INSTALLATION INSPECTION

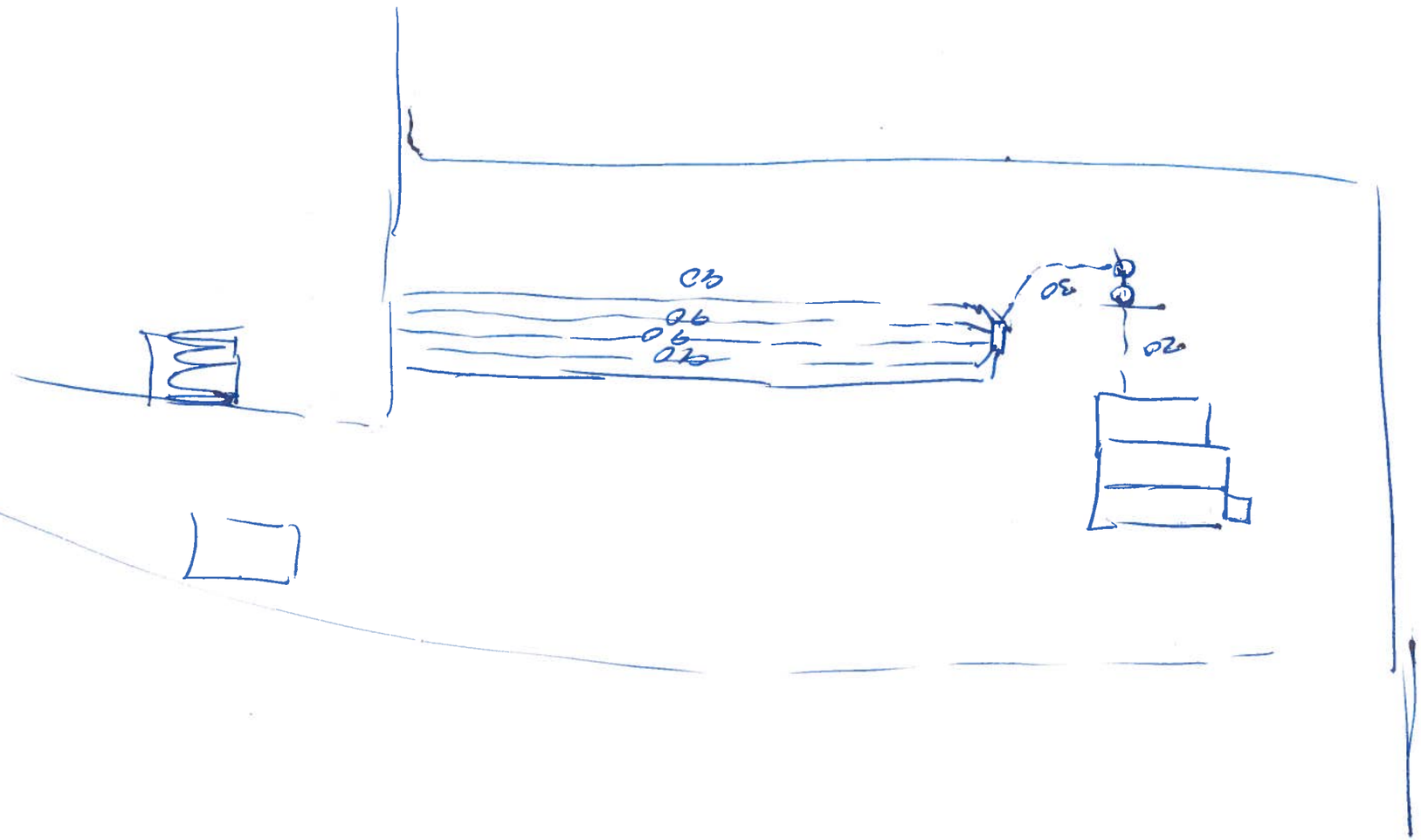
Sewage tank EXISTING 2-36" - 250 + 500 gallon

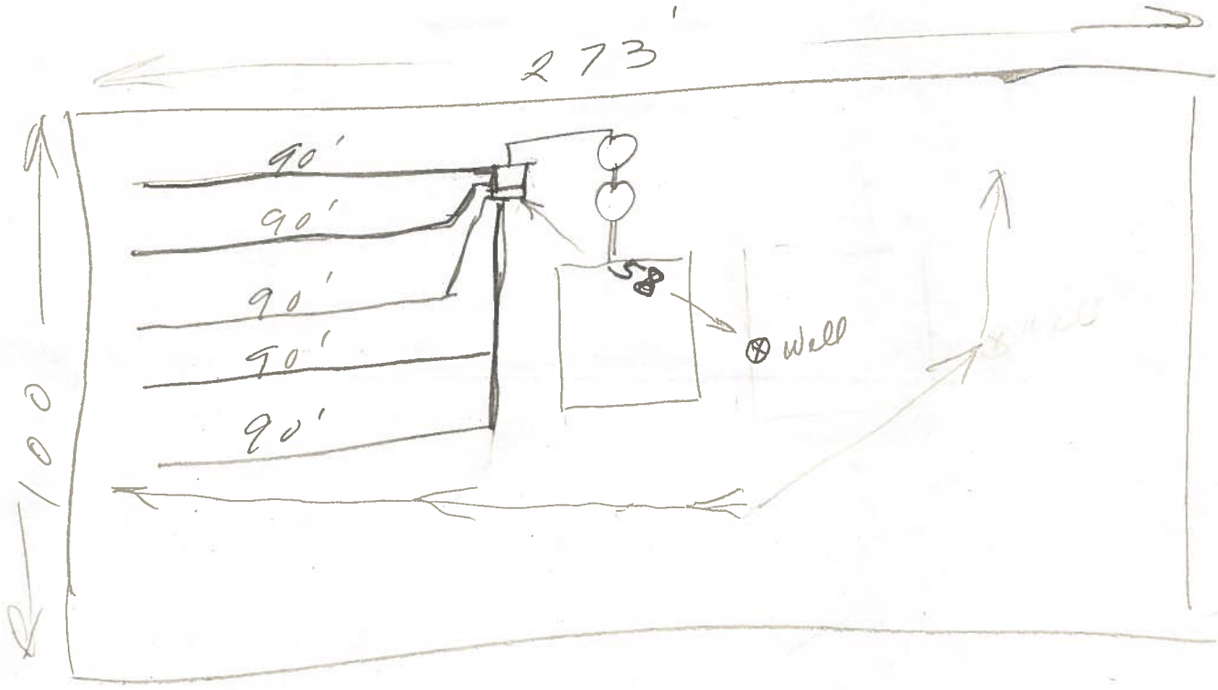
Leaching field ____ x ____ lineal feet

Filter _____

Leaching well _____

Inspected by CORL KAMPE


C3
C6
C6
C10
C8
C20



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Herbert Hatch
(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 ✓

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

address

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 quarantees 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, 19 81

Robert C Hassler, M.D

Health Commissioner

INSPECTOR'S RECORD

Sewage tank EXIST - 2 - 36" SEWER PIPE = 500 GAL

Leaching tile field 2 X 450 lineal feet 2 - 250 EACH

Leaching well 5 - 90 FT = 450 FT TOTAL

Filter bed 6.2 TON GRAVEL

Inspection Date 7-1-81

Inspector CARL KEMPP

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

TUSCARAWAS COUNTY
GENERAL HEALTH DISTRICT

TELEPHONE
(216) 343-5555

TOLL FREE
(614) 254-9371

897 EAST IRON AVENUE P.O. BOX 443 DOVER, OHIO 44622

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

Earl E. Paulus, R.S.
Director
Environmental Health
des
Attachment

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT GRIESEN, WM.

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Mr. Mrs William J Griesen Phone 339-4731 Date 8/13/81

Address Box 8A Rt 1 Stone Creek, O. hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at _____

Box 8A Rt 1 (Jefferson) Stone Creek, 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.

X Mrs Jerry Griesen
(signature, owner or authorized agent)

Kenny Bayer
(installer's name)

same as above
(address)

Rt #1, New Phila.
(address)

This application is for the following disposal devices.

3646421
(phone)

Septic tank _____ (gallon) Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet) Leaching well _____ (size) Filter 5x8 pre-cast (size)

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

OFFICE USE ONLY

Permit approved by _____

Date _____

Fee paid $35.00

Permit issued 8/13/81 (date) des (clerk)

Permit number 61-81

Inspection date 8/19/81

INSTALLATION INSPECTION

Sewage tank aerobic gallon

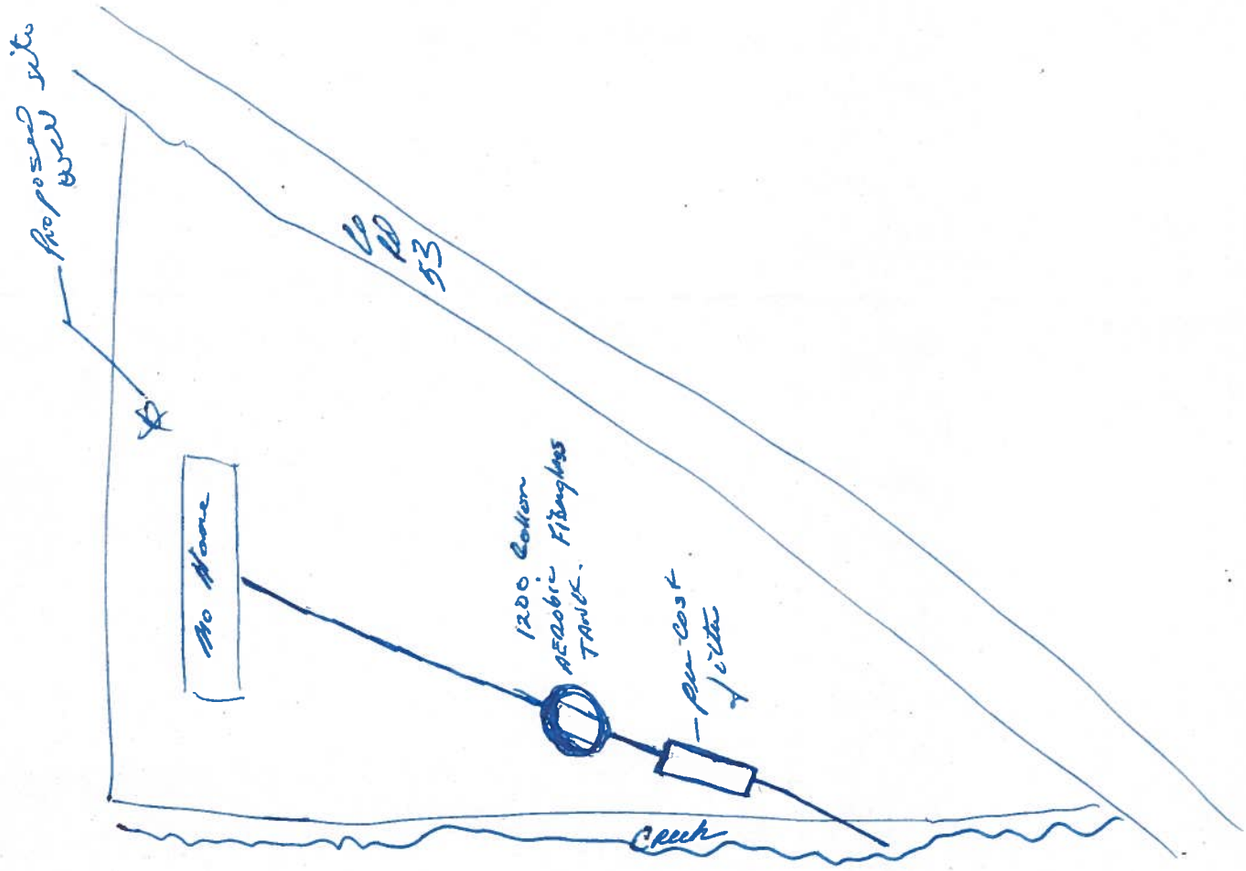
Leaching field ____ x ____ lineal feet

Filter pre-cast

Leaching well _____

Inspected by R. Fannings

10



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Grieser Wm
(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 _____

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 Volumn 444 Page 419, of the Tuscarawas County Deed Records, do hereby grant permission to William Jerald and Phyllis June Griesen their, heirs or assigns, owners of a tract of land as described in Volumn _____ 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

Dan Yeager

Mary Lou Metzger

Signature - Persons Granting Permission

Alfred A. Zimmerly

Alfred A. Zimmerly

Zerna B. Zimmerly

Zerna B. Zimmerly

Subscribed and duly sworn before me according to law, by the above named persons this 17th day of August, 19 81, at Dover, County of Tuscarawas and State of Ohio.

Mary Lou Metzger

(Signature of Notary Public)

Mary Lou Metzger, Notary Public
Dover, Ohio
Statewide Jurisdiction R.C. 147.07
Commission Expires 5/24/82

(Official Seal of Notary)

This instrument prepared by the Tuscarawas County General Health District.

$35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HILL, SUE

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Sue Hill Phone — Date Aug-17-81

Address Rt 4 New Phila. hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at

Rt 4 New Phila Goshen
(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 Bouscher
(signature, owner or authorized agent)

Harold Bouscher
(installer's name)

(address)

Rt 4 New Phila
(address)

This application is for the following disposal devices.

922-4777
(phone)

Septic tank 1000 (gallon) Aerobic tank (gallon)

Leaching lines 480 (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 R.E.

Date 8/19/81

Fee paid $35.00

Permit issued 8/19/81 (date) des (clerk)

Permit number 65-81

Inspection date 8-24-81

INSTALLATION INSPECTION

Sewage tank 1000 gallon

Leaching field 2½ x 510 lineal feet

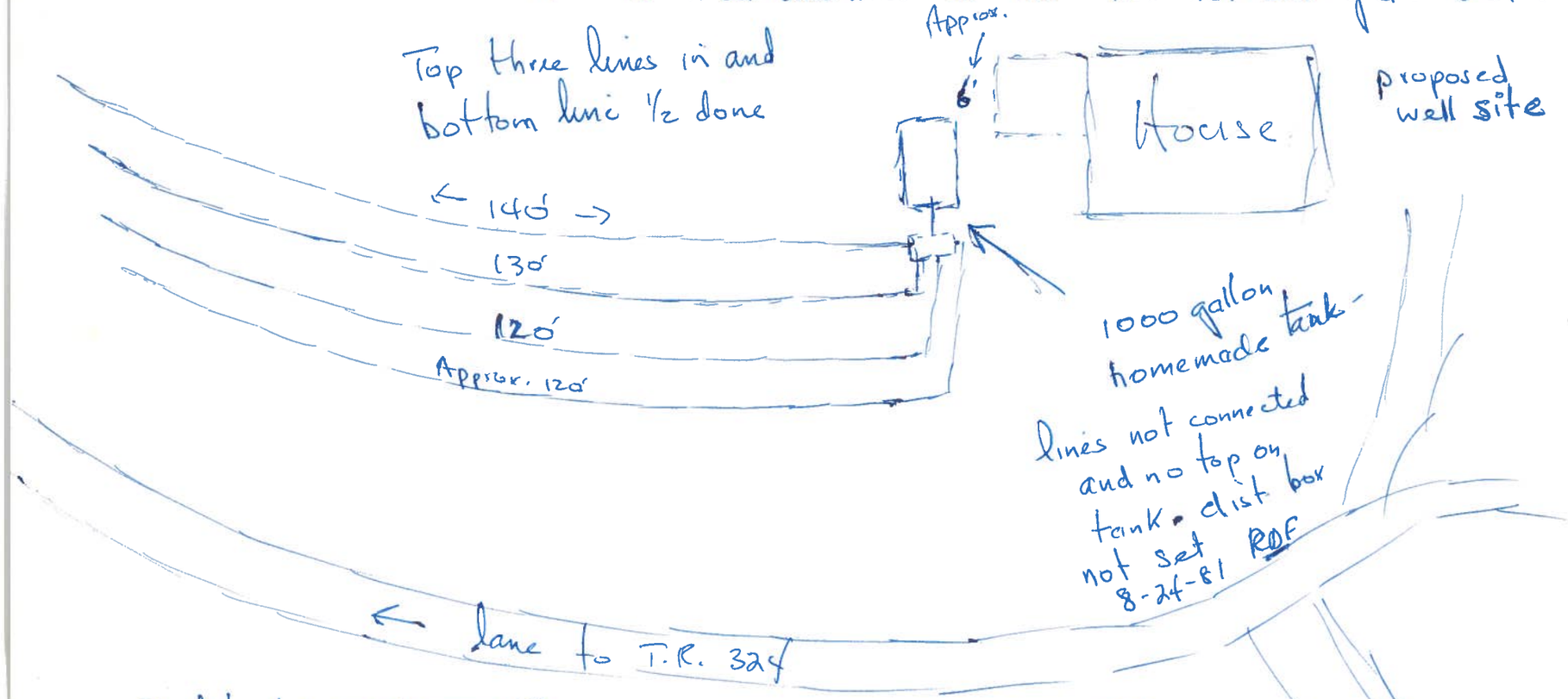
Filter

Leaching well

Inspected by Richard Foster

11

Bouscher to build septic tank - approx. 1000 gal.
not built at this time - also dist box not set yet. 8-21-81 RDF



~~8 blocks 64" high~~

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

DATE July 16, 1981

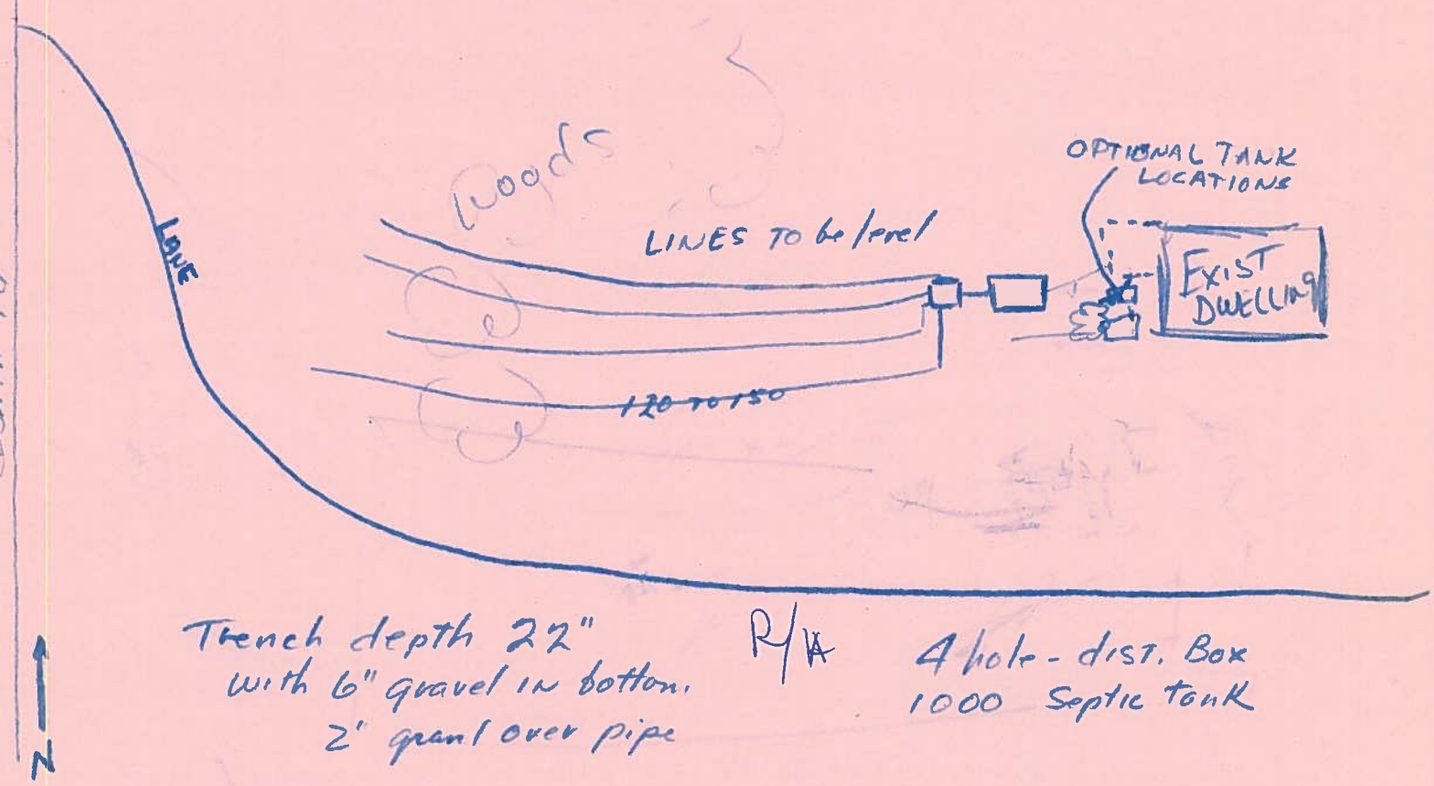
SITE EVALUATION FOR:
NAME SUE HILL
ADDRESS R2 N. Phila, O
PHONE
PRESENT OWNER Above
PROPERTY SIZE 20 A

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

SOIL CONDITIONS Loam CLAY AT 30" DEPTH TO GROUND WATER N/A ROCK STRATA N/A

SOIL PERCOLATION 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

R/A

4 hole - dist. Box
1000 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 _____

1000 GALLON SEPTIC TANK 480 to 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 [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.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT IRVEN, BILL

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Bill Irven Phone 922 0687 Date 6-26-81

Address RD #2 Urichville Ohio hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at

RD #2 Urichville 8 Rush Tusc 30
(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.

Robert Thornton
(signature, owner or authorized agent)

Thornton Excavating
(installer's name)

Box Port Washington O 43837
(address)

204 W Main St Port Washington O
(address)

This application is for the following disposal devices.

498 6959
(phone)

Septic tank _____ (gallon) Aerobic tank 1500 (gallon)

Leaching lines _____ (lineal feet) Leaching well _____ (size) Filter 5'x 8' (size)

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 $35.00 Pd Receipt 585

Permit issued 8/6/81 (date) dee (clerk)

Permit number 57-81

Inspection date 6-26-81

INSTALLATION INSPECTION

Sewage tank 1200 AEROBIC gallon

Leaching field ____ x ____ lineal feet

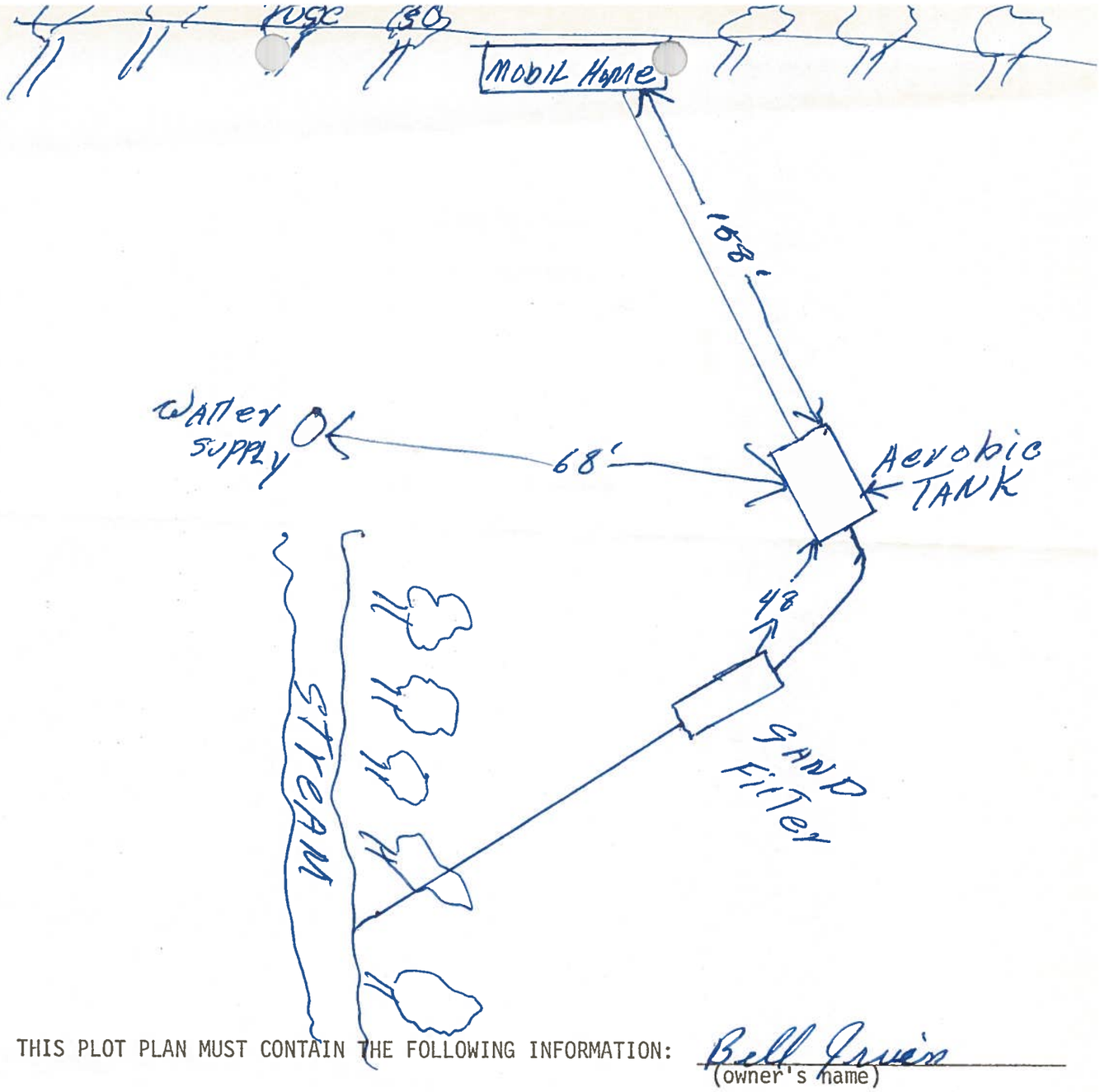
Filter 5'x8' PRO-CAST

Leaching well _____

Inspected by EARL KEMPF

12

STREAM
WATER SUPPLY SPRING
68'
65'
FILTER PAD-CRST 5 x 8
8'
158'
CH OH
CR 30



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Bell Irwin
(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 _____

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

SITE EVALUATION FOR:
NAME Bill Irvin
ADDRESS 833 Baker Ave N.W. DW.P.
PHONE 364-4083
PRESENT OWNER Above
PROPERTY SIZE 9.6 Ac.

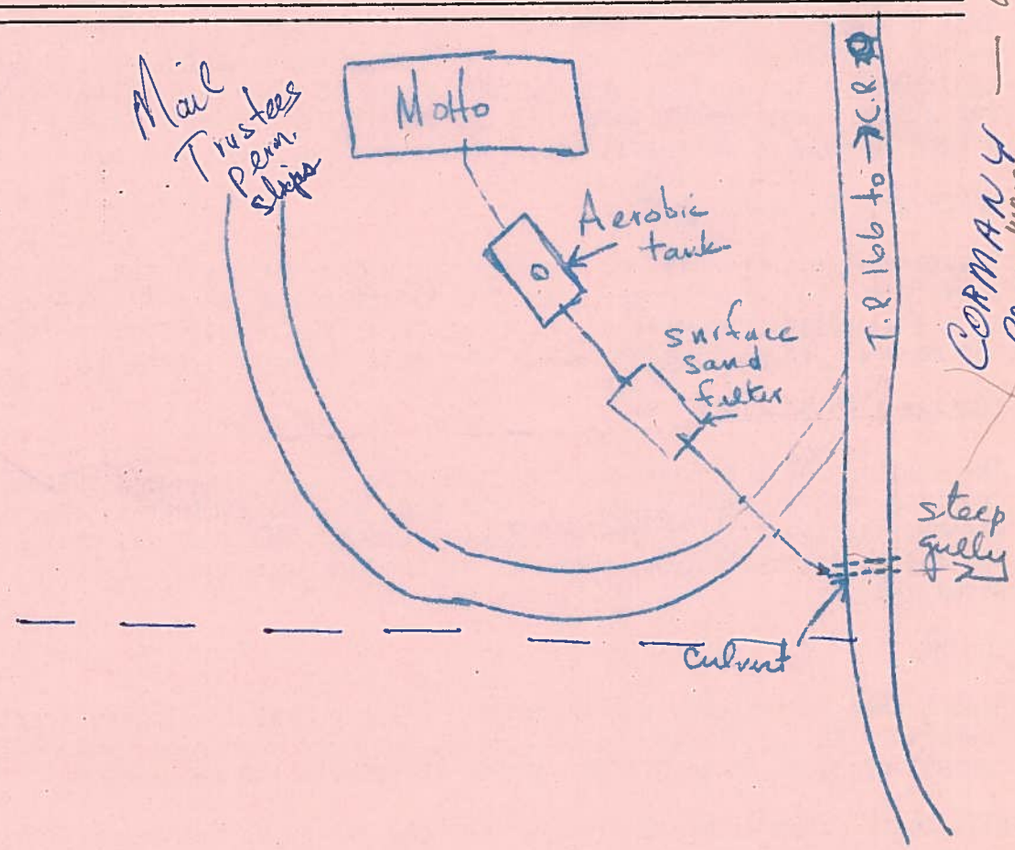
DATE 3/5/81

LOCATION OF PROPERTY Rush — T.R. 166
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS Clay DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS Unsatisfactory WATER WELL LOCATION "X" _____

PROPOSED LAND USE ____ BEDROOM ____ FAMILY DWELLING, OTHER: Motto



(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 Yes

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES Already NO _____ INCOMPLETE _____ Also permission from trustees

TRANSFER NOT REQUIRED _____

SANITARIAN Richard Fanto

COPMANY — WANT TO BUILD
PROPERTY WADSWORTH, O LAKE - NO PERMISSION

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
ounty, Ohio, as described in Volumn 261 Page 637, of the Tuscarawas County Deed Records,
hereby grant permission to William E. Irvin, heirs or
ssigns, owners of a tract of land as described in Volumn 457 Land Contract Page 286, of the Tuscarawas
ounty Deed Records, to discharge sewage effluent from a proposed sewage disposal system to
e located on their lands providing:

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

) 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

Juanita Wright

R. S. Williams

Signature - Persons Granting Permission

Jessie Tatman

Subscribed and duly sworn before me according to law, by the above named persons this 23rd day of June, 19 81, at Stillwater, County of Tuscarawas and State of Ohio.

Margaret A. Wright
(Signature of Notary Public)
MARGARET A. WRIGHT, Notary Public
Tuscarawas County, Ohio
My Commission Expires April 22, 1985

(Official Seal of Notary)

This instrument prepared by the Tuscarawas County General Health District.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT KUHN, LYNN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Kuhn, Lynn. Phone _____ Date 7/28/81

Address Sgck (JERRY FOSTER) hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at _____

RR #2 Sgck, Sgck Twp 348

(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.

Lynn Kuhn (signature, owner or authorized agent)

DAVE SHETT EXC. (installer's name)

(address)

506 main St. Sgck (address)

This application is for the following disposal devices.

852-2932 (phone)

Septic tank 1500 (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.

OFFICE USE ONLY

Permit approved by RZ

Date 7/28/81

Fee paid $35.00

Permit issued 7/29/81 (date) dco (clerk)

Permit number 5-1-81

Inspection date 8/3/81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

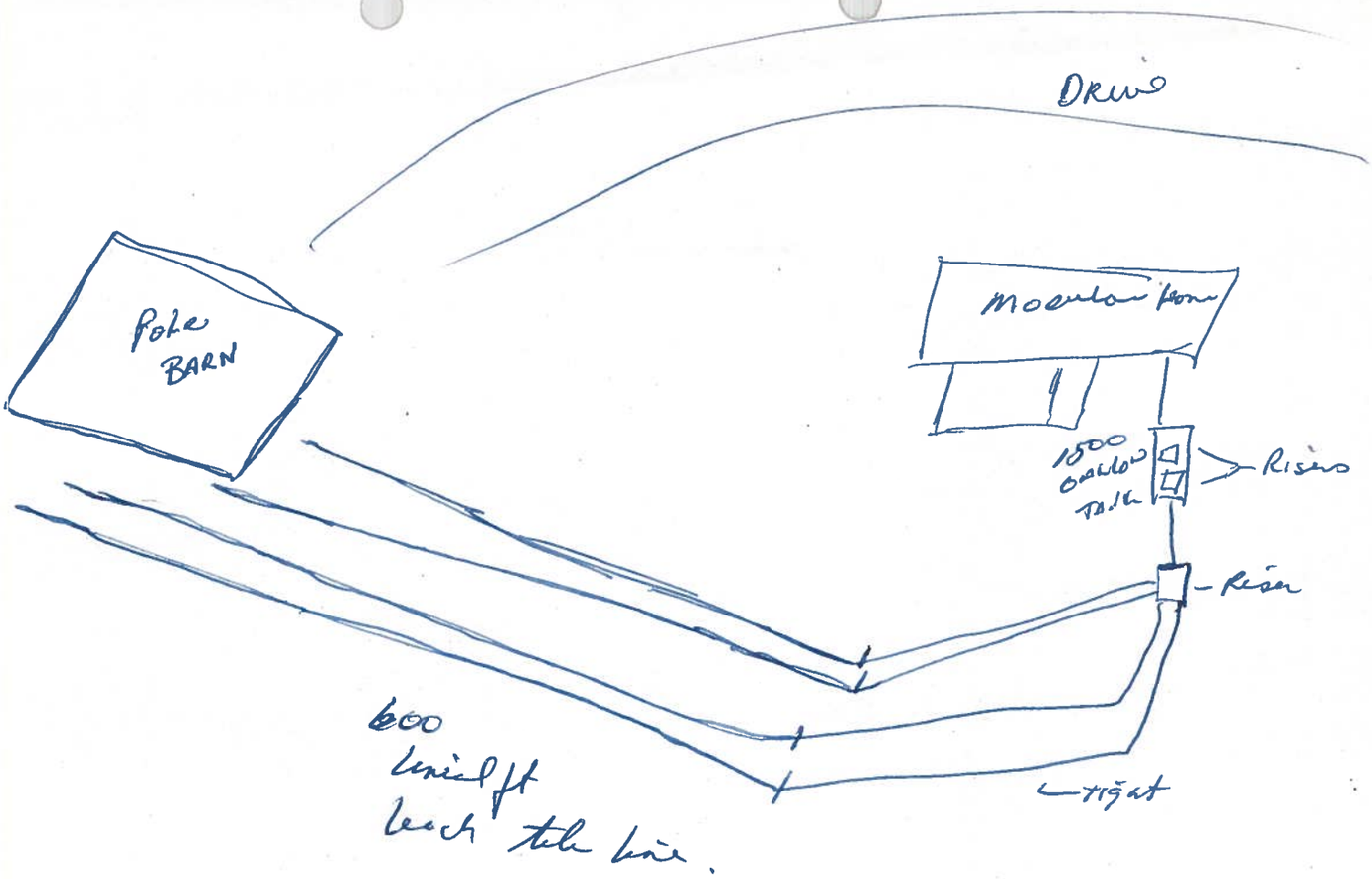
Leaching field 2 x 600 lineal feet

Filter —

Leaching well —

Inspected by R. Fanning

13



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Kuhn, Lynn
(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 _____

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT LEE, ED

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ed Lee Phone _____ Date _____

Old 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 Rt 250 Hearlin Motell

(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.

Thomas L Larkin (signature, owner or authorized agent)

Larkin Sewer Cont. Inc. Thomas L. Larkin (installer's name)

R.D. #3 New Phila (address)

R.D. #3 New Phila (address)

339-1289 (phone)

This application is for the following disposal devices.

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

Leaching lines _____ (lineal feet) Leaching well 3000 gallon (size) Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by EEP

Date 9-1-81

Fee paid $35.00 Pd Receipt 690

Permit issued 9/1/81 (date) Alex (clerk)

Permit number 73-81

Inspection date 9/1/81

INSTALLATION INSPECTION

Sewage tank Existing gallon

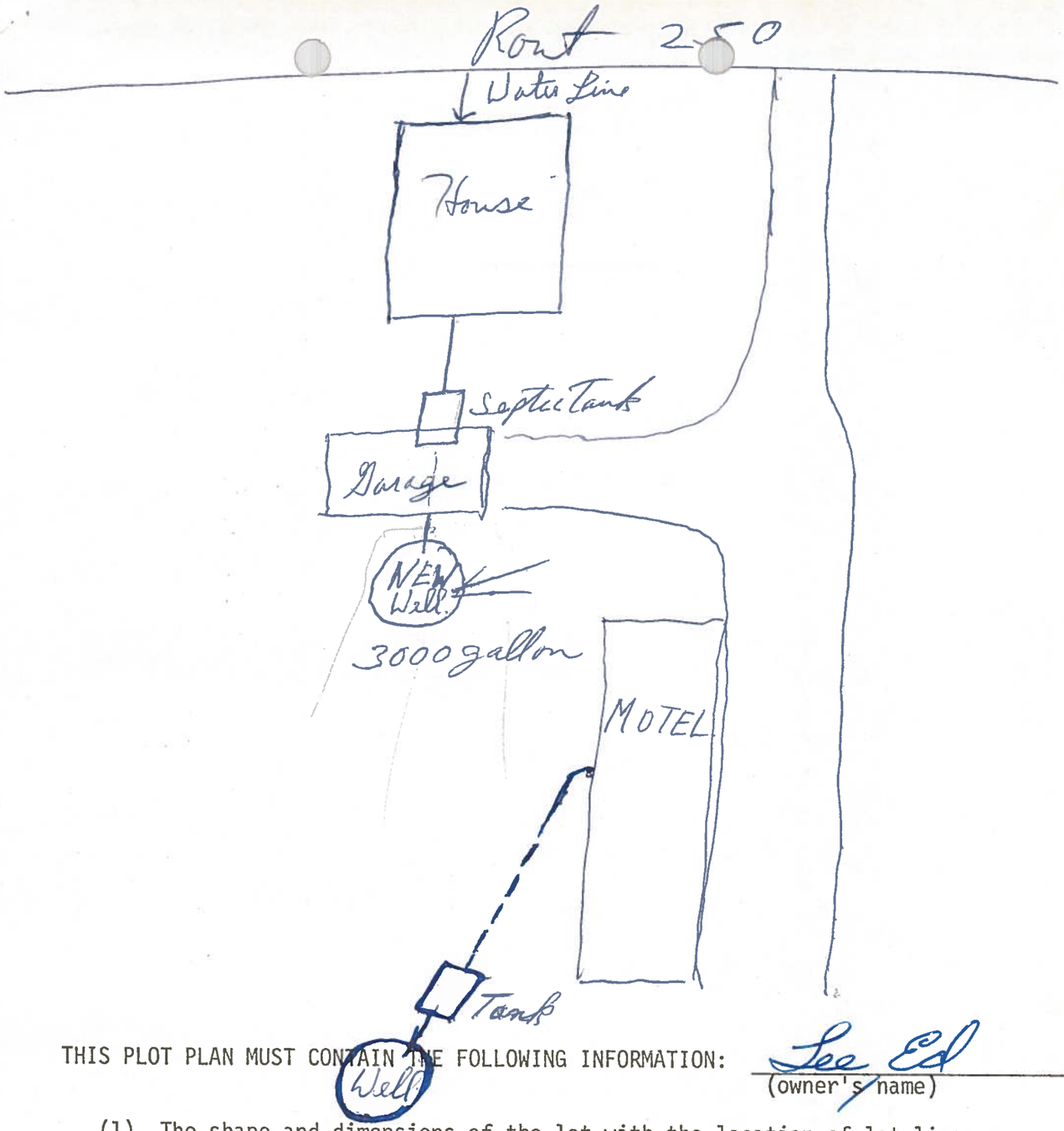
Leaching field — x — lineal feet

Filter —

Leaching well 3000 gallon

Inspected by R. Fanning

14



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Lee Ed
(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 _____

$35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HEAD, DAVID

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner DAVID W. HEAD Phone 359-5275 Date 9/19/81

Address STAR RT. BOX 135A MILLERSBURG, OHIO hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at _____

(property mailing address) WAYNE (municipality or township) 66 (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 Glick
(signature, owner or authorized agent)
13015 Lincoln St. N.W.
Massillon Ohio
(address)

Earl Glick
William Stutzman
(installer's name)
13015 Lincoln St. N.W.
(address) Massillon, Ohio 44646
216-833-6372
(phone)

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 9/23/81 (date) CLO (clerk)

Permit number 83-81

Inspection date 10-9-81

INSTALLATION INSPECTION

Sewage tank 1000 AERobic gallon

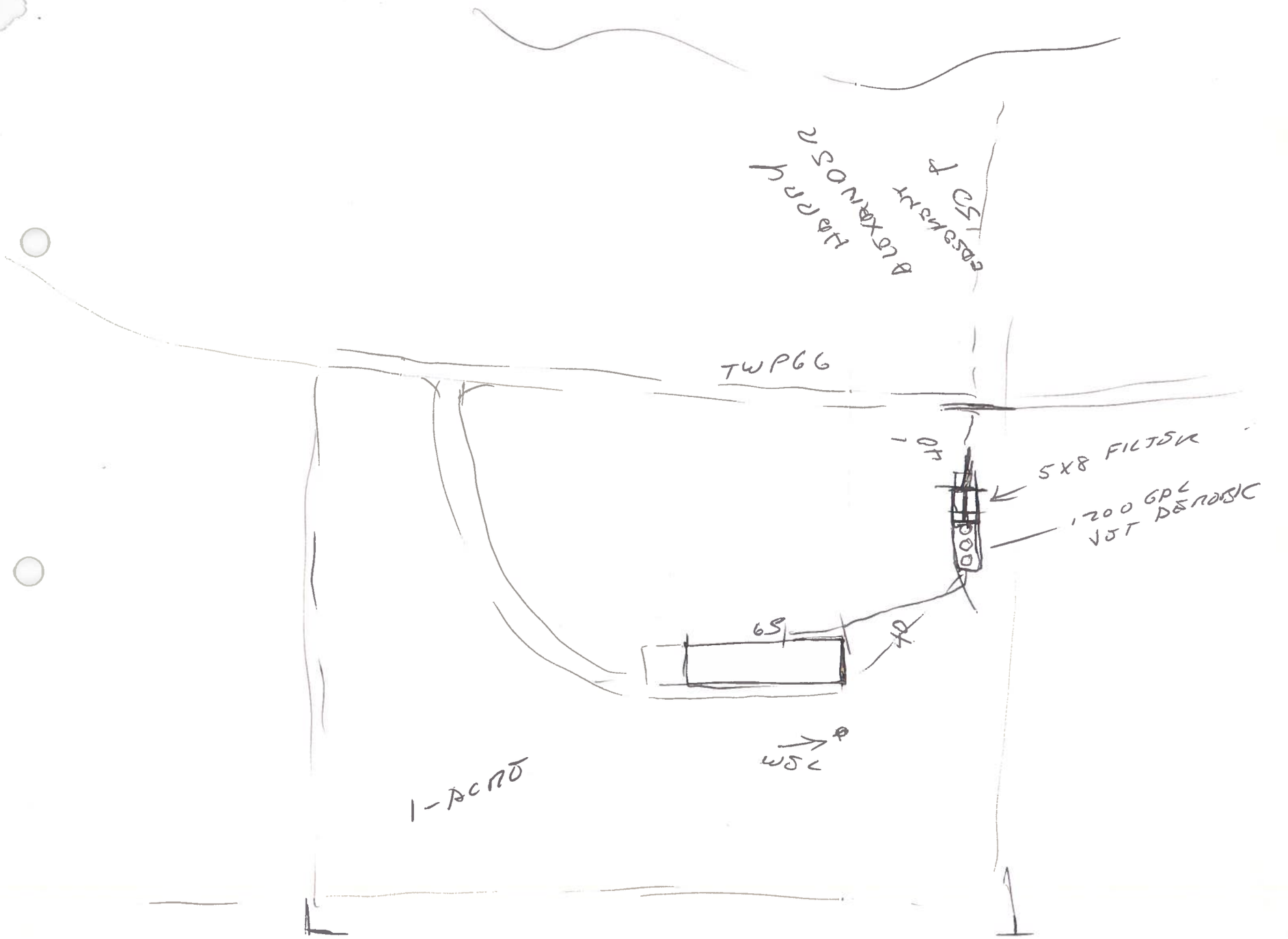
Leaching field ____ x ____ lineal feet

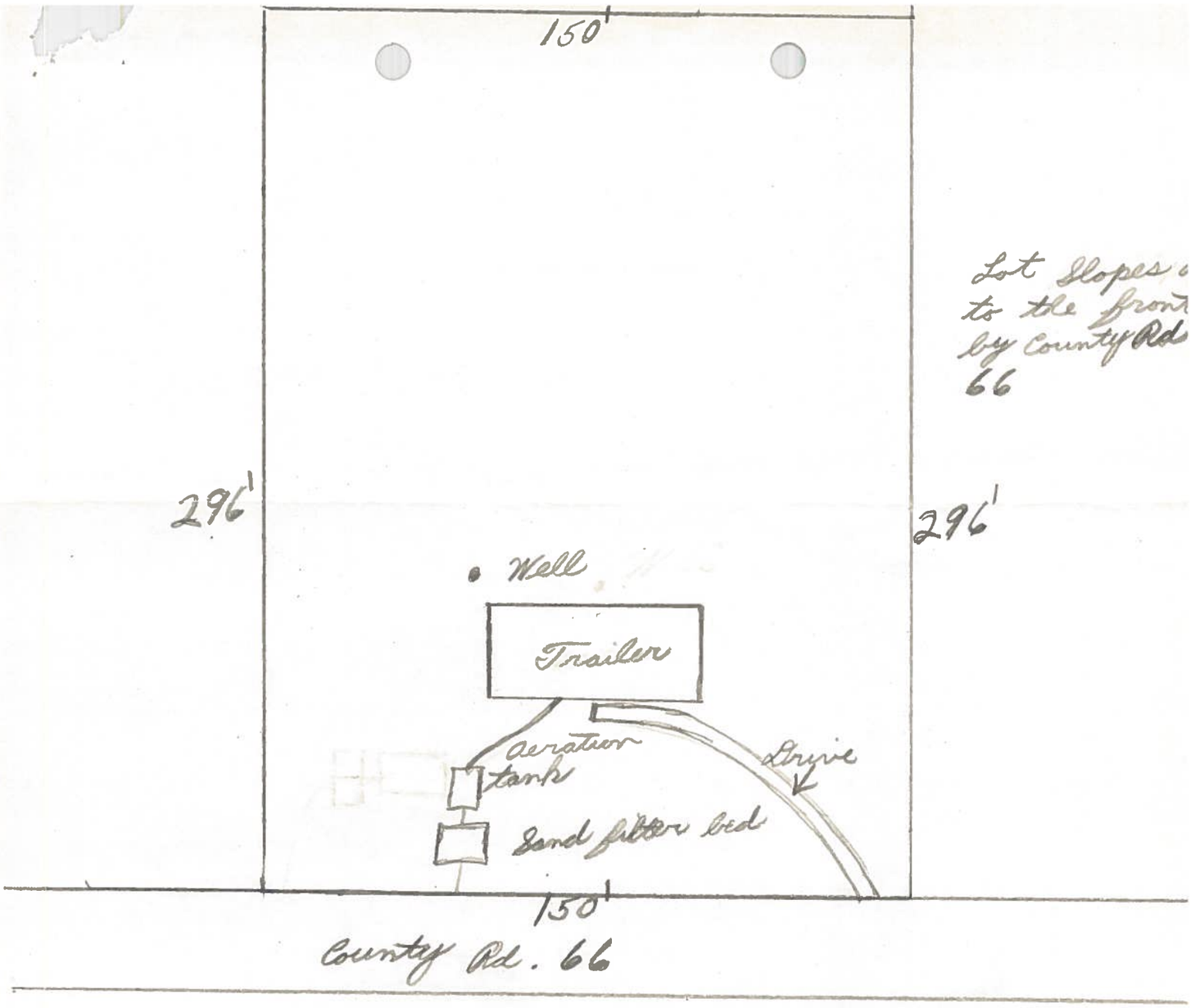
Filter 5X8 SURFACE

Leaching well _____

Inspected by CARL KOHAT

15


TWP66
5X8 FILTER
1200 GPL
VOT DEMONIC
65
WSL
1-ACRO



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: David W. Head
(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 ✓

DEED OF EASEMENT

KNOW ALL MEN BY THESE PRESENTS, That I/We Harry & 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 futher 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 15th day of May, 1981.
In the presence of

Ruth M. Wisselgren — Harry Alexander

Kathy G. Wilson — Leona S. Alexander

Notary Public – Ruth M. Wisselgren

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

DEED OF EASEMENT

KNOW ALL MEN BY THESE [illegible], That I/We Harry & 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 futher 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

Ruth M. Wisselgren — Harry Alexander

Dorothy J. Wilson — Leona S. Alexander

Notary Public — Ruth M. Wisselgren

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 + 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 Volumn 503 Page 909, of the Tuscarawas County Deed Records, do hereby grant permission to David + Mary Head, heirs or assigns, owners of a tract of land as described in Volumn 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	Signature - Persons Granting Permission
Ruth M. Wisselgren	Harry Alexander
Kathy L. Wilson	Leona S. Alexander

Subscribed and duly sworn before me according to law, by the above named persons this 15th day of May, 1981, at Beach City, County of Stark and State of Ohio.

Ruth M. Wisselgren
(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.

Need 3

PERMISSION TO DISCHARGE SEWAGE EFFLUENT TO OR THROUGH PUBLIC RIGHT OF WAYS.

Permission is hereby granted to David + Mary 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 Volumn _____ Page _____, of the Tuscarawas County Deed Records to: CONSTRUCT A Sewer System discharge line.

providing the following:

1. The sewarge 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: 5/4/81 Approved by: Rudy Zehnder (signature) Trustee (title)

Lester W Semsel (signature) Trustee (title)

Copy No. 1 File with Health Department
Copy No. 2 File with Agency granting permission
Copy No. 3 retain for your records

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

SITE E[illegible]UATION FOR:
NAME DAVID HOPP
ADDRESS PO BOX 691
PHONE 756-809 BEDCH
PRESENT OWNER DAVID HOPP CITY
PROPERTY SIZE 1 ACRE

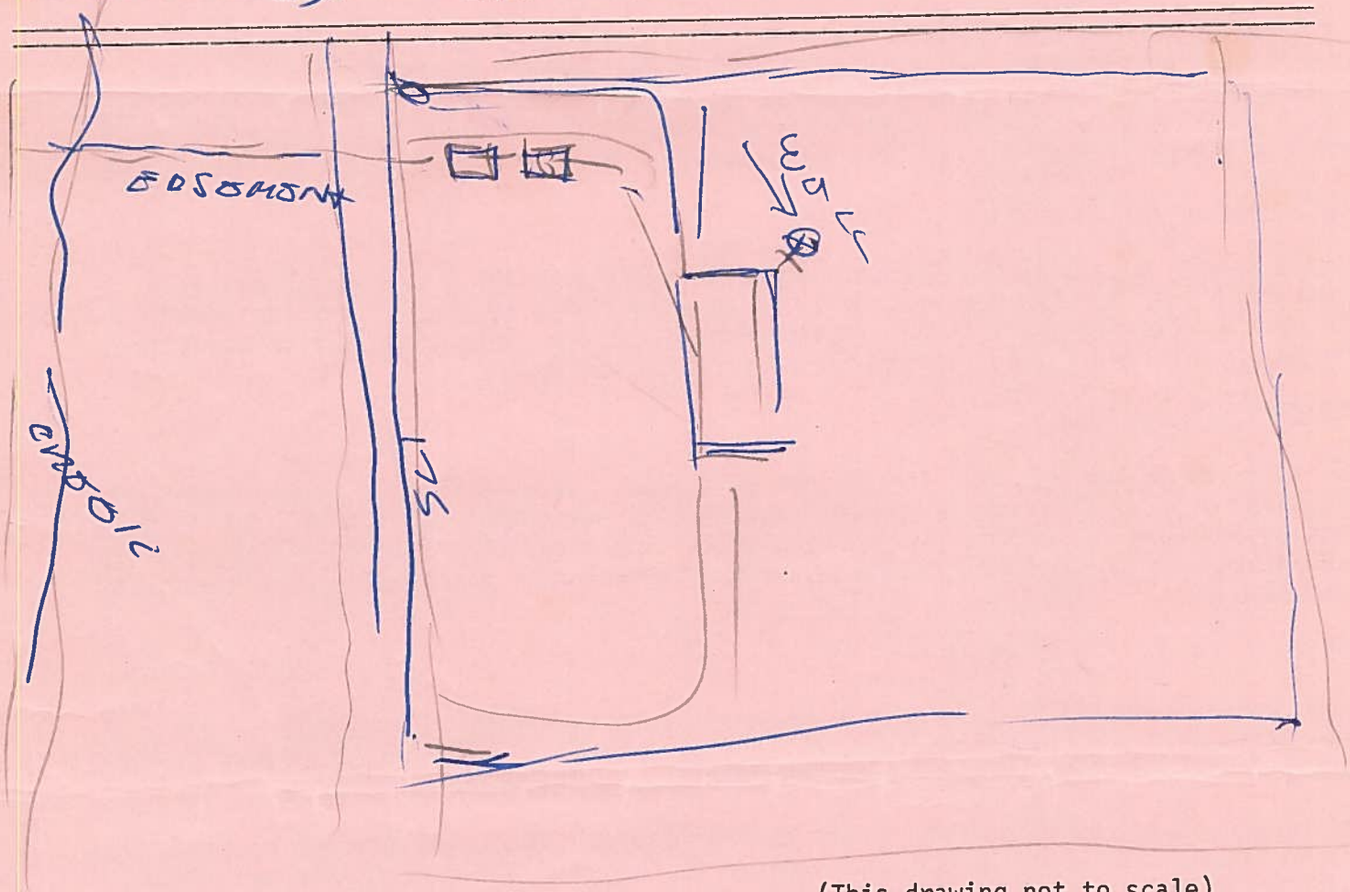
DATE 2-20-81

LOCATION OF PROPERTY WAYNE TWP ~~HIS~~ 66 KT 1 BEIDSO
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY SANDY DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS _____ 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 2-20/81 NO _____ INCOMPLETE _____

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

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

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES _____ NO _____ INCOMPLETE _____

TRANSFER NOT REQUIRED _____

SANITARIAN Carl [illegible]

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.

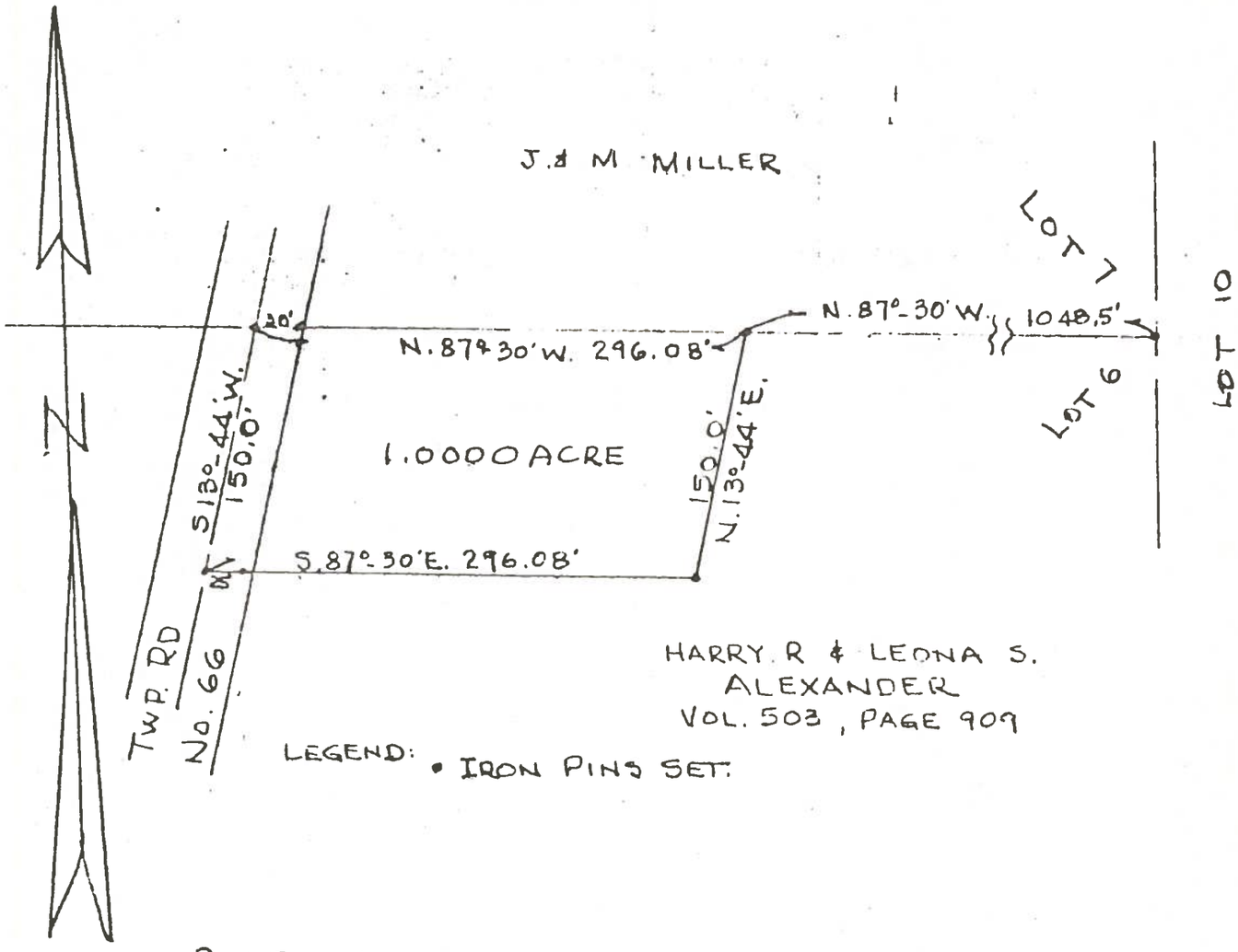
ZONING:

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.

STATE OF OHIO
R. H.
HUNSINGER
3685
REGISTERED
SURVEYOR

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HABINAK, JAMES

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner James Habinak Phone _____ Date 11/9/81

Address Rt. #1 Mineral City (Co. Rd. 90) hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Rt. # 1 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 A Nauo
(signature, owner or authorized agent)

Jim Naus Plumbing
(installer's name)

_____
(address)

Box 16 Zoarville, O
(address)

This application is for the following disposal devices.

859 2244
(phone)

Septic tank 1500 (gallon) Aerobic tank _____ (gallon)

Leaching lines 100 (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 R.E.

Date 11-9-81

Fee paid $35.00

Permit issued 11/9/81 (date) dee (clerk)

Permit number 104-81

Inspection date Nov. 11, 1981

INSTALLATION INSPECTION

Sewage tank 1500 gallon

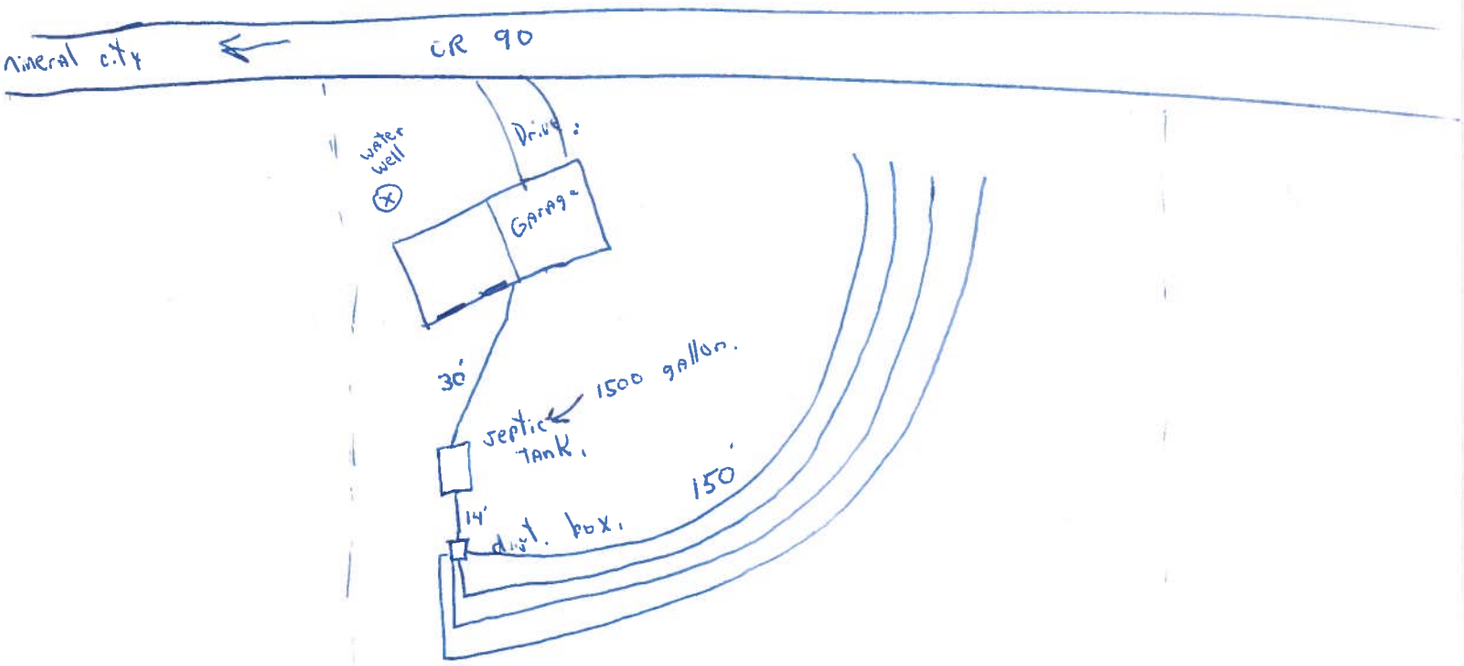
Leaching field 4 x 150 lineal feet

Filter N/A

Leaching well N/A

Inspected by Keith Eames

11


Mineral City
CR 90
water well
Drive
Garage
30'
1500 gallon.
septic tank.
150'
14'
dist. box.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 44[illegible] Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME Eames, Mark
ADDRESS Rd. 1 Mineral City
PHONE 343-3227
PRESENT OWNER Ley, Paul
PROPERTY SIZE 1 Acre

DATE March 25, 1981

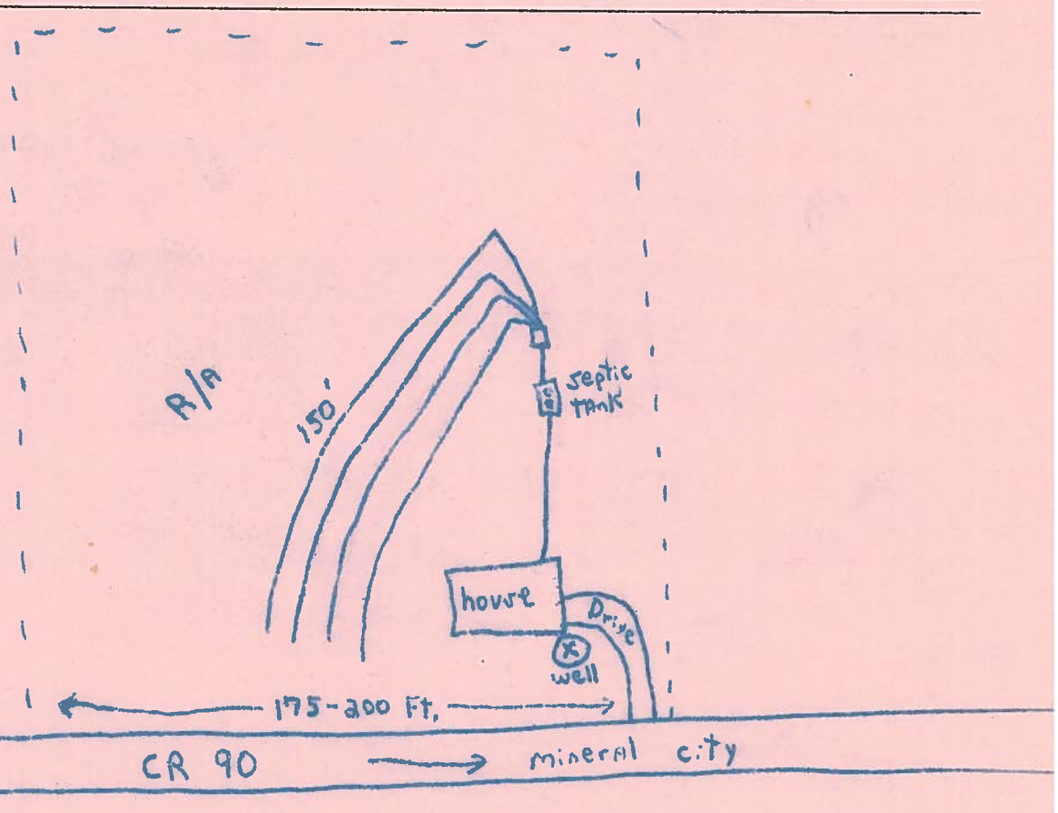
LOCATION OF PROPERTY Sandy — CR 90
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS Sandy - some clay DEPTH TO GROUND WATER — ROCK STRATA —

SOIL PERCOLATION TEST RESULTS OK WATER WELL LOCATION "X" (X)

PROPOSED LAND USE 2 BEDROOM 1 FAMILY DWELLING, OTHER:

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 ____

1,000 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 Keith Eames

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.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT HERSHBERGER, ABE

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Abe Hershberger Jr. Phone NONE Date Nov. 6, 1981

Address R.R. 1 Box 47 Dundee, Ohio 44624 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Co. road 97 last farm in county
(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.

Abe Hershberger Jr.
(signature, owner or authorized agent)

Vernon Yoder
(installer's name)

R.R. 1 Box 47 Dundee, Ohio
(address)

R.R. 5 Millersburg, Ohio
(address)

This application is for the following disposal devices.

(phone)

Septic tank 1250 (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.

OFFICE USE ONLY

Permit approved by EEP

Date 11/6/81

Fee paid $35.00

Permit issued 11/6/81 (date) dea (clerk)

Permit number 103-81

Inspection date 11-12-81

INSTALLATION INSPECTION

Sewage tank 1250 gallon

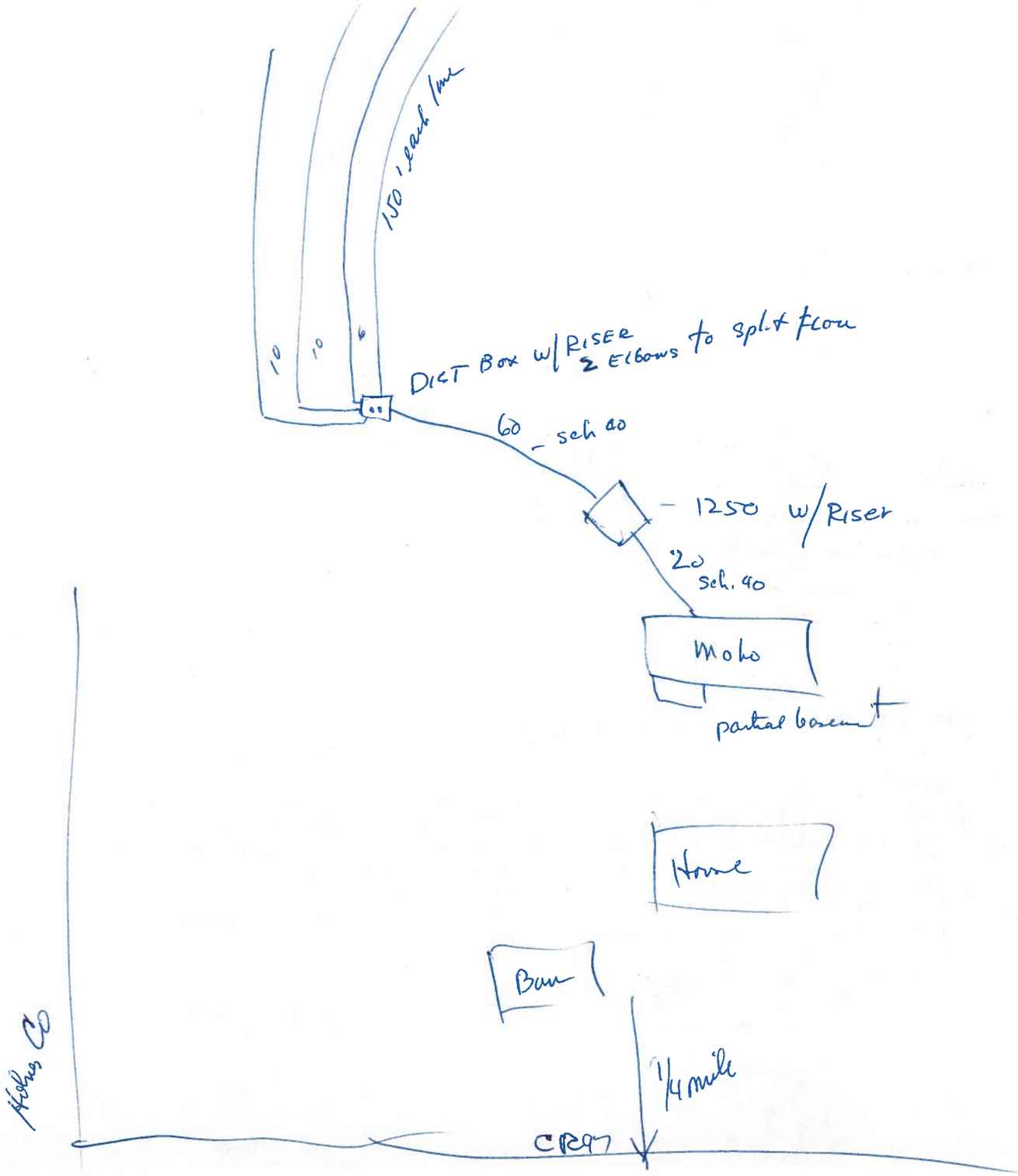
Leaching field 2 x 600 lineal feet

Filter No

Leaching well No

Inspected by EEP

18


150' each line
10
10
6
DICT Box w/ RISER
2 Elbows to split flow
60 - sch 40
- 1250 w/ Riser
20 sch. 40
Moho
partial basement
Home
Barn
1/4 mile
CR97
Highway 60

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 _____

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 443 Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME Abe Hershberger, Jr.
ADDRESS Rt. 1 Dundee
PHONE
PRESENT OWNER Above
PROPERTY SIZE Acres

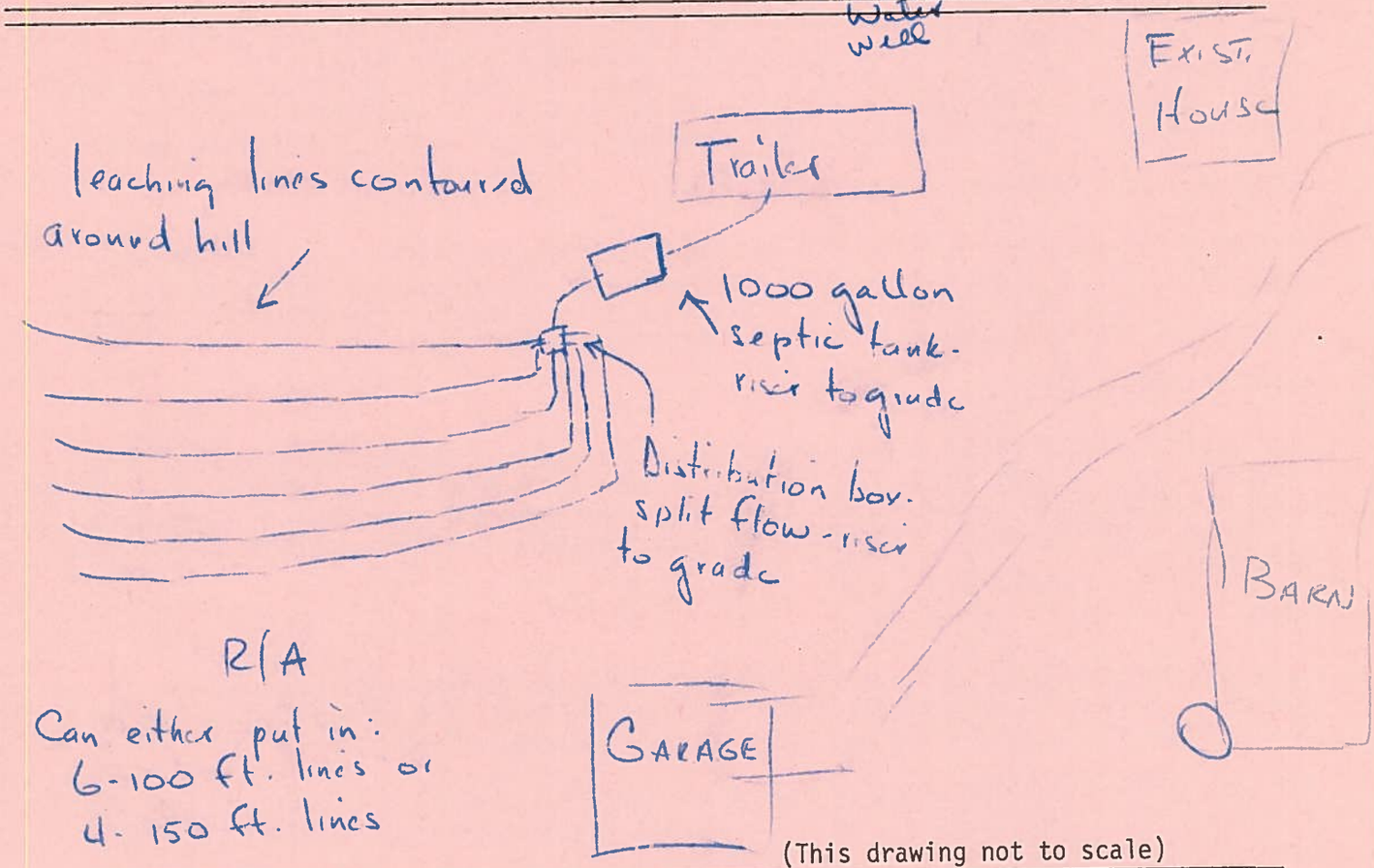
DATE 11-3-81

LOCATION OF PROPERTY Wayne Twp C.R. 97 - last place in co.
Town or Township Street, Road, Allotment or Lot No.

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: (X) Exist. Water well



(This drawing not to scale)

IMPORTANT: 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 [illegible]

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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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.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT JONES, JACK

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Jack T. + Linda R Jones Phone 339-5488 Date Sept. 18-81

Address Rt 2, Newcomerstown, Ohio 43832 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Rt 2 Newcomerstown, Ohio 43832 - Jefferson 257

(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.

Jack T. Jones
(signature, owner or authorized agent)

Jack T. Jones
(installer's name)

Rt 2 Newcomerstown, O.
(address)

Rt 2, Newcomerstown, Ohio 43832
(address)

339 5488
(phone)

This application is for the following disposal devices.

Septic tank 1500 (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.

OFFICE USE ONLY

Permit approved by [illegible]

Date 9-18-81

Fee paid $35.00

Permit issued 9/18/81 (date) dec (clerk)

Permit number 81-81

Inspection date 11-4-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 60 lineal feet

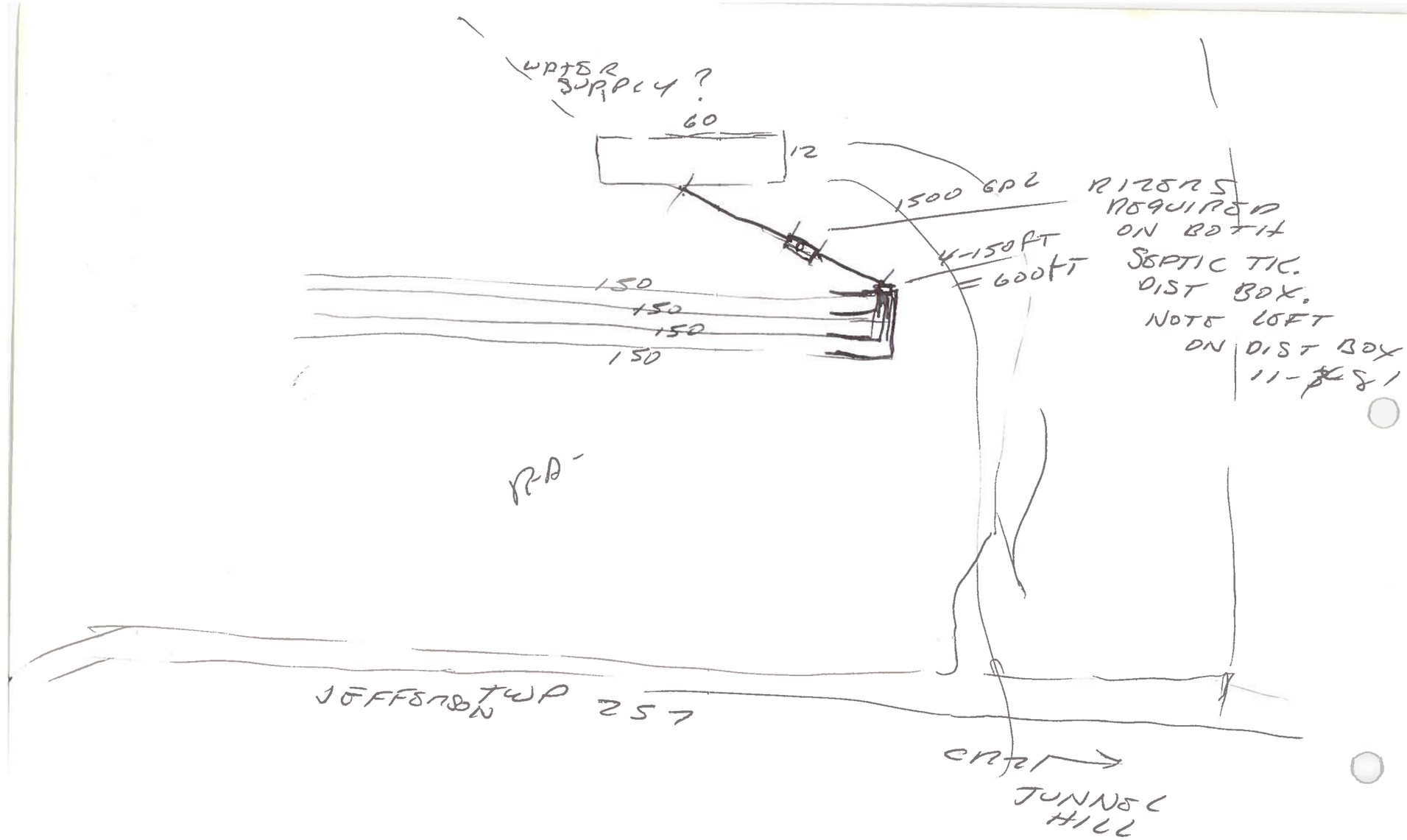
Filter _____

Leaching well _____

19

Inspected by CARL KEMPF

PONDING PIPES ON DIST BOX AND SEPTIC TIC.
11-4-81


WATER SUPPLY ?
60
12
1500 GAL
RISERS REQUIRED ON BOTH SEPTIC TK. DIST BOX.
NOTE LOFT ON DIST BOX
4-150 FT
= 600 FT
150
150
150
150
RA
JEFFERSON TWP 257
CRZ
JUNNOC HILL

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

SITE EVALUATION FOR:
NAME JACK T JONES
ADDRESS RT 2 NEWSOM
PHONE 339-[illegible]
PRESENT OWNER JONES
PROPERTY SIZE ~~22 ACRES~~ 200 X 300

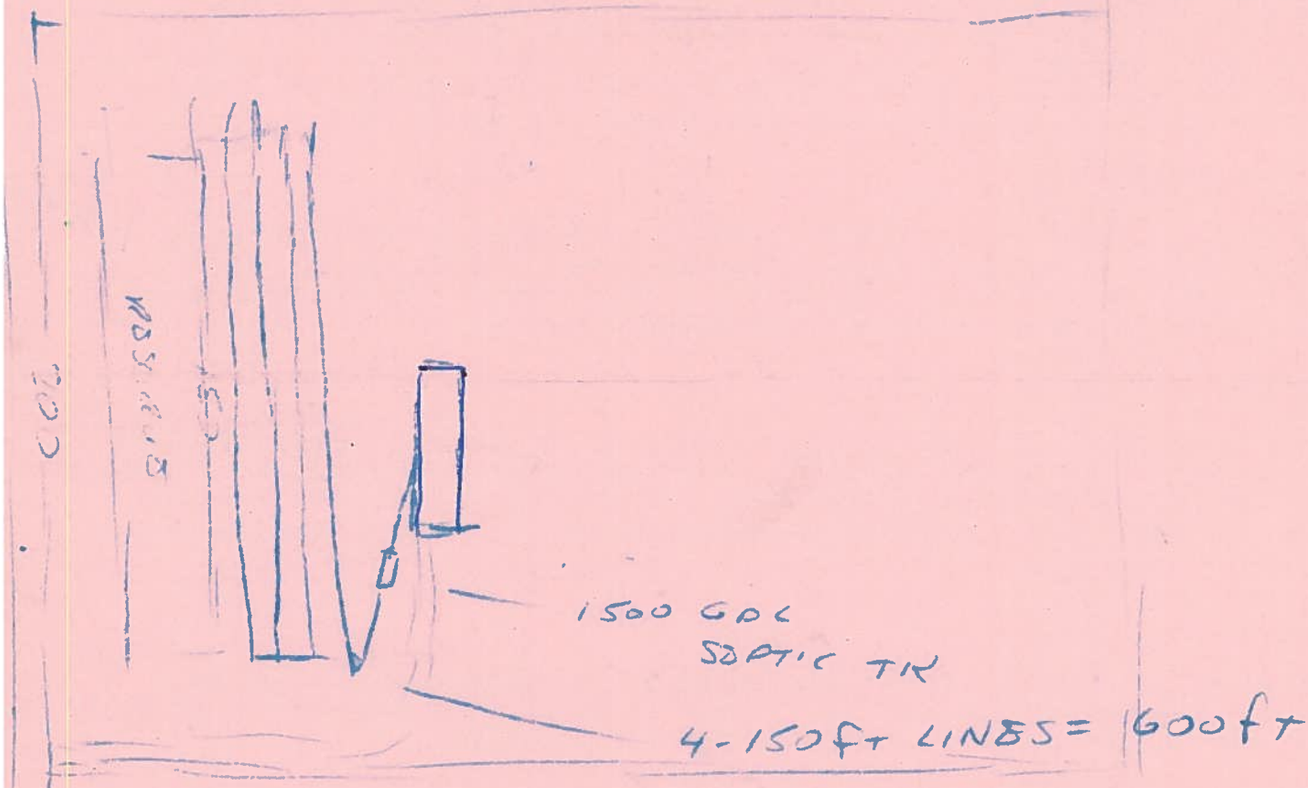
DATE 9-17-81

LOCATION OF PROPERTY JEFFERSON TWP 257 RT 2 NEWCOMERSTOWN
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS SHALE DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS SATISFACTORY 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) 9-17-81 NO _____ INCOMPLETE _____

1500 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 [signature]

TRANSFER OF PROPERTY DEED:

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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.

KEPLINGER, FLORENCE

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard — P. Box 443 Dover, Ohio 446 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Florence Keplinger Phone 343-7989 Date Nov. 13, 1981

Address Route #1 Dover hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at _____

Rt #1 Dover Tusc Cty Rd. 78
(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.

Al Gasser pres.
(signature, owner or authorized agent)

AL GASSER EXC. INC.
(installer's name)

Rt #1 Dover
(address)

Rt #1 Box 325 Dover
(address)

343-9407
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank — (gallon)

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.

OFFICE USE ONLY

Permit approved by CK

Date 11/18/81

Fee paid $35.00

Permit issued 11/18/81 (date) ds (clerk)

Permit number 108-81

Inspection date 11-13-81

INSTALLATION INSPECTION

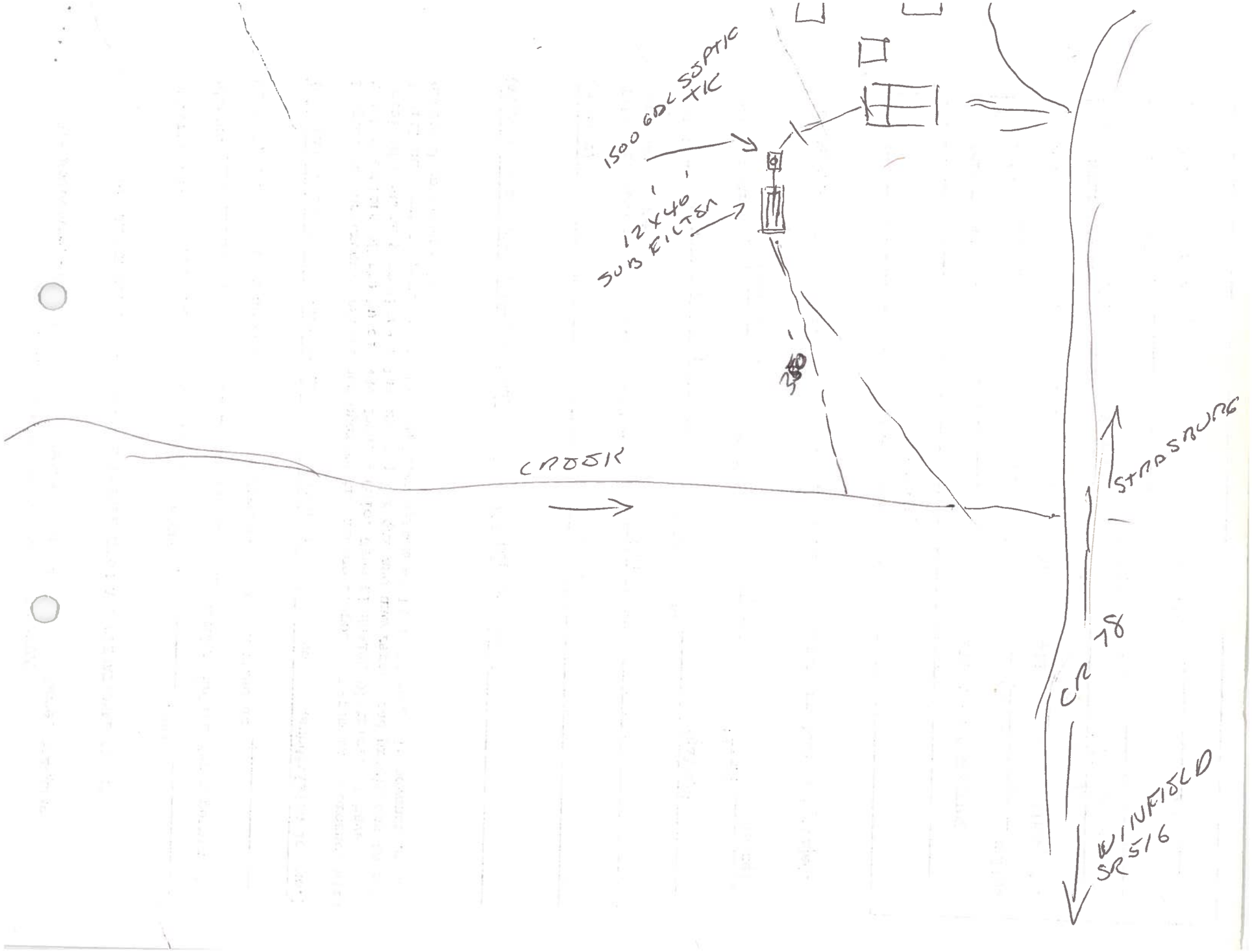
Sewage tank 1500 gallon

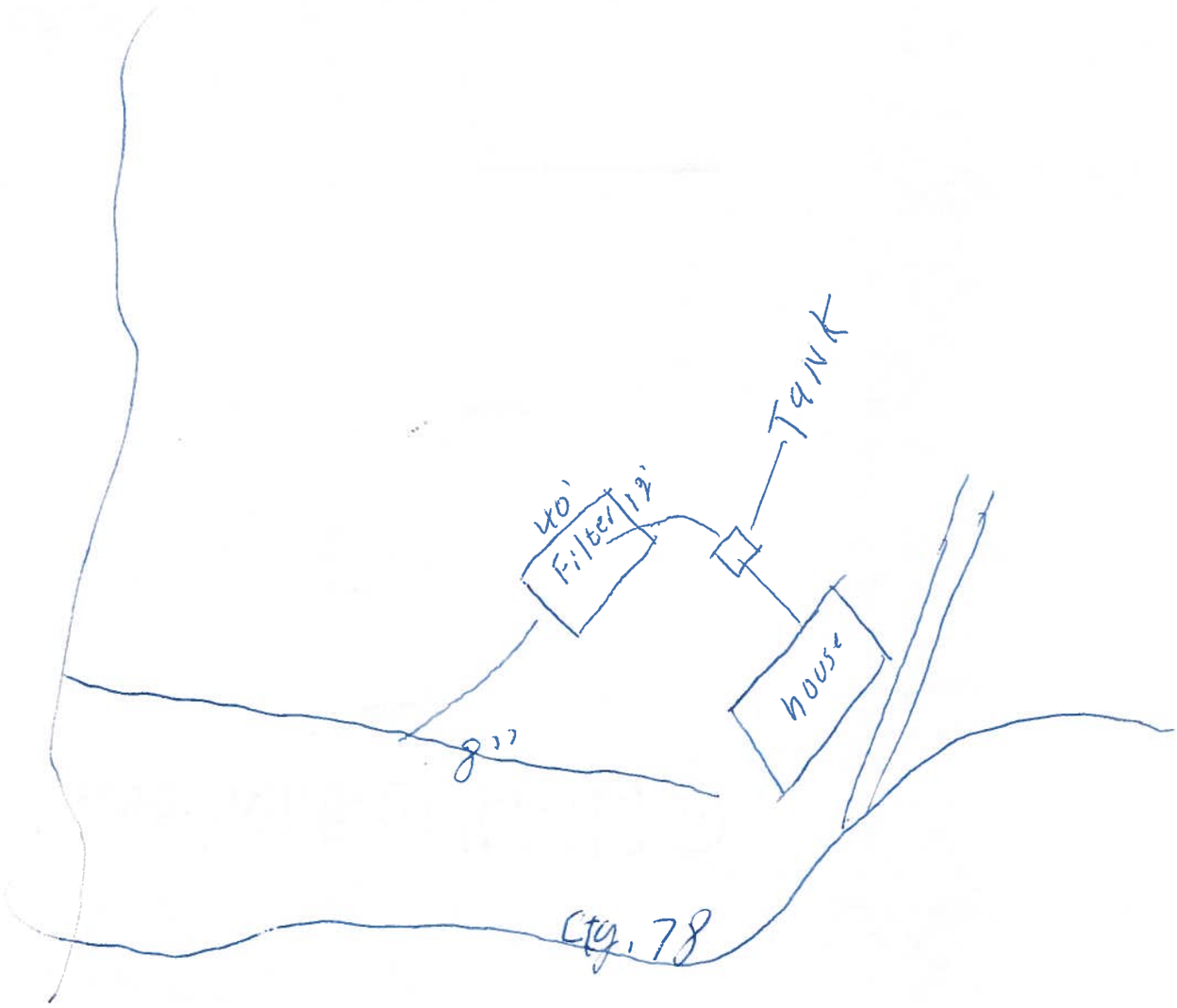
Leaching field ____ x ____ lineal ft.

Filter 12 x 40 SUBMERF.

Leaching well _____

Inspected by CARL KOMPF


1500 GAL SEPTIC TK
12 X 40 SAND FILTER
380'
CREEK
STRASBURG
CR 18
WINFIELD
SR 516



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) 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 KUEMERLE, LARRY

818 Boulevard — P. O. Box 443 Dover, Ohio 446__ Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Larry Kuemerle Phone _____ Date 11-4-81

Address Rt #4 Box 564 Dover hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at _____

Rt #1 DOVER — S.R. 39

(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.

al Gasser
(signature, owner or authorized agent)

Al Gasser Ent. Inc.
(installer's name)

Rt #1 Dover
(address)

Rt #1 Box 325 Dover
(address)

343-9407
(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter sand (size)

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

OFFICE USE ONLY

Permit approved by RDF

Date 11-4-81

Fee paid $35.00

Permit issued 11-4-81 (date) dco (clerk)

Permit number 99-81

Inspection date 11-10-81

INSTALLATION INSPECTION

Sewage tank JET AEROBIC gallon

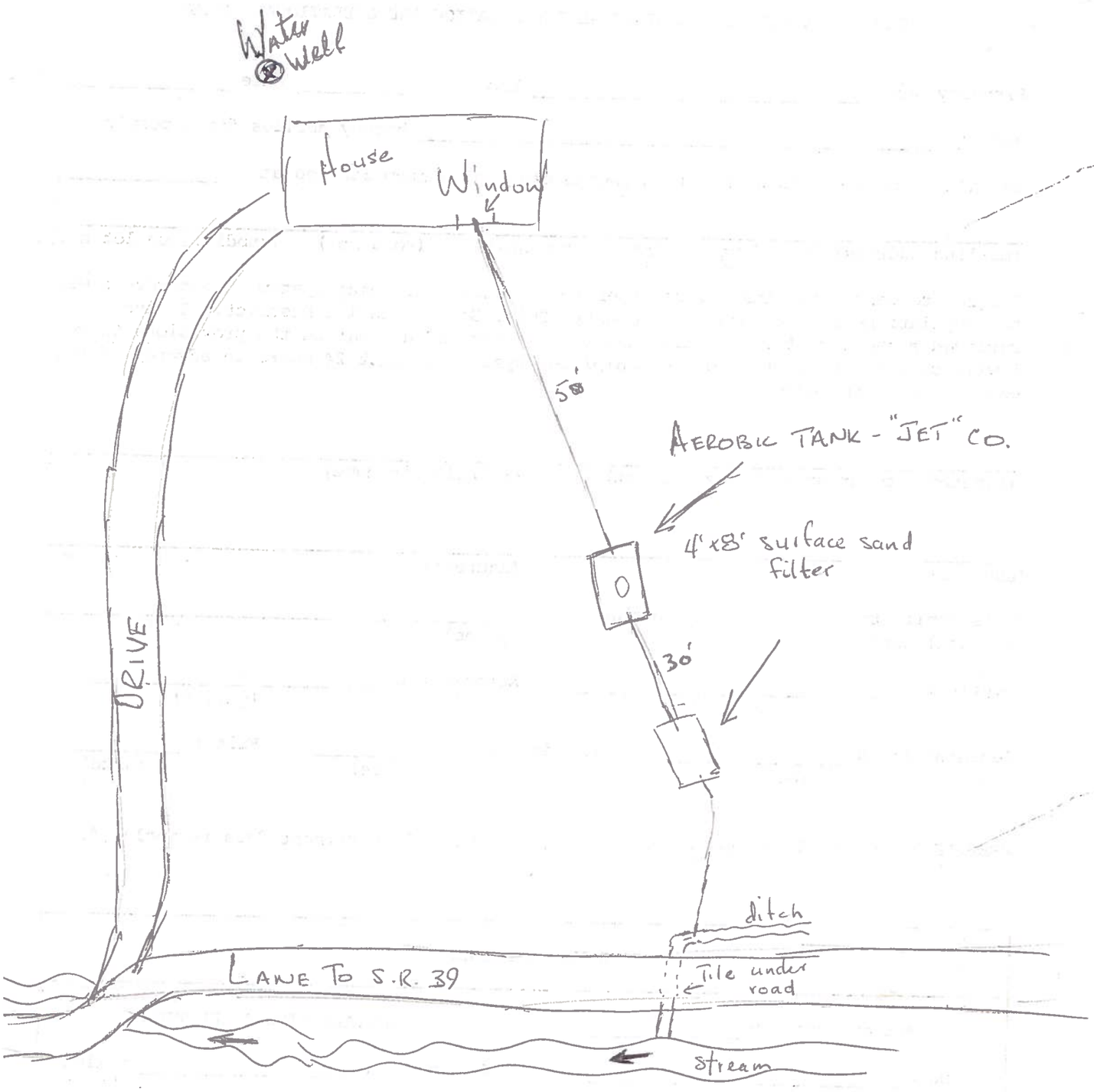
Leaching field ____ x ____ lineal ft.

Filter 4'x8' SURFACE SAND

Leaching well _____

Inspected by Richard Fouts

2


Water well
House
Window
50'
AEROBIC TANK - "JET" CO.
4'x8' surface sand filter
30'
DRIVE
ditch
LANE TO S.R. 39
Tile under road
stream

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) 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 4[illegible], Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME Larry Kuemerle
ADDRESS RT. 4 Dover
PHONE 343-1796
PRESENT OWNER Above.
PROPERTY SIZE

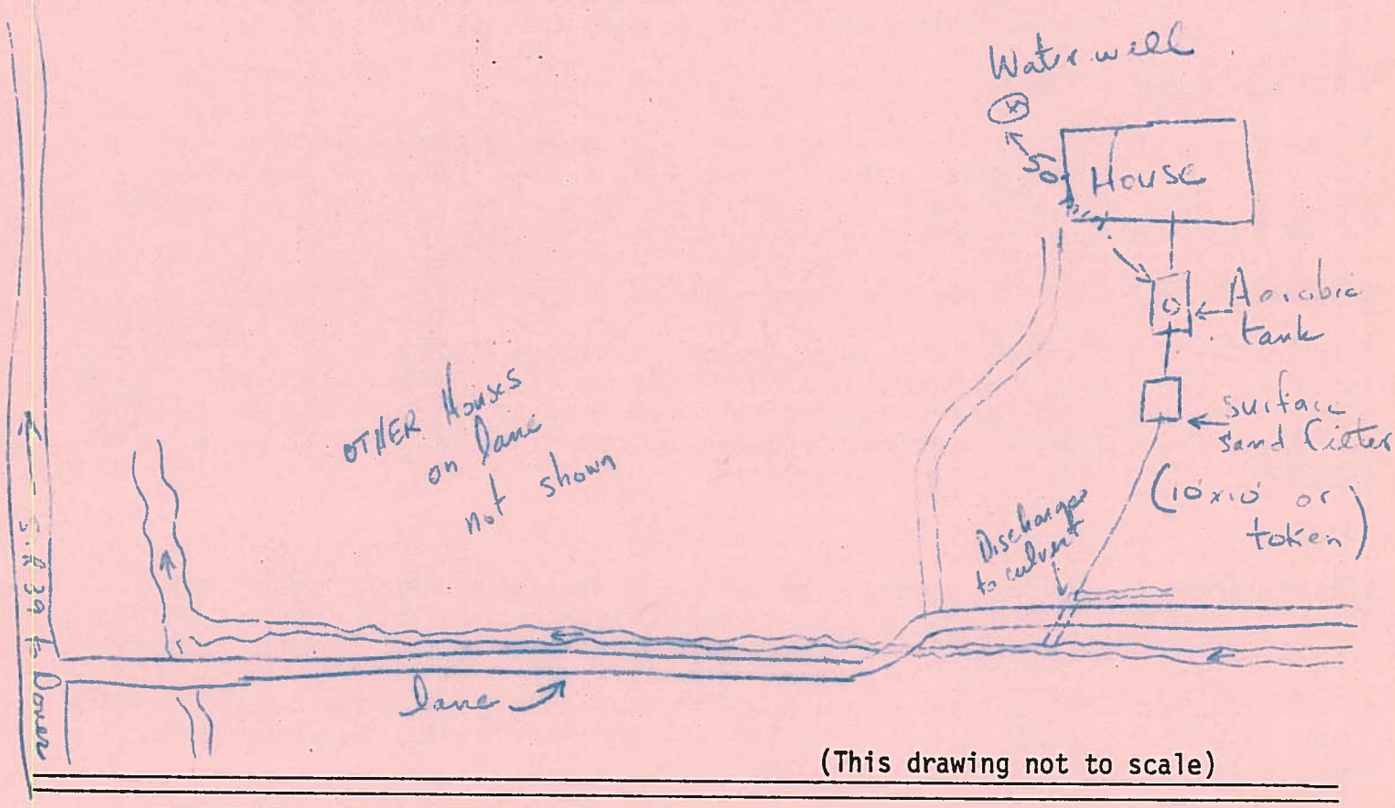
DATE 9 25 80

LOCATION OF PROPERTY Clover Twp S.R 39 - 1st lane past Brandywine Grange on left
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS Clay sandstone DEPTH TO GROUND WATER ROCK STRATA

SOIL PERCOLATION TEST RESULTS Unsatisfactory 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 ✓ Pending permission to discharge

GALLON SEPTIC TANK LINEAL FEET OF LEACHING LINE LEACHING WELL

✓ AEROBIC TANK ✓ FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED Yes

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES NO INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN Richard Foito

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.

36826

VOL 558 PAGE 913

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 Dover Township, Tuscarawas County, Ohio, as described in Volumn 367 Page 501, of the Tuscarawas County Deed Records, do hereby grant permission to Lawrence Kuemerle, heirs or assigns, owners of a tract of land as described in Volumn 539 Page 526, 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
Ray F. Thorp	James W Schweitzer
Lawrence J. Kuemerle	Patricia A. Schweitzer
Charles H. Kuemerle Sr	

Subscribed and duly sworn before me according to law, by the above named persons this 4th day of October, 1980, at Dover, Ohio, County of Tuscarawas and State of Ohio.

RECEIVED FOR RECORD
DORIS M. CODFREY, County Recorder
3.15pm

36826

NOV 10 1980

Recorded Nov 10 1980
Vol. 558 Page 913 of the Records of
Tuscarawas County, Ohio
Wood
2MR.1.00

Ray F. Thorp
(Signature of Notary Public)

MY COMMISSION EXPIRES 11/13/81

(Official Seal of Notary)

NO TRANSFER NECESSARY

Donald R. Kinsey
COUNTY AUDITOR

This instrument prepared by the Tuscarawas County General Health District.

EE: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT LIEDTKE, MICHEL

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Michel Liedtke Phone 339-4815 Date Aug. 31

Address R.D. #3 New Philadelphia hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at R.D. #3 N.P. Possum Hollow TWP-267

(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.

Thomas Larkin (signature, owner or authorized agent)

Larkin Sewer Contractors Inc (installer's name)

(address)

R.D. #3 New Philadelphia (address)

339-1289 (phone)

This application is for the following disposal devices.

Septic tank _____ (gallon)

Aerobic tank Air Jet 1200 gal (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 4 X 8 TOKEN (size)

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

OFFICE USE ONLY

Permit approved by CR

Date 11/30/81

Fee paid $35.00 Pd Receipt 690

Permit issued 11/30/81 (date) ds (clerk)

Permit number 110-81

Inspection date NOV 30/81

INSTALLATION INSPECTION

Sewage tank 1200 DOROCK gallon

Leaching field ____ x ____ lineal feet

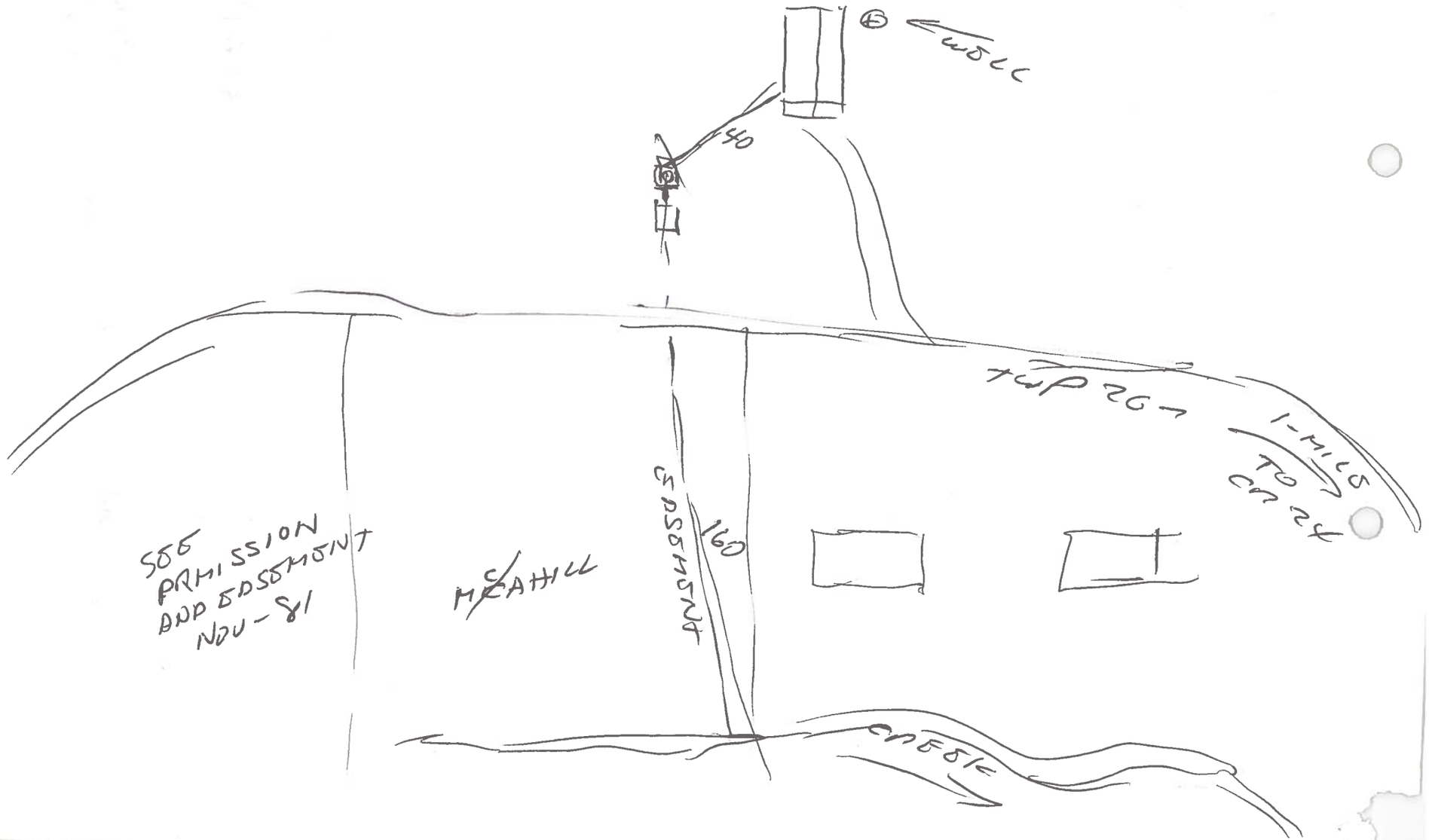
Filter 5X8 PRE/CAST

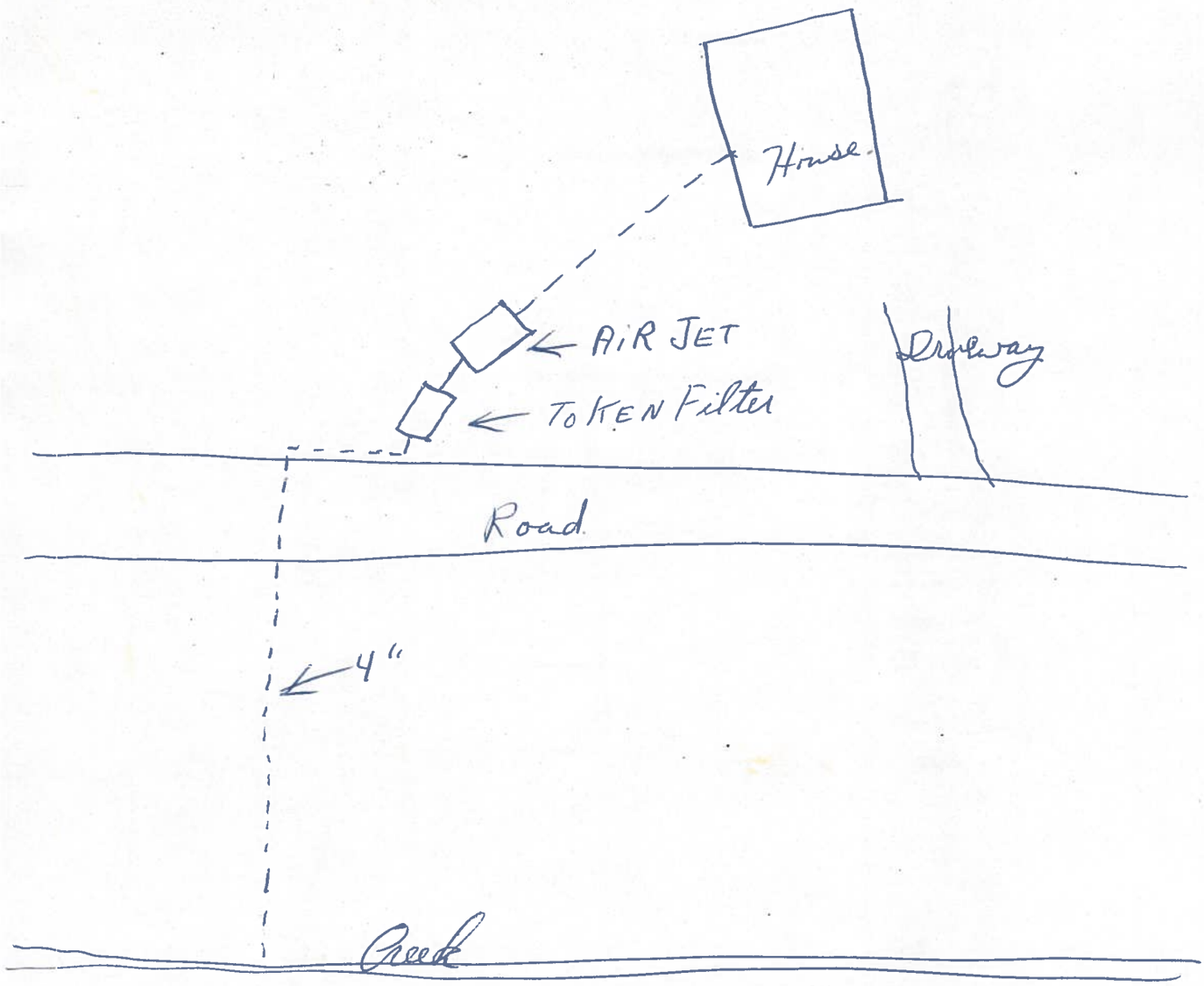
Leaching well _____

Inspected by CARL KEMPER

22

MICHEL LIEDTKE IS PROPERTY OWNER TO CREEK AND POINT OF DISCHARGE.


WELL
40
TWP 26
1-MILE TO CR 24
EASEMENT
160
SEE PERMISSION AND EASEMENT NOV-81
McCATHILL
CREEK



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 _____

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

SITE EVALUATION FOR:
NAME MIKE LIEDTKE
ADDRESS RT 3 NEWPHILA.
PHONE 339-4815
PRESENT OWNER MAX LIEDTKE
PROPERTY SIZE 2 ACRE

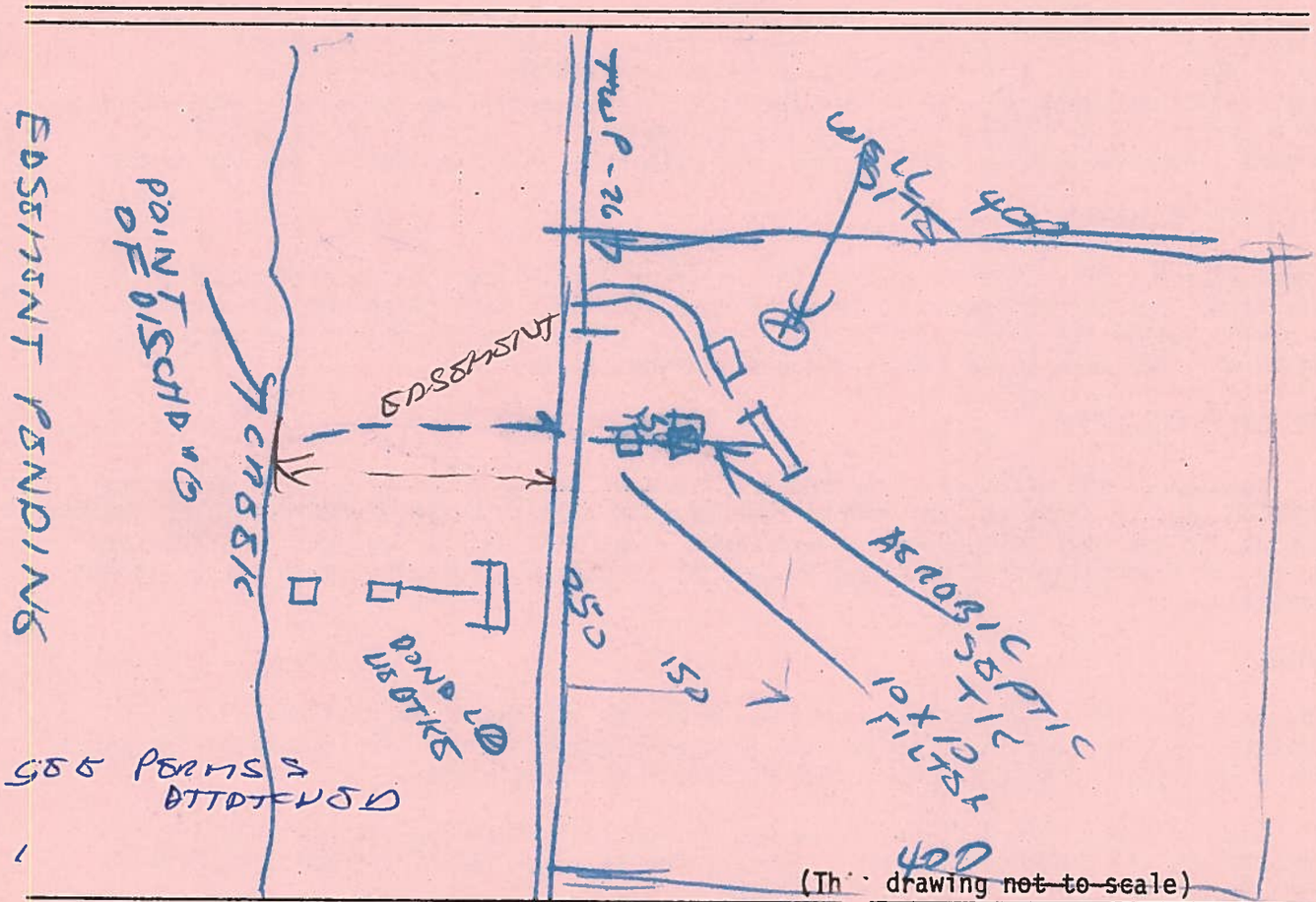
DATE 10-8-80

LOCATION OF PROPERTY WARWICK TWP 26 71 RT3 NEWPHILA.
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY — DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS CLAY UNSATISFACTORY — WATER WELL LOCATION "X" ✓

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



(Th drawing ~~not to scale~~)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES 10-8-80 NO _____ INCOMPLETE _____

1200 GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE _____ LEACHING WELL

1200 AEROBIC TANK 10 X 12 FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED 405

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.

2992 PERMISSION TO DISCHARGE SEWAGE EFFLUENT VOL 564 PAGE 426

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Charles K & Linda K. McCahill, ~~heirs or assigns~~, as owner or owners of a certain tract of land, located in Warwick Township, Tuscarawas County, Ohio, as described in Volumn 509 Page 504 of the Tuscarawas County Deed Records, do hereby grant permission to Michael Liedtke, heirs or assigns, owners of a tract of land as described in Volumn 561 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.

Witnesses

Signature - Persons Granting Permission

x Mr. Charles R. McCahill

x Mrs. Charles McCahill

Mrs. Linda K. McCahill

NO TRANSFER NECESSARY
Donald A. Kinsey
COUNTY AUDITOR

Subscribed and duly sworn before me according to law, by the above named persons this 15th day of September, 1981, at International Trunk Trailer, County of Tuscarawas and State of Ohio

RECEIVED FOR RECORD
DORIS M. GODFREY, County Recorder
2:30 PM
SEP 16 1981

(Signature of Notary Public)

42992

(Official Seal of Notary)

Recorded Sept 16 1981
Vol. 564 Page 426 of the Deed Records of Tuscarawas County, Ohio

4.00
2 m/R 1.00

This instrument prepared by the Tuscarawas County General Health District.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT LUSHER, JOHN L.

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner John L. Lusher Phone office 343-5598 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 (property mailing address) Dover (municipality or township) County Rd. 80 (road no.) #1 (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)

This application is for the following disposal devices.

(phone)

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 _____

Date 11-4-81

Fee paid $35.00 Pd. Receipt #791

Permit issued 11-4-81 (date) des (clerk)

Permit number 101-81

Inspection date 11/4/81

INSTALLATION INSPECTION

Sewage tank Aerobic gallon

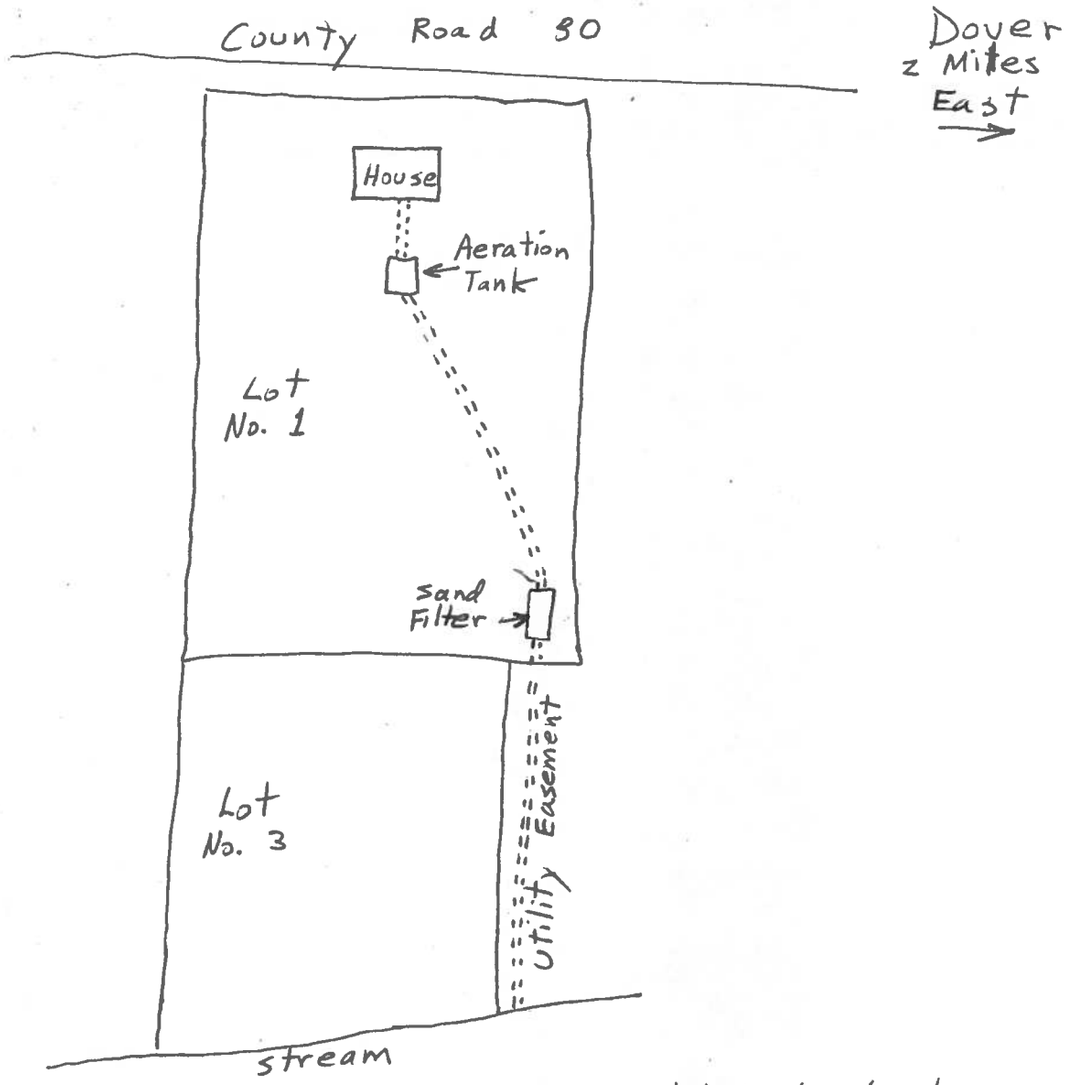
Leaching field — x — lineal feet

Filter Surface-Acrete

Leaching well —

Inspected by R. Francis

23



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: John L. Lusher
(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 _____

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 44 Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 12-5-80

DON AUBUHL

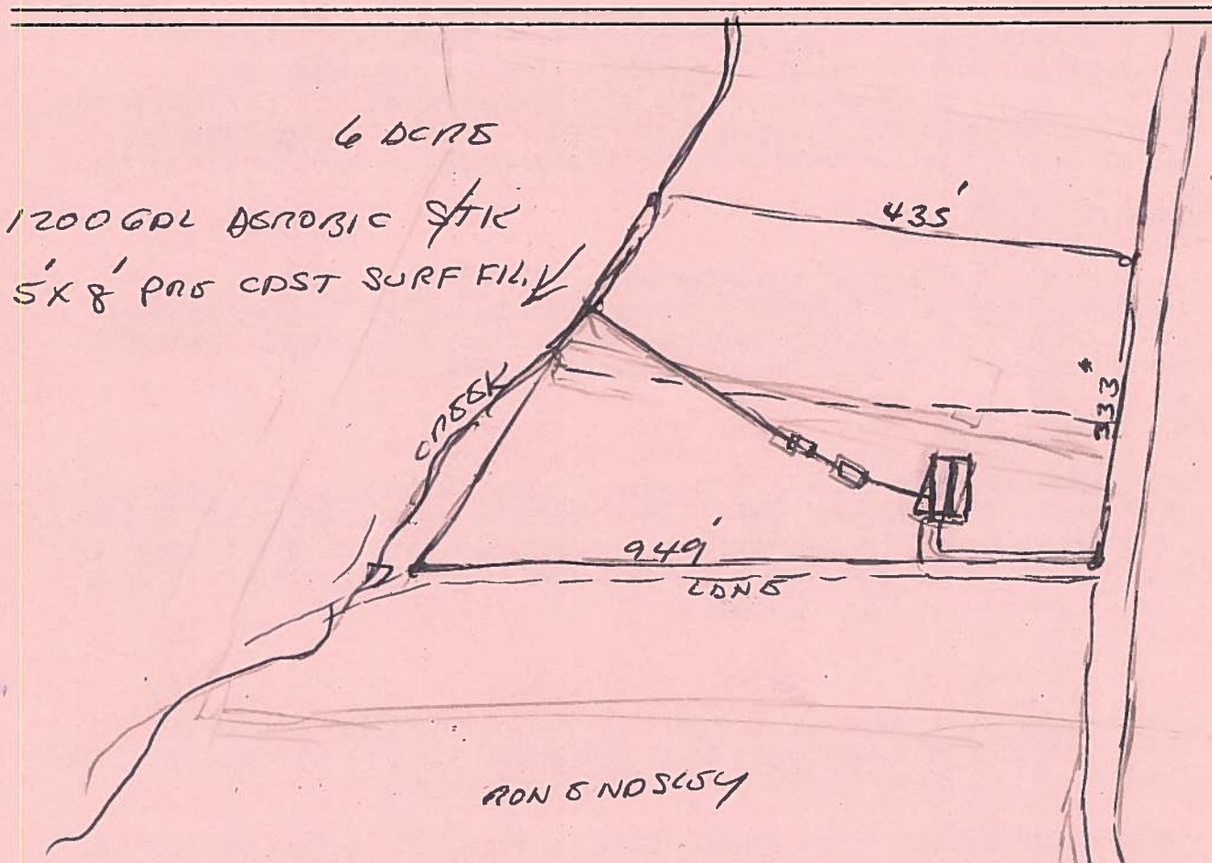
SITE EVALUATION FOR:
NAME ~~J.~~ H WILKINSON
ADDRESS RT 2 BOX 290 DUNDEE 44624
PHONE 364-6535
PRESENT OWNER RON ENDSLEY
PROPERTY SIZE

LOCATION OF PROPERTY RT 2 DOVER CR 80 RT 2 DOVER -
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY DEPTH TO GROUND WATER ROCK STRATA

SOIL PERCOLATION TEST RESULTS AEROBIC SDS OFF LOT REQUIRED 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 ~~YES~~ (OK) 12-5-80

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY (YES) 12/3/80 NO INCOMPLETE

TRANSFER NOT REQUIRED

SANITARIAN Earl E. Kempf

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.

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CONSTRUCTION CAUTION:

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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.

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

SITE EVALUATION FOR:
NAME TOM WICKINSON
ADDRESS RT 2 BOX 290 DUNDEE 44624
PHONE 364-6535
PRESENT OWNER RON ENDSLEY
PROPERTY SIZE

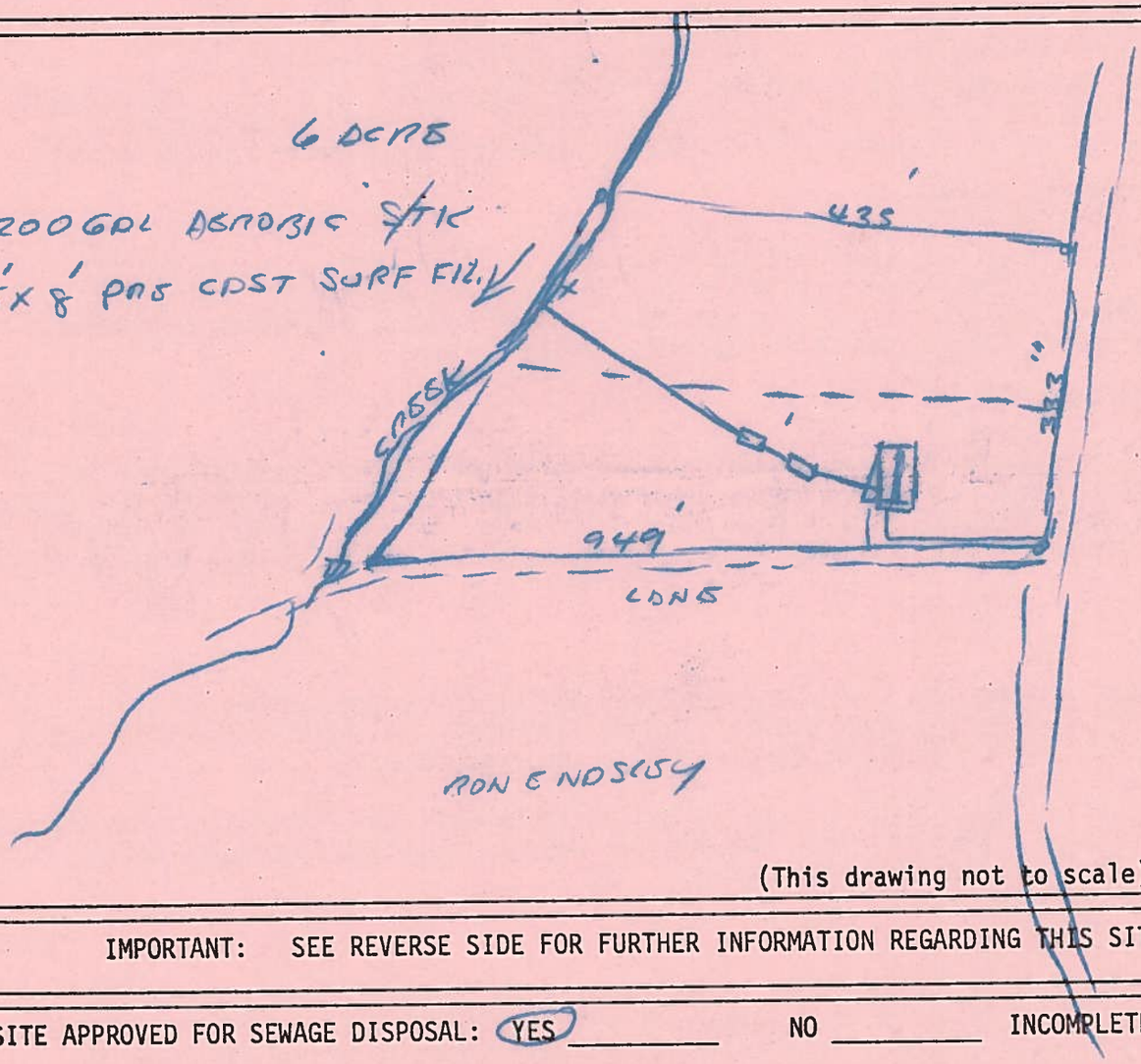
DATE 12-5-80

LOCATION OF PROPERTY RT 200 WEST CR80
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS AEROBIC SDS OFF LOT REQUIRED 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 ~~YES~~ (OK) (12-5-80)

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY (YES) 12/3/80 NO _____ INCOMPLETE _____

TRANSFER NOT REQUIRED _____

SANITARIAN Carl E Kempf

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.

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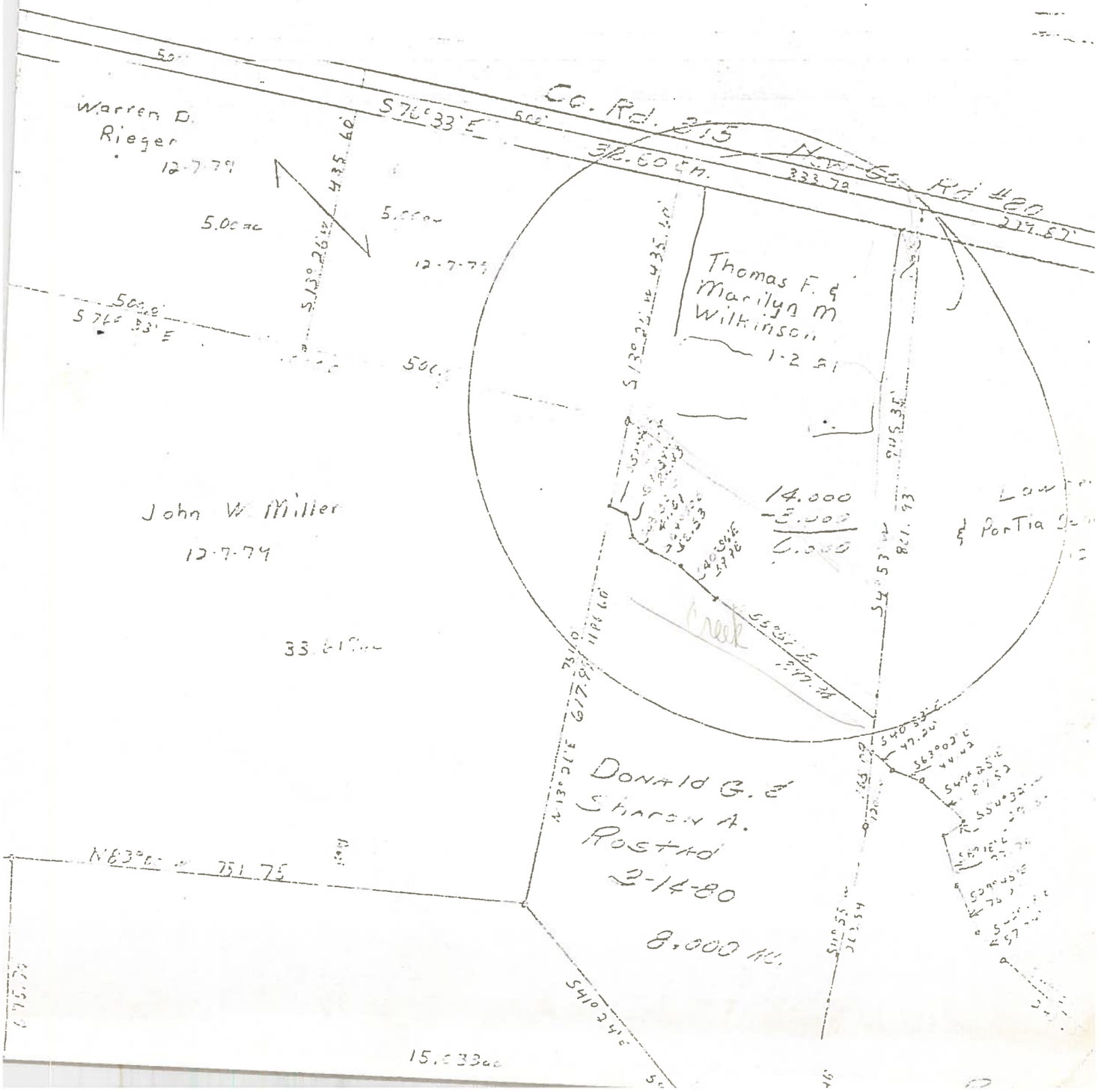
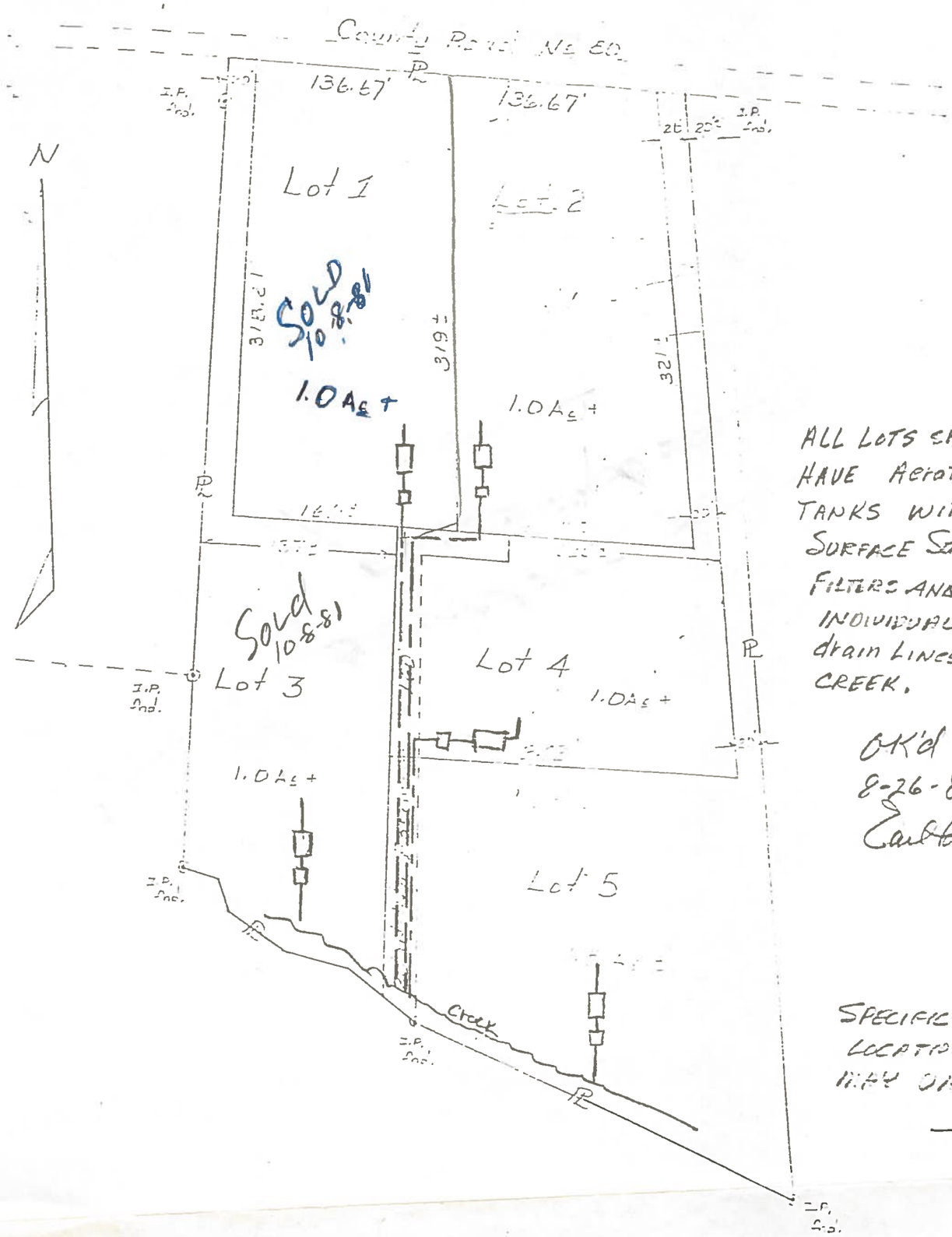
4-7-07


Co. Rd. 315
S76°33'E
Warren D. Rieger
12-7-79
5.00 ac
12-7-79
John W. Miller
12-7-79
Thomas F. & Marilyn M. Wilkinson
1-2-81
14.000
Donald G. & Sharon A. Rostad
2-14-80
8.000 ac.
N83°0' E 751.75
15.033 ac

file under Bonkowski GR

Don Abbuhl



ALL LOTS SHALL HAVE AEROTION TANKS with SURFACE Sand FILTERS AND INDIVIDUAL drain LINES to CREEK.

OK'd 8-26-81 Earl Pauline

SPECIFIC LOCATIONS MAY VARY.

PYLE SURVEYING
PROFESSIONAL LAND SURVEYORS OF OHIO

116 S. Broadway
P.O. Box 149
NEW PHILADELPHIA, OHIO 44663
Phone: 216/364-2277

Plat of Survey for

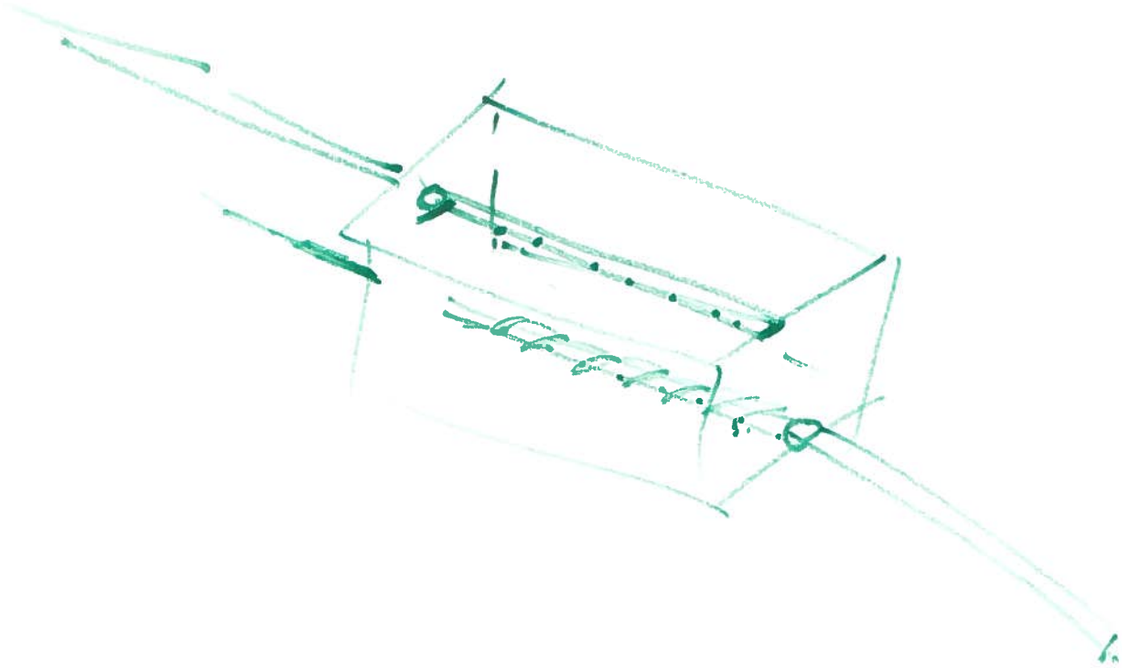
Don Abbuhl Survey

Located in [illegible]

CERTIFICATE OF SURVEYOR

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

Registered Surveyor No. _____



TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT LIMBACHER, MIKE

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner MIKE LIMBACHER Phone _____ 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 T.R. 462
(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)

Same
(installer's name)

Rt 4, New Phila, O
(address)

Same
(address)

(614) - 922-0986
(phone)

This application is for the following disposal devices.

Septic tank _____ (gallon) Aerobic tank 1250 (gallon)

Leaching lines _____ (lineal feet) Leaching well _____ (size) Filter 4'x8' SURFACE (size)

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

OFFICE USE ONLY

Permit approved by RDF

Date 12-3-81

Fee paid 35.00 by Tschudy

Permit issued 12-3-81 (date) (clerk)

Permit number 115-81

Inspection date 12-11-81

INSTALLATION INSPECTION

Sewage tank Jet Aerobic gallon

Leaching field ____ x ____ lineal feet

Filter 4'x8' precast

Leaching well _____

Inspected by Richard Tuto

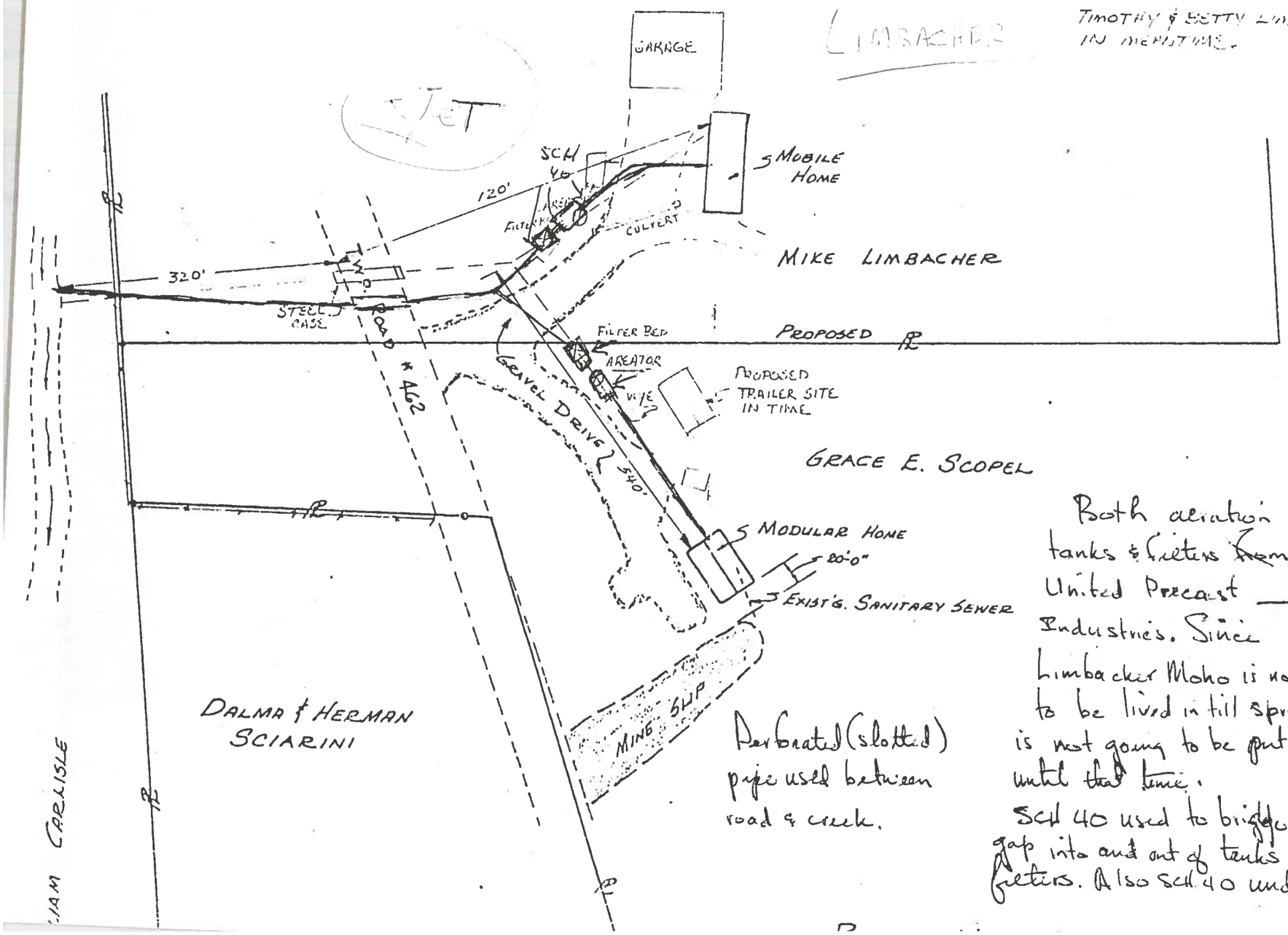
24

SECTION – GRANDJEAN HILL
1,060' – 3034 4" PIPE
NOTE: HIGH SAGE OF BEDROCK

NOTE; GRACE SCOPEL WILL BE RESIDING DURING WINTER AT 7290 SNYDER RD., ORIENT, OH. 43146
PH. 877-6417 OR 877-3508
LIVING IN HOME WILL BE TIMOTHY & BETTY LIMBACHER IN MEANTIME.

SCOPEL

LIMBACHER



Perforated (slotted) pipe used between road & creek.

Both aeration tanks & filters from United Precast Industries. Since Limbacher Mobile is not going to be lived in till spring, motor is not going to be put in tank until that time.

SCH 40 used to bridge excavation gap into and out of tanks and filters. Also SCH 40 under Twp Rd.

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 Warwick Township, Tuscarawas County, Ohio, as described in Volumn 473 Page 522, of the Tuscarawas County Deed Records, do hereby grant permission to Betty - Mike Limbacher, heirs or assigns, owners of a tract of land as described in Volumn 530 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	Signature - Persons Granting Permission
Teresa Remirent	William Carlisle
Timothy R Seagell	Martha Carlisle

Subscribed and duly sworn before me according to law, by the above named persons this 1 day of September, 19 81, 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)

Shirley L. Cronebach
(Signature of Notary Public)

This instrument prepared by the Tuscarawas County General Health District.