1977

A

4 - ALLISON, Harry - R 2 N P
11 - ADAMS, Norma - R 4 N P (R. Long)
21 - ANDERSON, Jim - R 5 N P (DeMattio)
29 - ALTIER, Duane - R 2 Dover (M Troyer)
35 - ACKERMAN, Warren - R 1 Bolivar (Kerns)613
36 - ACKERMAN, Warren - R 1 Bolivar (Kerns)612
40 - ANGUS, Bruce - Oak St Dover (B & R)
41 - ARNOLD, FLoyd - R 2 Port Wash (Self)
42 - ASHKETTLE, Phil - Jefferson TR 219
47 - ABROM, Steve - R 5 N P (self)
48 - ACKERMAN, Warren - R 1 Bolivar (Kerns)
49 - APPLACHAIAN EXPLORATION - R 1 Gnaden (Gasser)

B

3 - BIRCH, Franics R 1 Min. City (Himes)
5 - BEVCO - 711 S College Nctwn (Baker)
14 - BAKER, DOnald - R 1 Nwctn (Baker)
22 - BEANS, Terry - R 1 Min. City (Gasser)
23 - BOLON, Francis - R 1 Midvale (Burdette)
24 - BOURQUIN, Ron - Hazlet Dr Magnolia(Midvl
26 - BERGER, Donald - R 3 Nctwn (Fivecoats)
27 - BUCKEYE FRANKLIN CO - Zoarville
30 - BREESE, Dave - R 1 Dover (Gasser)
37 - BOOR, Vic - R 3 N P (Larkin)
50 - BEAMER, Harvey - R 5 N P (Burdette)
51 - BEAVERS, James - R 2 N P (Schaar)
52 - BIER, Wm - R 2 Xville (Blickensderfer)
53 - BLACKWELL, Steven - R 1 N P (Blackwell)
54 - BLICKENSTERFER, James - R 1 Denn (Schaar

C

8 - CARLING, Jack - R 1 Min. City (Himes)
13 - CRAWLEY, C.R. - SR 416 Goshen Twp(Quillin)
15 - COX, DOnald - R 2 Xville (same)
17 - CREAGER, Mike - Midvale (Burdette)
19 - CARRUTHERS, CLyde - R 1 Nctwn (Baker)
31 - CROWELL, Tom - R 1 Dover (Himes)
38 - CLAY, TOm - R 3 Dover (Clay)
39 - CLAY, TOm - R 3 Dover (Clay)
43 - CASEY, Wm - R 1 Nctwn (Hogue)
44 - CHITTI, Michael - R 1 Sherrodsville(self)
54 - CRAWFORD, Kenny - R 1 Winfield (Himes)
57 - CLINE, Joseph - 2nd St Zoar(Richardson)
60 - CARLISLE, Dan - R 2 N P (Himes)

D

2 - DEMSKY, EMil - Dover TR 387 (General)
6 - DUNN, John - SR 212 Somerdale
7 - DeMATTIO, John - R 5 N P (DeMattio)
9 - DeMATTIO, Chas - R 5 N P (DeMattio)
10 - DeMATTIO, Herman - R 5 N P (DeMattio)
20 - DeMATTIO, Chas - R 5 N P (DeMattio)
25 - DALPORTO, Patrick - R 1 Bolivar (Kerns)
32 - DePUE, Edward - R 1 Nctwn (Conkle)
58 - DAVIS, Ray - R 3 N P (Tschudy)
59 - DAVIS, Wm - R 1 Gnadenhutten (Fivecoats

1977

E

1 - EBERLE, Dave - CR 82 Dover (DeMattio)
16 - EDWARDS, Greg - Moravian Trail Rd Xville
46 - EDWARDS, Robt - R 1 Strasburg (Gasser)
47 - EVERHART, George - R 2 Nctwn (Baker)
55 - EBERLE, David - SR 416 N P (Larkin)
56 - EICHEL, Howard - R 5 N P (Larkin)

F

12 - FISHER, Carl - 1180 Indian Hill Rd Xvi
18 - FISHER, Robt - Winkler Allot.
28 - FATH, Robt - R 1 Sgcrk (Mullett)
33 - FRUTIG, Garry - R 1 Sgcrk (Schlabach)
34 - FULP, Patrict - Midvale (Reese)
45 - FARNSWORTH, Robt - R 1 Bolivar (Quilli

Berger

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Donald Berger Phone 498-7806 Date 7-25-77

Address RD 3, Newcomerstown hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at RD 3, Net.

Washington Twp. TR 7

(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.

Karen Fivecoat
(signature, owner or authorized agent)

John Fivecoat
(installer's name)

Box 602, Cnaden Hutton
(address)

(address)

(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by CK

Date 7-25-77

Fee paid _____

Permit issued 7-25-77 PS
(date) (clerk)

Permit number 122-77

Inspection date 8-2-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 600 lineal ft.

Filter _____

Leaching well _____

Inspected by Carl Kempf

26

40'
35'
150'
150'
150'
150'

Charles

(1)

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Dave Eberle Phone _____ Date May 21, 1976

Address Dover hereby applies for a permit to

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

(mailing address) (municipality or township) County Rd 82 (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.

Charles J DeMatteo (signature, owner or authorized agent)

DeMatteo Excavating (installer's name)

151 20th DR New Phila. (address)

Same (address)

339-1963 (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 RT

Date 5/21/76

Fee paid 25.00

Permit issued 5-25-76 (date) CB (clerk)

Permit number 68-76

Inspection date 3-8-77

INSTALLATION INSPECTION

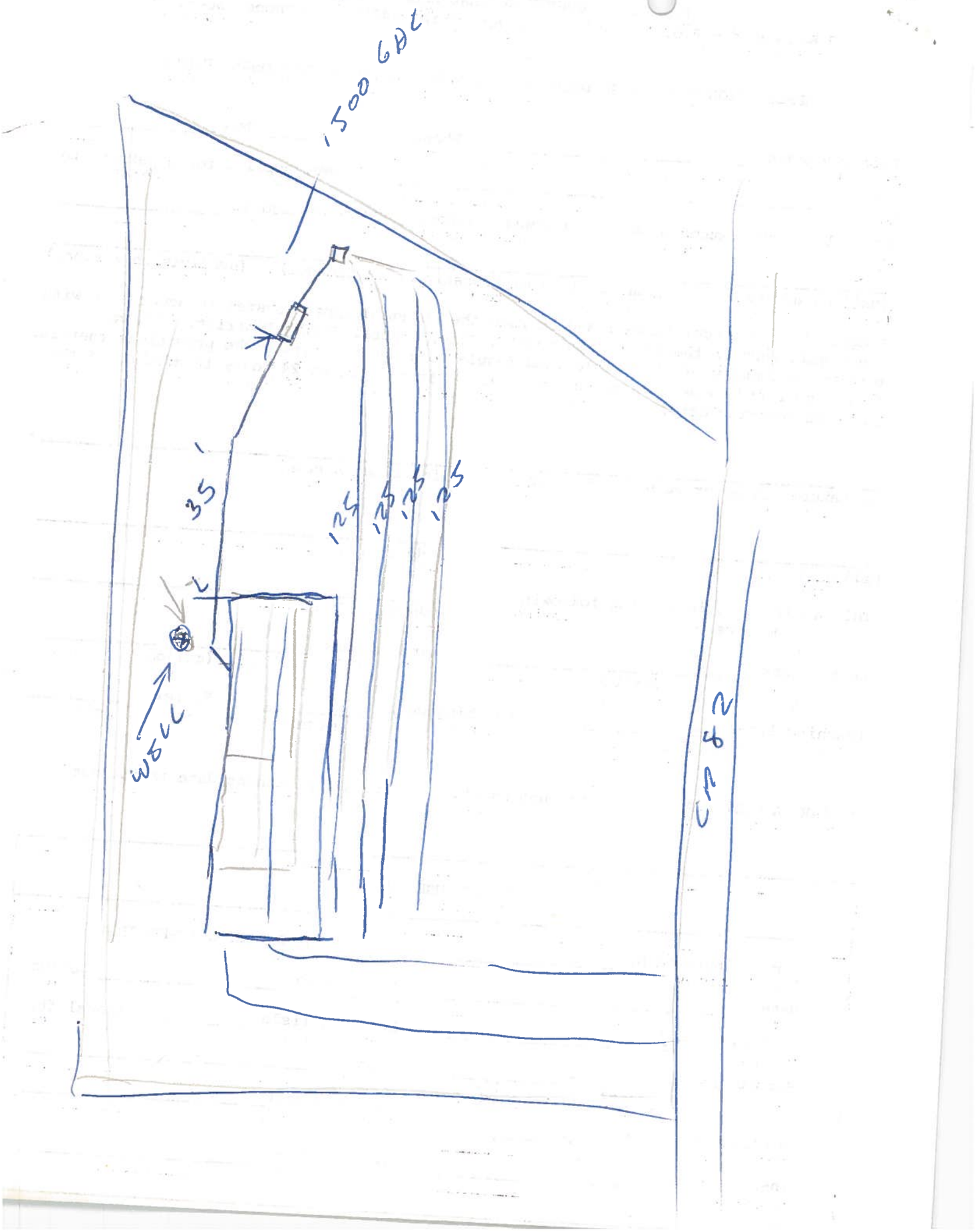
Sewage tank 1500 gallon

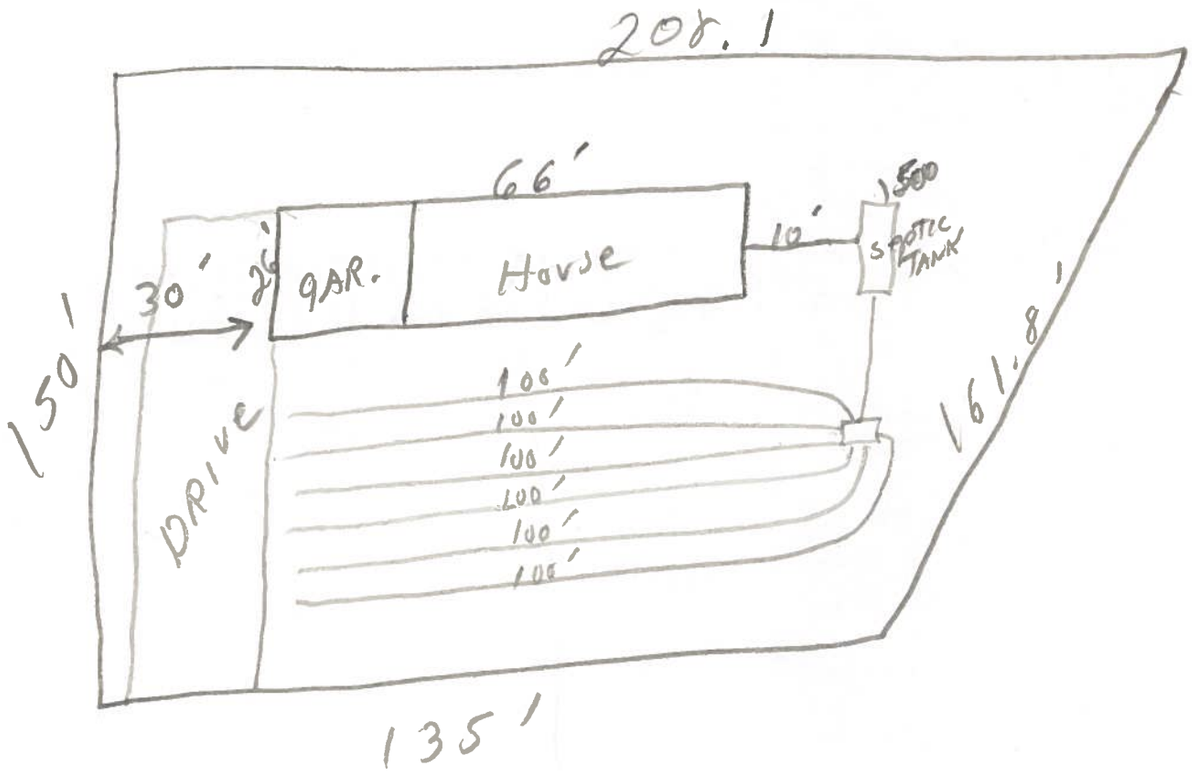
Leaching field 2 x 60 lineal ft.

Filter _____

Leaching well _____

Inspected by Carl Kempf


1,500 GAL
35'
125
125
125
125
WELL
LP GAS



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Dave Eberle
(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 _____.

Eberle

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD P.O. BOX 443, DOVER, OHIO 44622
PHONE 364-4438, OR PHONE TOLL FREE FROM SOUTHERN PART OF TUSCARAWAS COUNTY 254-9371

EVALUATION OF PROPERTY FOR SEWAGE DISPOSAL INSTALLATION

NAME Eberle Realty DATE 9/15/75

ADDRESS Dover

LOCATION OF PROPERTY Dover twp (Town or Township) City 82 (Street or Road Number)

PROPERTY SIZE 1 acre NAME IN WHICH DEED IS RECORDED Same

SOIL CONDITIONS: CLAY ✓ SHALE / SAND ___ GRAVEL ___ LOAM ___ SURFACE WATER ___ _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

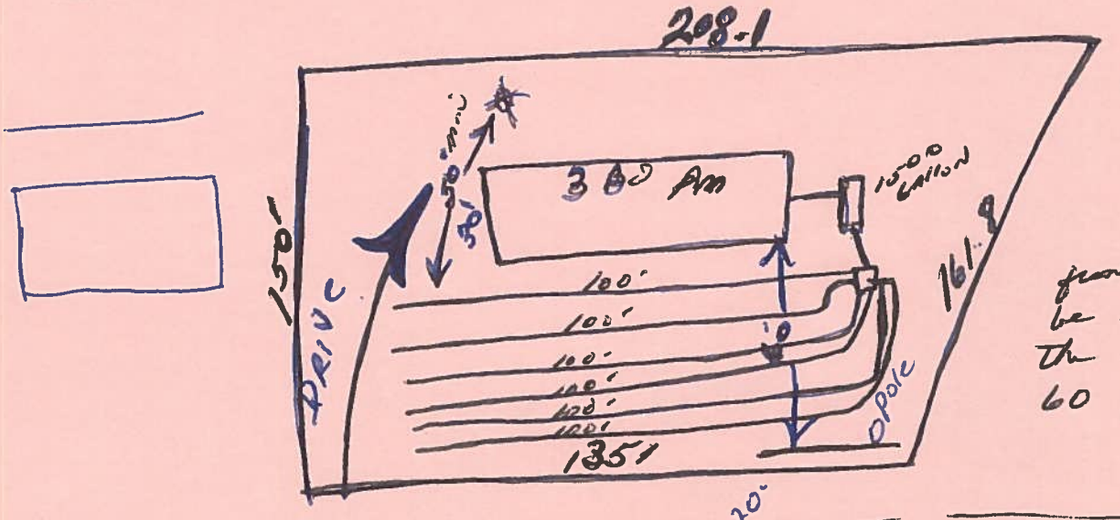
PROPOSED LAND USE: HOUSE _____ MOBILE HOME _____ NUMBER OF BEDROOMS _____

OTHER USE _____

WATER WELL TO BE DRILLED YES WELL LOCATION DESIGNATED BY " X "

DEPTH TO GROUND WATER _____ ft. ROCK STRATA _____ ft.

PROPOSED PLAN:



No reserve area. Existing V.t. Previous approval given

front of home should be kept back from the metal pole 60 feet.

THIS IS NOT AN INSTALLATION PERMIT!
Contact the Health Department prior to the start of construction.

SEWAGE DISPOSAL APPROVED OK SUBJECT TO ZONING REGULATIONS IF APPLICABLE

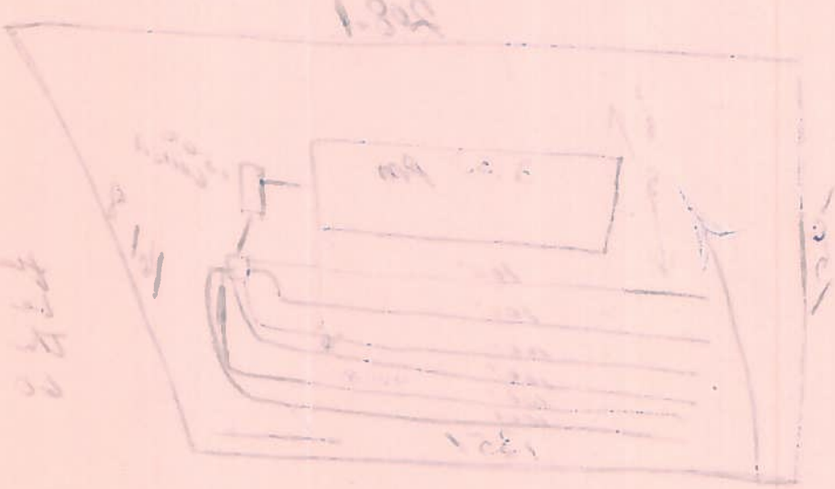
ZONING APPROVED _____ _____ zoning inspector

1500 GALLON SEPTIC TANK

600 LINEAL FT. LEACHING TILE LINE

_____ LEACHING WELL

Roger Fonner
ENVIRONMENTALIST



Demsky

(2)

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner DEMSKY EMIL Phone _____ Date Dec 2075

Address 12708 NAV. RD. Beach City, O hereby applies for a permit to

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

DOVER TWSP TW 387

(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.

Joel Fuhrer
(signature, owner or authorized agent)

General Excavation
(installer's name)

_____
(address)

Strasburg
(address)

878-5256
(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 12/20/76

Fee paid $25.00

Permit issued 12-20-76 PS (date) (clerk)

Permit number 212-76

Inspection date 3/24/77

INSTALLATION INSPECTION

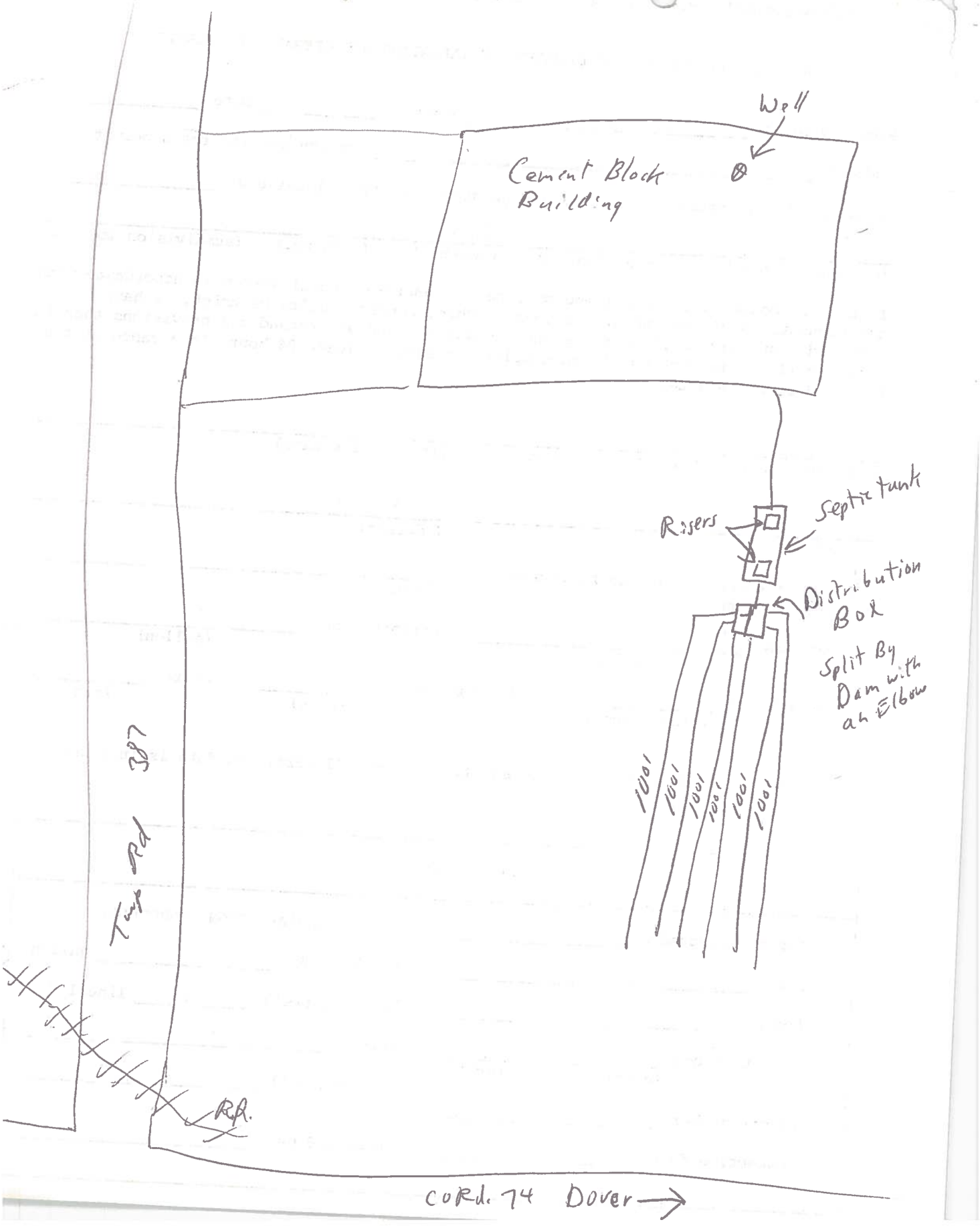
Sewage tank 1500 gallon

Leaching field 1' x 600 lineal ft.

Filter _____

Leaching well _____

Inspected by C.D.


Well
Cement Block Building
Risers
Septic tank
Distribution Box
Split By Dam with an Elbow
100'
100'
100'
100'
100'
100'
Twp Rd 387
RR.
CoRd. 74 Dover

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

3

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Birch, Francis Phone 859-2094 Date 4/1/77

Address R.D.#1 Mineral City hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

R.D.#1 Mineral City (mailing address) Sandy Twp. (municipality or township) Co.Rd.107 (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 Willis Mallo (signature, owner or authorized agent)

_____ (address)

X Richard Himes (installer's name)

R.D.#1 Stonecreek (address)

_____ (phone)

This application is for the following disposal devices:

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

Leaching lines 600 (lineal feet) Leaching well _____ (size) Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by C.G.D.

Date 4/1/77

Fee paid $5.00

Permit issued 4-1-77 BS (date) (clerk)

Permit number 27-77

Inspection date 4/1/77

INSTALLATION INSPECTION

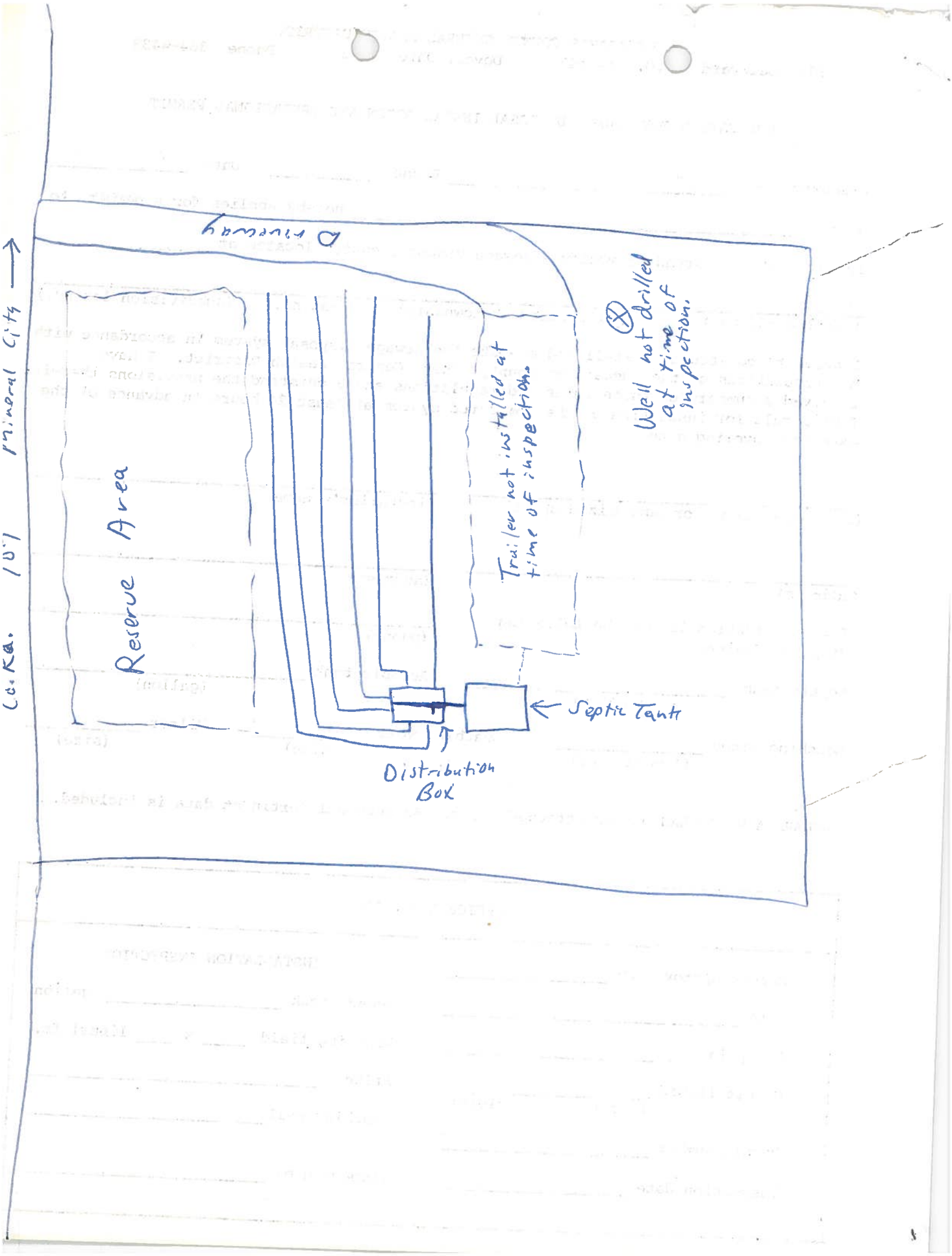
Sewage tank 1000 gallon

Leaching field 2 x 600 lineal ft.

Filter _____

Leaching well _____

Inspected by C.G.D.


Driveway
Reserve Area
Trailer not installed at time of inspection.
Well not drilled at time of inspection.
Septic Tank
Distribution Box
Co. Rd. 101
Mineral City

Allison

4

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Harry Allison Phone 343-6787 Date Mar 30

Address Rt #2. New Phila hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at Co Road 52

R#1 New Phila Dover 52
(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.

Harry Allison
(signature, owner or authorized agent)

R #2 New Phila.
(address)

(installer's name)

(address)

(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 10'X10' (size)

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

OFFICE USE ONLY

Permit approved by [signature]

Date 3/30/77

Fee paid $25.00

Permit issued 3/30/77 (date) PS (clerk)

Permit number 25-77

Inspection date 4-19-77

INSTALLATION INSPECTION

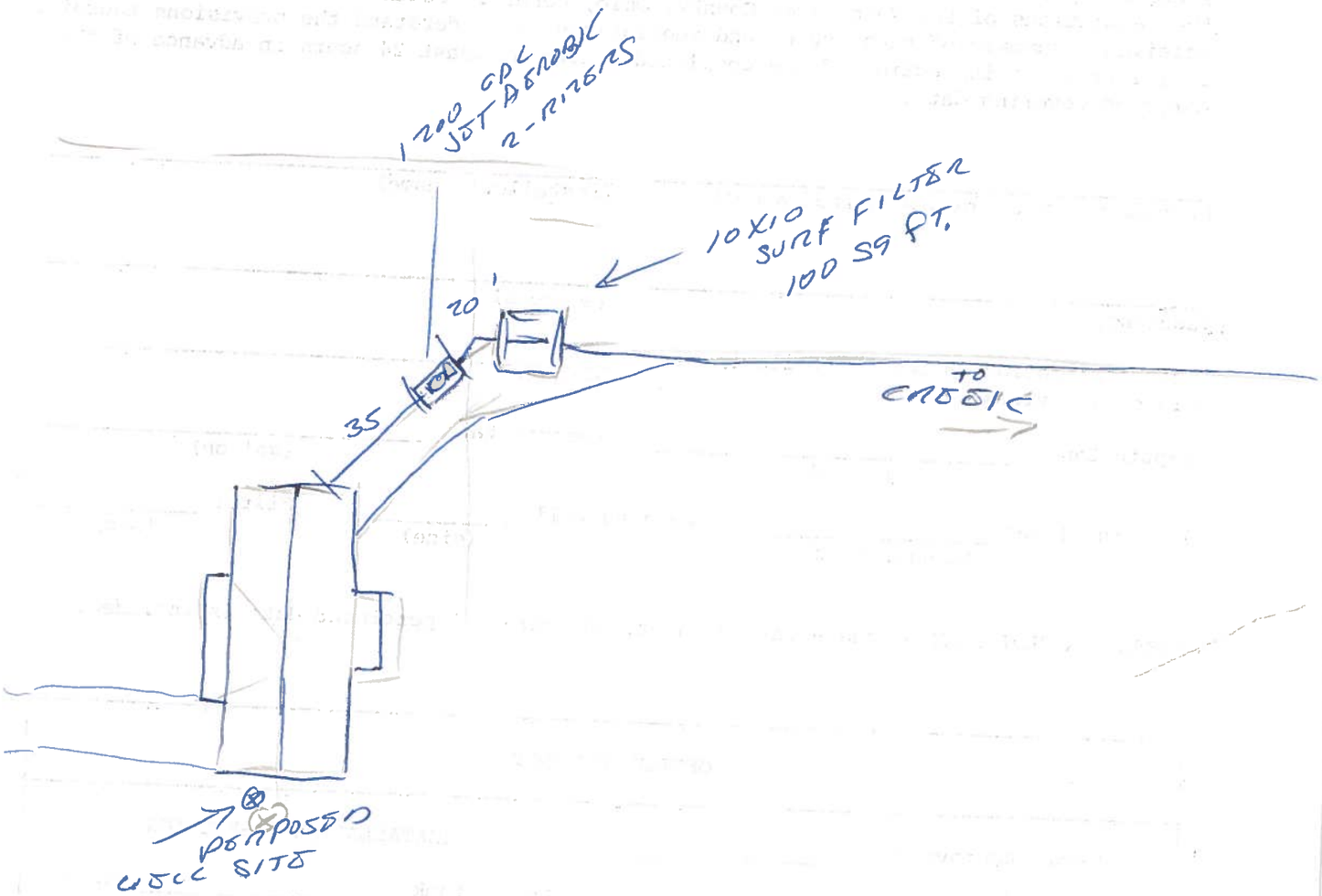
Sewage tank 1200 gallon
JET AEROBIC C-W-1125C

Leaching field _____ x _____ lineal ft.

Filter 10X10 = 100 SQ FT SURFACE

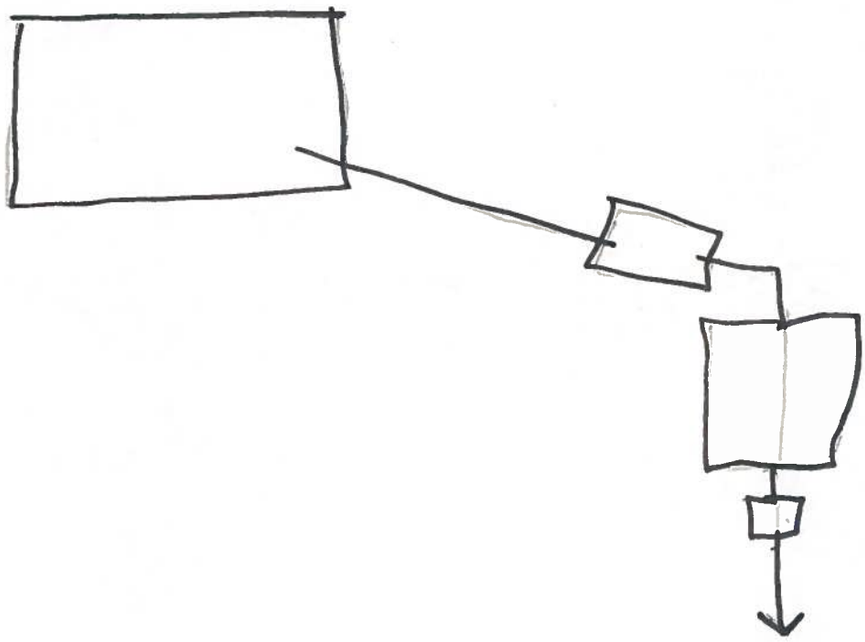
Leaching well _____

Inspected by CARL KEMPF


1,200 GAL
JET AERATOR
2-RISERS
10X10
SURF FILTER
100 SQ FT.
20'
35'
TO
CREEK
PROPOSED
DOCK SITE

Co Road 52

4



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
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 Phone: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME Allison, Harry
ADDRESS CTY RD 52
PHONE _____
PRESENT OWNER _____
PROPERTY SIZE _____

CAUTION! THIS IS NOT A PERMIT - EVALUATION ONLY

LOCATION OF PROPERTY ~~Sugar Twp~~ CTY RD 52
Town or Township Street, Road, Allotment, or Lot No.

SOIL CONDITIONS _____ DEPTH TO GROUND WATER _____ ROCK STRATA _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" _____ BASEMENT SUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!

~~Septic~~ aerobic tank + 10'x10' surface filter.

SITE APPROVED : YES ✓ NO ____ INCOMPLETE ____

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

_____ AEROBIC TANK 10'x10' FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED _____

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVICES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL AREA (DESIGNATED R/A).

DATE 3/28/22 ENVIRONMENTALIST Roger Fanning

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

STATE OF OHIO
HOWARD PAUL SHISLER 4721 REGISTERED SURVEYOR

SHISLER & ASSOCIATES

consulting engineering and surveying

2011 FULTON ROAD, N.W
CANTON, OHIO 44709
OFFICE PH 455-4942
-OR
455-3955

DATE MARCH, 1977

SCALE 1" = 60'

Approved 3/28/96 on basis attached Easements N M

PLAT OF SURVEY

SE. QTR. SEC. 9
TOWNSHIP 8, RANGE 3
UNITED STATES MILITARY LANDS
TUSCARAWAS COUNTY, OHIO

COUNTY ROAD 52

S 25° 26 E 203.8'

307.15'

272.9'

S 30° 54' 44" E 191.72'

30.10

N 54° 37' E

143.28'

0.5840 ACRE

129.00'

S 58° 27' W

A.G. & O.A. ALLISON

30.00'

N 35° 16' W 182.5'

E & S REANDT

676.65'

1850

N 15° 08' W

QTR SEC LINE

(S.W. CORNER S.E. QTR. SECTION 9)

N

● INDICATES IRON PIN FOUND

○ INDICATES IRON PIN SET

consulting engineering
and surveying

2011 FULTON ROAD, N. W.
CANTON, OHIO 44709

PHONE (216) 455-4942
PHONE (216) 455-3995

DESCRIPTION OF 0.5840 ACRE

DOVER TWP.

Known as and being a part of the Southeast Quarter of Section 9, Township 8, Range 3, United States Military Lands, Tuscarawas County, Ohio and further being a part of a 1.278 acre tract conveyed to Harry J. and Amanda Allison, by Warranty Deed recorded in Volume 438, page 1000 of the Tuscarawas County Records of Deeds and being further bounded and described as follows:

Beginning at the southwest corner of the southeast quarter of section 9; thence north 15° 08' west and with the west line of said southeast quarter section a distance of 185.00 feet to a point on the centerline of County Road 52, thence with said centerline of said road, north 54° 37' east, a distance of 676.65 feet to a point and the true place of beginning of the tract of land herein to be described; thence continuing with said centerline of sa d oad, north 54° 37' east a distance of 143.28 feet to a point; thence south 30° 54' 44" east, passing over an iron pin set at 30.10 feet, a distance of 191.72 feet to an iron pin set, which is on the north line of a tract of land now or formerly owned by Harry D. and Carol A. Allison; thence south 58° 27' west and with said north line of said Allison tract a distance of 129.00 feet to an iron pin found, which is on the east line of a tract of land now or formerly owned by Edgar and Susan Brandt; thence north 35° 16' west and with said east line of said Brandt tract, and passing over an iron pin found at 152.50 feet, a distance of 182.50 feet to the true place of beginning, containing 0.5840 acre of land more or less, but subject to all lega highways, as surveyed by Shisler & Associates in March of 1977.

STATE OF OHIO
HOWARD
PAUL
SHISLER
4721
REGISTERED
SURVEYOR

Surveyed by,

SHISLER & ASSOCIATES

Howard P. Shisler

Howard P. Shisler, P.S.

2041

PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Warren G. Harding and June E. Harding, heirs or assigns, as owner or owners of a certain tract of land, located in Dover Township, Tuscarawas County, Ohio, as described in Volumn 332 Page 603, of the Tuscarawas County Deed Records, do hereby grant permission to Harry J. and Amanda L. Allison, heirs or assigns, owners of a tract of land as described in Volumn 438 Page 1000, 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

Richard Buss

Louise Harding

Signature - Persons Granting Permission

Warren G. Harding

June E. Harding

NOT TRANSFER NECESSARY
Donald R. Kinney
COUNTY AUDITOR

Subscribed and duly sworn before me according to law, by the above named persons this 10th day of March 1977, at Dover, Ohio County of Tuscarawas and State of Ohio.

Doris J. Kimble
(Signature of Notary Public)

DORIS J. KIMBLE, Notary Public
My Commission Expires 10/9/79

2041

(Official Seal of Notary)

RECEIVED FOR RECORD
THEODORE M. UNDERWOOD, County Recorder
MAR 16 1977 11:40 A.M.
March 16 77
Deed Record Vol. 528 Page 66
Tuscarawas County Ohio
Recorder of the Tuscarawas County
Deed 4.00
Mar 1.00
Ref

This instrument prepared by the Tuscarawas County General Health District.

DUNN

6

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner John Dunn Phone _____ Date 3-30-77

Address Box 8342 Somerdale hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at SR 212

Somerdale (mailing address) Fairfield (municipality or township) SR 212 (road no.) _____ (subdivision lot no.)

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

John Dunn (signature, owner or authorized agent)

Parker Allen - finished by Dunn (installer's name)

_____ (address)

RD 1, Min. City (address)

_____ (phone)

This application is for the following disposal devices:

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

Leaching lines 600 (lineal feet) Leaching well _____ (size) Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by EEP

Date 3-30-77

Fee paid 25.00

Permit issued 3/30/77 PS (date) (clerk)

Permit number 26-77

Inspection date 4-12-77

INSTALLATION INSPECTION

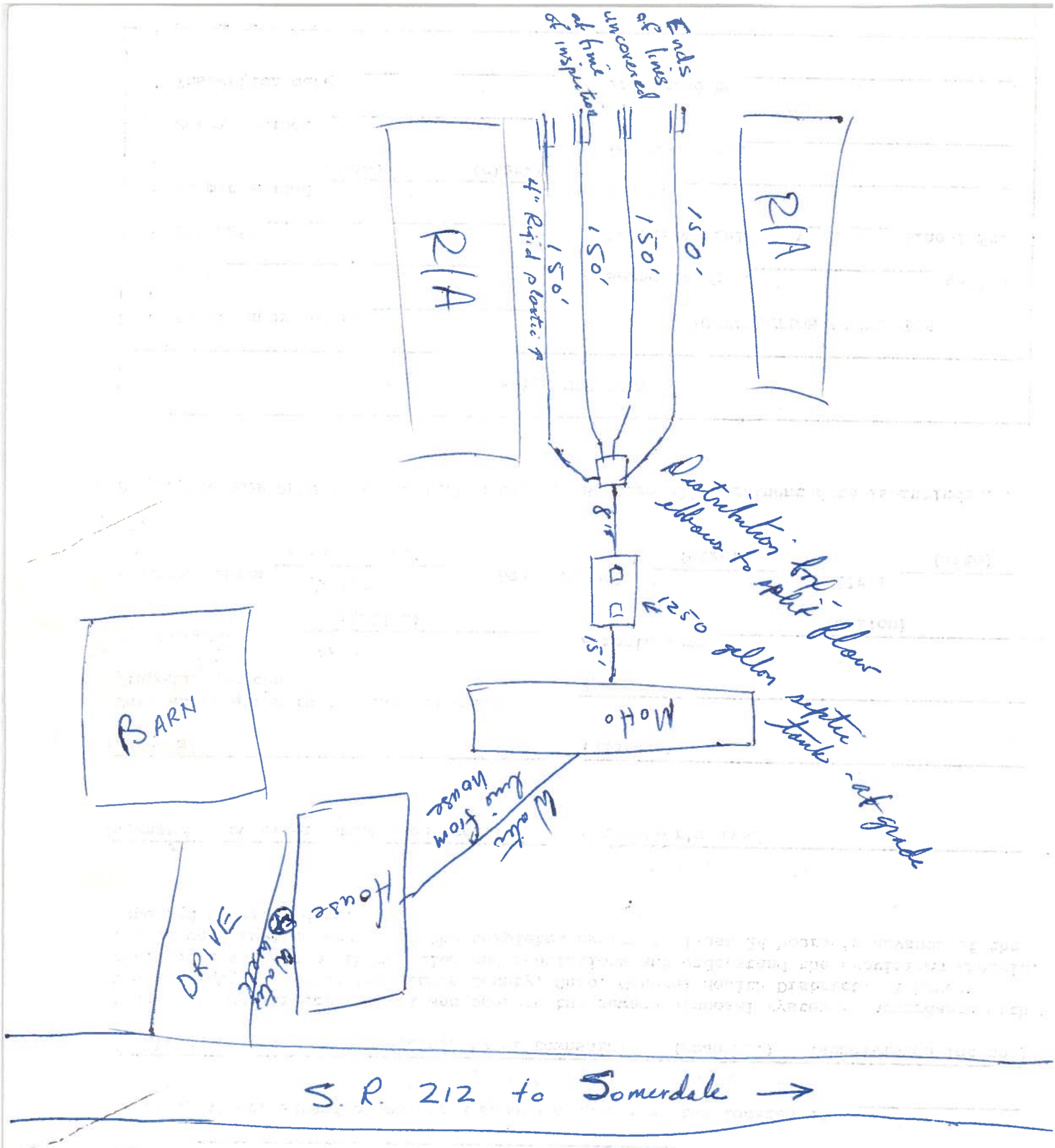
Sewage tank 1250 gallon

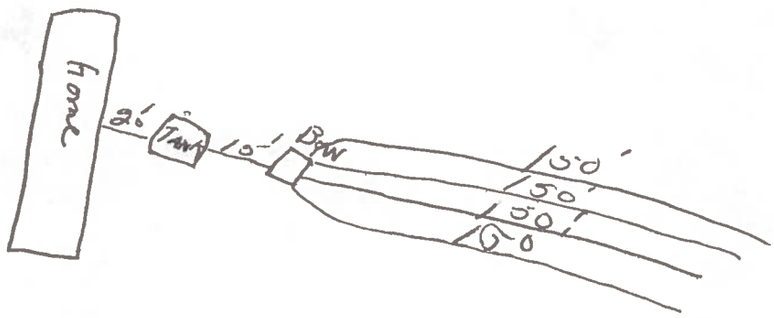
Leaching field 18" x 600 lineal ft.

Filter _____

Leaching well _____

Inspected by Richard Fouts


Ends of lines uncovered at time of inspection
R/A
R/A
150'
150'
150'
4" Rigid plastic
8"
15'
1250 gallon septic tank - at grade
Distribution box - elbows to split flow
Mo Ho
Water line from house
House
BARN
DRIVE
Water meter
S. R. 212 to Somerdale →



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: J. Juan
(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 X.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 PHONE: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME JOHN DUNN
ADDRESS BOX 8342 SOMERDALE
PHONE 859-2608
PRESENT OWNER DUNN
PROPERTY SIZE 1 AC.

CAUTION! EVALUATION ONLY - NOT A PERMIT

LOCATION OF PROPERTY FAIRFIELD (Town or Township) S.R. 212 SOMERDALE (Street, Road, Allotment, or Lot No.)

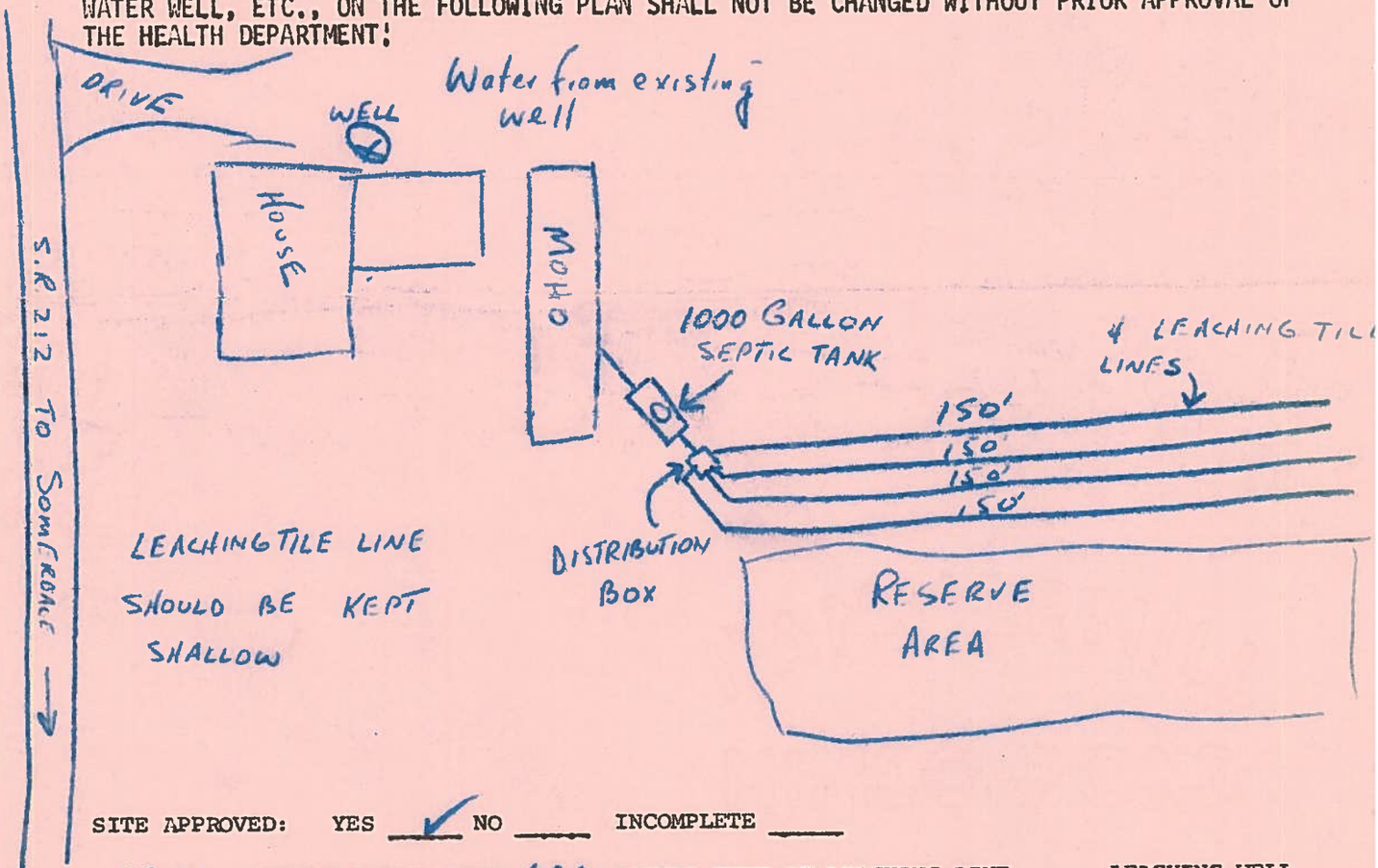
SOIL CONDITIONS CLAY DEPTH TO GROUND WATER ____ ROCK STRATA ____

NUMBER OF PERCOLATION HOLES ____ RESULTS SEVERE

PROPOSED LAND USE 2 BEDROOM ✓ FAMILY DWELLING, ~~OTHER~~: MOHO FOR PARENTS

WATER WELL LOCATION = "X" ____ BASEMENT DUMP PUMP NECESSARY - YES ____ NO ____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



SITE APPROVED: YES ✓ NO ____ INCOMPLETE ____

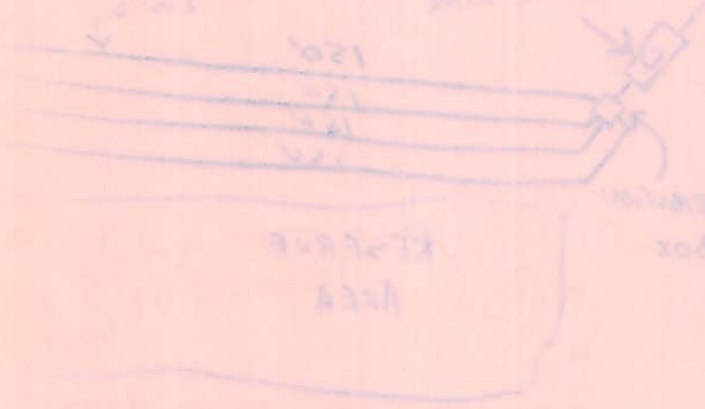
1000 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE ____ LEACHING WELL

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVISES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL RESERVE AREA (DESIGNATED R/A).

DATE 3-1-99 ENVIRONMENTALIST Richard Foute

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE



DeMattio

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard - P.O. Box 443 Dover, Ohio 22 Phone 364-4438

(1)

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner John DeMATTIO Phone _____ Date 4/27/77

Address Route 5 New Phila. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Route 5 New Phila. (Brightwood)

(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.

Charles J DeMatteo (signature, owner or authorized agent)

DeMATTIO Const. (installer's name)

151 20th DR. New Phila (address)

2403 EAST High AVE. (address)

339-1963 (phone)

This application is for the following disposal devices:

Septic tank 1000 (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 8X8 (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 4-27-77

Fee paid 25.00

Permit issued 4-27-77 PS (date) (clerk)

Permit number 45-77

Inspection date 4-27-77

INSTALLATION INSPECTION

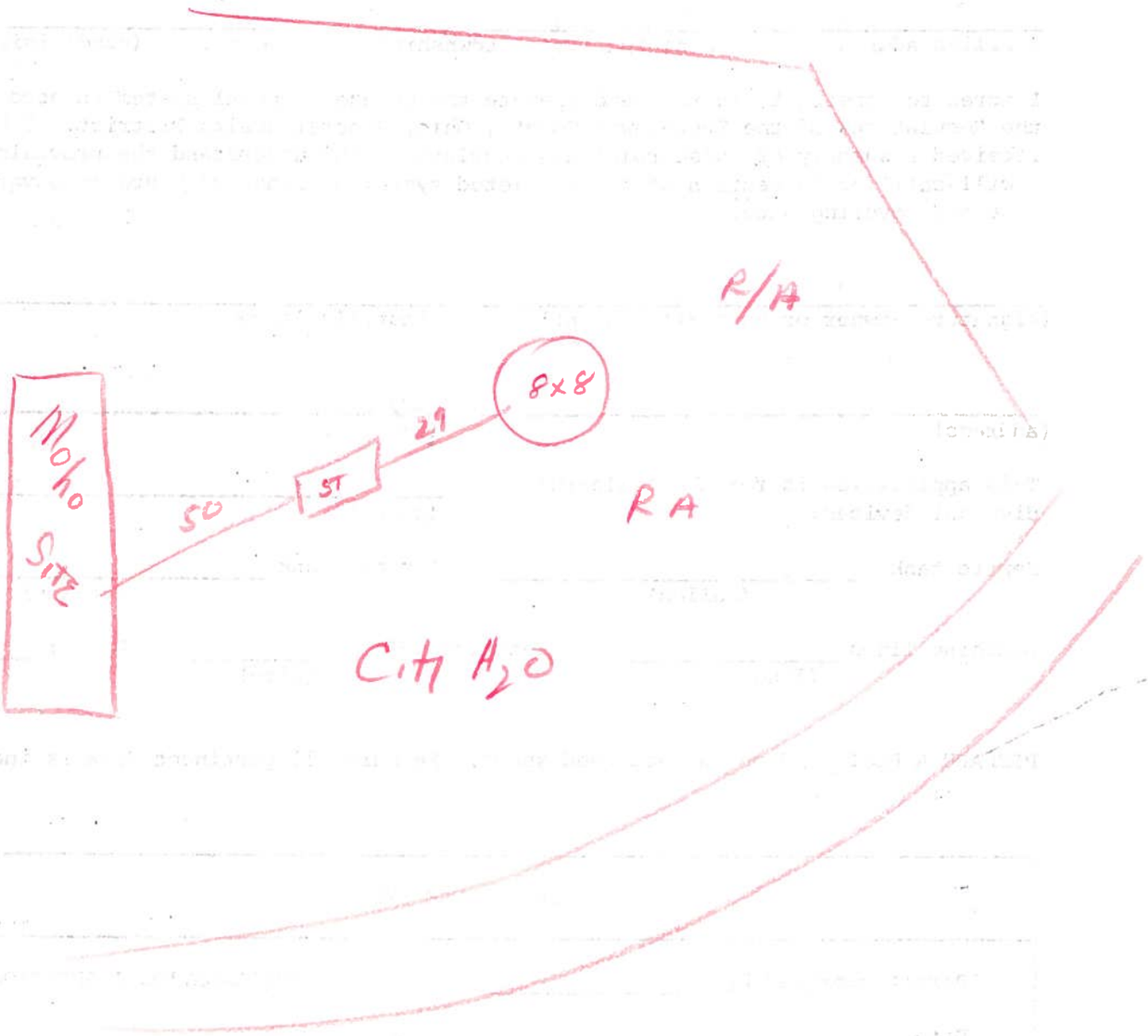
Sewage tank 1000 gallon

Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 8X8

Inspected by EP


R/A
8x8
29
ST
50
Moho
Site
RA
City H_2O

Carling

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Jack W Carling Phone 866 9851 Date May 18-1977

Address RD#1 Mineral City hereby applies for a permit to

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

RD#1 Mineral City Sandy Co. 82

(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.

_____ Richard L Lewis

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

_____ RD# Stone Creek

(address) (address)

364-4617

(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon) Aerobic tank — (gallon)

Leaching lines 500 (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 C.J.P.

Date 5/18/77

Fee paid $25.00

Permit issued 5/19/77 (date) PS (clerk)

Permit number 63-77

Inspection date 5/18/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

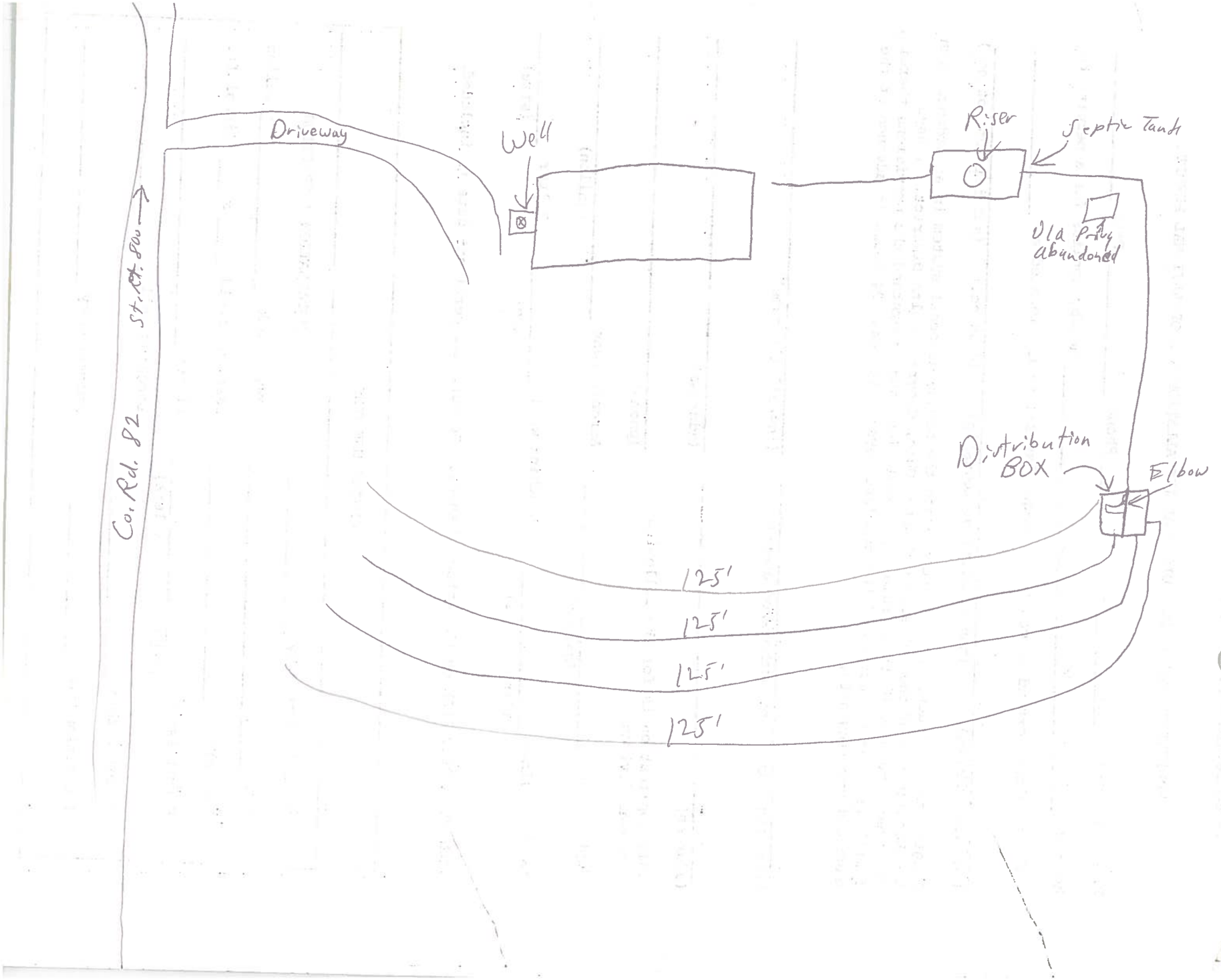
Leaching field 2' x 125' lineal ft.

Filter —

Leaching well —

Inspected by C.E.D.

8


Driveway
Well
Riser
Septic Tank
Old Privy abandoned
St. Rt. 800
Co. Rd. 82
Distribution Box
Elbow
125'
125'
125'
125'

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 4462[illegible] Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner CHARLES DeMATTEO Phone 339-1963 Date May 16, 1977

Address 151 20TH DR. New Phila hereby applies for a permit to

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

Route 5 New Phila.
(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.

Charles J DeMatteo
(signature, owner or authorized agent)

DeMatteo Const. Inc.
(installer's name)

151 20TH DR. New Phila.
(address)

2403 E. High AVE.
(address)

339-1963
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 8 X 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 RF

Date 5/16/77

Fee paid ✓ $25.00

Permit issued 5/17/77 (date) B (clerk)

Permit number 61-77

Inspection date 5/16/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

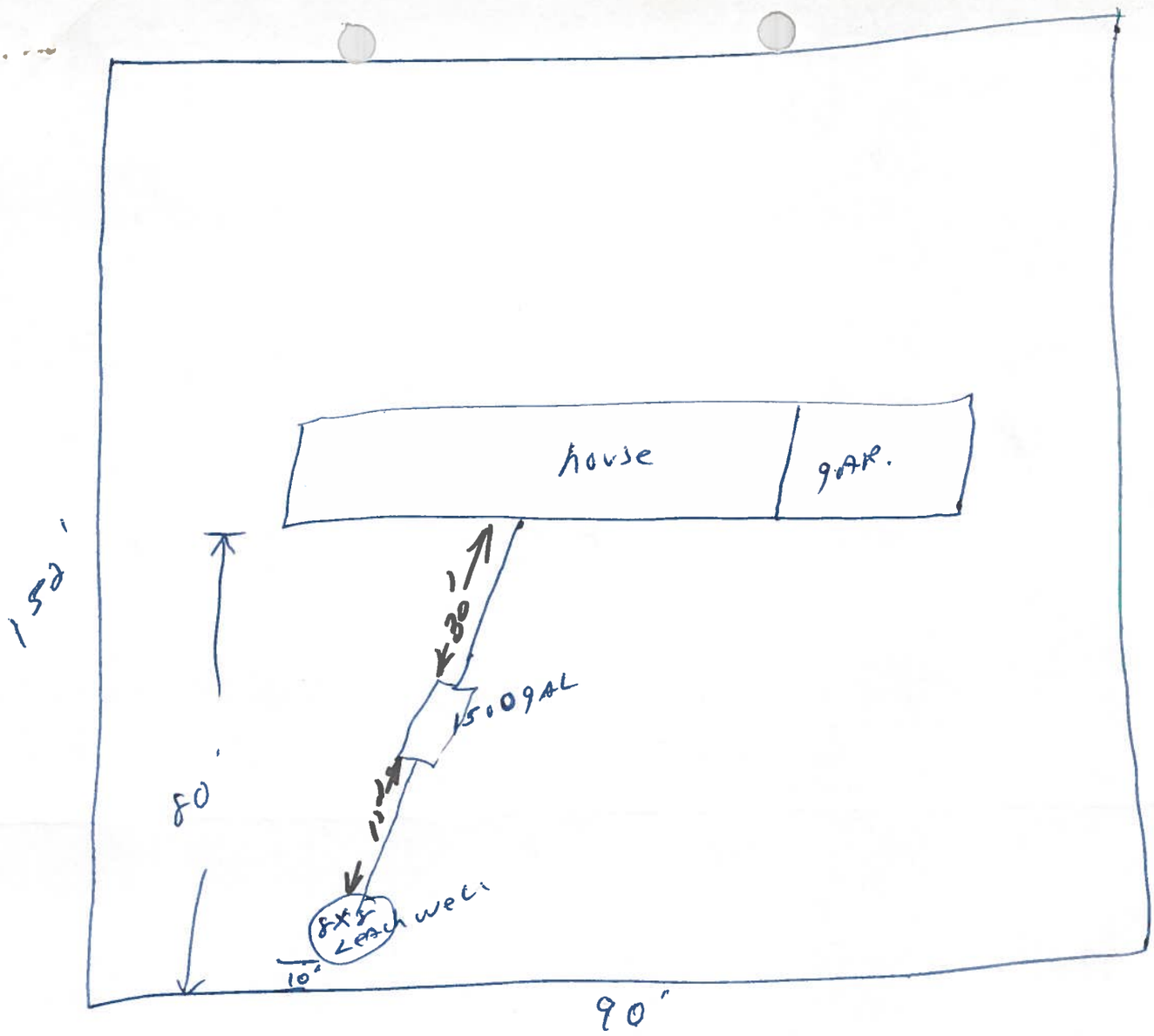
Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 8'x8'

Inspected by R. Fanning

1



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Charles J De Matteo
(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 ✓.

DeMattio

T[illegible]CARAWAS COUNTY GENERAL HEALTH D[illegible]TRICT
818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone ~~364-4438~~

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner HERMAN DeMATTIO Phone _____ Date 5/9/77

Address ROUTE 5 New Philadelphia hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at ROUTE 5 New Philadelphia

(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.

Charles J DeMattio
(signature, owner or authorized agent)

151 20TH DR New Phila.
(address)

DeMATTIO CONST. INC
(installer's name)

151 20th DR New Phila
(address)

339-1963
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 8X8 (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 5/9/77

Fee paid ~~$~~ $25.00

Permit issued 5/10/77 PS (date) (clerk)

Permit number 57-77

Inspection date 5/9/77

INSTALLATION INSPECTION

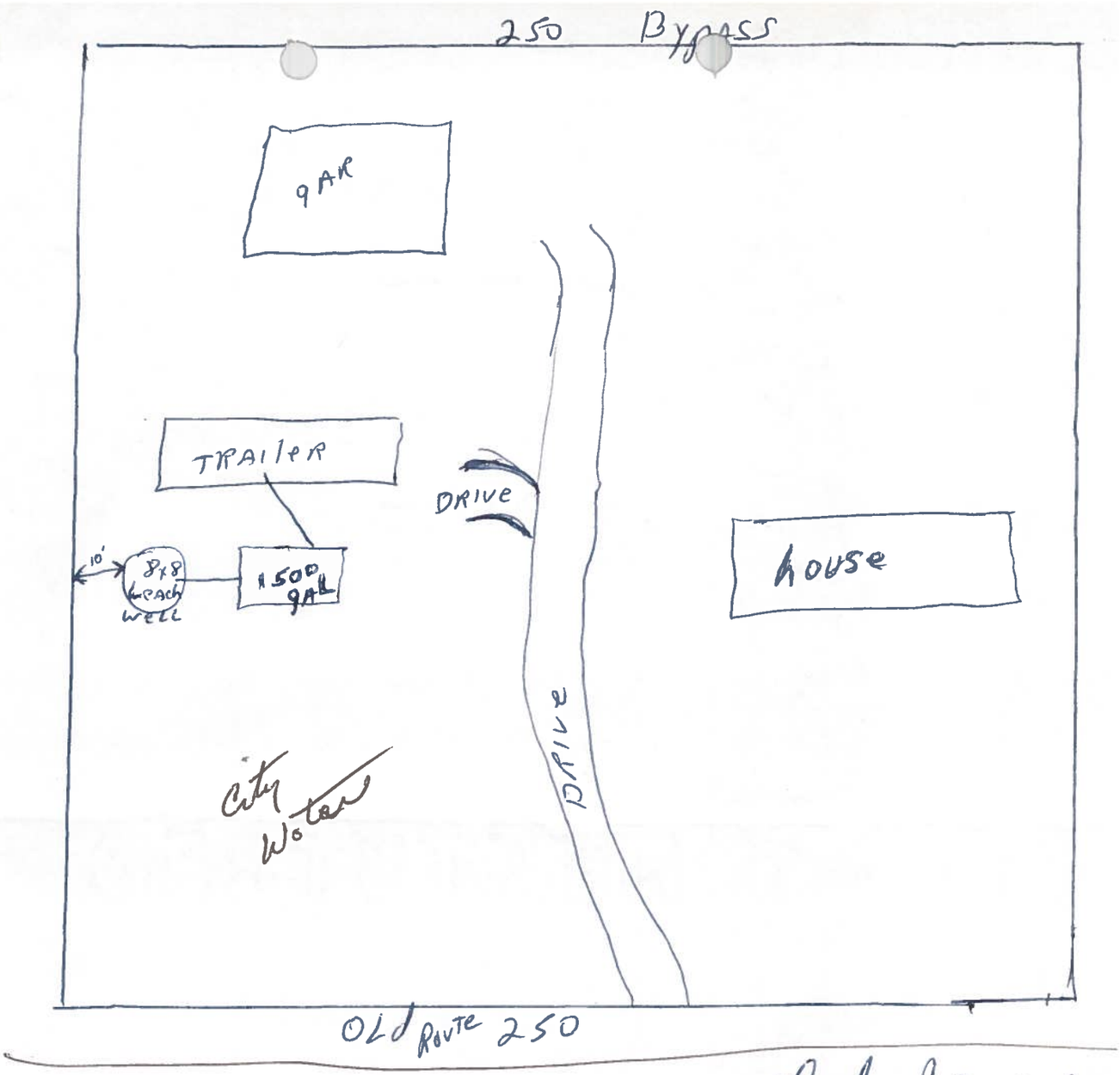
Sewage tank 1500 gallon

Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 8'x8' 10

Inspected by R. Fanning



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Charles J DeMatteo
(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

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Norma Adams Phone — Date 5/31/77

Address RD 4, N.P., O hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at RD 4 New Phila. Goshen Twp. CR 324

(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.

Norma E Adams (signature, owner or authorized agent)

Robert Long (installer's name)

Rt 4 New Philly O. (address)

RD #1, Dennison (address)

922-3924 (phone)

This application is for the following disposal devices:

Septic tank 1000 Gallon (gallon) Aerobic tank ____ (gallon)

Leaching lines ____ (lineal feet) Leaching well 8'x8' (size) Filter ____ (size)

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

OFFICE USE ONLY

Permit approved by T. M.

Date 5/31/77

Fee paid $25.00

Permit issued 5/31/77 PS (date) (clerk)

Permit number 76-77

Inspection date 5/31/77

INSTALLATION INSPECTION

Sewage tank 1000 gallon

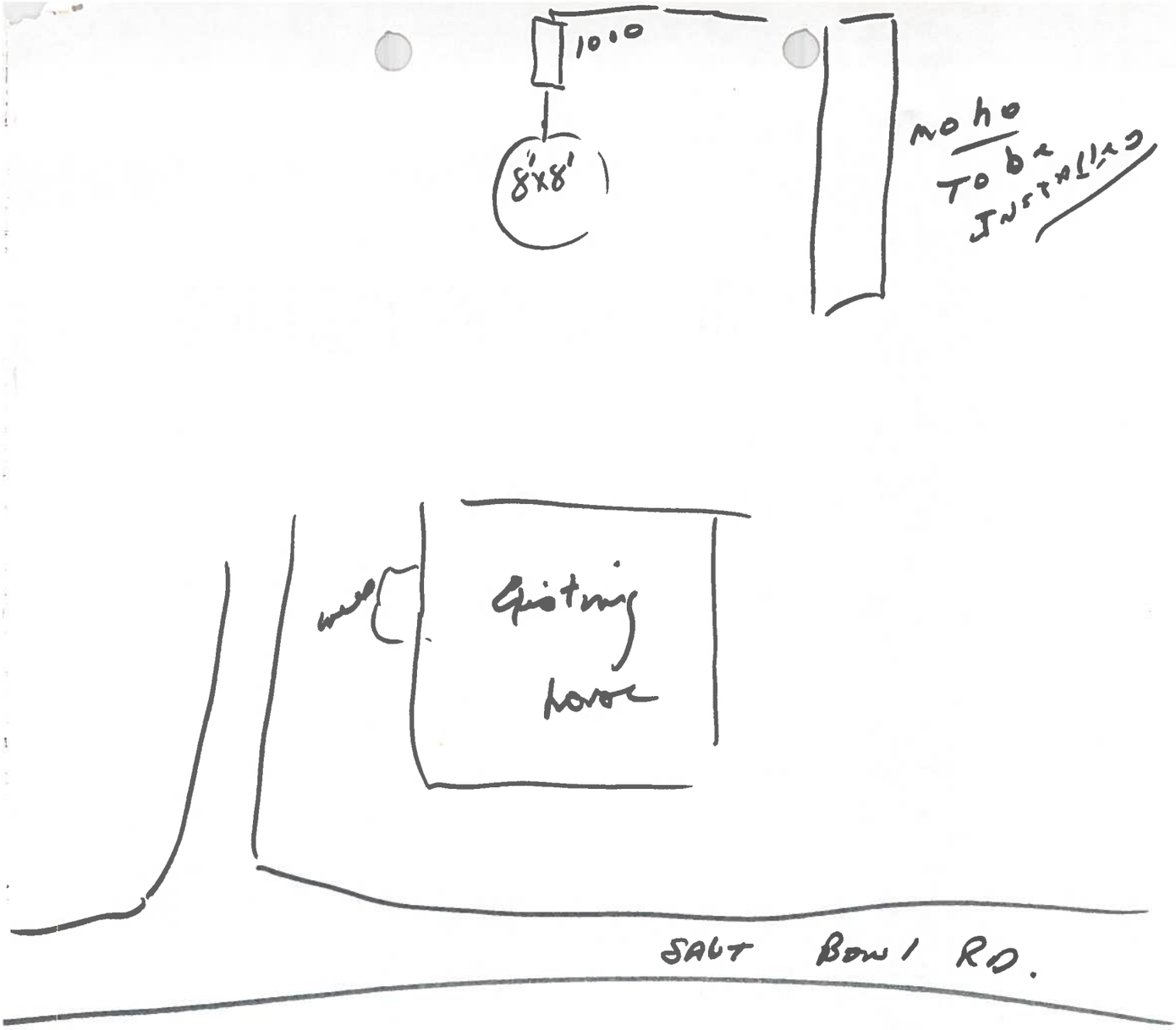
Leaching field — x — lineal ft.

Filter —

Leaching well 8'x8'

Inspected by R. Fannin

1



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Adams Norma
(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 ✓.

Baker

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Donald E. Baker Phone 498-8634 Date 4-13-77

Address Rt. 1, Newcomerstown, Ohio 43832 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Rt. 3, Newcomerstown Ohio Oxford Twp. Twp. Rd. 108

(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.

Baker Excavating
(signature, owner or authorized agent)

Donald E. Baker
(installer's name)

Rt. 1, Newcomerstown, O.
(address)

Rt. 1, Newcomerstown, O.
(address)

498-8634
(phone)

This application is for the following disposal devices:

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 CIC

Date 4-13-77

Fee paid $25.00

Permit issued 4-18-77 (date) BS (clerk)

Permit number 34-77

Inspection date 6-15-77

INSTALLATION INSPECTION

Sewage tank 1250 (1500) gallon

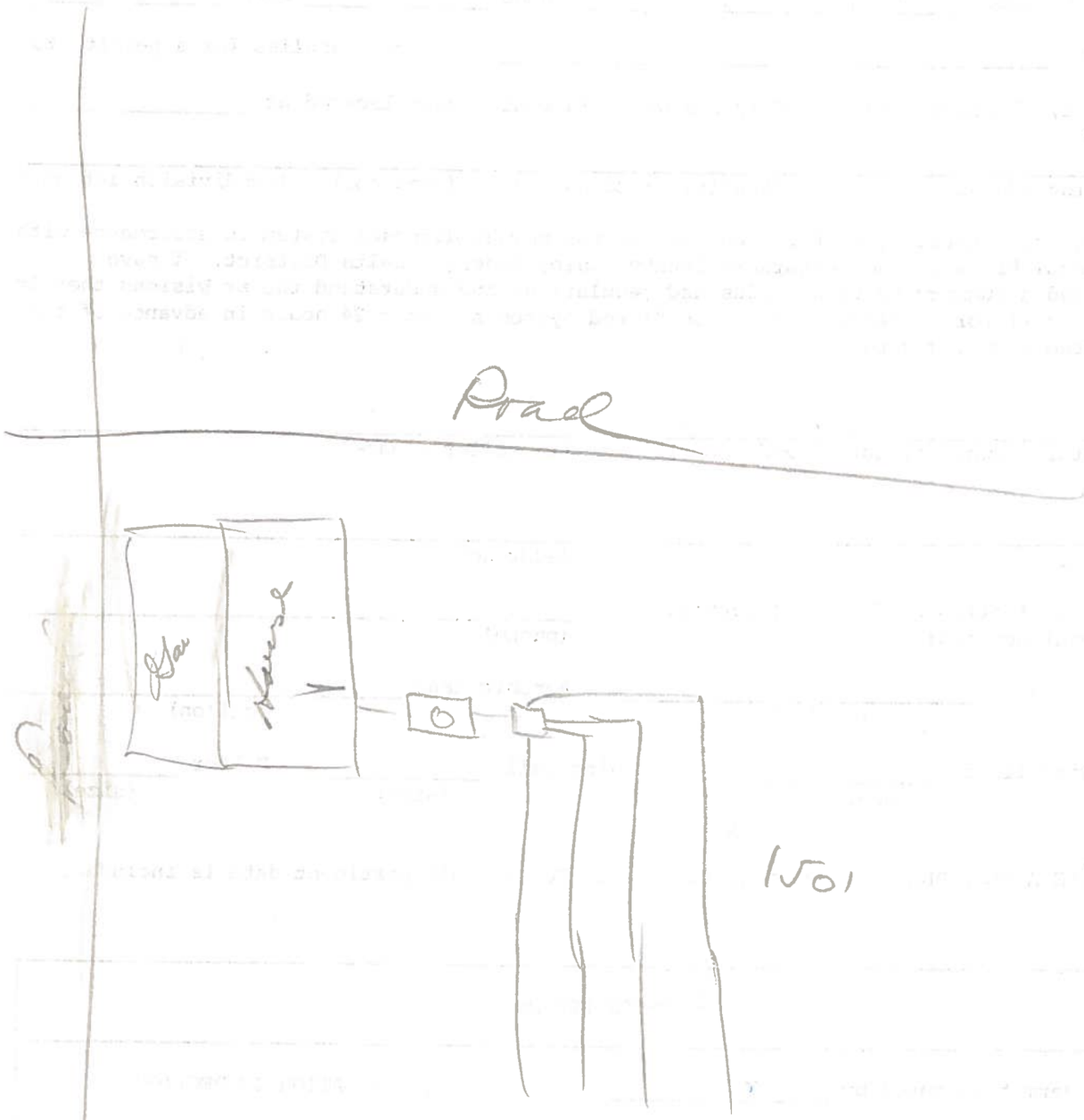
Leaching field 600 x 2 lineal ft.

Filter _____

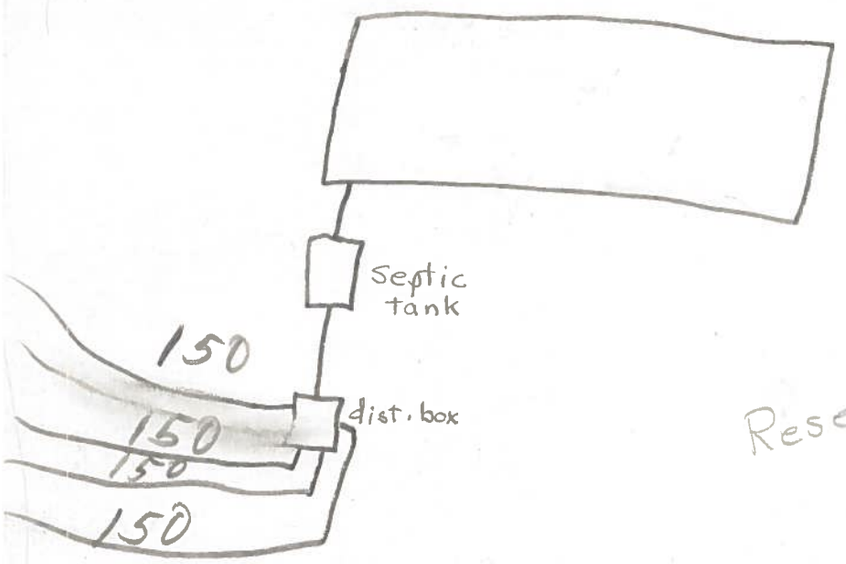
Leaching well _____

14

Inspected by [signature]


Road
Gas
House
1501

Twp. Rd. 108



3 acres

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Donald E. Baker (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. natural slope
(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. None
(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 ✓ None.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 PHONE: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME DON BAKER
ADDRESS RT 2 NEWCOMERTOWN
PHONE
PRESENT OWNER DALE BAKER
PROPERTY SIZE 3 ACRES

CAUTION! EVALUATION ONLY - NOT A PERMIT

- 498-8634 -

LOCATION OF PROPERTY OXFORD TWP-107 RT 2 NEWCOMERTOWN
Town or Township Street, Road, Allotment, or Lot No.

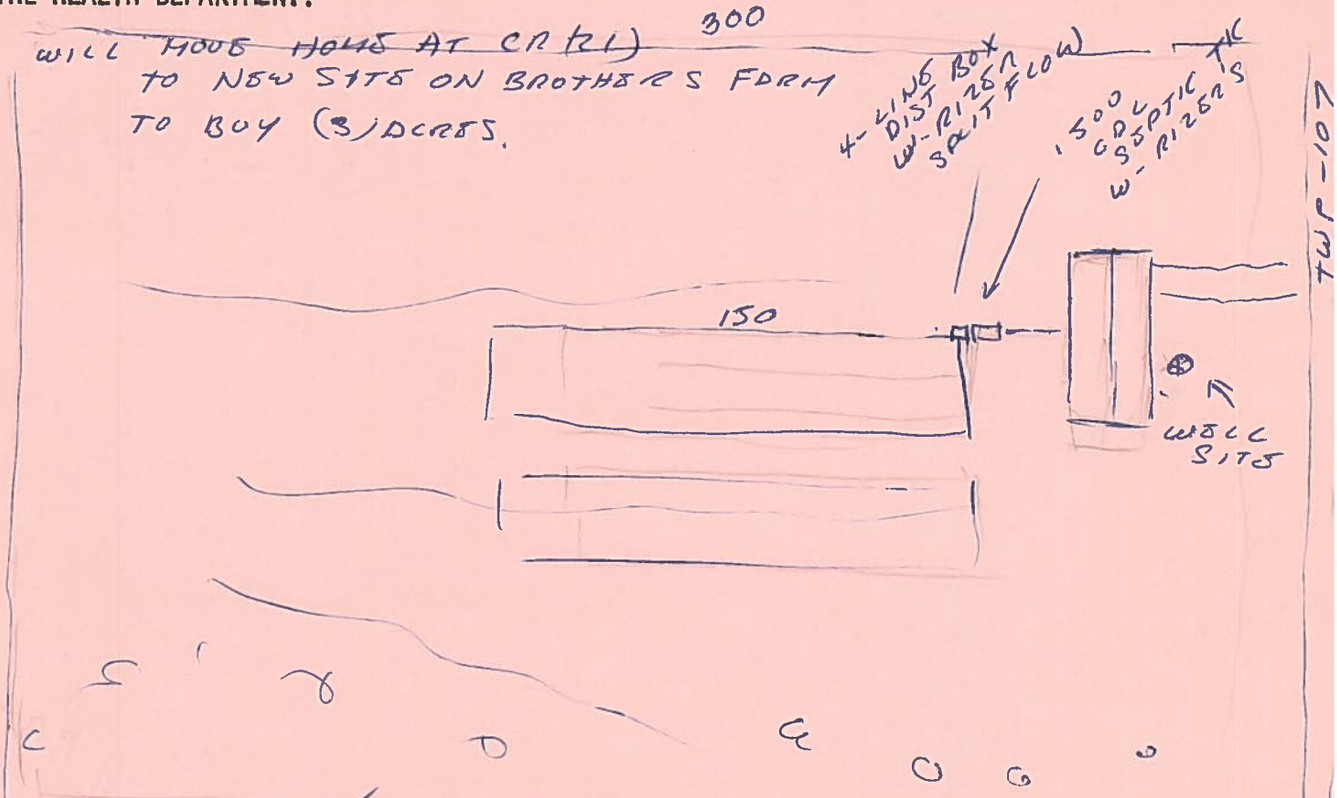
SOIL CONDITIONS SHALE- DEPTH TO GROUND WATER ____ ROCK STRATA ____

NUMBER OF PERCOLATION HOLES ____ RESULTS ____

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

WATER WELL LOCATION = "X" ✓ BASEMENT DUMP PUMP NECESSARY - YES ____ NO ____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



SITE APPROVED: YES ✓ NO ____ INCOMPLETE ____

1500 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE ____ LEACHING WELL

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVISES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL RESERVE AREA (DESIGNATED R/A).

DATE 3-11-77 ENVIRONMENTALIST [signature]

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD - DOVER, OHIO 44622
Phone 364-4438
APPLICATION FOR PERMIT - SEWAGE DISPOSAL

I or we Cox, Donald

Address RD 2 Mille - Cross Creek Stillwater

hereby apply for a permit to Install
(install, clean, or change--privy or sewage disposal system)

on property owned by Same located

at Same
(Address) (Municipality or Township Road No.)

I agree to comply with the rules and regulations of the Board of Health of the Tuscarawas County General Health District governing the installation and operation of privies, privy vaults, sewerage and sewage disposal equipment. I have received a summary of these rules and regulations and understand the provisions contained therein.

I further agree that I will call for final inspection and approval by the Health Department of this installation prior to its being covered with earth.

Date 5/8/73 Charlotte Cox
(Applicant)

The plot plan required by these rules and regulations may be prepared on the reverse side. It shall show the following:

1. Size of the lot.
2. Size, location, and construction of the privy, sewers, sewage tank, and sewage disposal system.
3. The location of all water supplies within 100 feet of any of the sewage disposal equipment, or any municipal water sources within 300 feet.
4. Results of percolation tests.

INSPECTOR'S RECORD

Permit issued 5-10-73 Sewage tank 1000

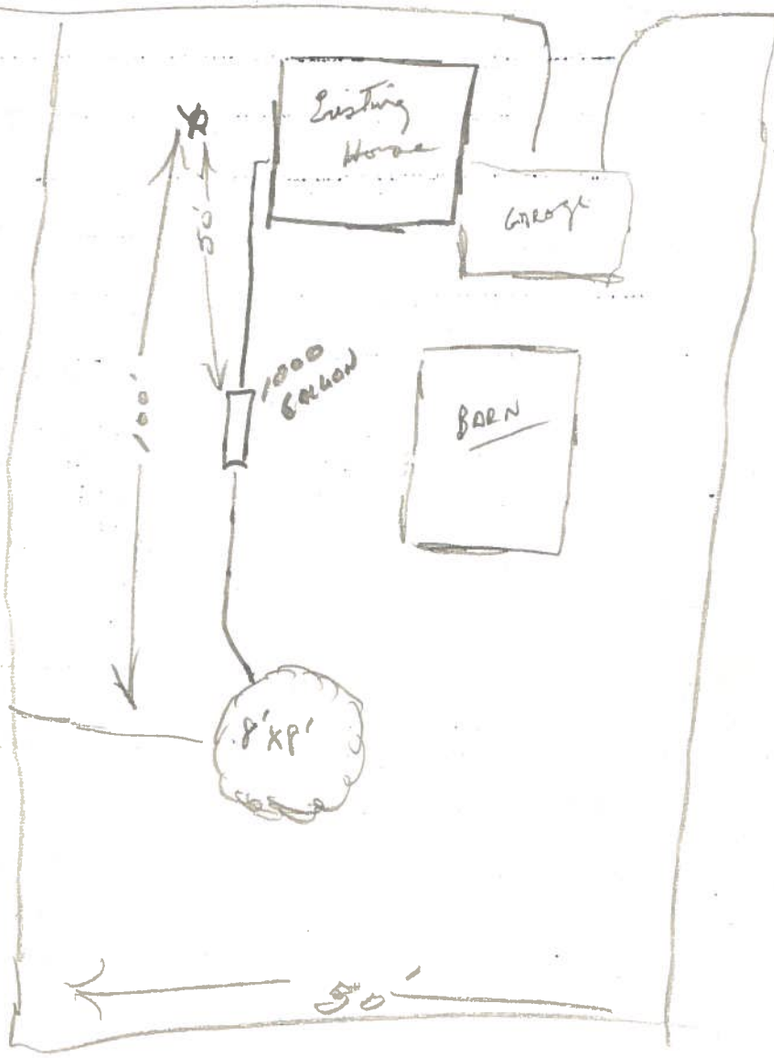
Number of permit 71-73 Filter bed or tile field —

Sewer OK Plastic Leaching well 8'X8'

Sink drain OK Laundry drain OK

15

Very limited room
existing home.



only system possible explained to Mrs Cox system may not work very long, can give no assurance to handle slow soil clay loam

Edwards

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P[illegible] Box 443 Dover, Ohio 446[illegible] Phone - 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Greg Edwards Phone 922-1470 Date 6/20/77

Address 421 N. 2nd St. Dennison, O hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Co. Rd. 291 Moravian Trail Rd. Uhrichsville, Ohio

(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.

Greg Edwards
(signature, owner or authorized agent)

John Carrol
(installer's name)

421 N 2nd St. Dennison
(address)

Rt. 1 Bowerston, O
(address)

269-4894
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank ~~1500~~ (gallon)

Leaching lines 600 (lineal feet)

Leaching well ~~600~~ (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 6/20/77

Fee paid $25.00

Permit issued 6/20/77 (date) PS (clerk)

Permit number 92-77

Inspection date 6/23/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

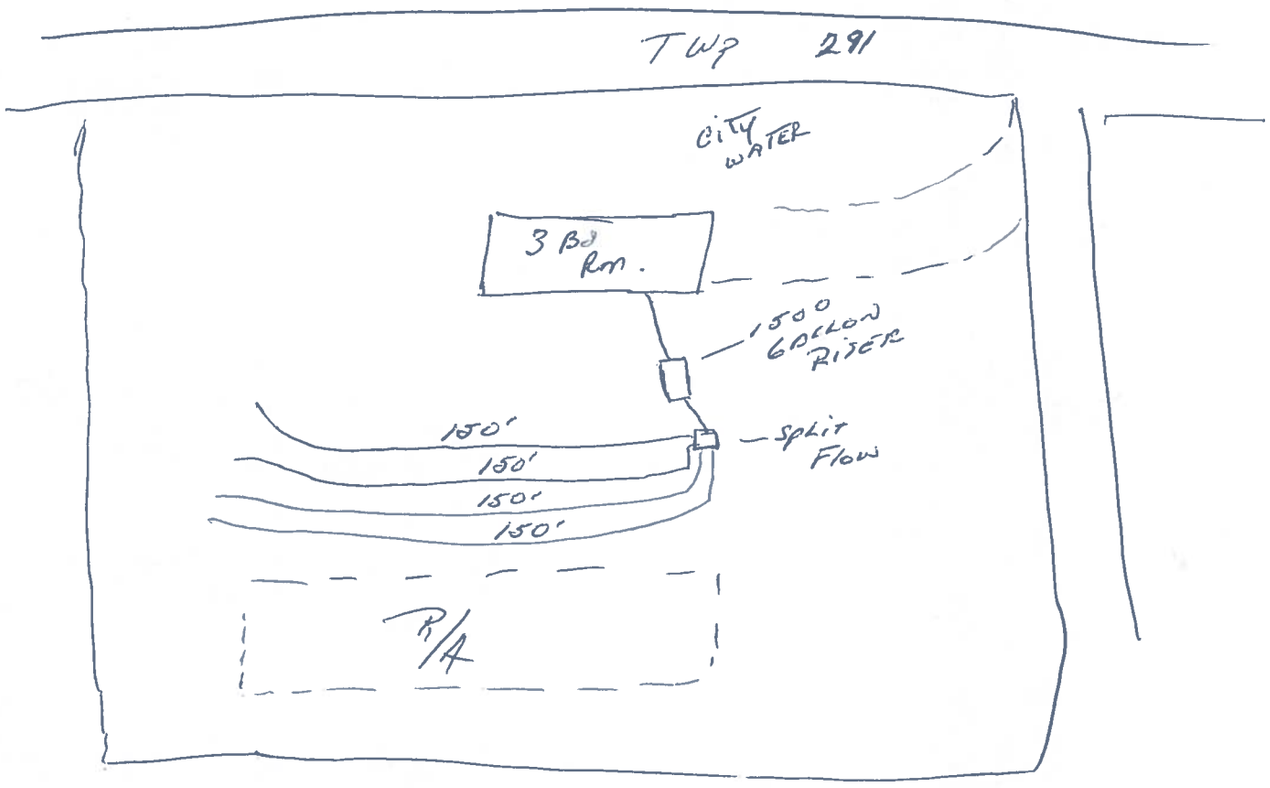
Leaching field 2 x 600 lineal ft.

Filter —

Leaching well —

16

Inspected by R. Fanning



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: EDWARDS, GREGORY
(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 ✓.

818 Boulevard — P. O. Box 443 TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Dover, Ohio 44[illegible] Phone - 364-4438

Creager

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Mike, Creager Phone 339-41[illegible] Date 6/21/77

Address PO Box 148, Midvale hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Walnut St Midvale (Goshen) _____
(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.

Debbie Creager
(signature, owner or authorized agent)

David Burdetta
(installer's name)

_____
(address)

Rt 2, Kvill
(address)

_____
(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank X Tef AERobic (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 NM

Date 6/21/77

Fee paid $25.00

Permit issued 6/21/77 BS
(date) (clerk)

Permit number 96-77

Inspection date 6/29/77.

INSTALLATION INSPECTION

Sewage tank AERobic TANK gallon

Leaching field ____ x ____ lineal ft.

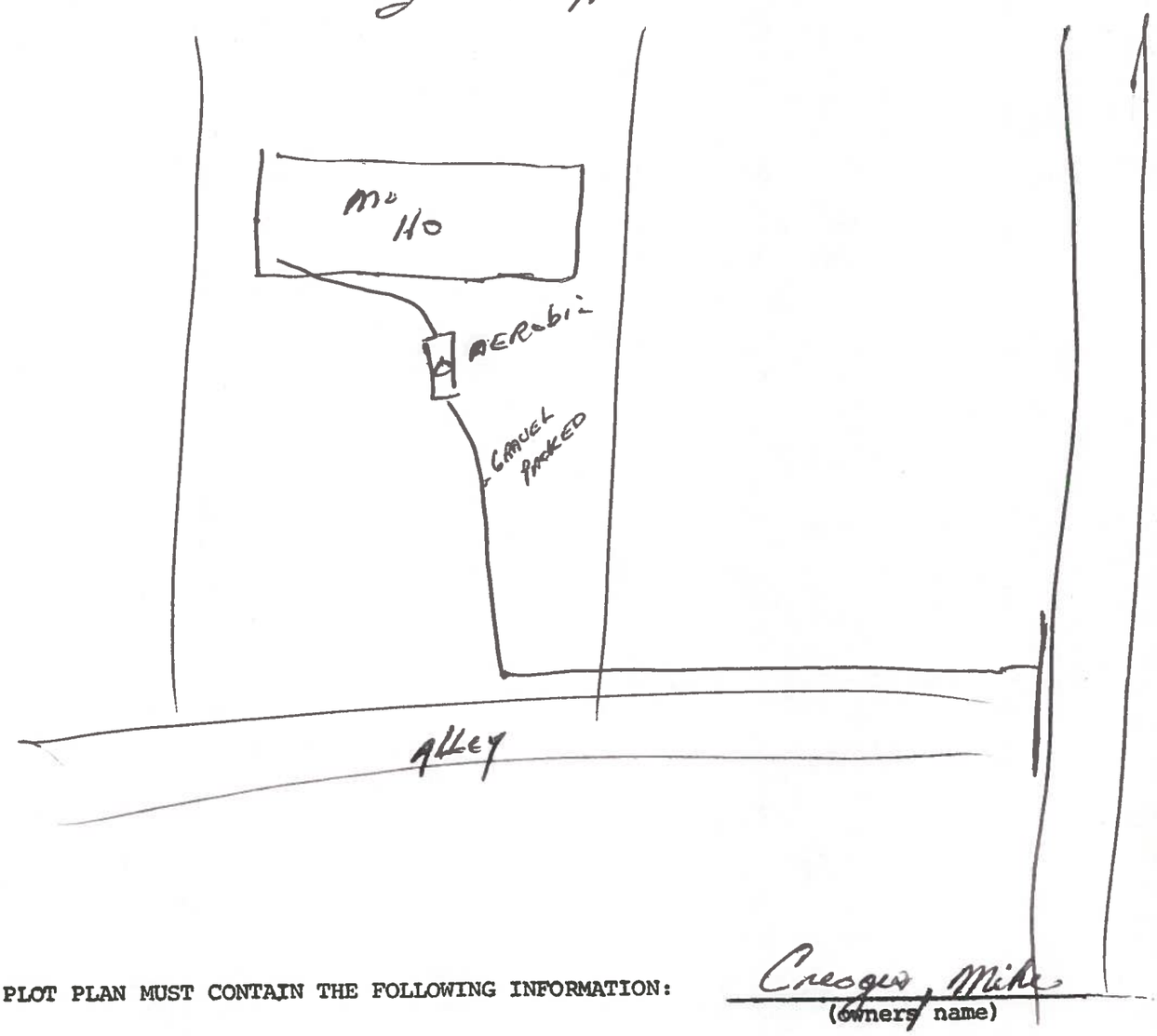
Filter —

Leaching well —

17

Inspected by R Forney

Permission for discharge given by city officials



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Creager, Mike
(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 ✓.

Fisher

818 Boulevard — P.O. Box 443 TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert Fisher Phone 339-2918 Date 1-7-77

Address 1104 E High AVE. N.P. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

(mailing address) Cashon Twp Winkler allot.
(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 A. Fisher
(signature, owner or authorized agent)

(address)

Not Known
(installer's name)

(address)

(phone)

This application is for the following disposal devices:

Septic tank AEROBIC & UpFlow ~~1500~~ FILTER (gallon)

Aerobic tank (gallon)

Leaching lines 900 (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 RF

Date 1-7-77

Fee paid $25.00

Permit issued 1-11-77 PS (date) (clerk)

Permit number 4-MM

Inspection date 6/28/77

INSTALLATION INSPECTION

Sewage tank AEROBIC gallon

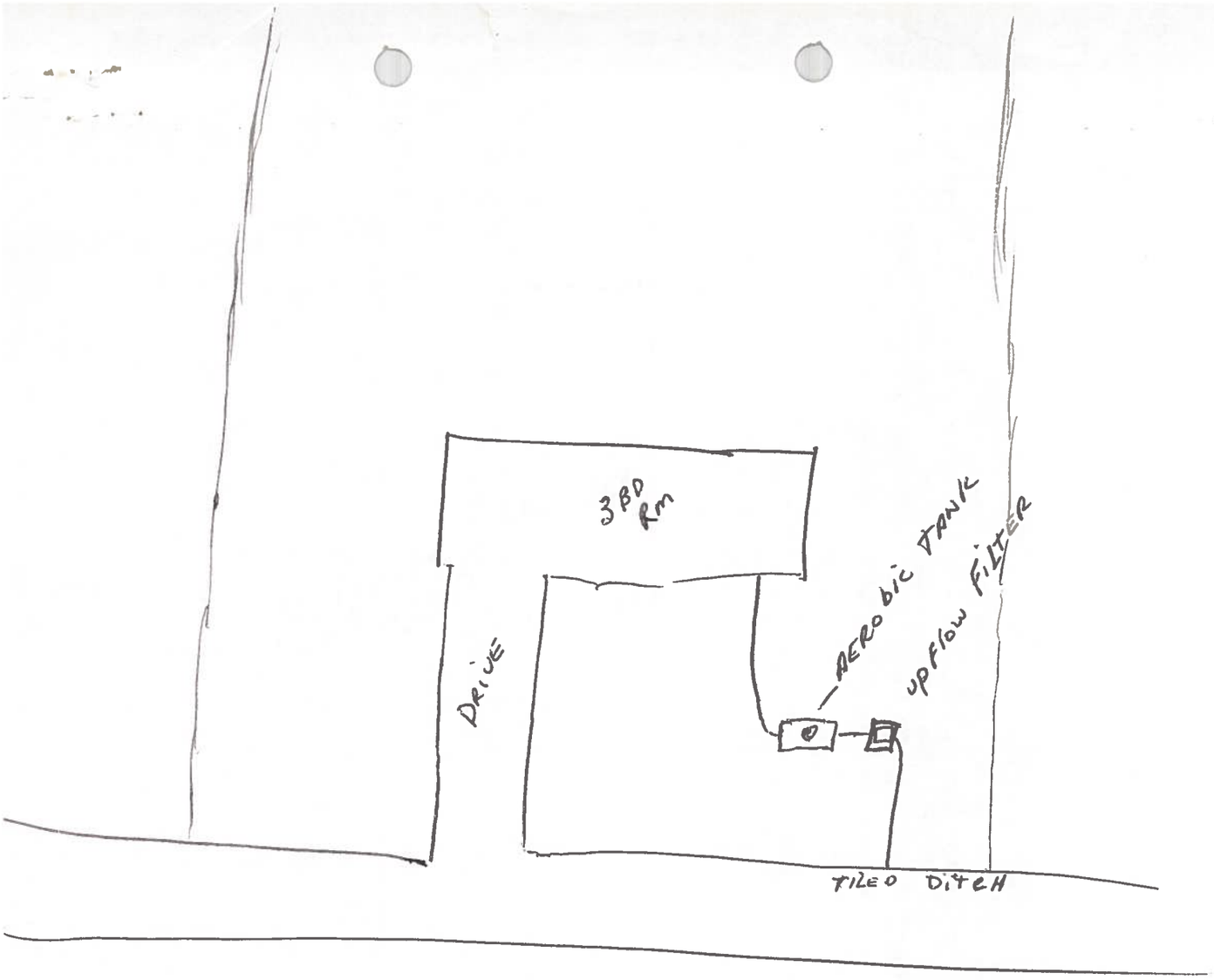
Leaching field ____ x ____ lineal ft.

Filter UpFlow FILTER

Leaching well

Inspected by R. Fanning

18



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Fisher, Robert
(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 ✓.

Fisher

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD P.O. BOX 443, DOVER, OHIO 44622
PHONE: 364-4438, OR PHONE TOLL FREE FROM SOUTHERN PART OF TUSCARAWAS COUNTY 254-9371

EVALUATION OF PROPERTY FOR SEWAGE DISPOSAL INSTALLATION

NAME Fisher, Robert DATE 12/6/76

ADDRESS

LOCATION OF PROPERTY Goshen (Town or Township) Winkle allot. (Street or Road Number)

PROPERTY SIZE 1 acre NAME IN WHICH DEED IS RECORDED Morgan

SOIL CONDITIONS: CLAY SHALE SAND GRAVEL LOAN SURFACE WATER

NUMBER OF PERCOLATION HOLES RESULTS Moderate to Poor

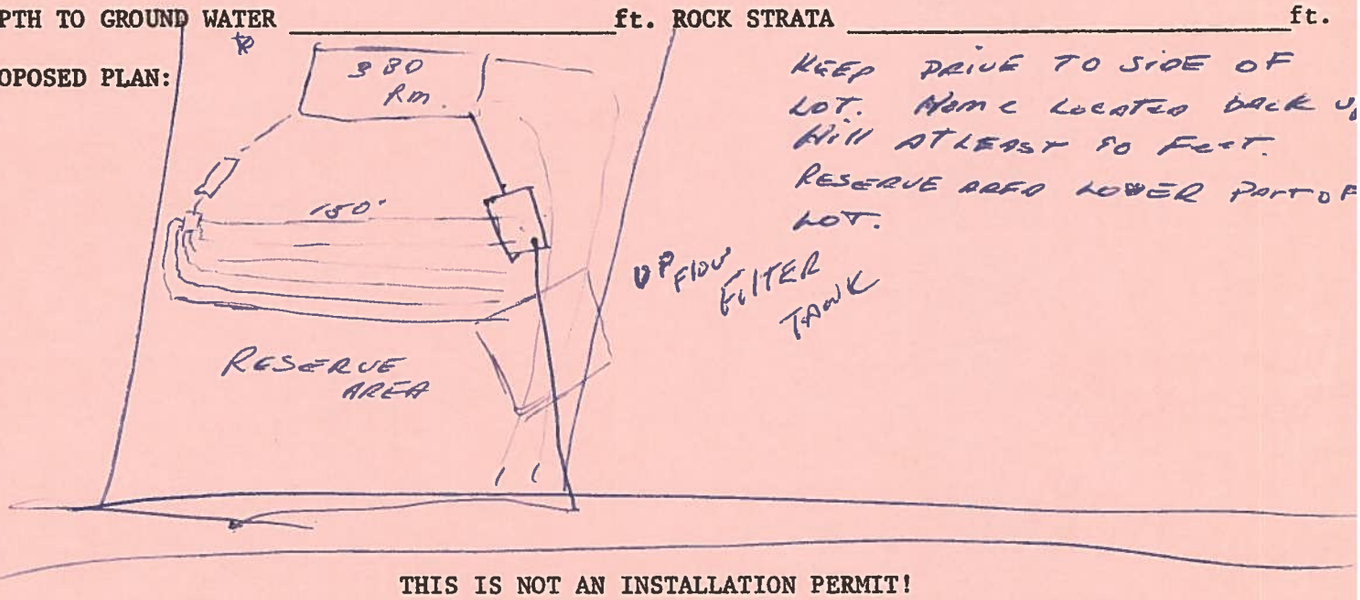
PROPOSED LAND USE: HOUSE ✓ MOBILE HOME NUMBER OF BEDROOMS

OTHER USE:

WATER WELL TO BE DRILLED YES WELL LOCATION DESIGNATED BY "X"

DEPTH TO GROUND WATER ft. ROCK STRATA ft.

PROPOSED PLAN:



KEEP DRIVE TO SIDE OF LOT. HOME LOCATED BACK UP HILL AT LEAST 50 FEET. RESERVE AREA LOWER PART OF LOT.

THIS IS NOT AN INSTALLATION PERMIT!
Contact the Health Department prior to the start of construction.

SEWAGE DISPOSAL APPROVED Ok SUBJECT TO ZONING REGULATIONS IF APPLICABLE

ZONING APPROVED

Zoning Inspector

1000 GALLON SEPTIC TANK

900 LINEAL FT. LEACHING TILE LINE

LEACHING WELL

Roger Fonner
ENVIRONMENTALIST

Carruthers

818 Boulevard – P.O. Box 443 TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Clyde Carruthers Phone 498-7886 Date 6-5-77

Address Rt. 1, Newcomerstown, Ohio 43832 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Rt. 1

Newcomerstown (mailing address) Oxford (municipality or township) State Rt. 258 (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.

FOR - SON IN LOWS HO, HD, DON OTT

Baker Excavating (signature, owner or authorized agent)

Donald E. Baker (installer's name)

Rt. 1, Newcomerstown, O. (address)

Rt. 1, Newcomerstown, O. (address)

498-8634 (phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 2-10'X36' (size)

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

OFFICE USE ONLY

Permit approved by OK

Date 6-6-77

Fee paid #25.00

Permit issued 6/7/77 PS (date) (clerk)

Permit number 81-77

Inspection date 6-6-77

INSTALLATION INSPECTION

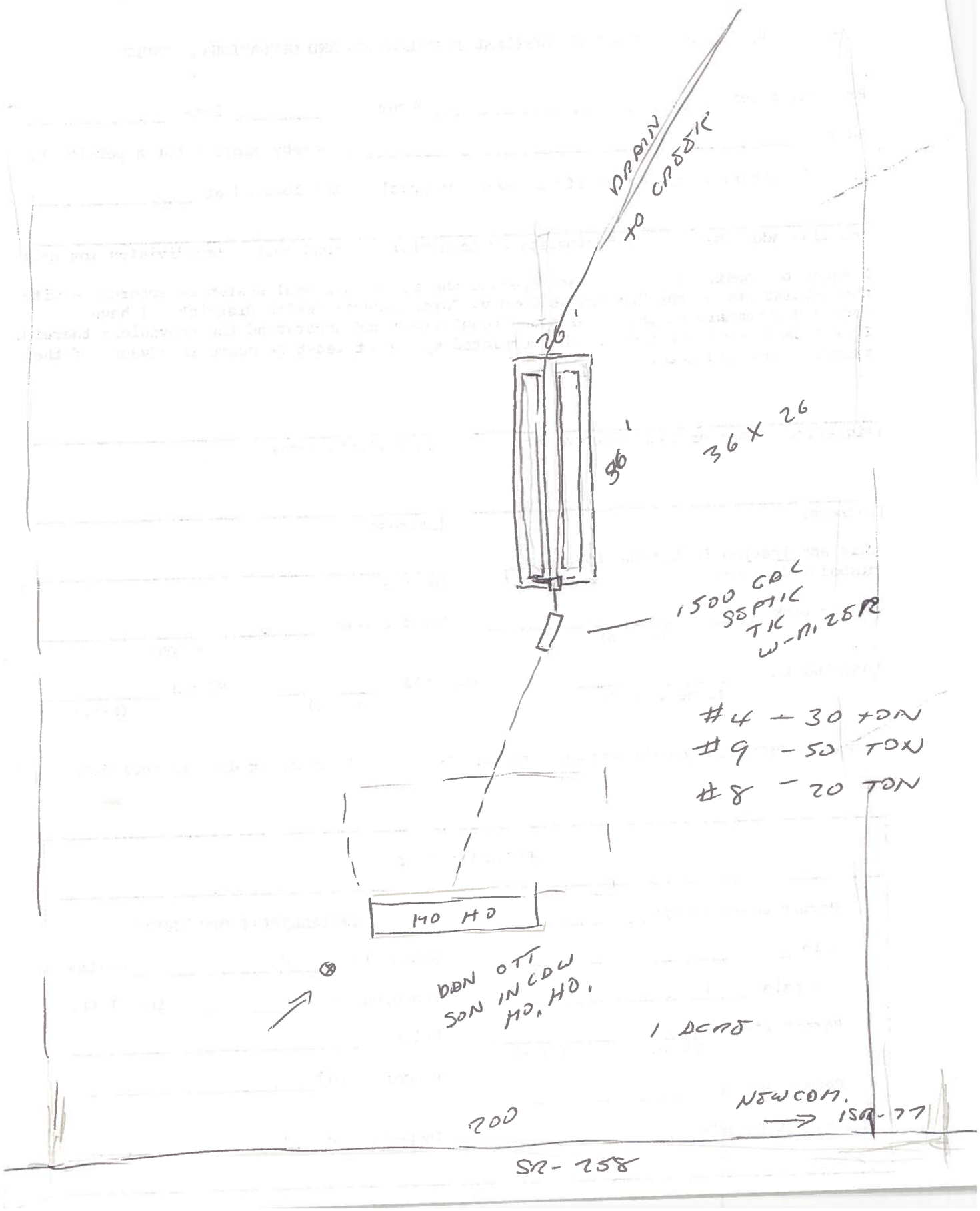
Sewage tank 1500 gallon

Leaching field ____ x ____ lineal ft.

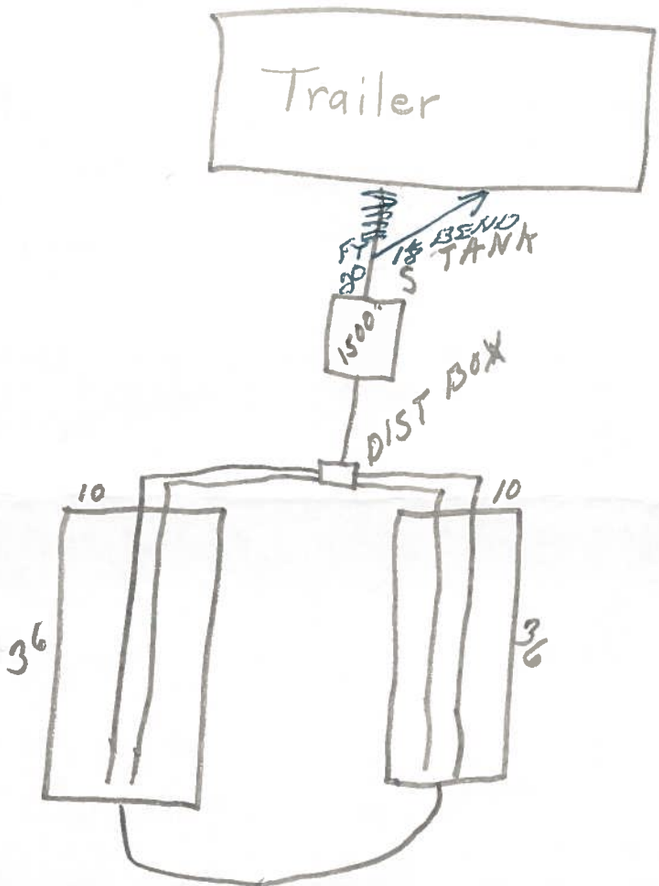
Filter 26 X 36 SUR SURF.

Leaching well _____ 19

Inspected by CARL HOMPF


DRAIN TO CREEK
26'
36'
36 X 26
1500 GAL SEPTIC TK W-RIZER
#4 - 30 TON
#9 - 50 TON
#8 - 20 TON
HO HO
DAN OTT SON IN LAW HO. HO.
1 ACRE
NEW COM.
ISR-77
200
SR-258

☐ well



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Clyde Carruthers (owners name)

(1) The shape and dimensions of the lot with the location of lot lines. 150 acre
(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

818 Boulevard – P. Box 443 Dover, Ohio 4462 Phone - 364-4438

Front Lot.

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Charles DeMatteo Phone 339-1963 Date 7/8/77

Address 151 20th Dr. New Phila. hereby applies for a permit to

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

Route 5 New Phila.

(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.

Charles J DeMatteo
(signature, owner or authorized agent)

DeMatteo Const. Inc.
(installer's name)

151 20th Dr. New Phila.
(address)

151 20th Dr. New Phila.
(address)

This application is for the following disposal devices:

(phone)

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 8X8 (size)

Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by RF

Date 7/8/77

Fee paid $25.00

Permit issued 7-11-77 (date) PS (clerk)

Permit number 111-77

Inspection date 7/8/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

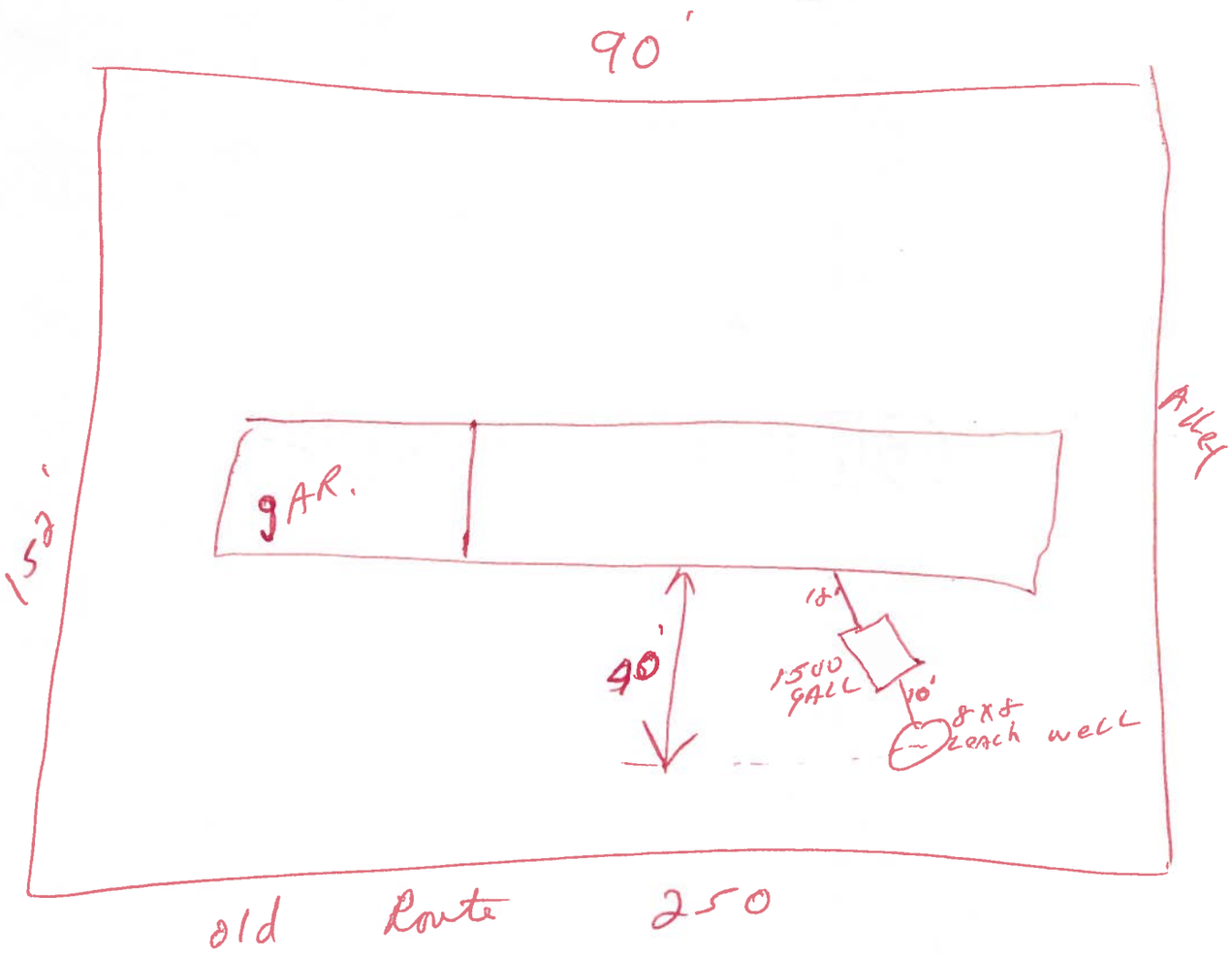
Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 8'X8'

Inspected by R. Fanning

20



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Charles DeMatta
(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 _____.

Anderson

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P. O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Lisa Anderson Phone 339-3676 Date 7/8/77

Address Route 5 New Phila. hereby applies for a permit to

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

Route 5 New Phila. Beans Addition

(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.

Charles J DeMatteo DeMatteo Const. Inc.

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

151 20TH DR. 151 20TH DR. New Phila.

(address) (address)

This application is for the following disposal devices: 339-1963

(phone)

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

Leaching lines _____ (lineal feet) Leaching well 8X8 (size) Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by JPM

Date 7/11/77

Fee paid ~~$25.00~~

Permit issued 7-11-77 (date) PS (clerk)

Permit number 109-77

Inspection date 7/6/77

INSTALLATION INSPECTION

Sewage tank Existing gallon

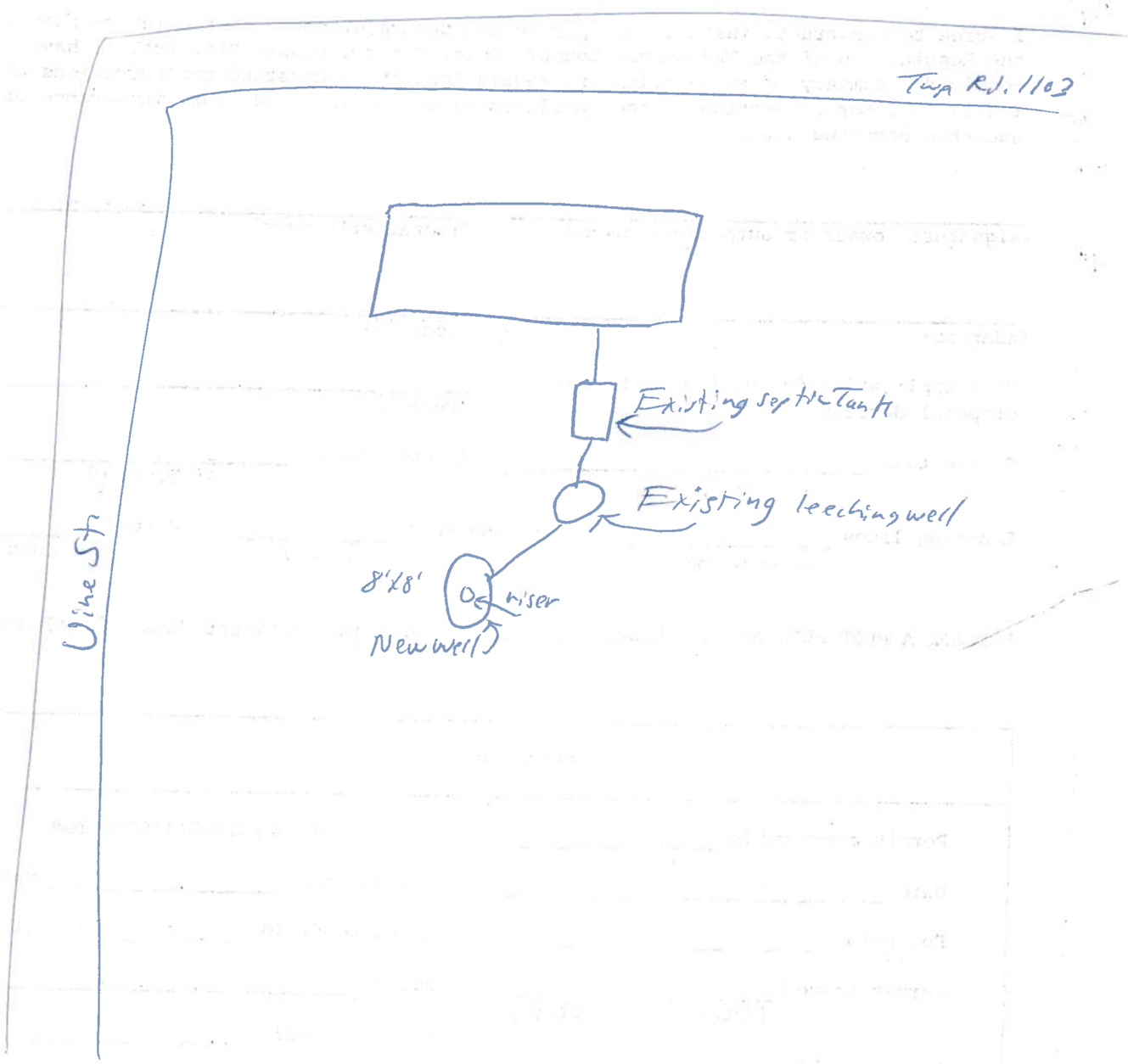
Leaching field — x — lineal ft.

Filter —

Leaching well 8'X8'

Inspected by C.J.P.

21


Twp Rd. 1103
Existing septic Tank
Existing leaching well
8'x8'
riser
New well
Vine St

Beans

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner TERRY BEANS Phone 343-2626 Date 4/16/77

Address Rt #1 MINERAL CITY hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Rt #1 (mailing address) FAIRFIELD (municipality or township) CR 86 (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.

Jane Fraser, Dec. Trans. (signature, owner or authorized agent)

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

Rt #1 Dover (address)

Route #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 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 RF

Date 4/19/77

Fee paid $25.00

Permit issued 4-20-77 RS (date) (clerk)

Permit number 39-77

Inspection date 7-15-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

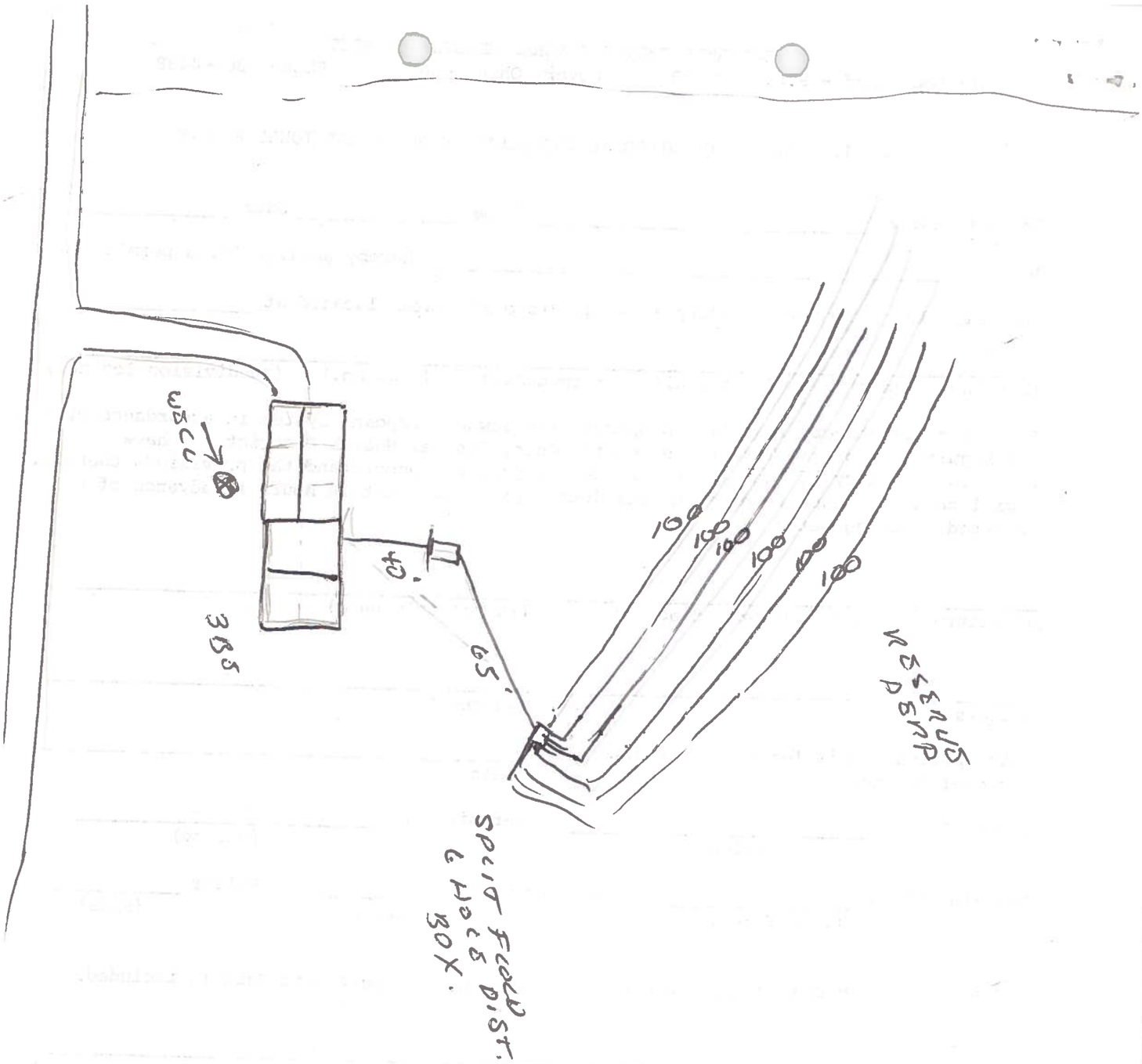
Leaching field 2 x 600 lineal ft.

Filter _____

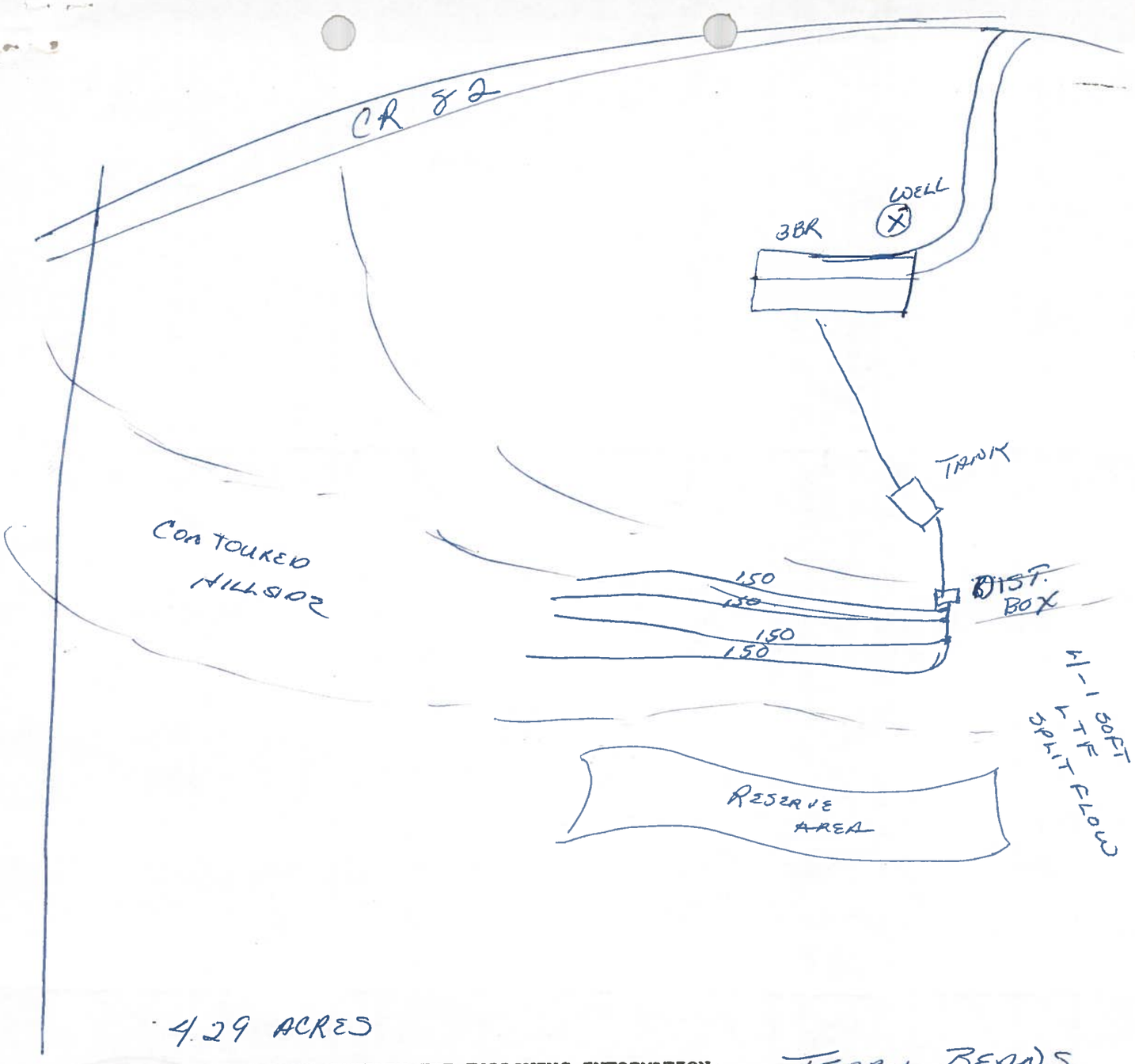
Leaching well _____

Inspected by CONC KEMPF

22


WELL
3BS
40'
65'
100
100
100
100
100
100
RESERVE PEAP
SPLIT FLOW 6 HOLE DIST. BOX.

APR 19 1977



4.29 ACRES

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: TERRY BEANS
(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 _____.

APR 1 9 1977

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 PHONE: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME TERRY BEANS
ADDRESS RT 1 MINERAL CITY (44656
PHONE 343-2626
PRESENT OWNER BEANS -
PROPERTY SIZE 4.29

CAUTION! EVALUATION ONLY - NOT A PERMIT

LOCATION OF PROPERTY FAIRFIELD CR 86 RT 1 MINERAL CITY
Town or Township Street, Road, Allotment, or Lot No.

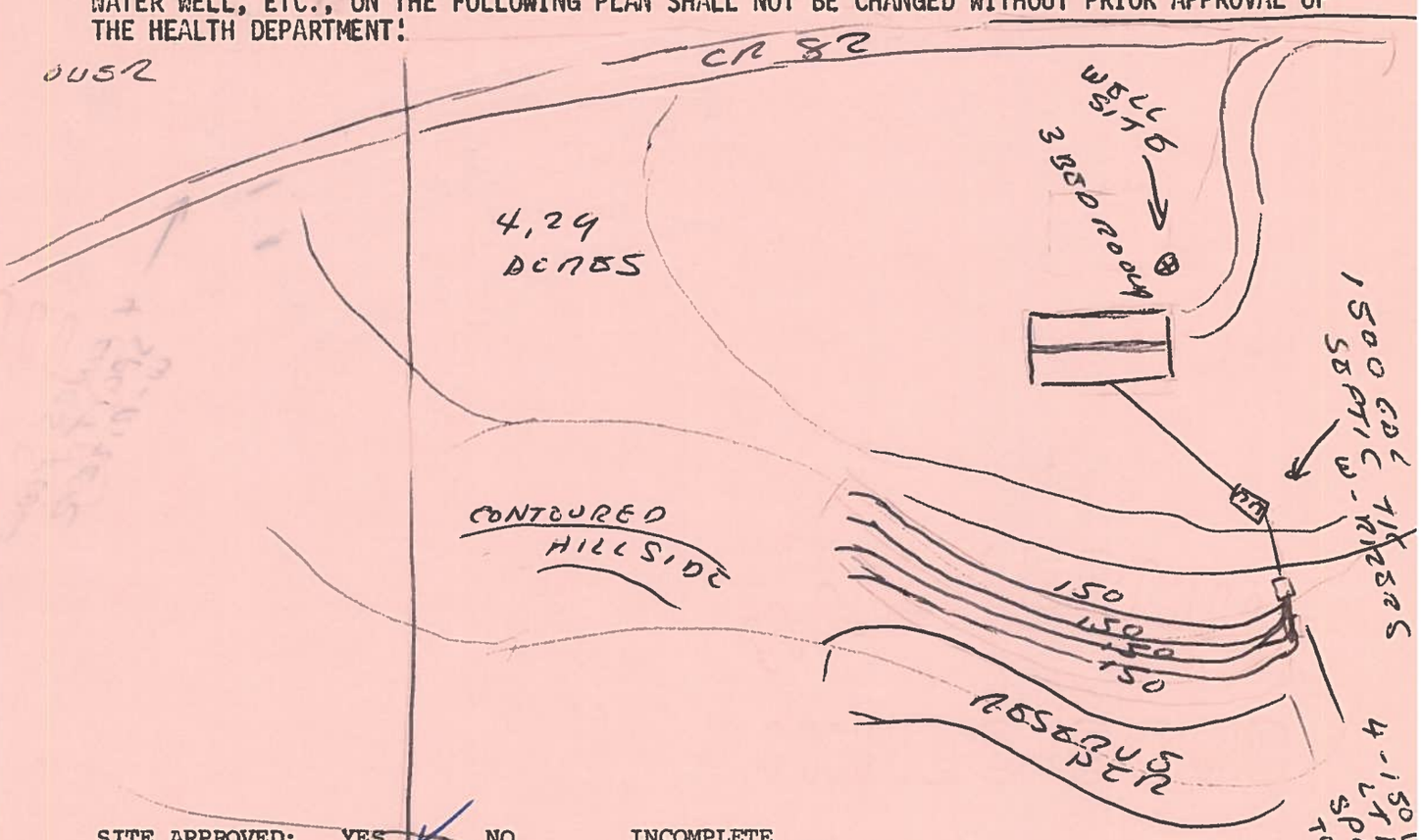
SOIL CONDITIONS SHALE / SANDY LOAM DEPTH TO GROUND WATER ____ ROCK STRATA ____

NUMBER OF PERCOLATION HOLES 7 RESULTS SATISFACTORY

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

WATER WELL LOCATION = "X" ✓ BASEMENT DUMP PUMP NECESSARY - YES ____ NO ____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



SITE APPROVED: YES ✓ NO ____ INCOMPLETE ____

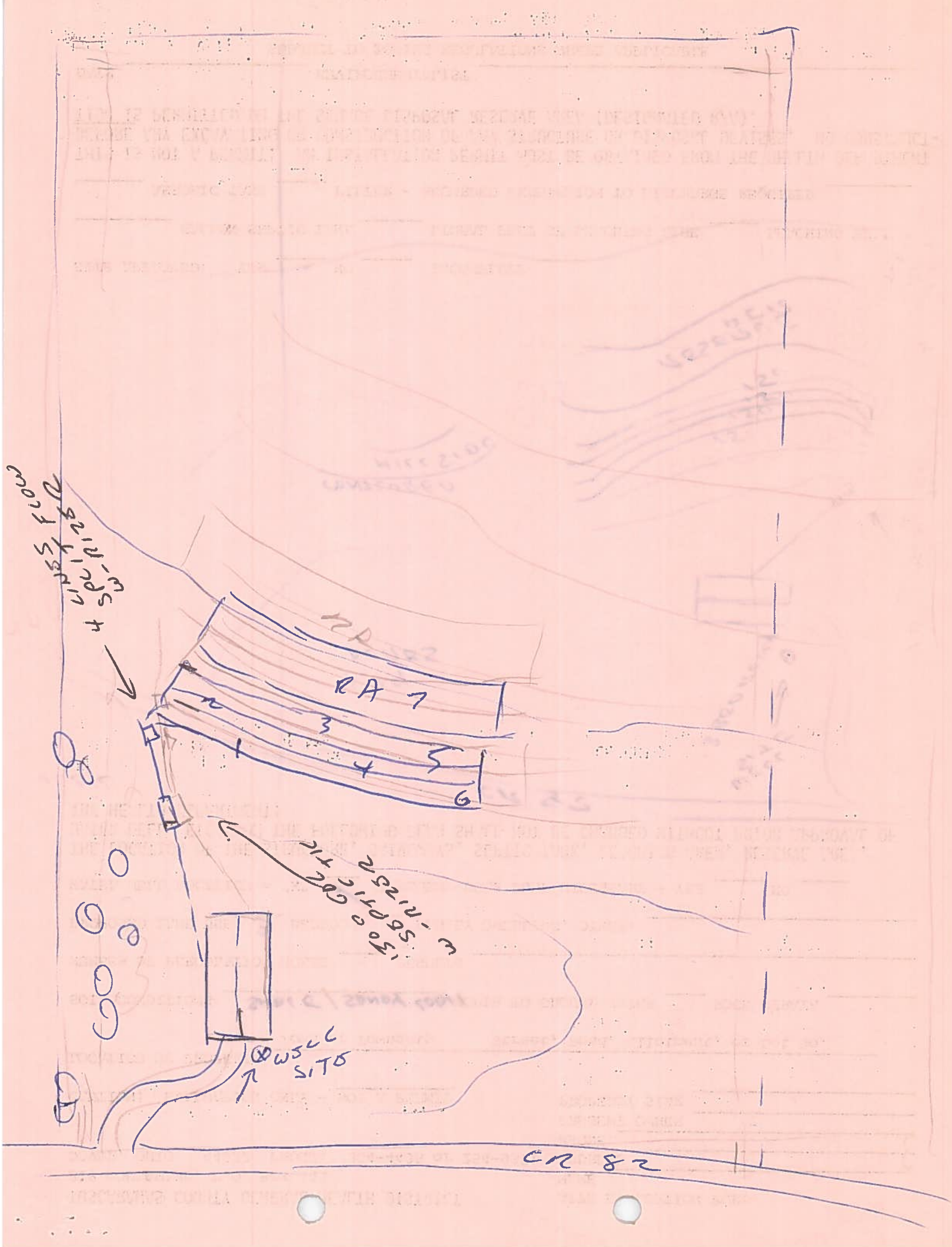
1500 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE ____ LEACHING WELL

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVISES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL RESERVE AREA (DESIGNATED R/A).

DATE 3-8-77 ENVIRONMENTALIST Paul Konopf

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE



CR 82
WELL SITE
1300 GAL SEPTIC W-RISER
4 LINES FLOW SPLIT W-RISER
RA 7
1
2
3
4
5
6

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 PHONE: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME JERRY BEANS
ADDRESS RT 1 MINERAL CITY
PHONE 343-2626
PRESENT OWNER ROY BEANS
PROPERTY SIZE 5 ACRES

CAUTION! EVALUATION ONLY - NOT A PERMIT

LOCATION OF PROPERTY FAIRFIELD CR 86 - JUNC TWP 292
Town or Township Street, Road, Allotment, or Lot No.

SOIL CONDITIONS _____ DEPTH TO GROUND WATER ____ ROCK STRATA _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" ____ BASEMENT DUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!

LOT NOT SURVEYED YET 2-23-77

OUT

SITE APPROVED: YES _____ NO _____ INCOMPLETE ✓

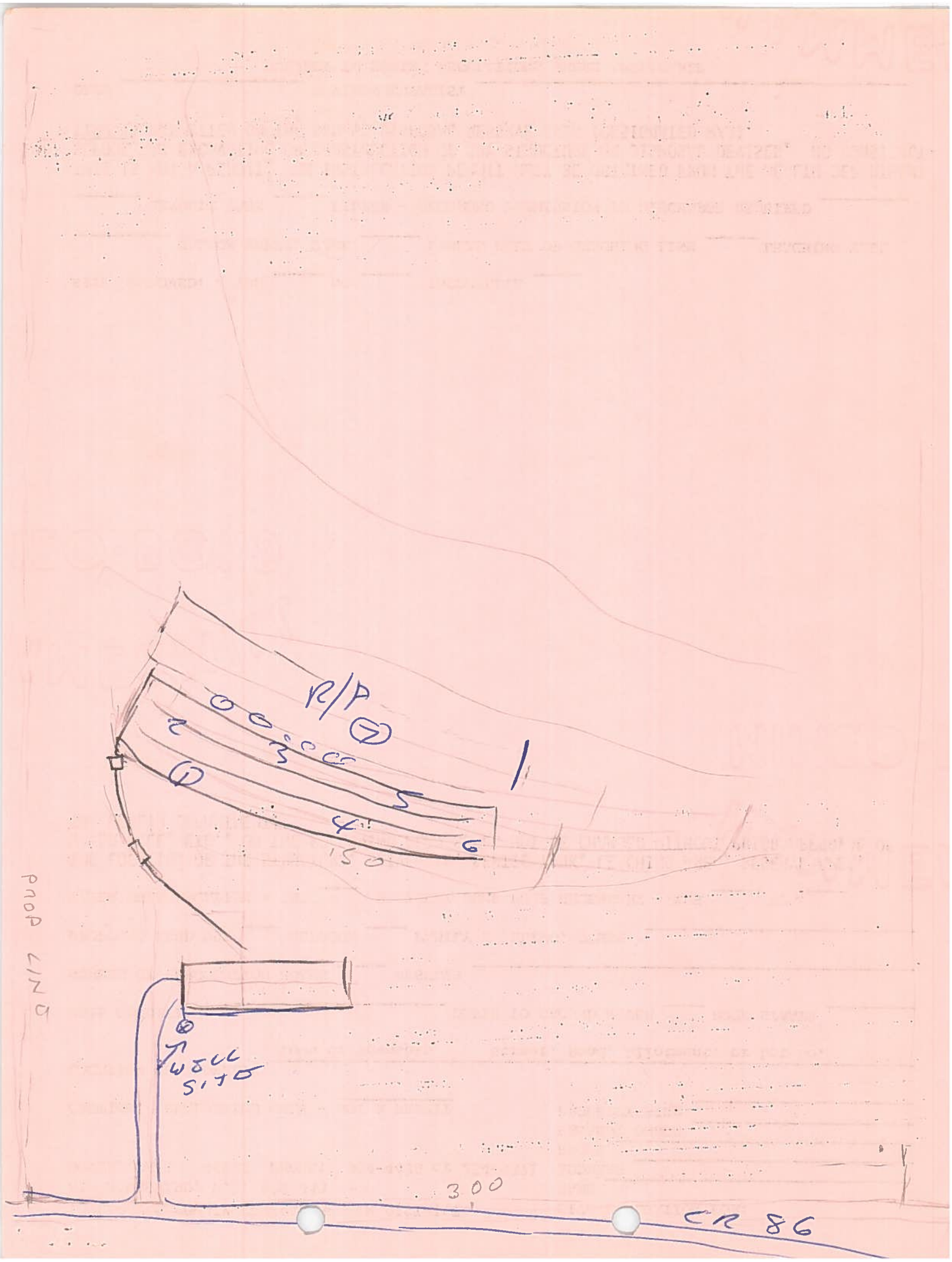
_____ GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE ____ LEACHING WELL

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVISES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL RESERVE AREA (DESIGNATED R/A).

DATE 2/23/77 ENVIRONMENTALIST Carl Kough

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE


R/P
7
2
3
5
1
4
6
150
PROP LINE
WELL SITE
300
CR 86

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Bolon

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Francis Bolon Phone 922-2935 Date 7/15/77

Address Box 132 RFD #1, Midvale hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Twp 91

Union Twp 91

(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.

Pat Contini
(signature, owner or authorized agent)

David Burdette
(installer's name)

(address)

(address)

(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 10' X 10' (size)

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

OFFICE USE ONLY

Permit approved by EEP

Date 7-15-77

Fee paid $25.00

Permit issued 7-15-77 B
(date) (clerk)

Permit number 114-77

Inspection date 7/25/77

INSTALLATION INSPECTION

Sewage tank aerobic tank gallon

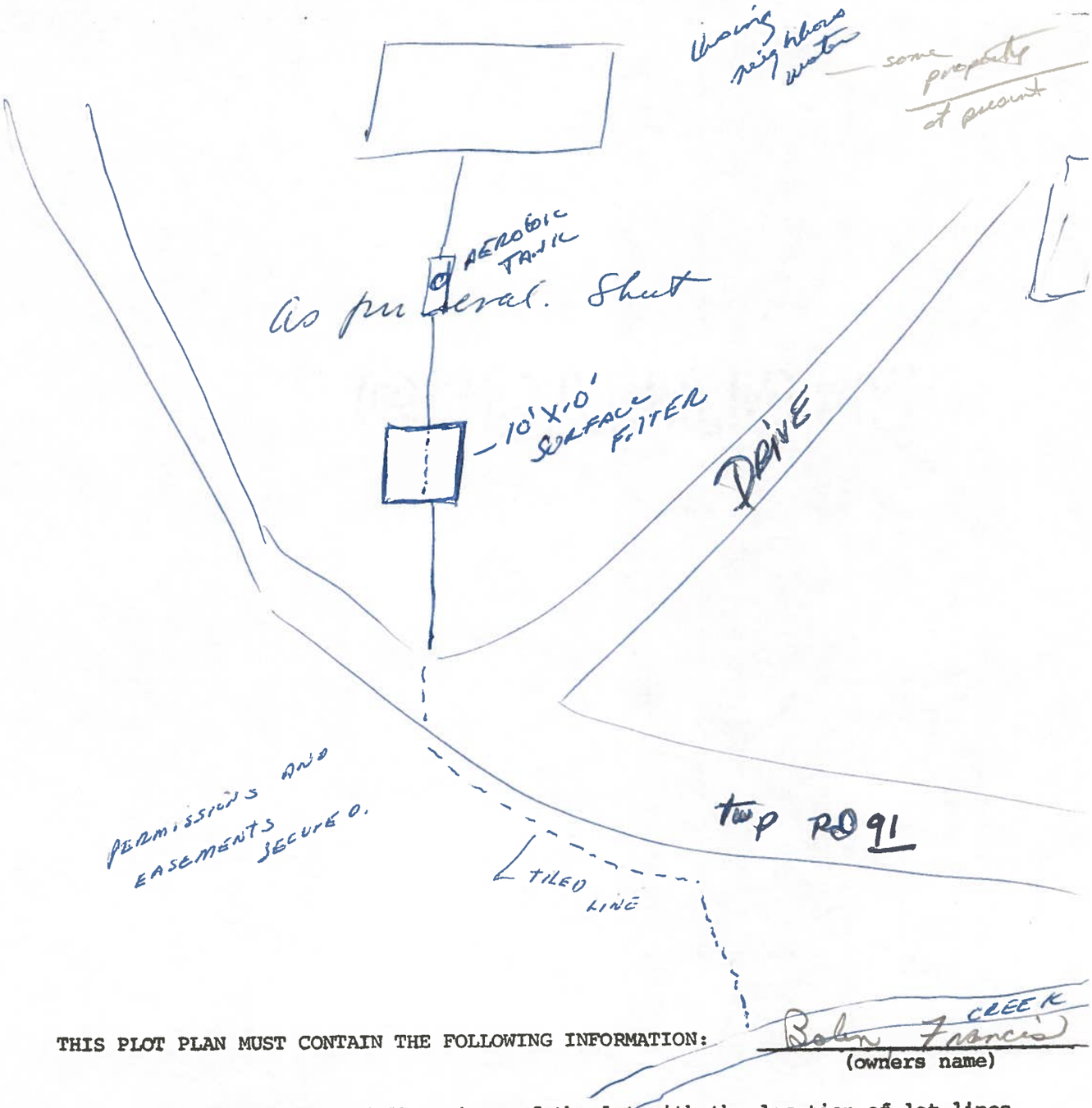
Leaching field ____ x ____ lineal ft.

Filter 10'x10' Surface

Leaching well _____

Inspected by R. Fanning

23



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Robin Francis
(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 ✓.

5843 PERMISSION TO DISCHARGE SEWAGE EFFLUENT VOL 531 PAGE 184

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Charles and Mary McConnell, heirs or assigns, as owner or owners of a certain tract of land, located in Goshen Township, Tuscarawas County, Ohio, as described in Volumn 345 Page 377, of the Tuscarawas County Deed Records, do hereby grant permission to Francis Boler, heirs or assigns, owners of a tract of land as described in Volumn 465 Page 354, 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

Katherine Shelly

Dee Evans

Signature - Persons Granting Permission

Charles E McConnell

Mary C McConnell

NOTARY PUBLIC SEAL

Subscribed and duly sworn before me according to law, by the above named persons this 14th day of July, 1977, at New Philadelphia County of Tuscarawas and State of Ohio.

Kenneth E Shaffer
Signature of Notary Public

KENNETH E. SHAFFER
Notary Public, Tuscarawas County
My Commission Expires March 6, 1978

RECEIVED FOR RECORD
EUGENE M. UNDERWOOD, County Recorder

5843

JUL 14 1977

(Official Seal of Notary) Recorded Jul 14 1977 in Vol. 531 Page 184 at the request of Tuscarawas County Ohio

This instrument prepared by the Tuscarawas County General Health District.

Copy

July 15, 1977

Union Township Trustees resolved to permit Mr. Patrick J. Contini Route #1 Dennison, Ohio to make a connection from the arobic tank to an existing storm sewer on township road 91. Mr. Contini agrees to maintain and keep storm sewer clean, and to keep it functioning properly.

Union Township Clerk

Donald L. Reich

Union Township Trustees

Charles R. Bonifay

Joseph E. Ellison

#25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

Bourquin

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ron Bourquin Phone 453-8900 Date 5/10/77

Address 1406 Logan Av. N.W. Canton hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Magnolia (mailing address) Sandy Twp (municipality or township) Hazlet Dr. (road no.) None (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.

Ronald L. Bourquin (signature, owner or authorized agent)

1406 Logan Ave N.W. Canton Ohio (address)

Midland Excavating Co. (installer's name)

5329 Dunfred Circle (address) N. Industry. O. 44707

(phone) 484-3424

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.

zoning to send copy of inspection 5/17/77

OFFICE USE ONLY

Permit approved by C.G.D.

Date 5/16/77

Fee paid #25.00

Permit issued 5/17/77 (date) PS (clerk)

Permit number 62-77

Inspection date 7/21/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

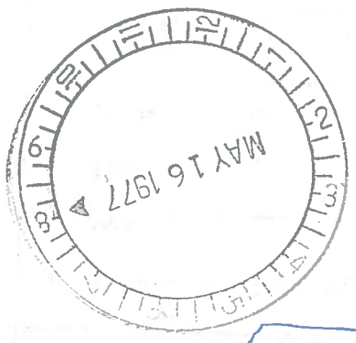
Leaching field 2' x 600 lineal ft.

Filter ____

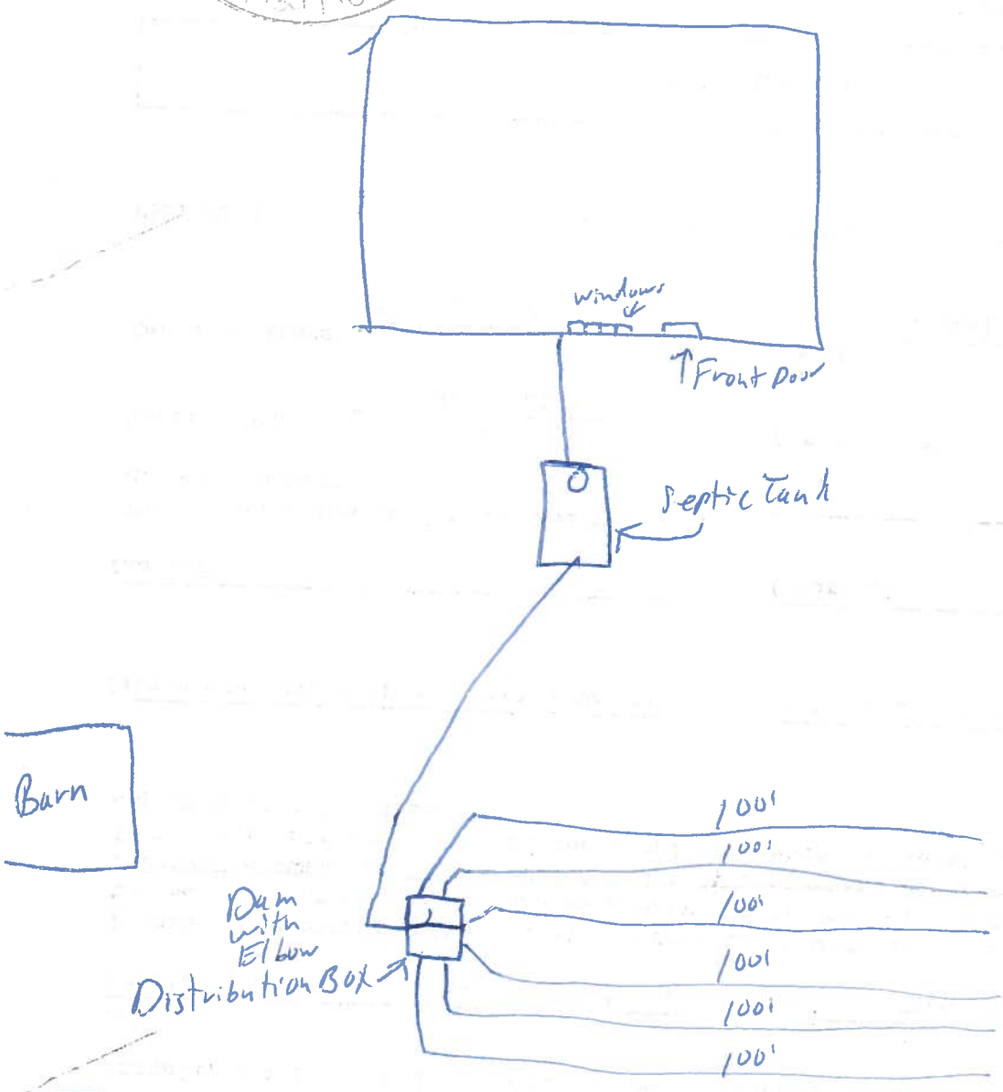
Leaching well ____

24

Inspected by C.G.D.



(X) Well not drilled at time of inspection.



TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Patrick Dalporto (Dalporto) Phone _____ Date 7/28/77

Address R.D.#1 Bolivar hereby applies for a permit to

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

R.D.#1 / Bolivar Lawrence Twp. Cathair Lot #620
(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.

M A Ackerman — Charles Kery
(signature, owner or authorized agent) (installer's name)

_____ _____
(address) (address)

This application is for the following disposal devices: _____
(phone)

Septic tank 1500 (gallon) Aerobic tank — (gallon)

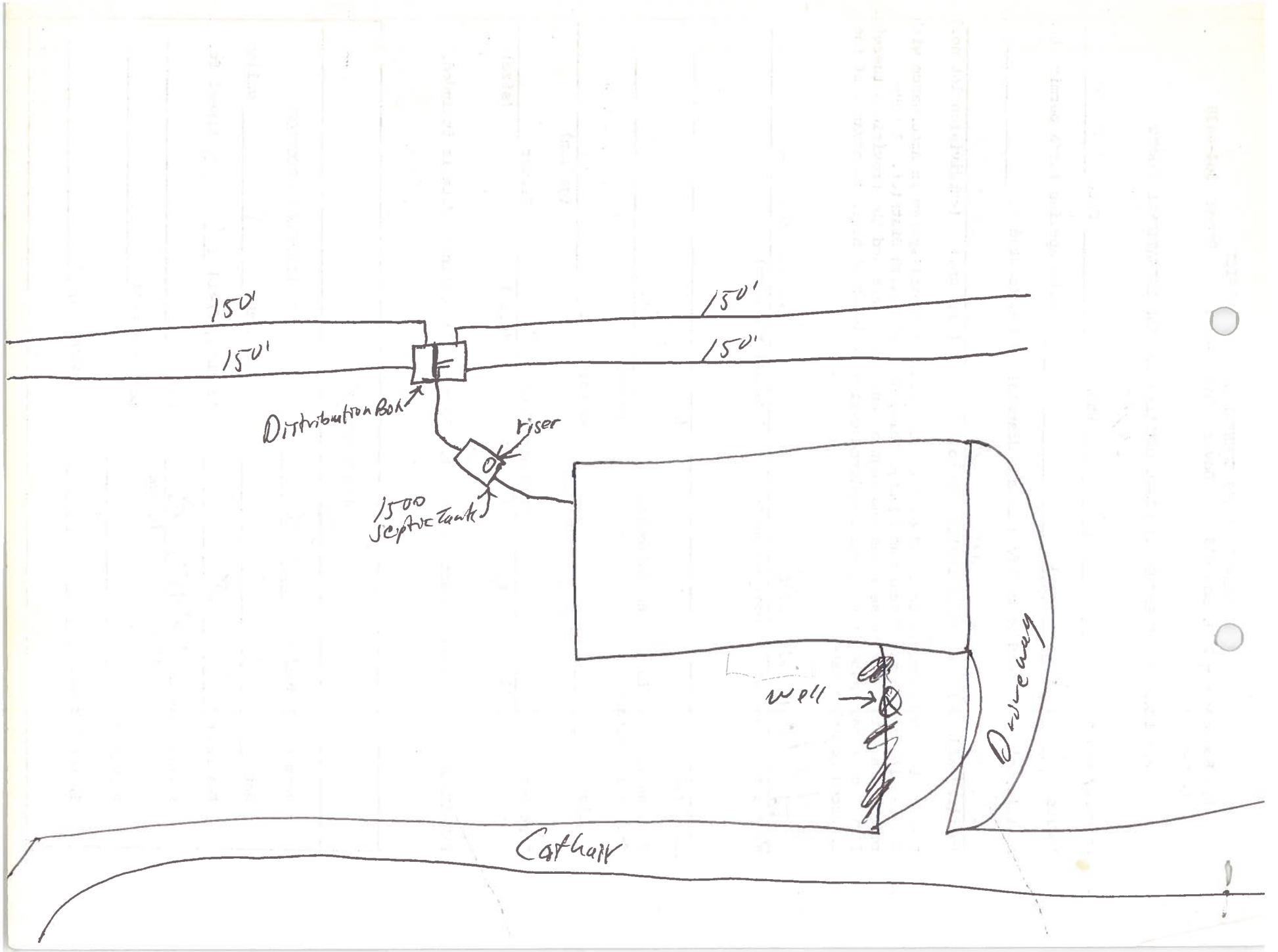
Leaching lines 600 (lineal feet) Leaching well — (size) Filter — (size)

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

OFFICE USE ONLY

Permit approved by C.J.D.
Date 7/28/77
Fee paid $25.00
Permit issued 7/29/77 RS (date) (clerk)
Permit number 131-77
Inspection date 7/28/77

INSTALLATION INSPECTION
Sewage tank 1500 gallon
Leaching field 2' x 600 lineal ft.
Filter _____
Leaching well _____
Inspected by C.J.D.


150'
150'
150'
150'
Distribution Box
Riser
1500
Septic Tank
Well
Driveway
Cathair

TELEPHONE
(216) 364-4438

TUSCARAWAS COUNTY
GENERAL HEALTH DISTRICT

TOLL FREE
(614) 254-9371

818 BOULEVARD P. O. BOX 443 DOVER, OHIO 44622

July 28, 1977

W. E. Quicksal & Associates Inc.
554 West High Avenue
New Philadelphia, Ohio 44663

RE: Sewerage - Roanoke area, Uhrichsville, Ohio

Gentlemen:

The matter of providing proper and adequate sewage disposal means in the Roanoke area of Uhrichsville has been a constant problem to this office for years. Sewage wastes discharging to the ground surface, to drainage ditches, field drainage systems, Stillwater Creek and impounded water, have been the source of many nuisance complaints to this office. Copies of correspondence and other materials relating to our efforts to correct the matter have been submitted to your firm.

The Roanoke area was laid out and developed many years ago and at a time when modern plumbing and the disposal of household wastes were not considered. Tight saturated soil texture along with high ground water conditions (2 or 3 feet in some instances) exist in the area. This along with small lot sizes make the installation of private sewage disposal devices impossible. The location of the Uhrichsville Municipal Sewage Treatment Plant within a short distance of the Roanoke section is further evidence that any efforts to provide for private treatment and disposal of household waste would be unwise, foolish and a waste of time, effort and money.

The situation as it now exists is a public health hazard and a public health nuisance. This office urges that extension of the municipal sewerage system into the area proceed at the earliest date possible.

For the Health Commissioner

Robert C Hastedt M.D.

Robert C. Hastedt, M.D.

By: Norman Miller

Norman Miller

Director, Environmental Health

NM/ps

2500 Buckeye Franklin

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Buckeye Franklin Co. Phone 859-2465 Date July 5, 1977

Address Box #117 Zoarville hereby applies for a permit to

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

Box #117 (mailing address) Sandy (municipality or township) Rt. #800 (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.

Dewey L Costanza Sr (signature, owner or authorized agent)

Buckeye Franklin Co. (installer's name)

1347 Kathryn Sq. Bolivar, Ohio (address)

Box #117 Zoarville (address)

859-2465 (phone)

This application is for the following disposal devices:

Septic tank 1000 gal (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 4x6x15 (size)

Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by EAP

Date 7-13-77

Fee paid $25.00

Permit issued 7-13-77 (date) BS (clerk)

Permit number 113-77

Inspection date 8-1-77

INSTALLATION INSPECTION

Sewage tank 1000 gallon

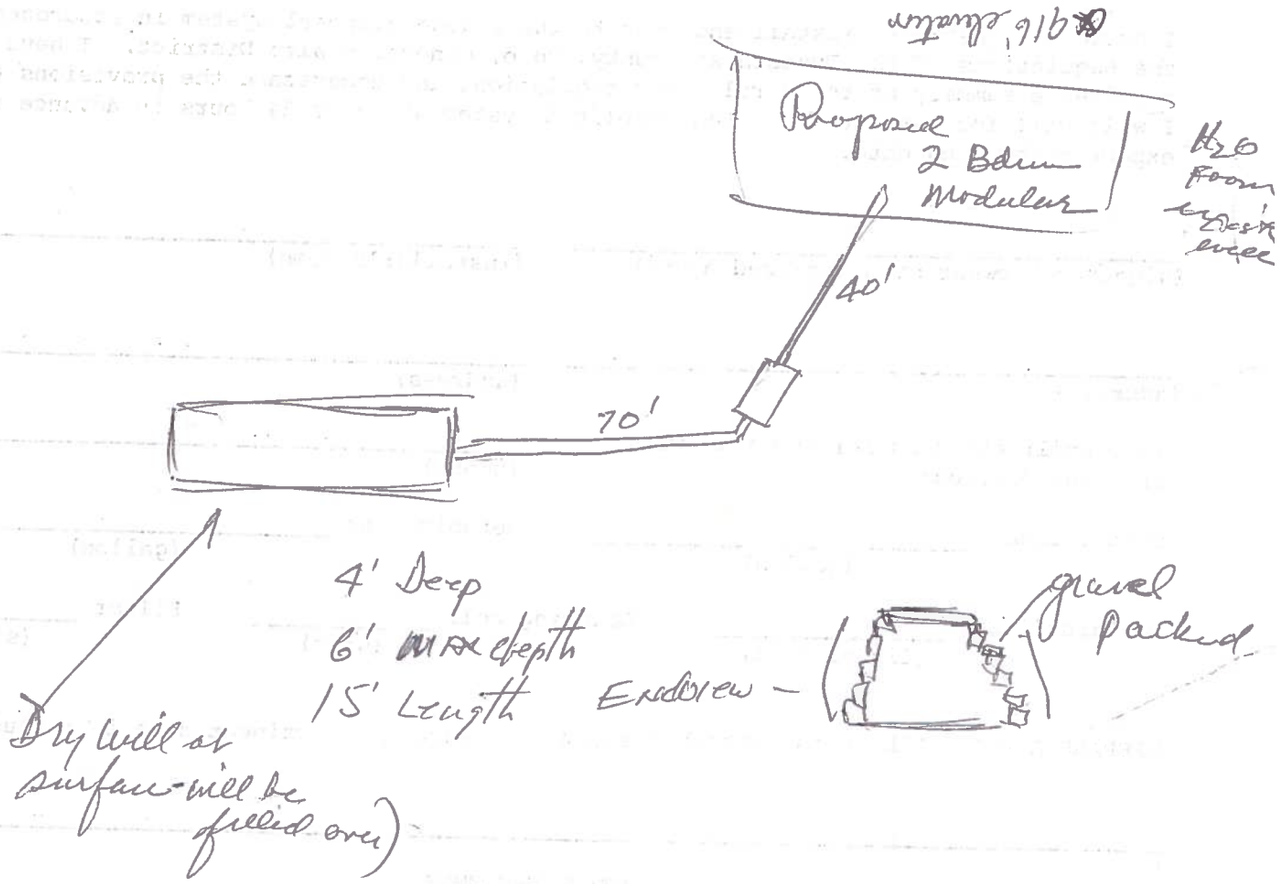
Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 4X6X15

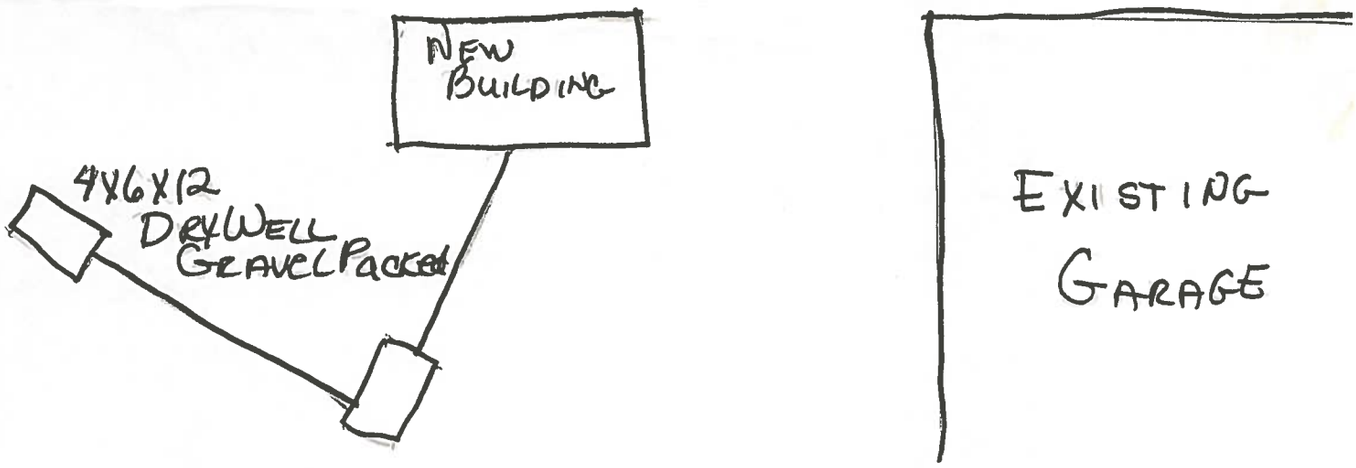
Inspected by SAP

21



Proposed
2 Bdrm
Modular
H2O
Room
40'
70'
4' Deep
6' MAX depth
15' Length
Endview -
gravel
packed
Dry well at
surface - will be
filled over)

STATE Rt 800



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
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 Phone: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME Buckeye-Franklin Co
ADDRESS Zoarville
PHONE
PRESENT OWNER
PROPERTY SIZE

CAUTION: THIS IS NOT A PERMIT - EVALUATION ONLY

LOCATION OF PROPERTY Sandy SR 800
Town or Township Street, Road, Allotment, or Lot No.

SOIL CONDITIONS Sand & Gravel to 7ft DEPTH TO GROUND WATER _____ ROCK STRATA _____

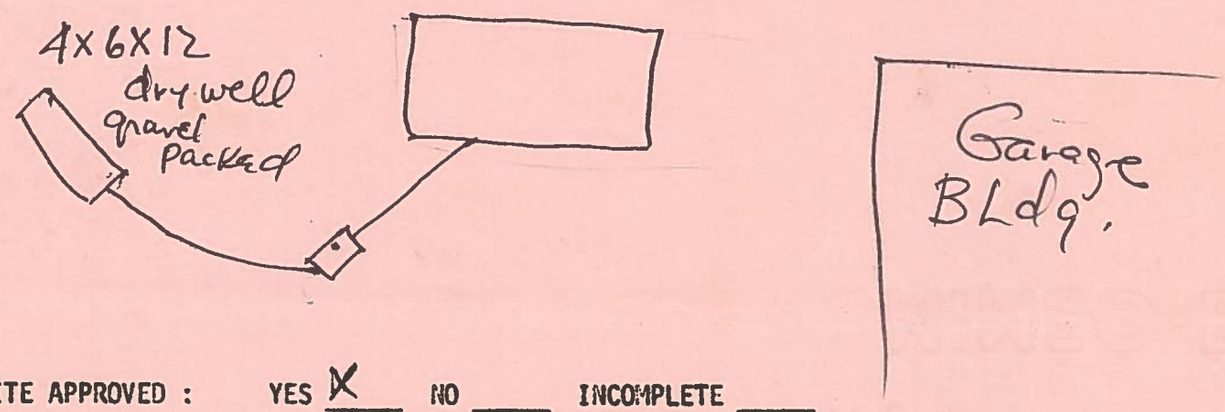
NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" Exist BASEMENT SUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!

Top Septic tank & Dwelling living quarters above 916' elevation



SITE APPROVED : YES X NO ____ INCOMPLETE ____

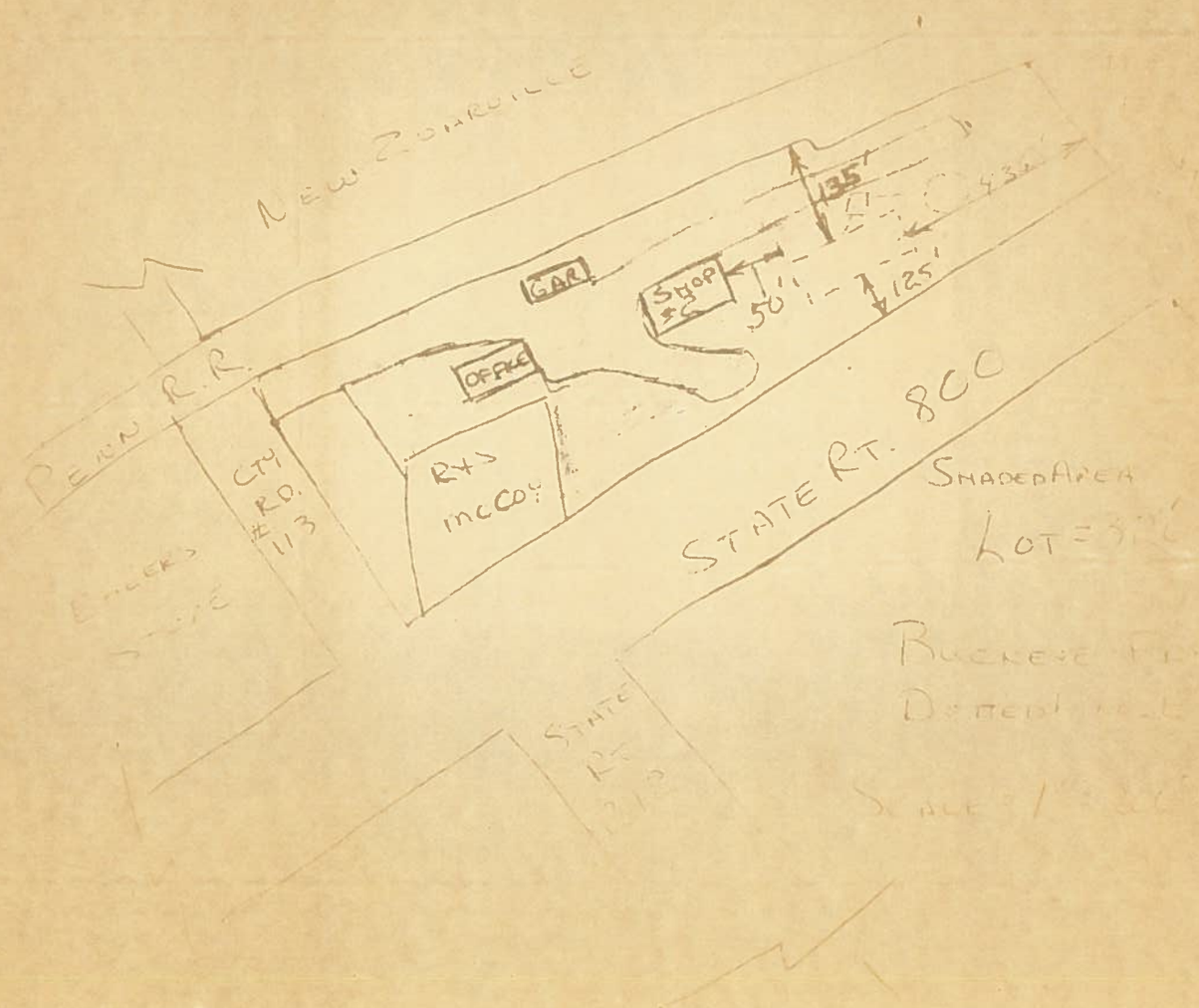
1000 GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE X LEACHING WELL

_____ AEROBIC TANK ____ FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED _____

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVICES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL AREA (DESIGNATED R/A).

DATE 7-5-77 ENVIRONMENTALIST [signature]

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE



Shaded Area

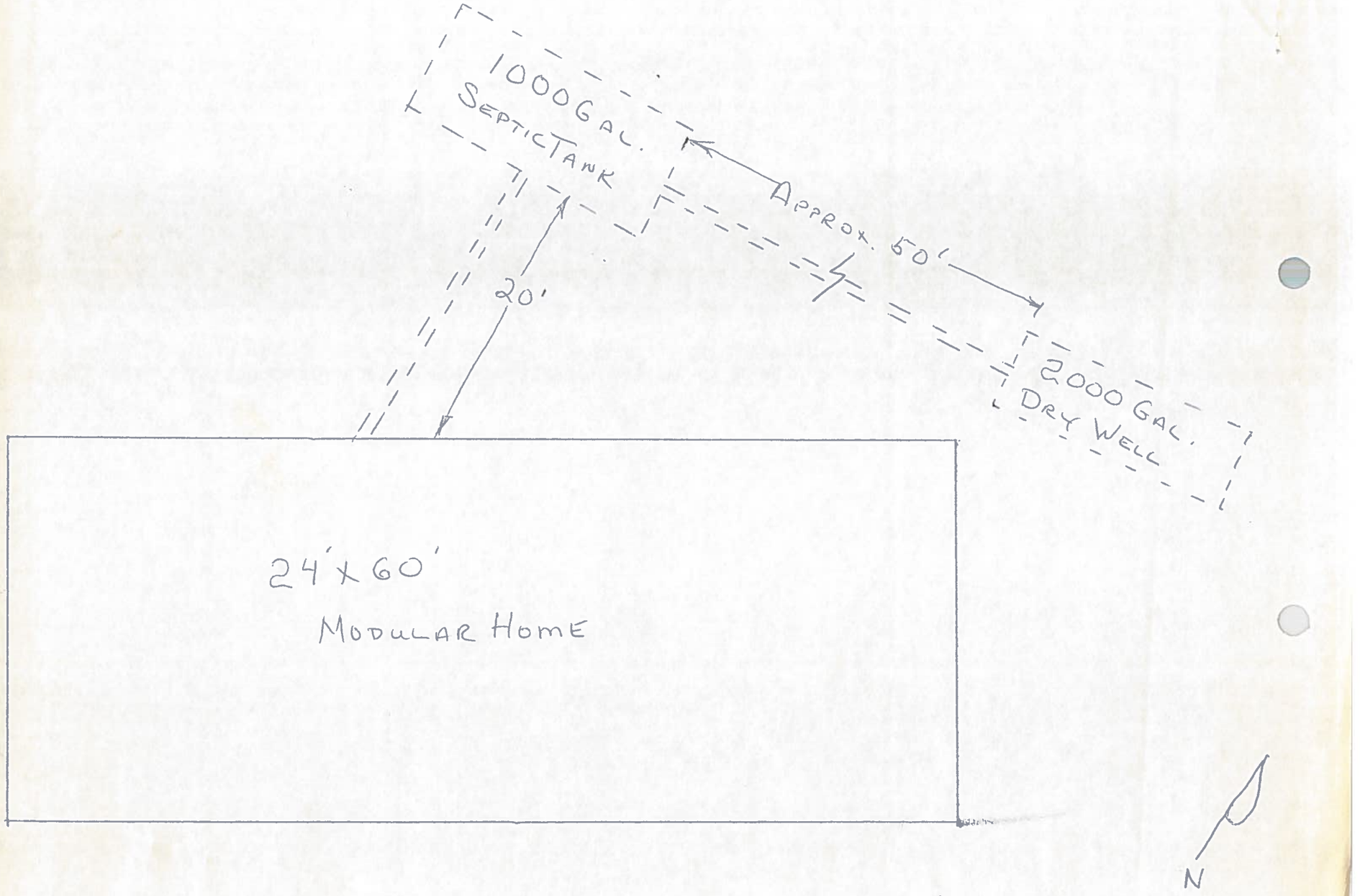
Lot = [illegible]

Buckeye [illegible]

Dotted [illegible]

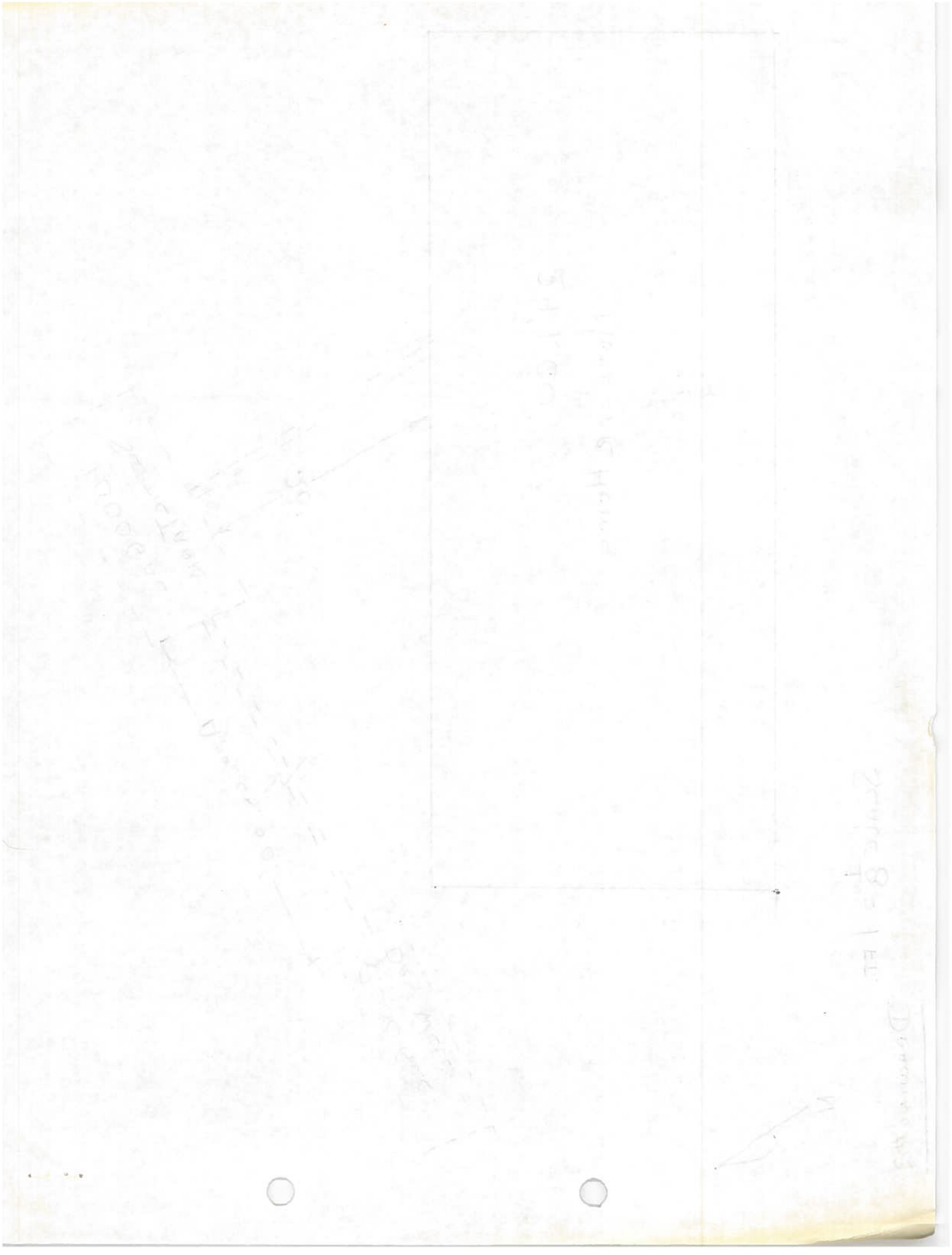
Scale [illegible]

Drawing [illegible]



SCALE $\frac{1}{8}$ = 1 FT.

DRAWING #2



Faith

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P. O. Box 443 Dover, Ohio 44622 Phone - 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert Faith Phone 897-4215 Date 8/2/77

Address Rt #1, Sugarcreek, Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Rt #1, Sgck Bucks twp Cty Rd 45

(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 Faith (signature, owner or authorized agent)

Mullet Excavating (installer's name)

Rt #1, Sugarcreek, Ohio (address)

(address)

(phone)

This application is for the following disposal devices:

Septic tank Aerobic (gallon)

Aerobic tank (gallon)

Leaching lines (lineal feet)

Leaching well (size)

Filter 10'X10' (size)

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

OFFICE USE ONLY

Permit approved by RT

Date 8/3/77

Fee paid $25.00

Permit issued 8-3-77 (date) BS (clerk)

Permit number 138-77

Inspection date 8/3/77

INSTALLATION INSPECTION

Sewage tank Aerobic gallon

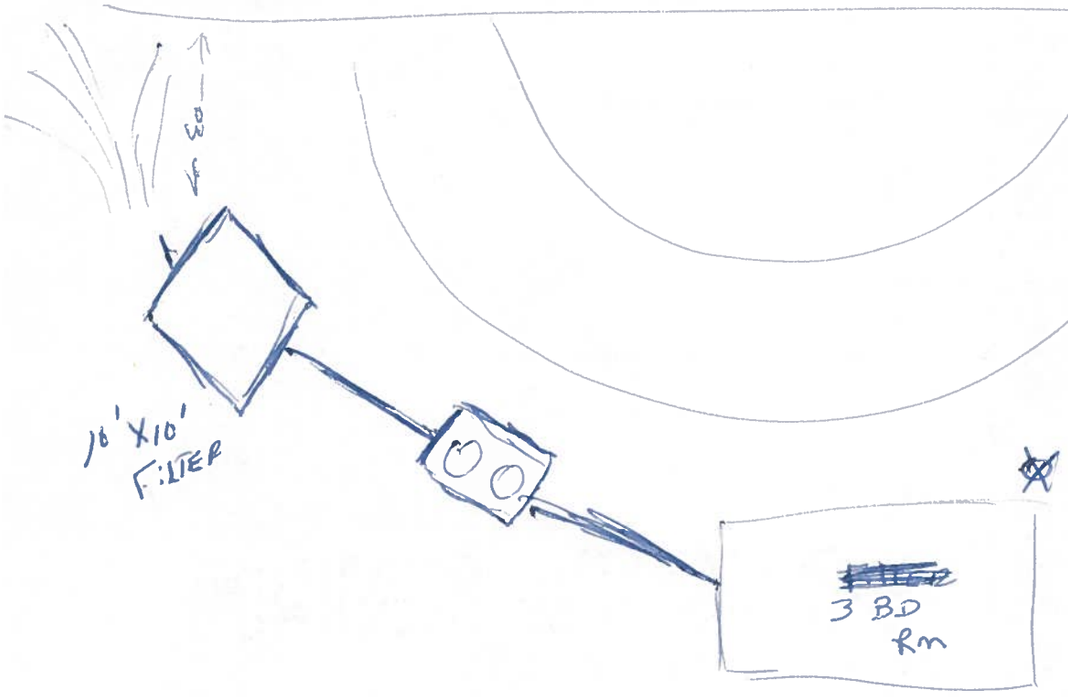
Leaching field ____ x ____ lineal ft.

Filter 10'X10' Surface filter

Leaching well

Inspected by R. Fanning

28



This permit is issued with the understanding that if at any time this system because of the discharge point causes any nuisance or unsanitary condition to exist immediate actions shall be taken to correct the situation by the owner or this operational permit will be revoked. The discharge point as it now exists shall not be altered.

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

Ted Robert
(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 ___1___.

Attier

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Duane Attier Phone _____ Date 7/25/77

Address _____ hereby applies for a permit to

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

R2 Dover Dover Twp St 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.

Melvin L Troyer
(signature, owner or authorized agent)

Melvin L Troyer
(installer's name)

Rt Sugarcreek
(address)

Route #1 Sugarcreek
(address)

852-2978
(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 7/26/77

Fee paid $25.00

Permit issued 7-26-77 PS (date) (clerk)

Permit number 125-77

Inspection date 8-3-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

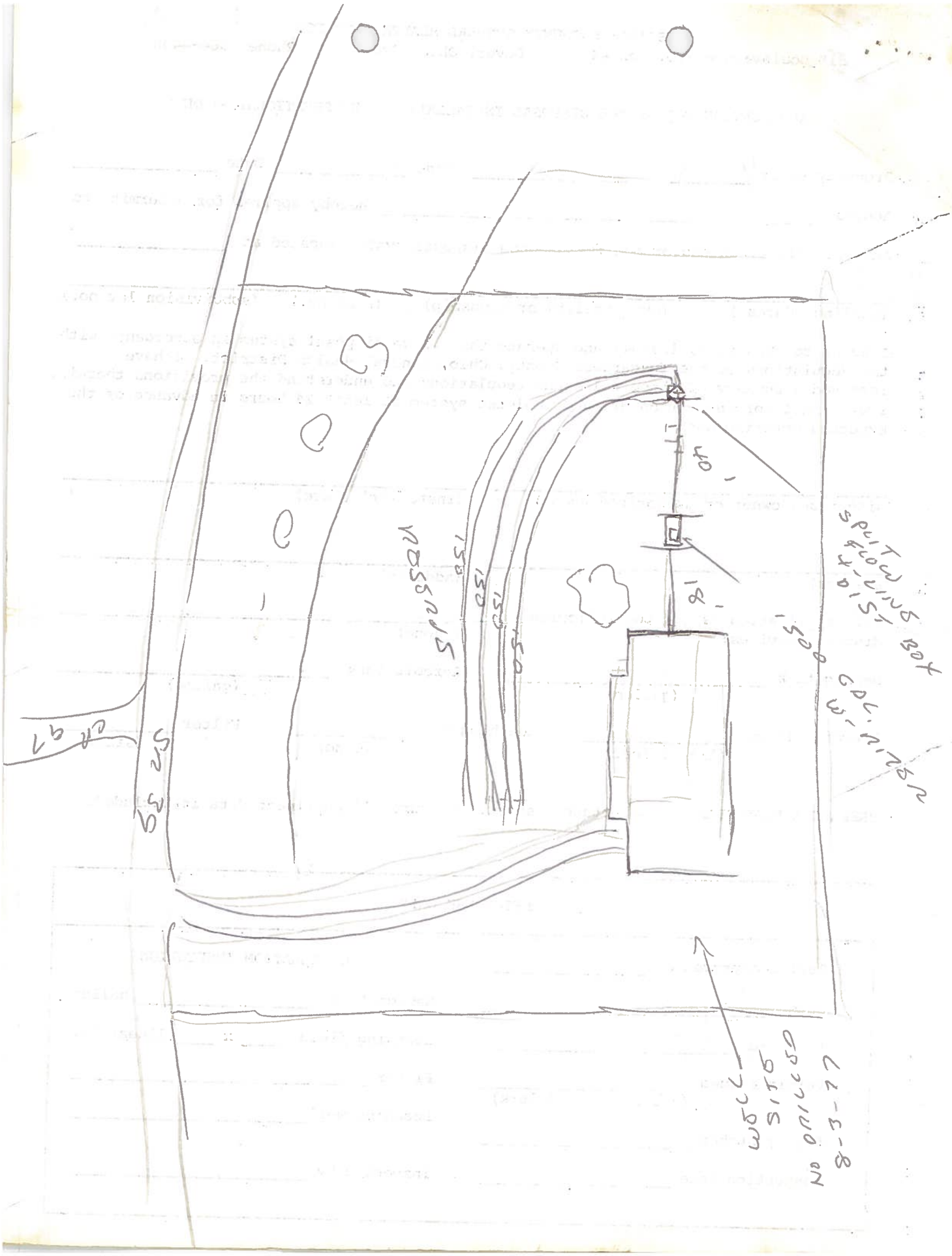
Leaching field 2 x 600 lineal ft.

Filter _____

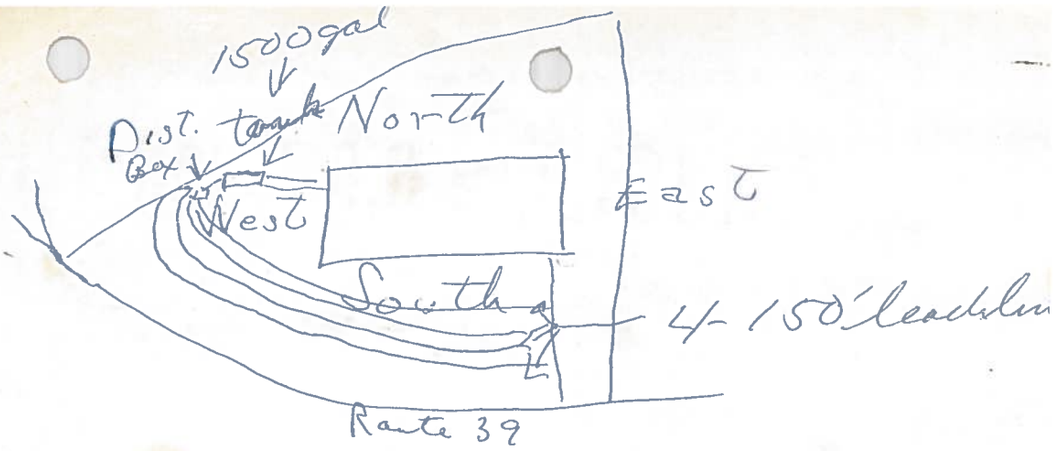
Leaching well _____

29

Inspected by CARL KOPF



40'
18'
SPLIT FLOW FLOWING BOX & DIST
1500 GAL. W-MIXER
WELL SITE
NO DRILLED
8-3-77



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Duane Altier
(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 None

CARL KEMPER

343-4702

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 Phone: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME OWDIN ALTIER
ADDRESS RT 2 SUGARCREEK
PHONE 363-2754
PRESENT OWNER
PROPERTY SIZE 1 ACRE
MELVIN TROYER

CAUTION! THIS IS NOT A PERMIT - EVALUATION ONLY

LOCATION OF PROPERTY DOVER SR 39
Town or Township Street, Road, Allotment, or Lot No.

SOIL CONDITIONS _____ DEPTH TO GROUND WATER _____ ROCK STRATA _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" _____ BASEMENT SUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!

SITE APPROVED : YES ____ NO ____ INCOMPLETE ✓

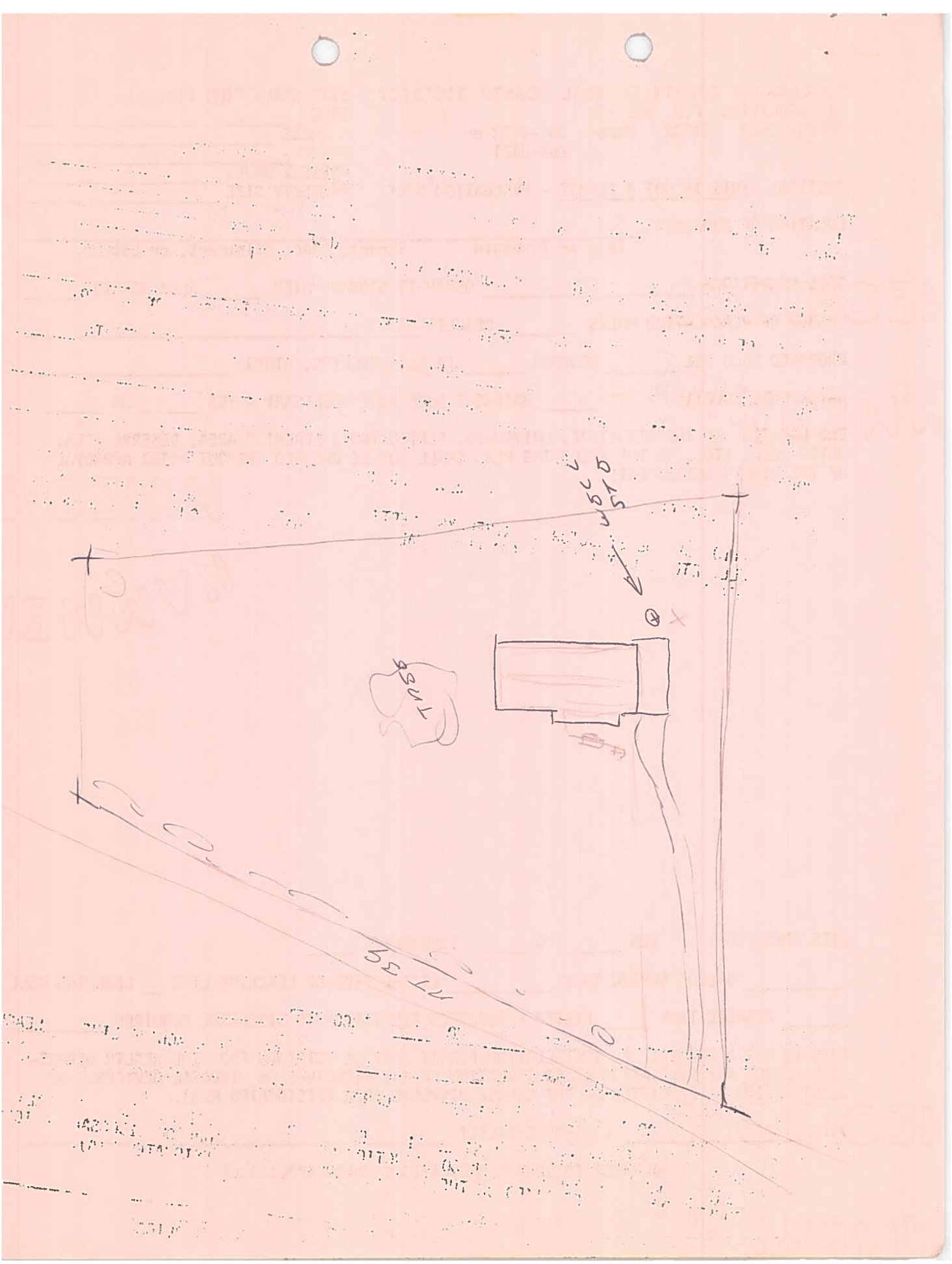
_____ GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE __ LEACHING WELL

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVICES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL AREA (DESIGNATED R/A).

DATE 6-8-77 ENVIRONMENTALIST Carl Kempf

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE



TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Cosgrove

818 BOULEVARD P.O. BOX 443, DOVER, OHIO 44622 PHONE 364-4438

EVALUATION OF PROPERTY FOR SEWAGE DISPOSAL INSTALLATION

NAME Cosgrove, DATE 7/8/74

ADDRESS Dover, Ohio

LOCATION OF PROPERTY Dover twp St Rt 39
Town or Township Street or Road Number

PROPERTY SIZE 1 acre NAME IN WHICH DEED IS RECORDED Dalton Bibler

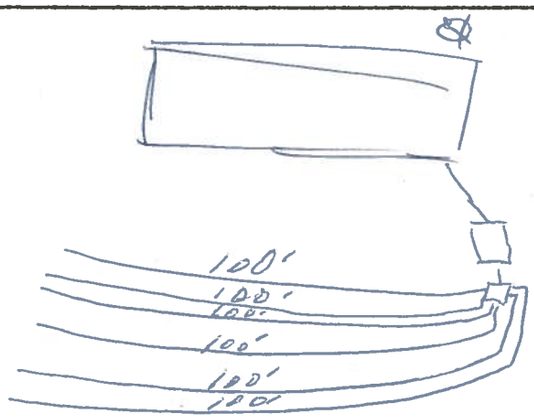
SOIL CONDITIONS: CLAY ___ SHALE ✓ SAND ___ GRAVEL ___ LOAM ___ SURFACE WATER ___ ___

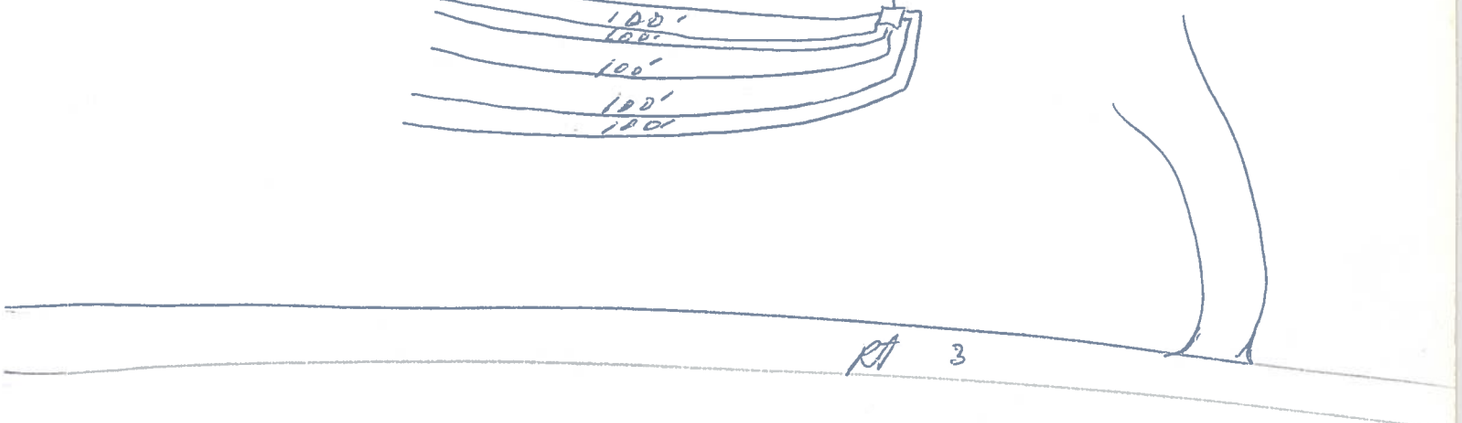
NUMBER OF PERCOLATION HOLES 6 RESULTS 3 minutes to inch

PROPOSED LAND USE: HOUSE ✓ MOBILE HOME ___ NUMBER OF BEDROOMS 3
OTHER USE ___

WATER WELL TO BE DRILLED YES LOCATION DESIGNATED BY X

PROPOSED PLAN: ___





SEWAGE DISPOSAL APPROVED OK ZONING APPROVED ___

SUBJECT TO ZONING REGULATIONS IF APPLICABLE

ZONING INSPECTOR

1500 GAL. SEPTIC TANK

600 LINEAL FT. LEACHING TILE LINE

___ LEACHING WELL

Roger Tenney
ENVIRONMENTALIST

Breuse

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Canton - 499-4803

Property owner Dave Breuse Phone 343-0116 Date 7/20/77

Address c/o Plumbing Contractors, Dover hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Rt #1 Dover Franklin Twp 425
(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.

Jane Gasser Sec. Treas. (signature, owner or authorized agent)

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

Rt #1 Dover (address)

Route #1, Dover (address)

This application is for the following disposal devices:

343-9407 (phone)

Septic tank — (gallon)

Aerobic tank Jet (gallon)

Leaching lines — (lineal feet)

Leaching well — (size)

Filter 10' x 10' (size)

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

Dischg. easement in deed.

OFFICE USE ONLY

Permit approved by EEP

Date 7-21-77

Fee paid 25.00

Permit issued 7-21-77 (date) LW (clerk)

Permit number 121-77

Inspection date 8/9/77

INSTALLATION INSPECTION

Sewage tank aerobic gallon

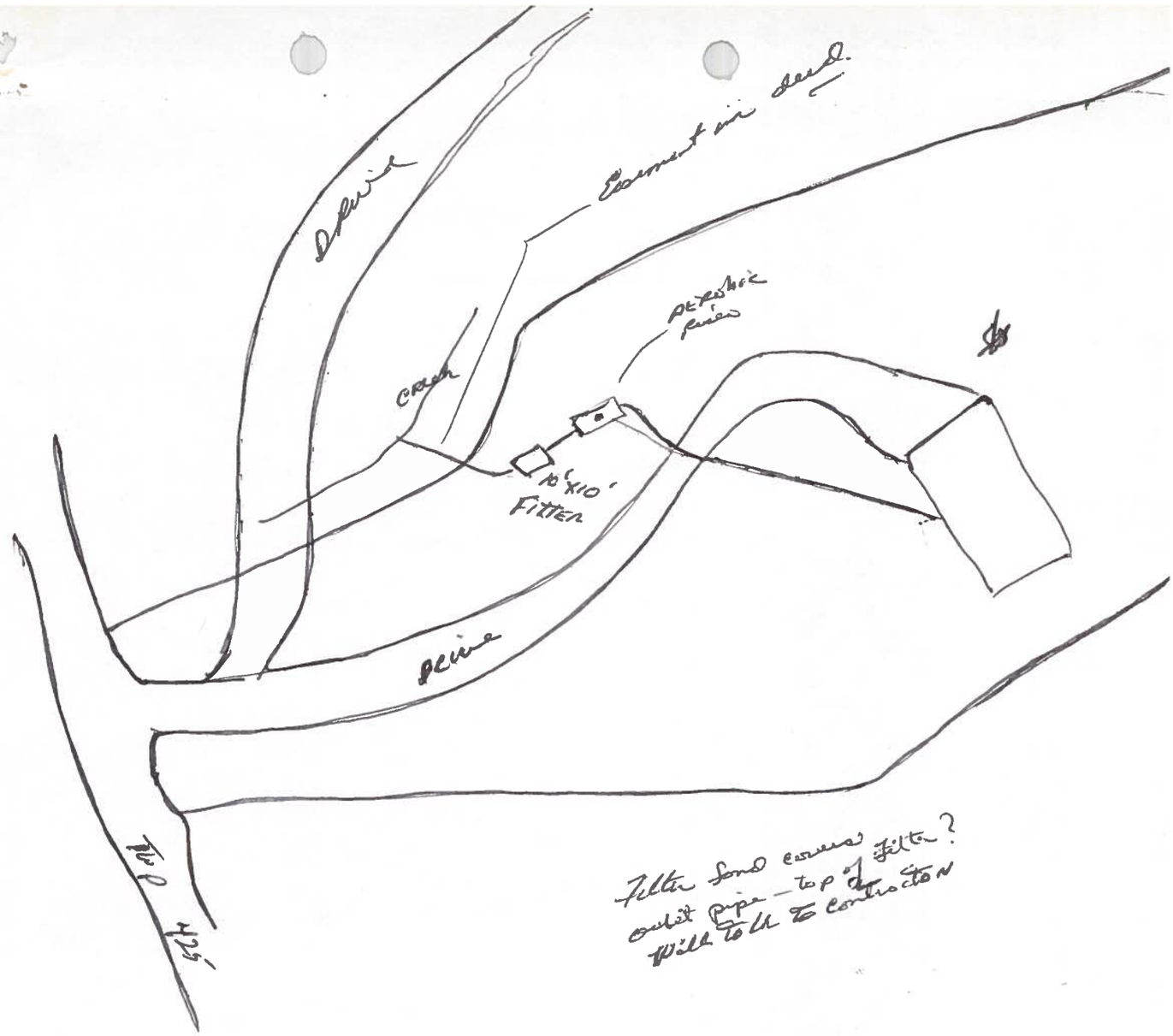
Leaching field — x — lineal ft.

Filter 10' x 10' Surface Sand

Leaching well —

Inspected by R. Fanning

30



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: BREESE, Dave
(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 ✓.

Crowell

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Tom Crowell Phone 364-2451 Date 7/11/77

Address RD #1, Dover hereby applies for a permit to

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

RD1, Dover (mailing address) Dover Twp. (municipality or township) RD 283 (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 Toni Crowell (signature, owner or authorized agent)

~~Unknown~~ Richard Homes (installer's name)

RD 3 - Dover (address)

_____ (address)

_____ (phone)

This application is for the following disposal devices:

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

Leaching lines ~~500~~ 400 Lineal ft. (lineal feet) Leaching well _____ (size) Filter _____ (size)

or 400 lineal ft on one side

see ~~other~~ attached sketch.

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

OFFICE USE ONLY

Permit approved by TTM

Date 7/11/77

Fee paid $25.00

Permit issued 7-11-77 (date) PS (clerk)

Permit number 108-77

Inspection date 8/3/77

INSTALLATION INSPECTION

Sewage tank 1,500 gallon

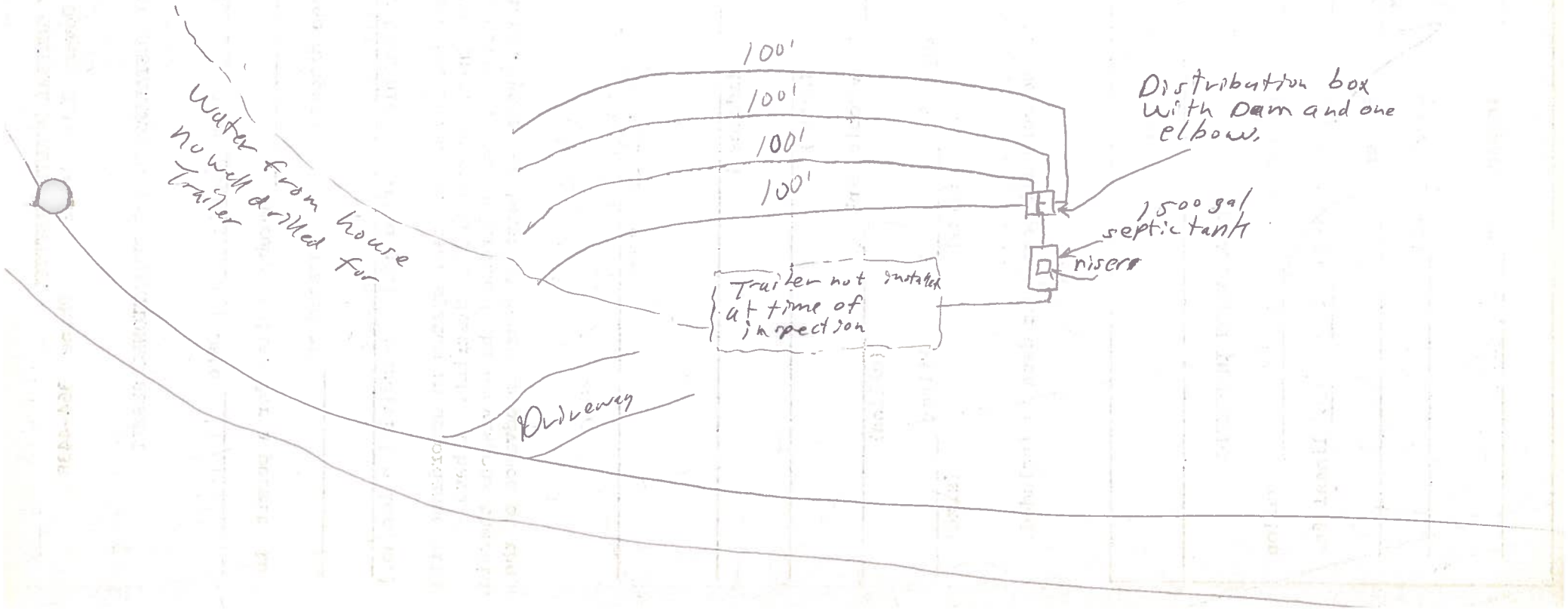
Leaching field 2 x 400' lineal ft.

Filter —

Leaching well —

Inspected by C.S.P.

31


100'
100'
100'
100'
Distribution box with Dam and one elbow.
1500 gal septic tank
risers
Trailer not installed at time of inspection
Water from house no well drilled for trailer
Driveway

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
819 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 Phone: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME Tom Crowell
ADDRESS 121 Dover
PHONE 364-2451
PRESENT OWNER John Gribben
PROPERTY SIZE Acres

CAUTION: THIS IS NOT A PERMIT - EVALUATION ONLY

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

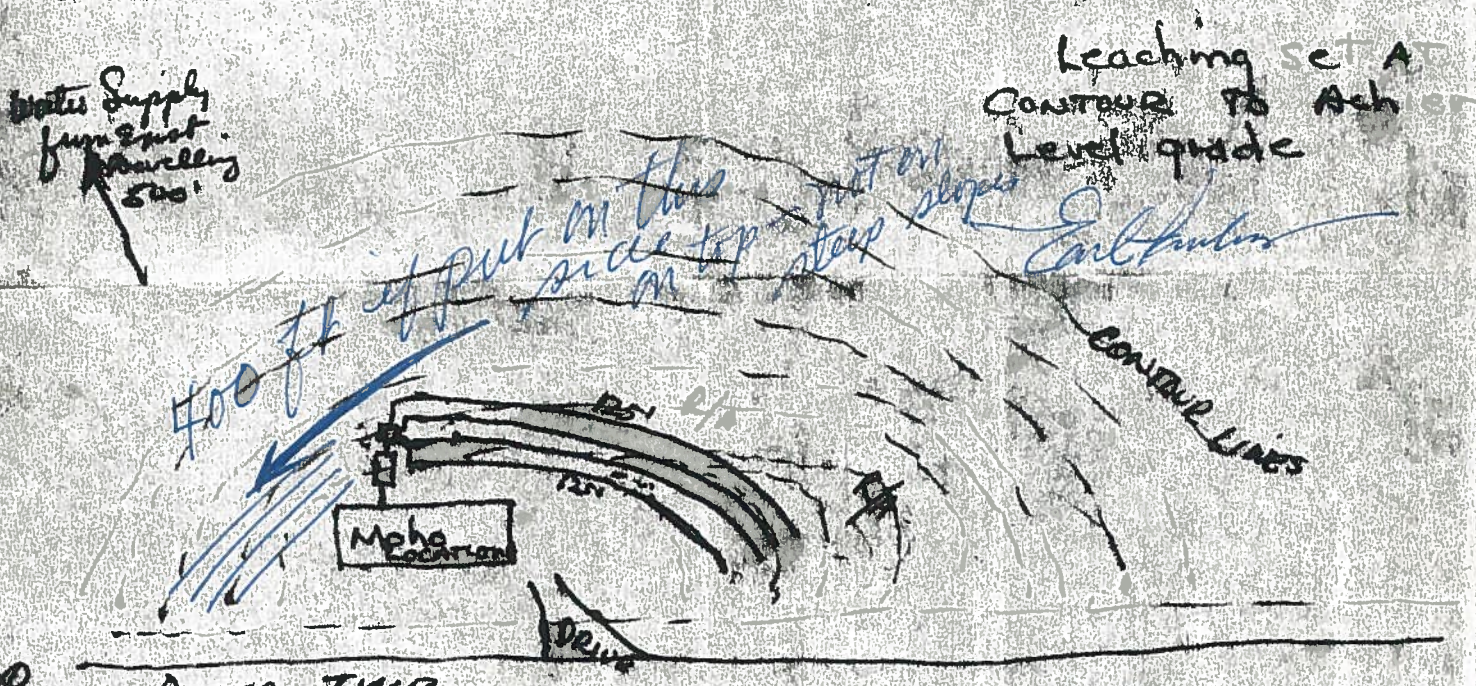
SOIL CONDITIONS Shale - clay loam DEPTH TO GROUND WATER N/A ROCK STRATA ____

NUMBER OF PERCOLATION HOLES 2 RESULTS Shale clay - Satisfactory

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

WATER WELL LOCATION = "X" ____ BASEMENT SUMP PUMP NECESSARY - YES ____ NO X

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



Road
Hill

DOVER TWP

SITE APPROVED : YES X NO ____ INCOMPLETE ____

1500 GALLON SEPTIC TANK 500 LINEAL FEET OF LEACHING LINE ____ LEACHING WELL

____ AEROBIC TANK ____ FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED NO

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVICES NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL AREA (DESIGNATED R/A).

DATE 7-7-77 ENVIRONMENTALIST Earl Hudson

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

DePue

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Edward DePue Phone _____ Date July 1977

Address Cuyahoga Falls hereby applies for a permit to

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

Salem Twp Rd. 215 RD 1, NCT

(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.

Ed DePue EP — Conkle Excavating

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

_____ — RD 4 Cambridge

(address) (address)

This application is for the following disposal devices: _____ (phone)

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

Leaching lines 500 (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 EAP

Date July 1977

Fee paid 25.00

Permit issued 8-4-77 PS (date) (clerk)

Permit number 140-77

Inspection date June 1977 June-10

INSTALLATION INSPECTION

Sewage tank 1500 gallon

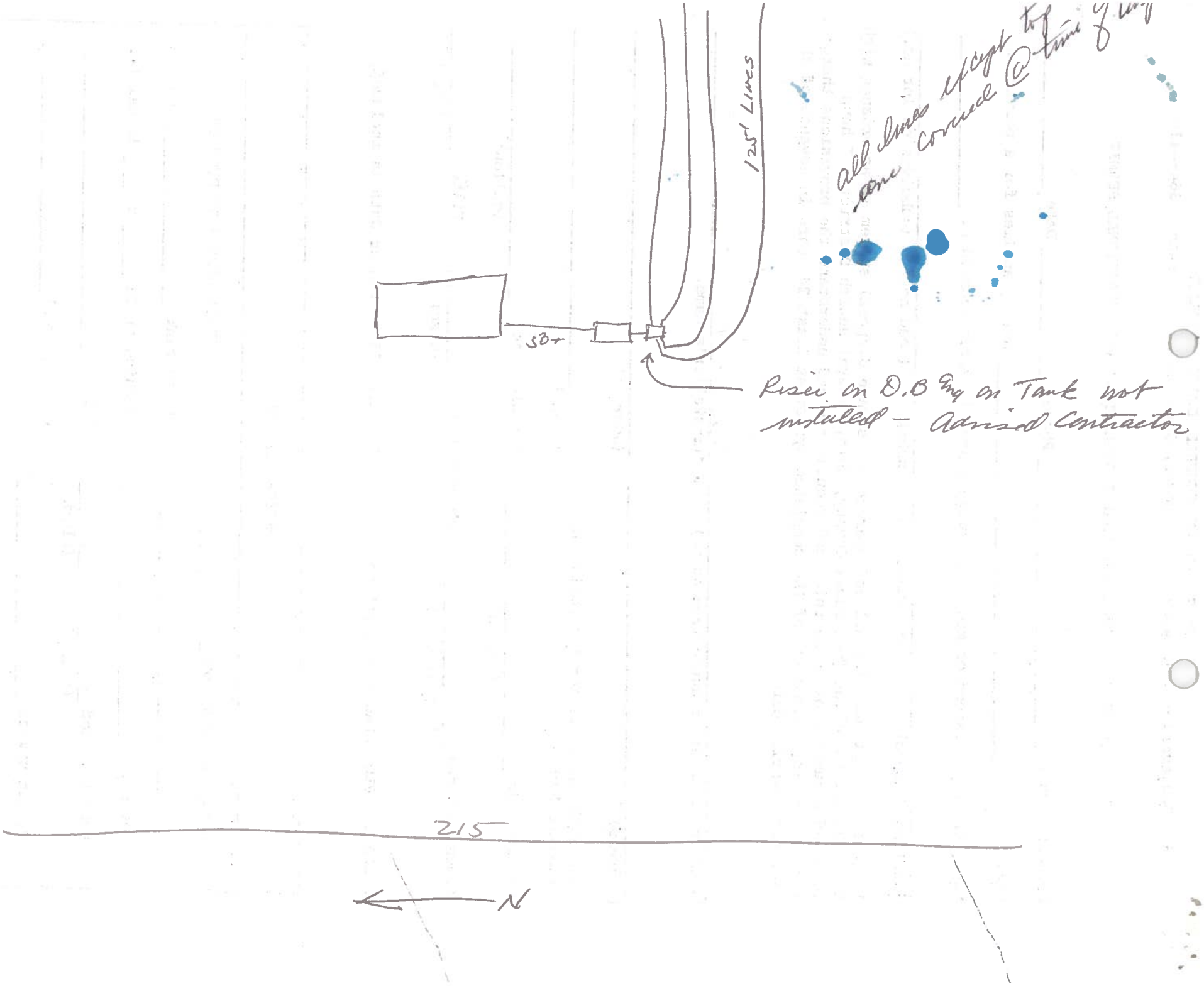
Leaching field 2 x 500 lineal ft.

Filter _____

Leaching well _____

Inspected by EP

32



125' Lines
all lines except top one covered @ time of
50+
Riser on D.B Eng on Tank not installed - Advised Contractor
215
N

TELEPHONE
(216) 364-4438

TUSCARAWAS COUNTY
GENERAL HEALTH DISTRICT

818 BOULEVARD P. O. BOX 443 DOVER, OHIO 44622

TOLL FREE
(614) 254-9371

June 28, 1977

Mr. Edward DePue
55 W.Bath Road
Cuyahoga Falls, Ohio

Dear Mr. DePue:

The sewage disposal system for your lot has been inspected by this office. The installer was advised to provide a riser on the distribution box and to provide for flow splitting within the box.

The installer informs us that you will secure the necessary installation permit. I have completed the papers in the office for you. Please send your check for $25.00 so I can complete the records.

Very truly yours,

Earl E. Paulus
Assistant Director
Environmental Health

EEP/ps

Frutig

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Garry Fruitig Phone 8524388 Date Aug 4

Address Dundee hereby applies for a permit to

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

Sugar Creek R 1 Sugar Creek TT-364
(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)

Albert N Schlabach
(installer's name)

(address)

R 1 Sugarcreek
(address)

8524080
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank (gallon)

Leaching lines 580 approx (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 8/8/77

Fee paid $25.00

Permit issued 8/8/77 RS
(date) (clerk)

Permit number 147-77

Inspection date 8/8/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 580 lineal ft.

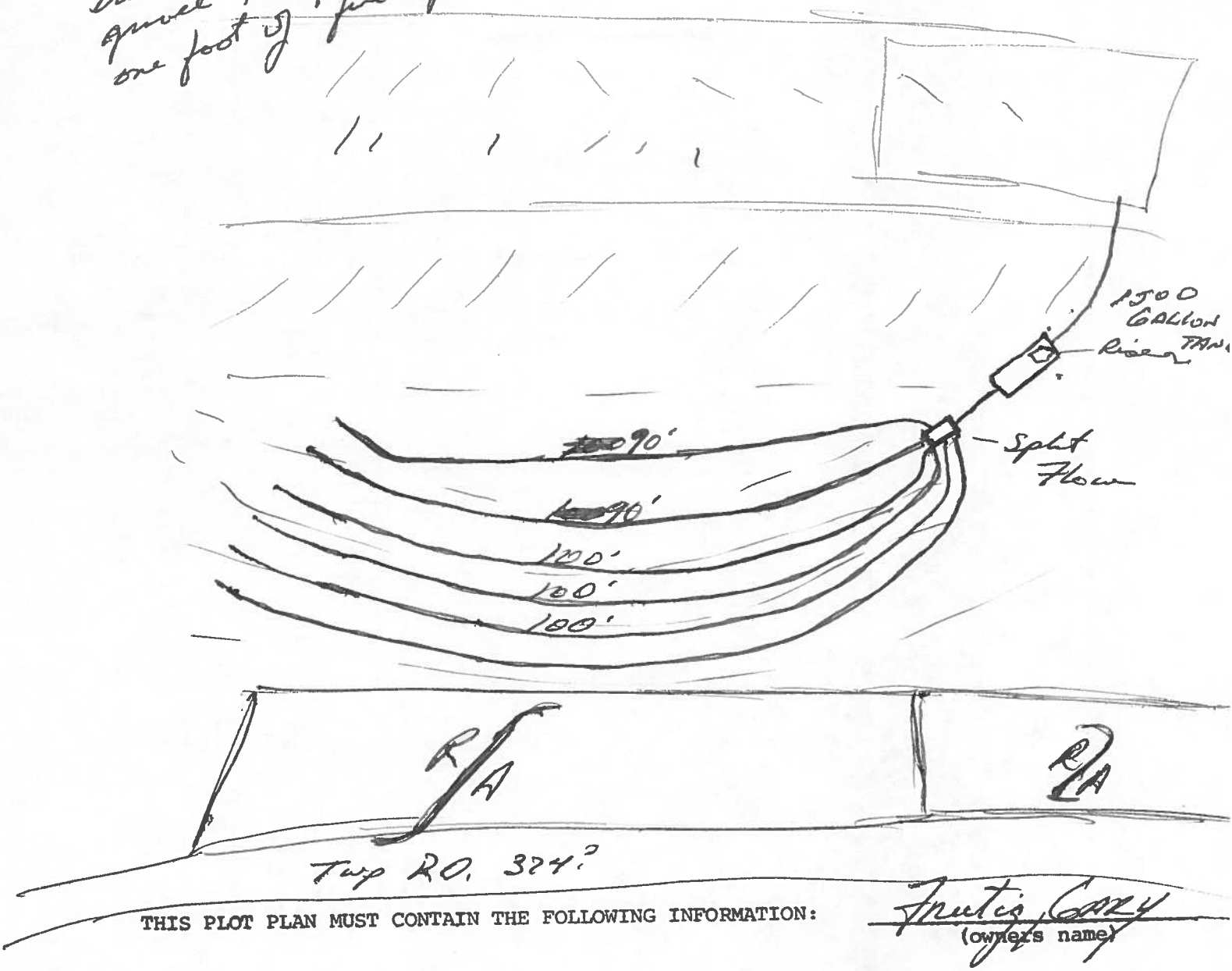
Filter

Leaching well

Inspected by R. Jones

33

Front yard fill material
trenches kept deep with
gravel brought up to within
one foot of finish grade.



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Trustis Corey
(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 ✓.

Fulp

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — [illegible]. Box 443 Dover, Ohio 44[illegible]2 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Patrick Fulp Phone _____ Date Aug. 19, 1977

Address Midvale, Ohio hereby applies for a permit to

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

Midvale, Ohio (Old Road Sewer Pipe)

(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.

Mrs. James Reese
(signature, owner or authorized agent)

Jim Reese
(installer's name)

Route #1 New Phila, Ohio
(address)

Route #1 New Phila, Ohio
(address)

This application is for the following disposal devices:

343-0307
(phone)

Septic tank 1000 (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 8 x 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 RF

Date 8/19/77

Fee paid $25.00

Permit issued 8/19/77 PS
(date) (clerk)

Permit number 153-77

Inspection date 8/17/77

INSTALLATION INSPECTION

Sewage tank 1000 gallon

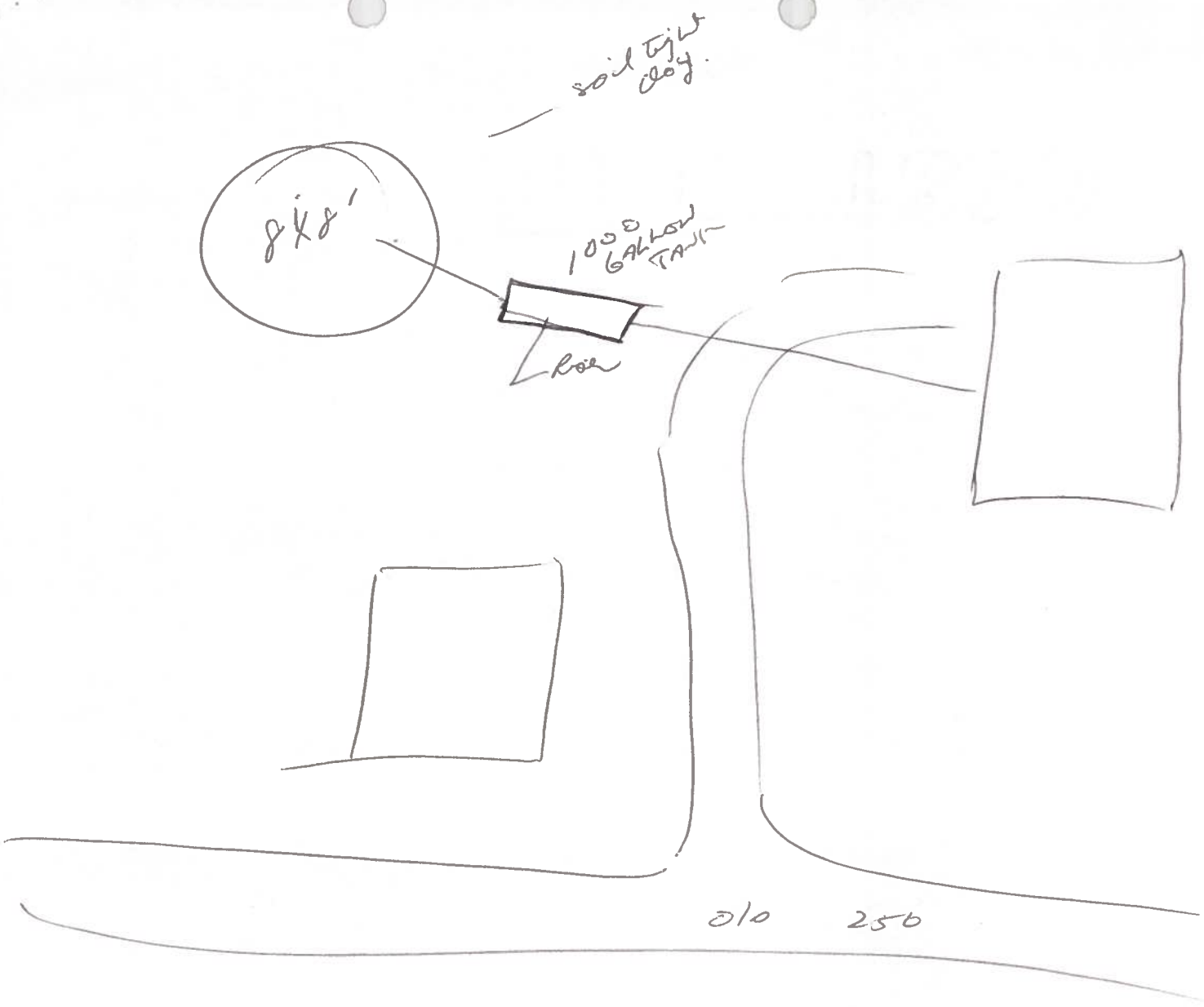
Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 8'x8'

Inspected by R. Fonning

34



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Tulp, Pat
(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 ~~Delpato~~ Ackerman

818 Boulevard - P.O. Box 443 Dover, Ohio 322 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner ~~Patrick Delpato~~ Warren Ackerman Phone _____ Date 7/28/77

Address RD #1, Bolivar hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

RD #1, Bolivar (mailing address) Lawrence (municipality or township) Cathair (road no.) Lot 613 (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)

Charles Kunsa (installer's name)

_____ (address)

RD #1, Bolivar (address)

This application is for the following disposal devices:

_____ (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 C.D.D.

Date 7/28/77

Fee paid $25.00

Permit issued 7/29/77 (date) PS (clerk)

Permit number 129-77

Inspection date 9-12-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 600 lineal ft.

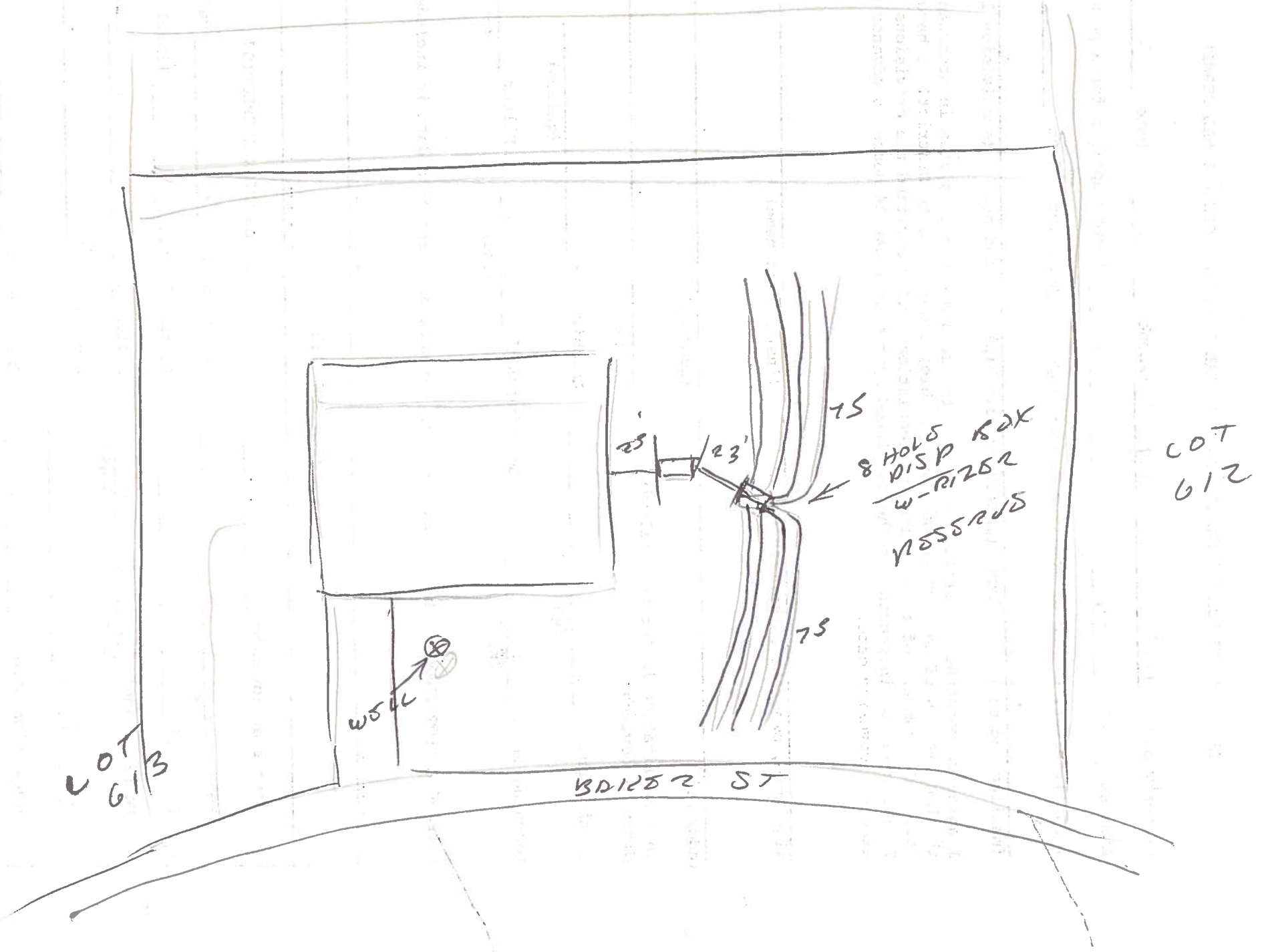
Filter _____

Leaching well _____

70 TON GRADE C

35

Inspected by CONCRETE PE



LOT 613
LOT 612
WELL
BAKER ST
23'
23'
75
75
8 HOLE DISP BOX
W-RIZER
RESERVE

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard - P.O. Box 443 Dover, Ohio 22 Phone 364-4438

~~Deforte~~ Ackerman

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner ~~Patrick Dalporto~~ Warren Ackerman Phone _____ Date 7/28/77

Address RD 1, Bolivar hereby applies for a permit to

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

RD 1, Bolivar (mailing address) Lawrence (municipality or township) Cotton (road no.) Lot 612 (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)

Charles Kerns (installer's name)

_____ (address)

RD 1, Bolivar (address)

_____ (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 C.H.D.

Date 7/28/77

Fee paid $25.00

Permit issued 7/29/77 (date) PS (clerk)

Permit number 128-77

Inspection date 9-12-77

INSTALLATION INSPECTION

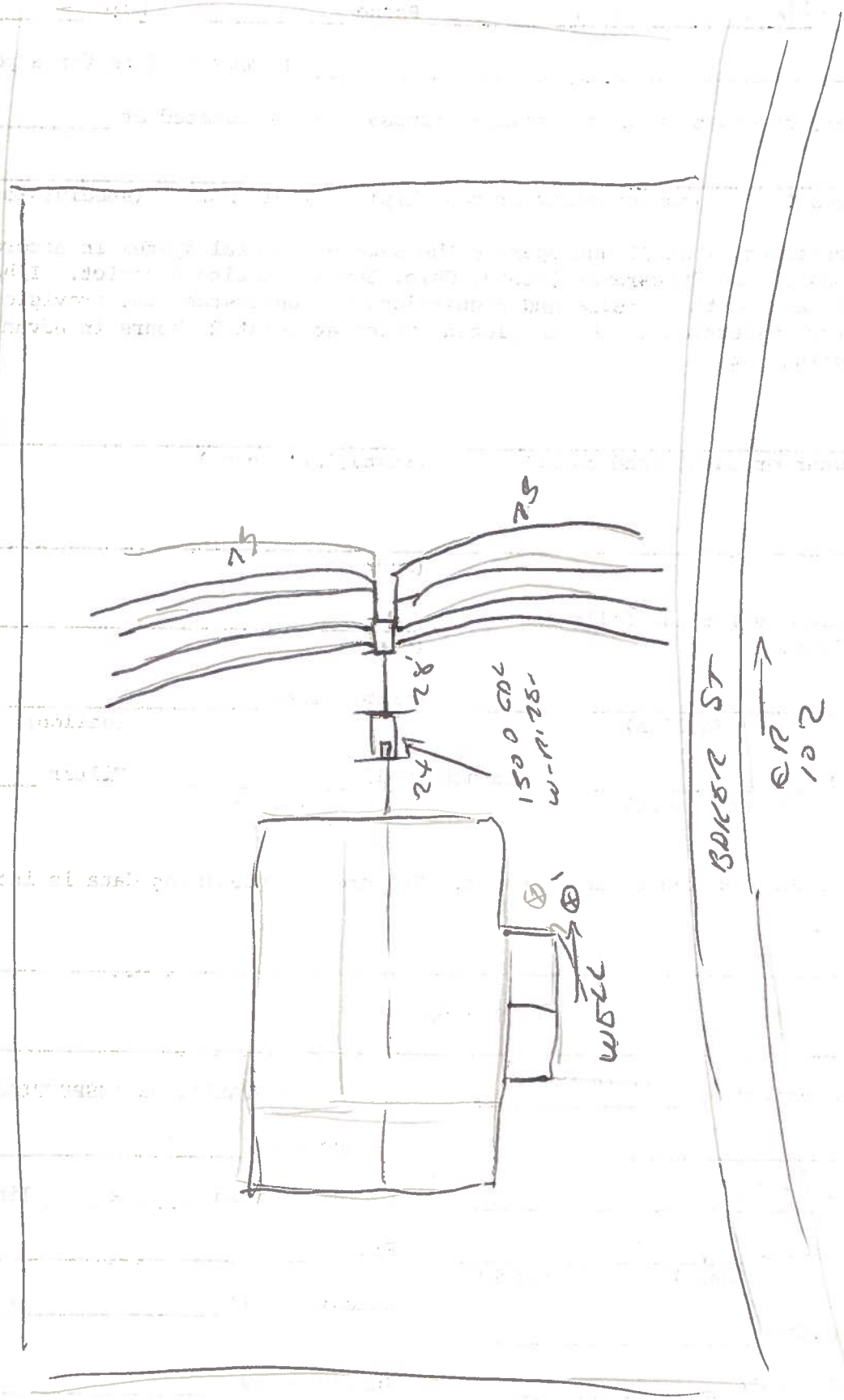
Sewage tank 1500 gallon

Leaching field 2 x ~~600~~ 360 lineal ft.

Filter _____

Leaching well _____

Inspected by CARL KEMPF



75
75
28'
24
1500 GAL
W-PIPE
WELL
BAKER ST

Boor

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Vic Boor. Phone _____ Date 9/22/76

Address R.D. #3 New Phila University Dover hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Rt 3 N.P. Goshen twp University
(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.

Vic Boor
(signature, owner or authorized agent)

Larkin Sewer Cont. Inc
(installer's name)

_____
(address)

New Phila.
(address)

This application is for the following disposal devices:

_____
(phone)

Septic tank _____ (gallon)

Aerobic tank Air Jet (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 10x10 surface (size)

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

OFFICE USE ONLY

Permit approved by RF

Date 9/22/76

Fee paid $25.00

Permit issued 9-22-76 B
(date) (clerk)

Permit number 151-76

Inspection date 9-9-77

INSTALLATION INSPECTION

Sewage tank 1200 gallon

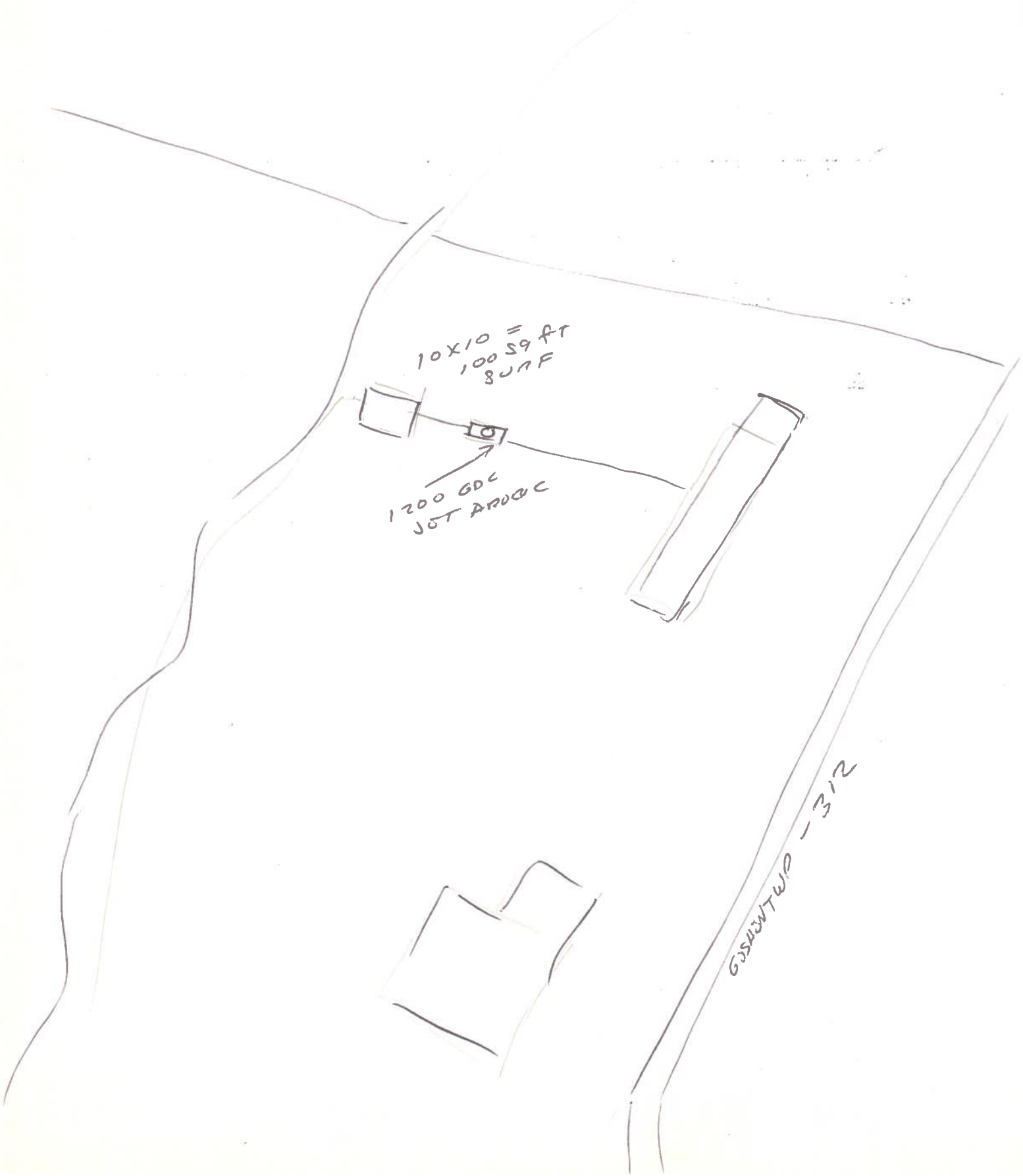
Leaching field ____ x ____ lineal ft.

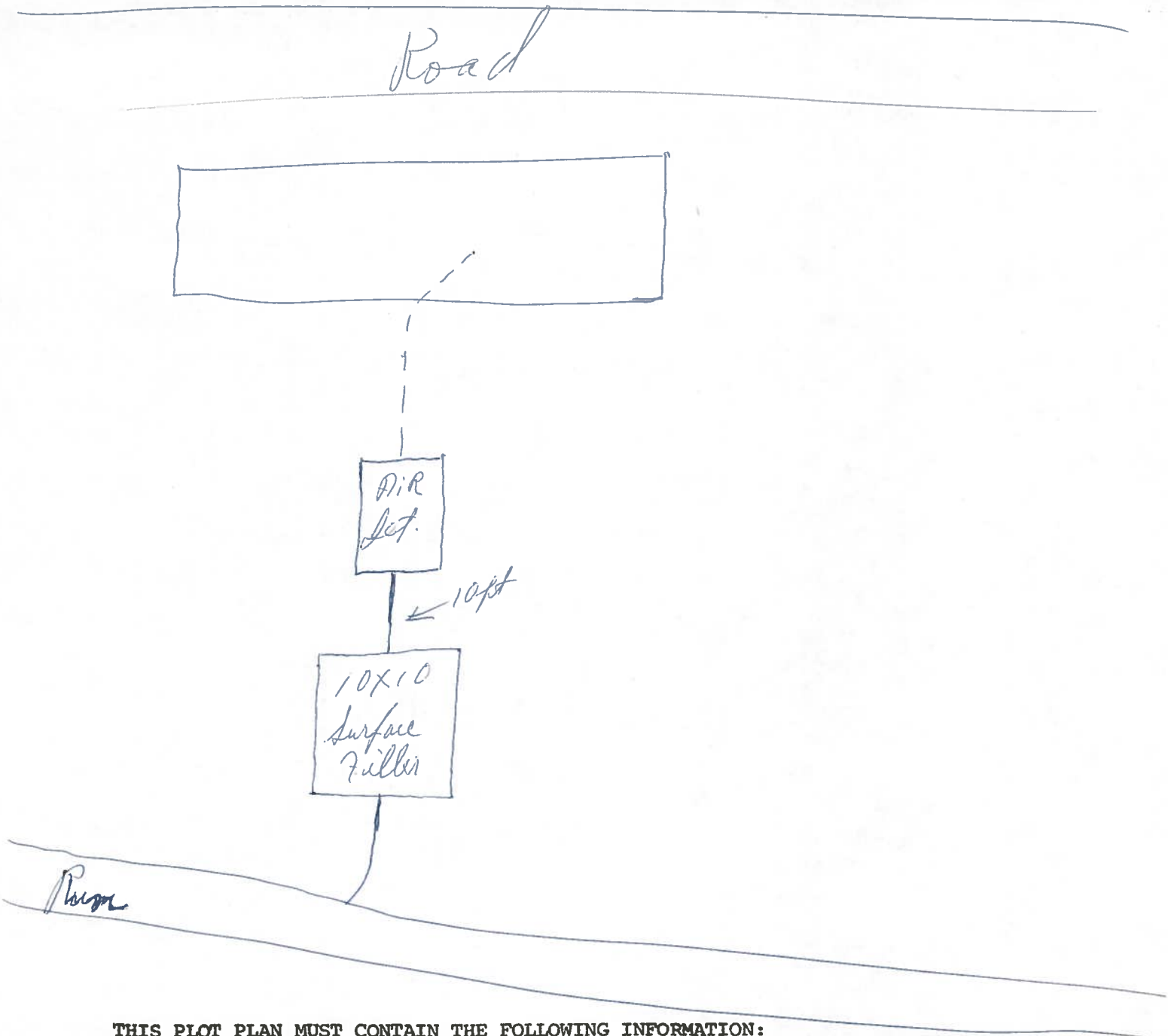
Filter 10 x 10 = 100 sq ft SURF FILTER.

Leaching well _____

Inspected by CARL KEMPF

37


10X10 =
100 SQ FT
SURF
1200 GDC
JET ARCHIC
GUSHONTWP - 312



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

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

MO 1067
#2

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Thomas E. Clay Phone 343-6743 Date 23 July 77

Address 514 Howe St, Dover, Ohio 44622 hereby applies for a permit to

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

R#3 Dover, Ohio (mailing address) Dover Twp (municipality or township) Dover Twp. #380 (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 E. Clay (signature, owner ~~or authorized agent~~)

Thomas E. Clay (installer's name)

514 Howe St, Dover, Ohio 44622 (address)

514 Howe St., Dover, O. 44622 (address)

343-6743 (phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 10'X10'X4' (size)

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

OFFICE USE ONLY

Permit approved by EIC

Date 9-2-77

Fee paid $25.00

Permit issued 9/6/77 BB (date) (clerk)

Permit number 16577

Inspection date 9-8-77

INSTALLATION INSPECTION

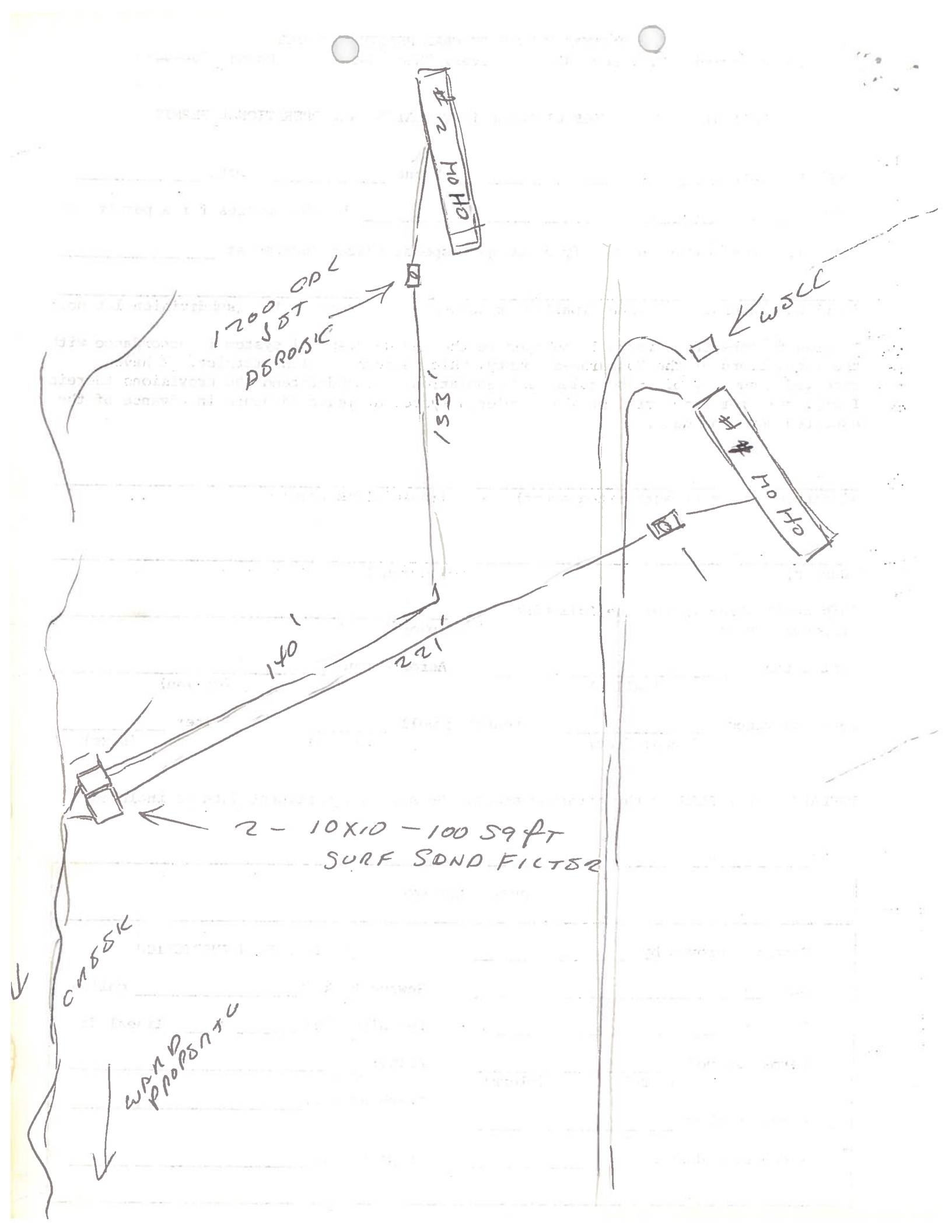
Sewage tank 1200 JST gallon

Leaching field ____ x ____ lineal ft.

Filter 10X10 SURF = 100 SQ FT

Leaching well 30

Inspected by CDRC KSHPF



#2 MOHO
1200 GPL JET DEROBIC
133'
WELL
#1 MOHO
140'
221'
2 - 10X10 - 100 SQ FT SURF SAND FILTER
CREEK
WARD PROPERTY

PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Merle D. Ward Rebecca Ward heirs or assigns, as owner or owners of a certain tract of land, located in Dover Township, Tuscarawas County, Ohio, as described in Volumn 417 Page 186, of the Tuscarawas County Deed Records, do hereby grant permission to Thomas E. Clay, heirs or assigns, owners of a tract of land as described in Volumn 462 Page 441, of the Tuscarawas County Deed Records, to discharge sewage effluent from ~~a~~ two proposed sewage disposal systems to be located on their lands providing: 4 in Pipe to Cedar Spring

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.

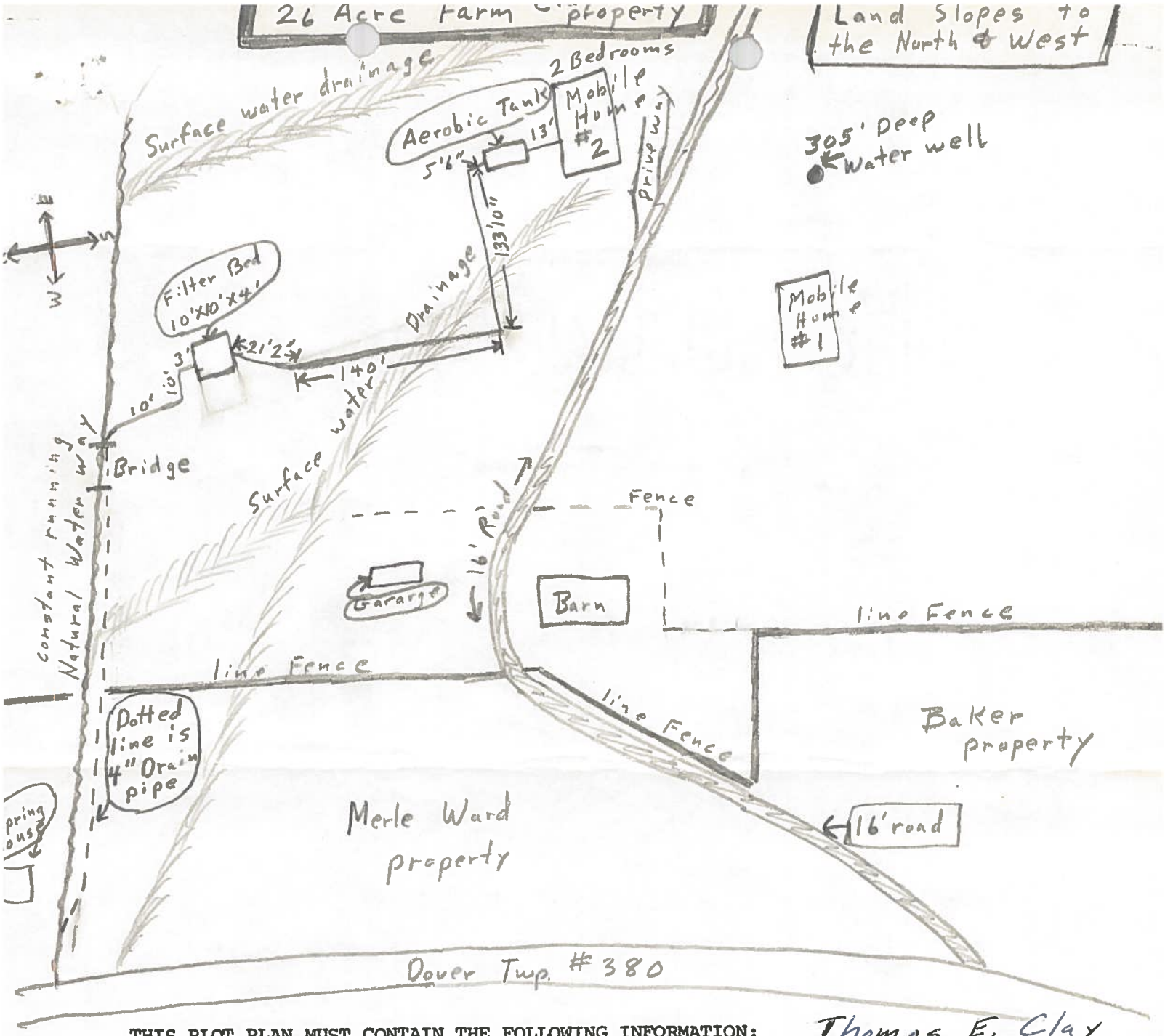
Witnesses	Signature - Persons Granting Permission
Guy Lynne Testi	Merle D. Ward
Larry R. Clay	Rebecca Ward

Subscribed and duly sworn before me according to law, by the above named persons this 18 day of June, 1977, at Dover, County of Tusc. and State of Ohio.

John N. Paisley
(Signature of Notary Public)

(Official Seal of Notary)

This Instrument prepared by the Tuscarawas County General Health District



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Thomas E. Clay
(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 ✓.

HO HO
1

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P. O. Box 443 Dover, Ohio 44(Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Thomas E. Clay Phone 343-6743 Date 23 July 77

Address 514 Howe St., Dover, Ohio 44622 hereby applies for a permit to

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

R#3 Dover, Ohio Dover Twp. Dover Twp#380
(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 E. Clay
(signature, owner or ~~authorized agent~~)

Thomas E. Clay
(installer's name)

514 Howe St, Dover, O. 44622
(address)

514 Howe St., Dover, O. 44622
(address)

343-6743
(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 10'X10'X4' (size)

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

OFFICE USE ONLY

Permit approved by CK

Date 9-6-77

Fee paid ~~$25~~.00

Permit issued 9/6/77 (date) BS (clerk)

Permit number 164-77

Inspection date 9-8-77

INSTALLATION INSPECTION

Sewage tank 1200 JST gallon

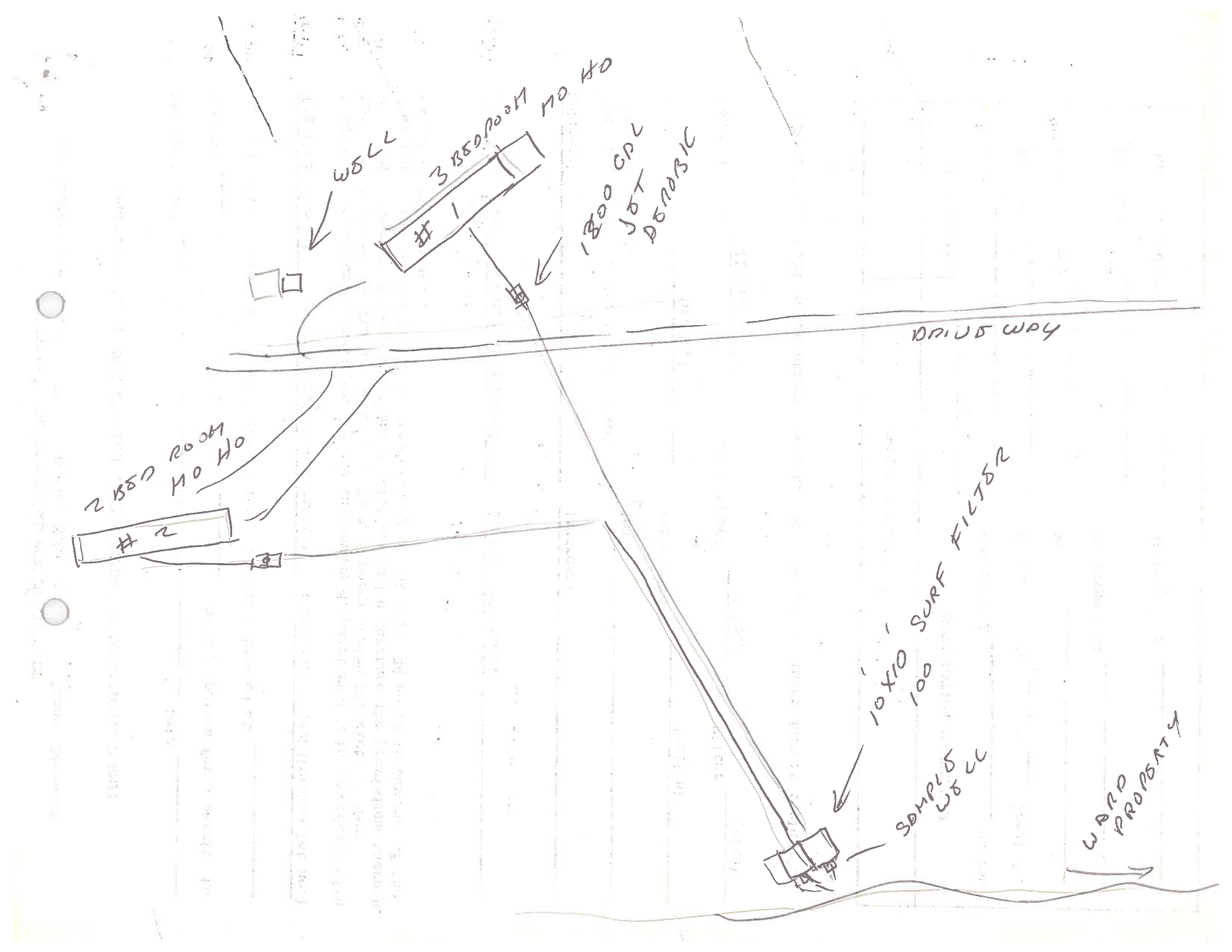
Leaching field ____ x ____ lineal ft.

Filter 10X10 SURF=100 SQFT

Leaching well _____

39

Inspected by CARL KEMPF


WELL
3 BEDROOM MOBILE HOME
#1
1800 GPD SEPTIC DISPOSAL
DRIVE WAY
2 BED ROOM MOBILE HOME
#2
1 SURF FILTER
10 X 10
100
SAMPLE WELL
WARD PROPERTY

PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we Merle D. Ward Rebecca Ward heirs or assigns, as owner or owners of a certain tract of land, located in Dover Township, Tuscarawas County, Ohio, as described in Volumn 417 Page 186, of the Tuscarawas County Deed Records, do hereby grant permission to Thomas E. Clay, heirs or assigns, owners of a tract of land as described in Volumn 462 Page 441, of the Tuscarawas County Deed Records, to discharge sewage effluent from ~~a~~ two proposed sewage disposal systems to be located on their lands providing: Yn Pipe to Cedar Spring

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.

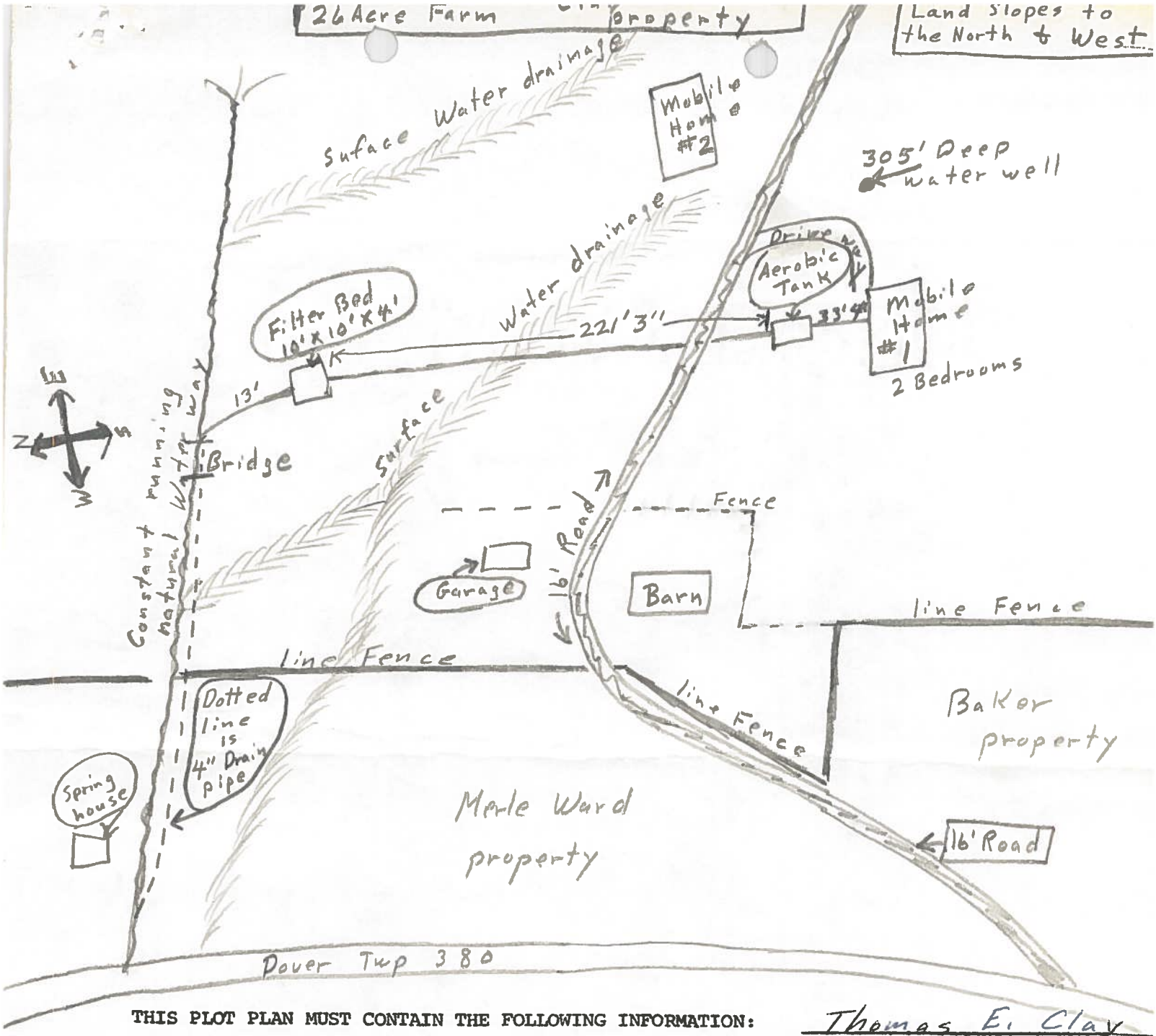
Witnesses	Signature - Persons Granting Permission
Fay Lynn Tisti	Merle D. Ward
Larry R. Clay	Rebecca Ward

Subscribed and duly sworn before me according to law, by the above named persons this 18 day of June, 1977, at Dover, County of Tusc. and State of Ohio.

John M. Pinkley
(Signature of Notary Public)

(Official Seal of Notary)

This instrument prepared by the Tuscarawas County General Health District



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

Thomas E. Clay
(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 ✓.

Angus

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — [illegible]. Box 443 Dover, Ohio 44[illegible] Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Bruce Angus Phone 364-1086 Date 5/6/77

Address 522 10th Dr. N.W. N.P. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at 13th & Oak St. Dover (Dover Twp)

(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.

Bruce Angus
(signature, owner or authorized agent)

522 10th Dr. N.W. New Phila, O
(address)

B & R Construction
(installer's name)

1031 Fair Ave N.P.
(address)

(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 RZ

Date 5/6/77

Fee paid $25.00

Permit issued 5/6/77 (date) PS (clerk)

Permit number 53-77

Inspection date 9/23/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

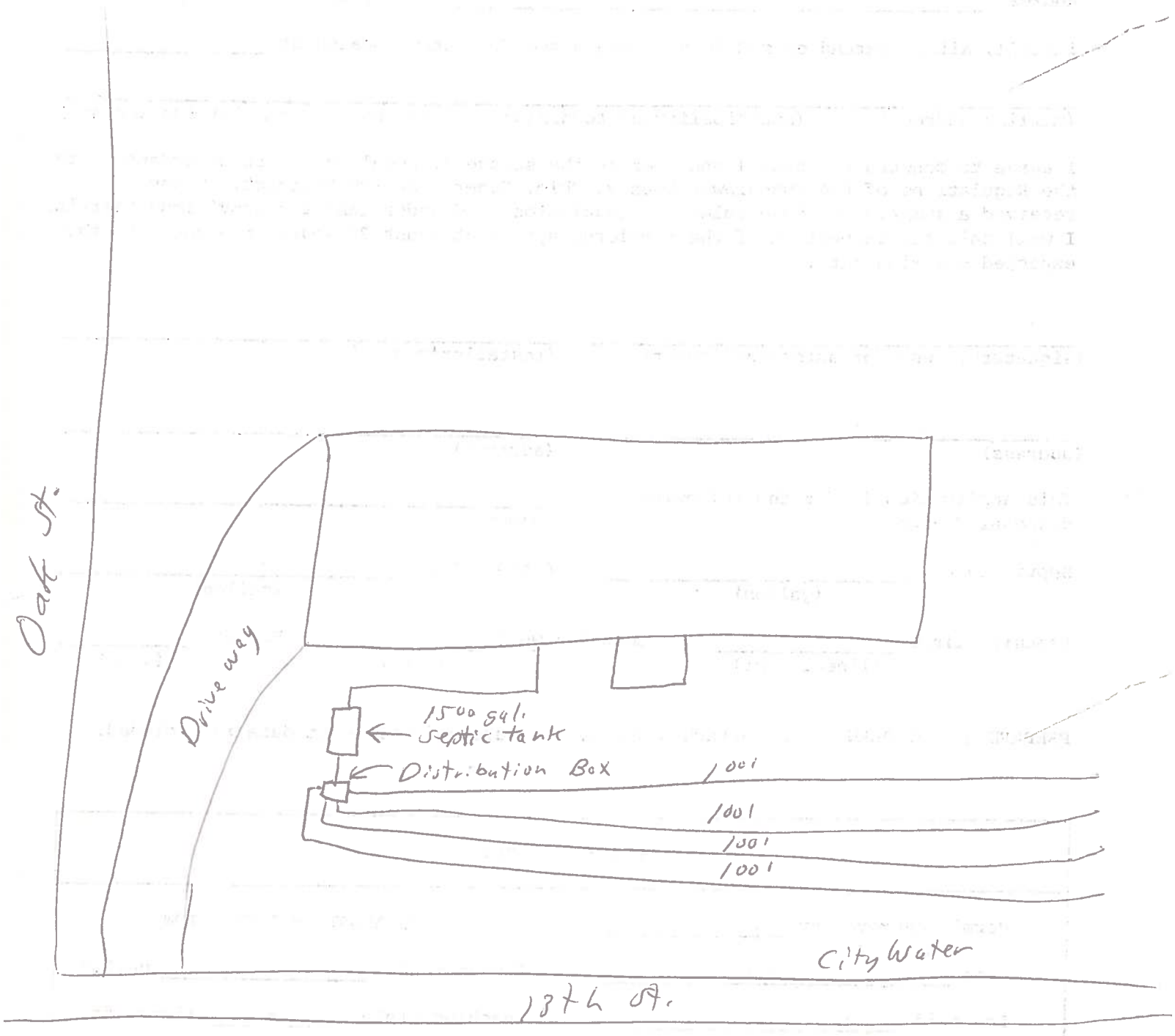
Leaching field 2' x 400 lineal ft.

Filter —

Leaching well —

Inspected by C.J.D.

400


Oak St.
Driveway
1500 gal.
septic tank
Distribution Box
100'
100'
100'
100'
City Water
13th St.

Arnold

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Floyd Arnold Phone 498-6612 Date 9-8-77

Address RT. 1 PORT WASHINGTON hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

RT. 2 ~~Strasburg~~ PORT WASHINGTON CLAY T.R. 185
(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.

Floyd arnold
(signature, owner or authorized agent)

SELF
(installer's name)

RT. 1 PORT WASHINGTON
(address)

(address)

This application is for the following disposal devices:

(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 RDF

Date 9-8-77

Fee paid $25.00

Permit issued 9/8/77 (date) PS (clerk)

Permit number 166-77

Inspection date 9-20-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

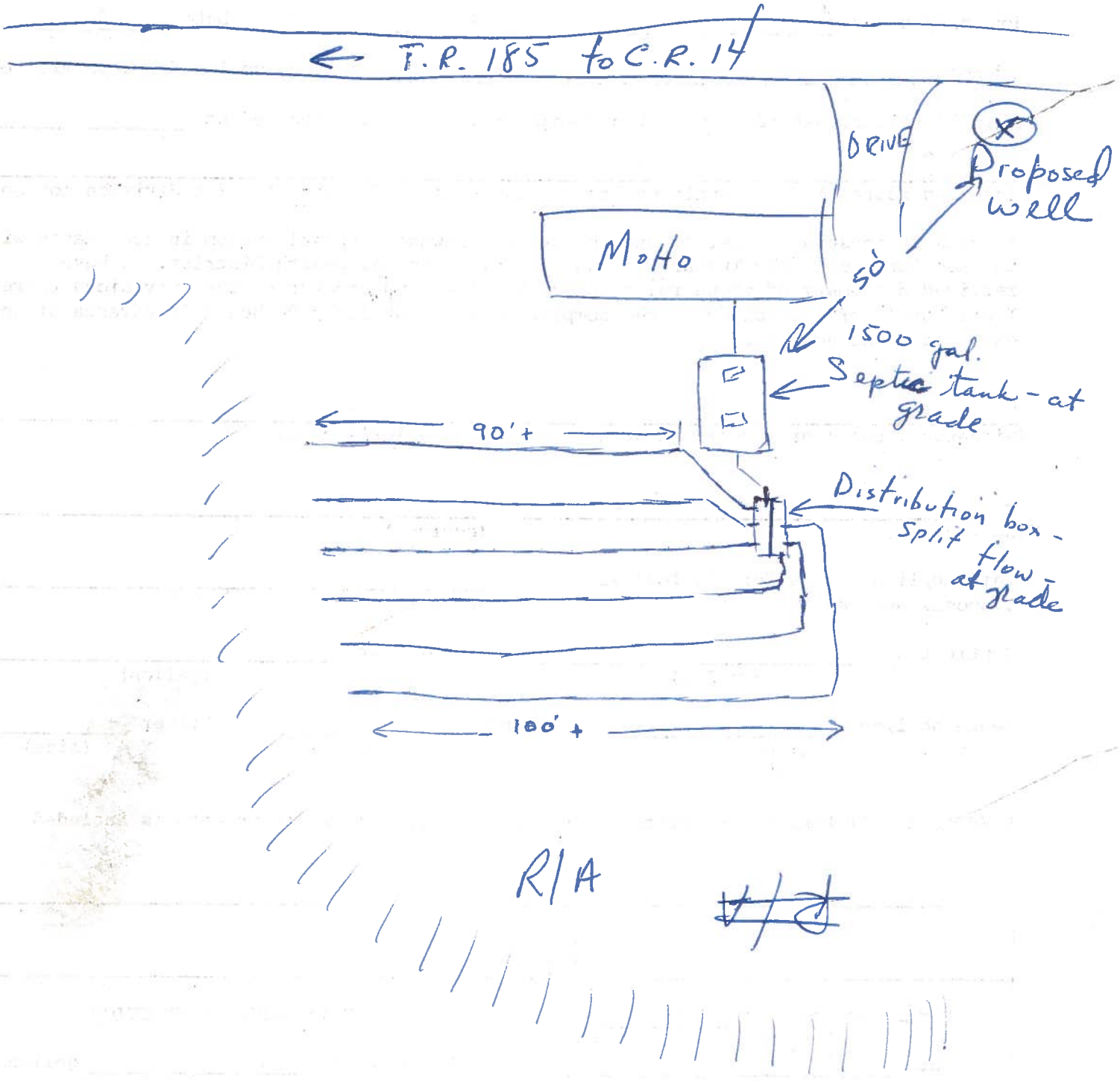
Leaching field 30" x 600 lineal ft.

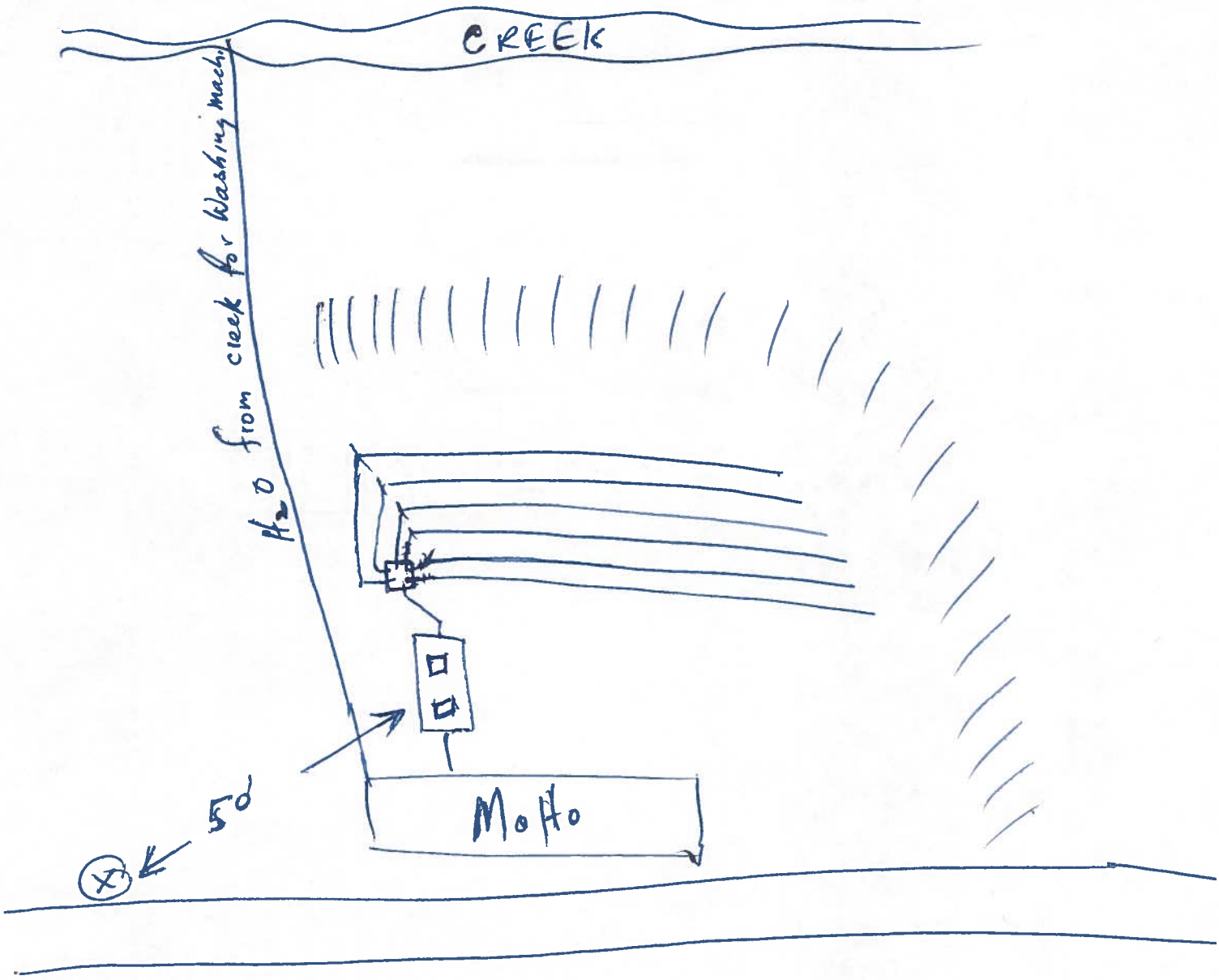
Filter _____

Leaching well _____

41

Inspected by Richard Fouts


← T.R. 185 to C.R. 14
DRIVE
Proposed well
MoHo
50'
1500 gal. Septic tank - at grade
90'+
Distribution box - Split flow at grade
100'+
R/A



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 _____.

Ashkettle

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P. O. Box 443 Dover, Ohio 4462[illegible] Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Phil Ashkettle Phone 339 2704 Date 9/16/77

Address Jefferson TR 219 hereby applies for a permit to

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

Jefferson 219

(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.

Phil Ashkettle
Daniel E Blickensderfer
(signature, owner or authorized agent)

Blickensderfer
(installer's name)

Box 141 A RT 1 Dennison
(address)

_____
(address)

_____
(phone)

This application is for the following disposal devices:

Septic tank 1500 gal (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 EHP

Date 9/16-77

Fee paid $25.00

Permit issued 9/16/77 (date) PS (clerk)

Permit number 177-77

Inspection date 9-29-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

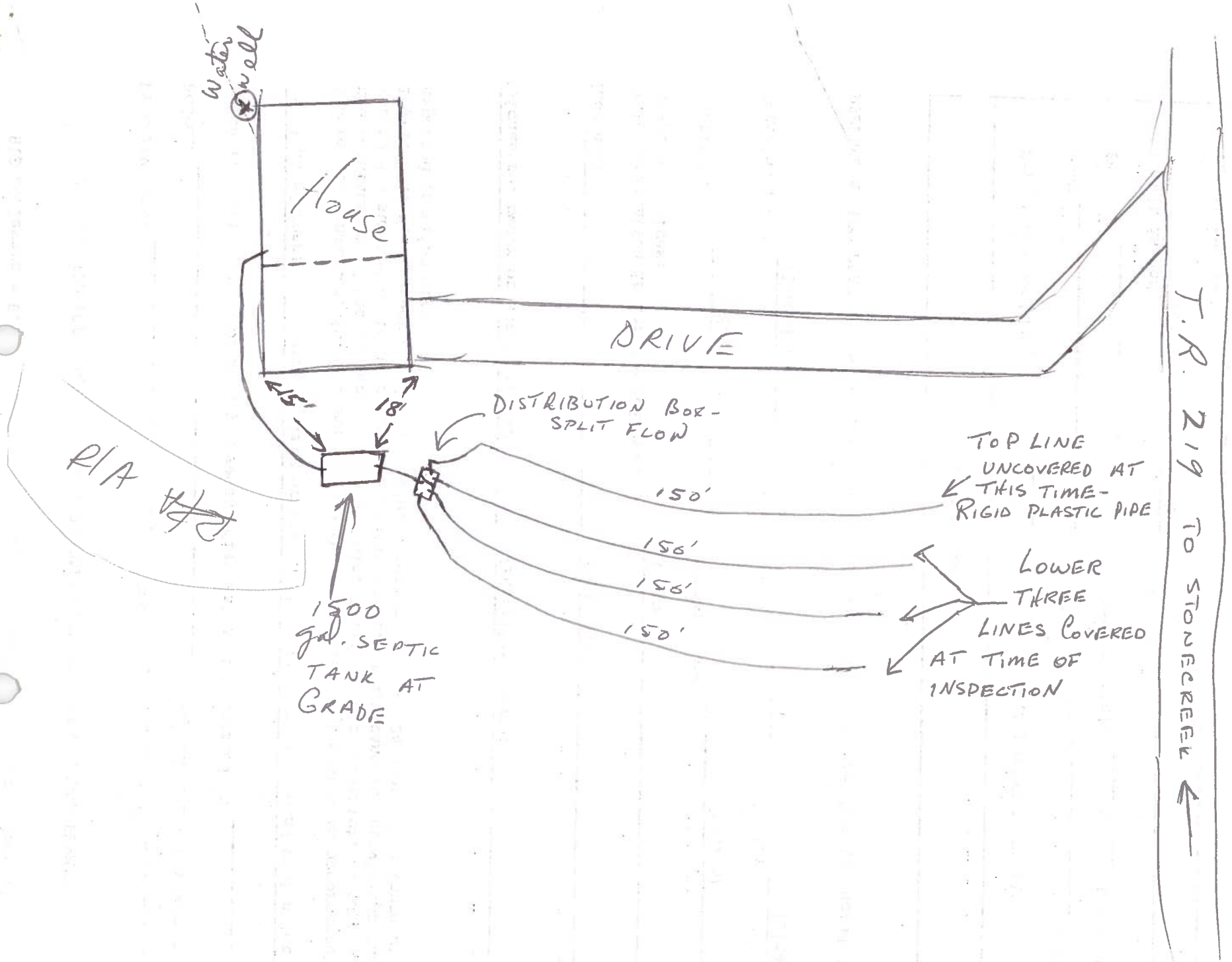
Leaching field 30" x 600 lineal ft.

Filter _____

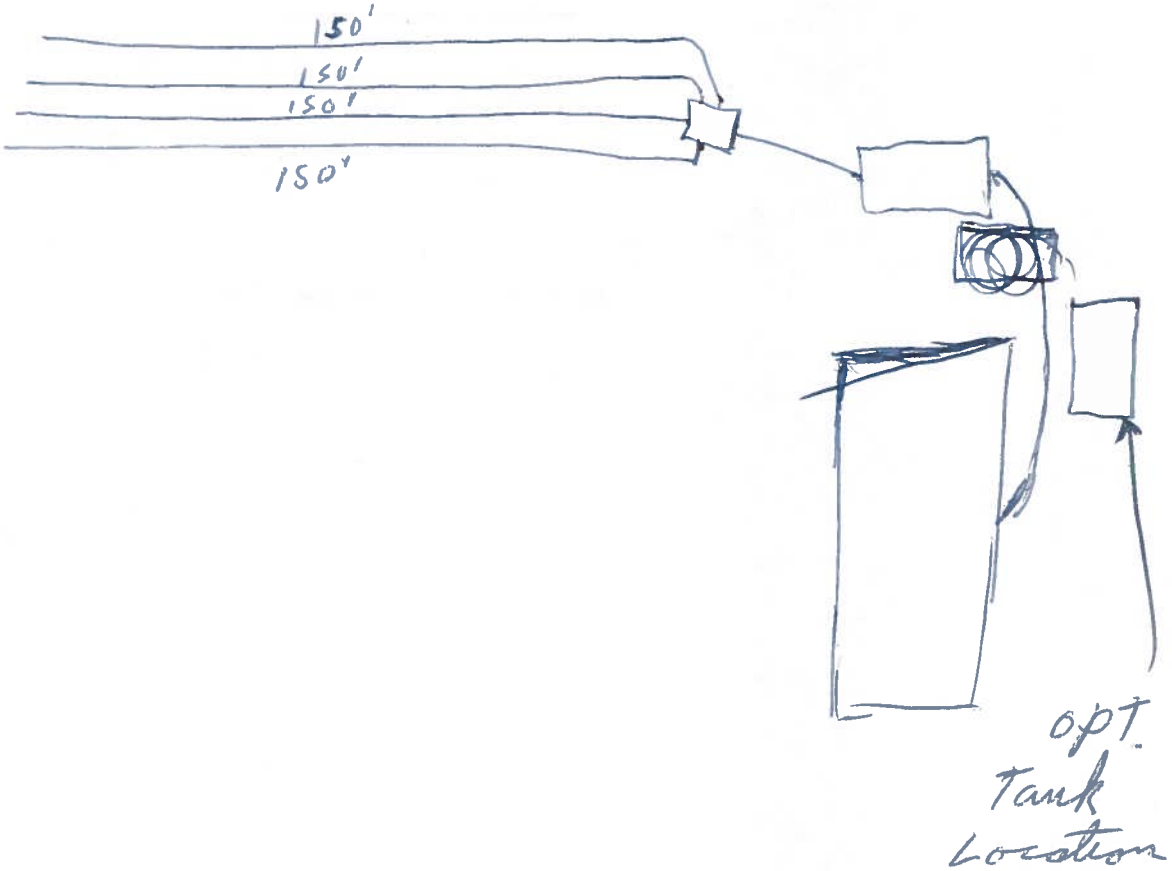
Leaching well _____

1/2

Inspected by Richard Foutz



Water well
House
DRIVE
15'
18'
DISTRIBUTION BOX - SPLIT FLOW
R/A
150'
150'
150'
150'
TOP LINE UNCOVERED AT THIS TIME - RIGID PLASTIC PIPE
LOWER THREE LINES COVERED AT TIME OF INSPECTION
1500 gal. SEPTIC TANK AT GRADE
T.R. 219 TO STONECREEK



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Ashcraft

(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 N/K

Casey

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 ~~Boulevard~~ – P.O. Box 443 Dover, Ohio 44622 Phone ~~364-4438~~

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner William Carey Phone _____ Date 8/30/77

Address R.D.#1 Newcomerstown hereby applies for a permit to

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

R.D.#1 Newcomerstown Salem Twp Twp. Rd. 214

(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 John Hogue Builder
(signature, owner or authorized agent)

X John ~~Hoge~~ Hogue
(installer's name)

~~(address)~~

R.D.#1 Newcomerstown
(address)

498-8421
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank — (gallon)

Leaching lines 900 (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 CGD

Date 8/31/77

Fee paid $25.00

Permit issued 9-1-77 PS
(date) (clerk)

Permit number 161-77

Inspection date 10/5/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

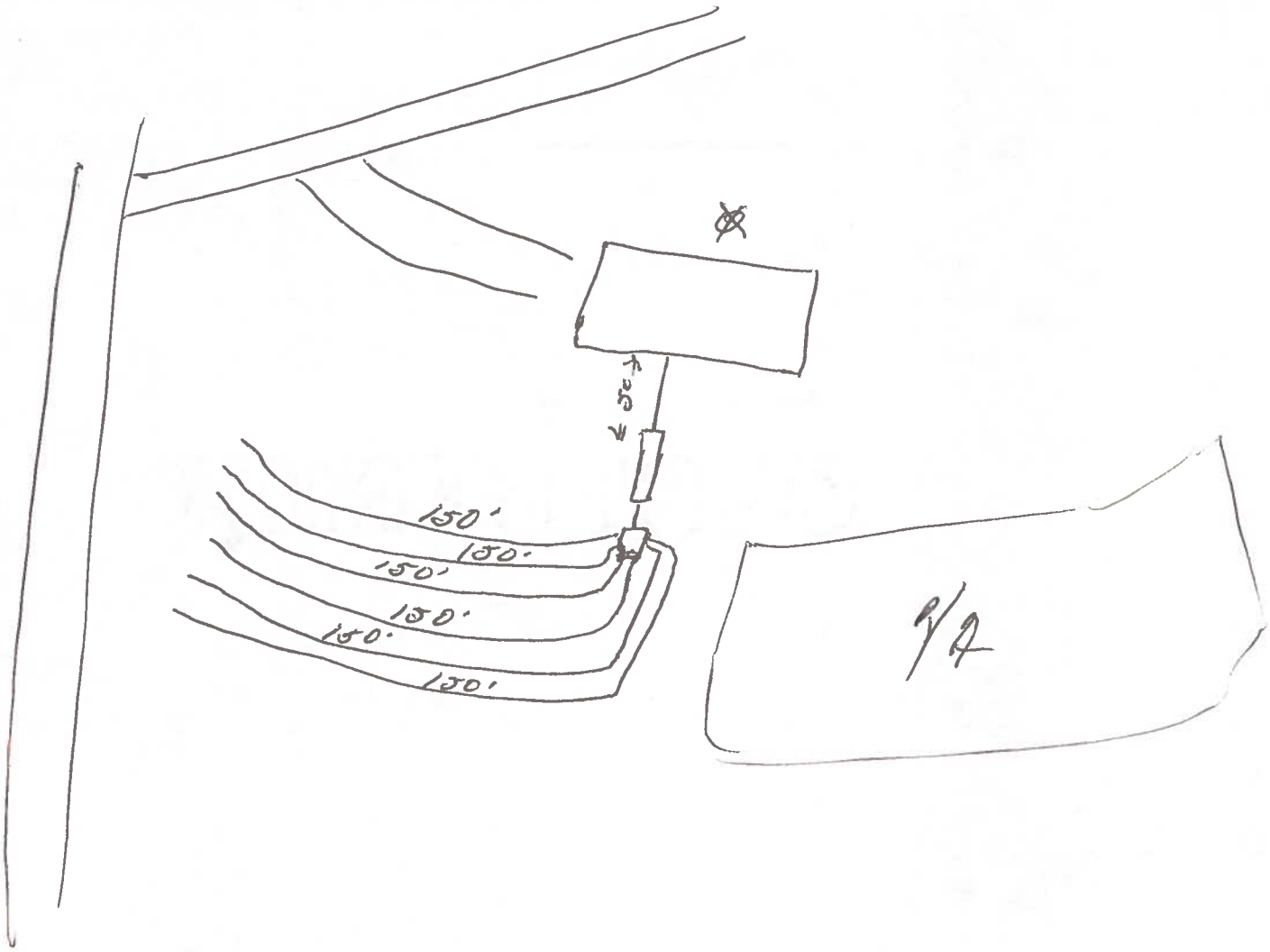
Leaching field 2 x 900 lineal ft.

Filter —

Leaching well —

43

Inspected by R. Fanning



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Casey Wilson
(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 ✓.

Chitti

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Michael James Chitti Phone _____ Date June 29, 1977

Address Rt # 1 Sherrodsville hereby applies for a permit to

(install), alter, extend or modify a sewage disposal system located at Route #1

Sherrodsville Warren Twp 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.

Michael J. Chitti
(signature, owner or authorized agent)

Michael Chitti
(installer's name)

Rt #1 Sherrodsville Ohio
(address)

same
(address)

This application is for the following disposal devices:

_____
(phone)

Septic tank 2000 (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 JAP

Date 6-29-77

Fee paid $25.00

Permit issued 6/29/77 PS (date) (clerk)

Permit number 104-77

Inspection date 10/3/77

INSTALLATION INSPECTION

Sewage tank 2000 gallon

Leaching field 2' x 600 lineal ft.

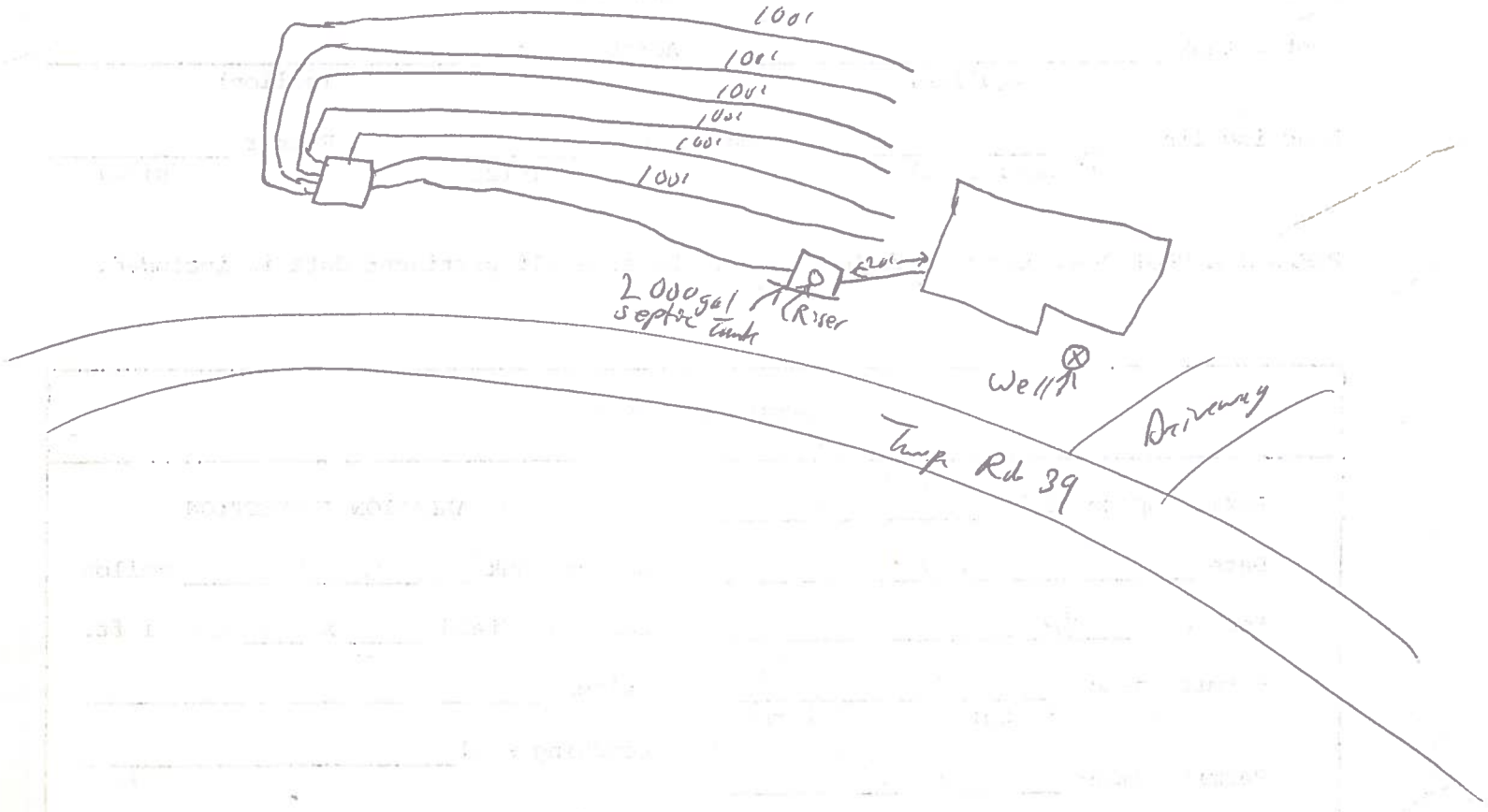
Filter —

Leaching well —

44

Inspected by CJD

Bottom three lines were installed at time of inspection but not connected to distribution box 10/3/77. C.H.D.



TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Chitti

818 BOULEVARD P.O. BOX 443, DOVER, OHIO 44622 PHONE 364-4438
PHONE TOLL FREE FROM SOUTHERN PART OF TUSCARAWAS COUNTY 254-9371

EVALUATION OF PROPERTY FOR SEWAGE DISPOSAL INSTALLATION

NAME Chitti, Michael DATE 3/12/76

ADDRESS R.D. #1 New Phila

LOCATION OF PROPERTY Warren Twp. (Town or Township) Twp. Rd. 39 (Street or Road Number)

PROPERTY SIZE 1.01 acre NAME IN WHICH DEED IS RECORDED Domenick Chitti

SOIL CONDITIONS: CLAY ___ SHALE ✓ SAND ✓ GRAVEL ___ LOAM ___ SURFACE WATER ___ ___

NUMBER OF PERCOLATION HOLES 8 RESULTS 8 holes dry when checked

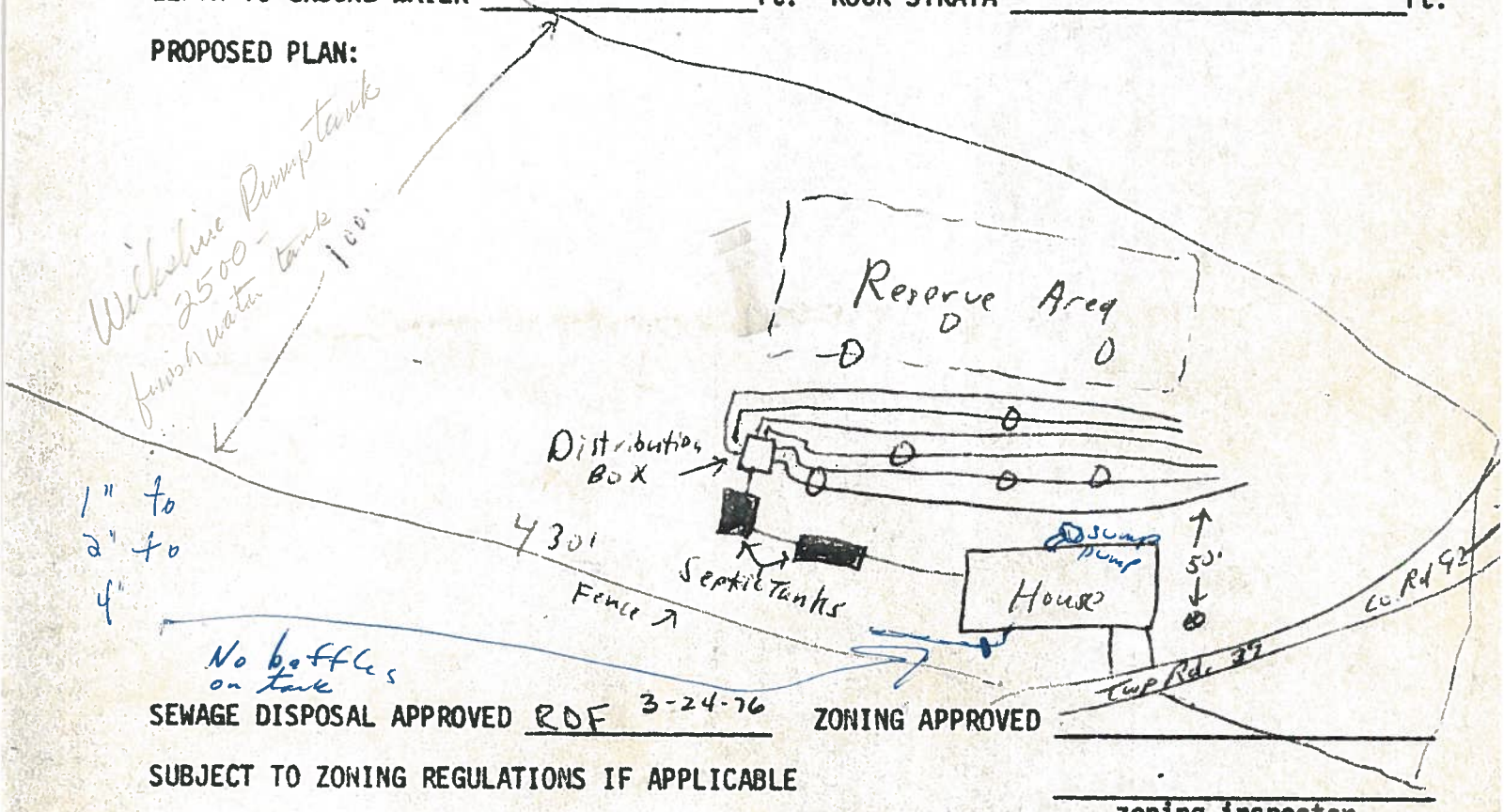
PROPOSED LAND USE: HOUSE ✓ MOBILE HOME ___ NUMBER OF BEDROOMS ~~3~~ 4

OTHER USE ___

WATER WELL TO BE DRILLED ⊗ LOCATION DESIGNATED BY ". X "

DEPTH TO GROUND WATER ___ ft. ROCK STRATA ___ ft.

PROPOSED PLAN:



SEWAGE DISPOSAL APPROVED RDF 3-24-76 ZONING APPROVED ___

SUBJECT TO ZONING REGULATIONS IF APPLICABLE

___
zoning inspector

2-1000 GAL. SEPTIC TANK

600 LINEAL FT. LEACHING TILE LINE

___ LEACHING WELL

Charles F. Dill
ENVIRONMENTALIST

HE-29-07. Septic tanks.

(A) The minimum capacity of septic tanks shall be:

(1) 1 - 2 bedroom - 1000 gallons;

(2) 3 bedroom - 1500 gallons in one or two tanks or compartments;

(3) 4 - 5 bedroom - 2000 gallons in two tanks or compartments; } 4 Bedroom Home

(4) 6 + bedroom - 2500 gallons in two tanks or compartments.

Explanation

The minimum septic tank capacity is predicated on a volume adequate to provide sewage retention time of 24 hours and incorporates provision for the volume of flow resulting from use of garbage grinders, automatic washers and other household appliances in each dwelling unit.

(B) In systems using two (2) tanks, the septic tanks shall be connected in series and all sewage shall initially enter the first tank.

Explanation

Tanks in series may be placed contiguous to each other or separated as desired. Any connector line less than 10 feet in length should be laid at not greater than 2% fall and not less than 2% fall when greater than 10 feet. Cleanouts shall be provided at any changes in direction greater than 45° and at intervals not to exceed 100 feet.

(C) The invert level of the inlet shall be not less than two (2) inches above the liquid level of the tank.

(D) A vented inlet baffle shall be provided to divert the incoming sewage downward. The baffle shall penetrate at least six (6) inches below the liquid level, but the penetration shall not be greater than that allowed for the outlet device.

(E) The outlet shall be fitted with a vented tee or baffle which shall extend not less than six (6) inches above and not less than eighteen (18) inches below the liquid level of the tank.

(C) Leaching field absorption area requirements for home sewage disposal systems shall be adequate to prevent water pollution or a nuisance, except those sites eliminated by regulations HE-29-01 to HE-29-20 of the Ohio Sanitary Code. The requirements set forth in Table I are accepted generally as being adequate.

Explanation

A leaching field properly installed and maintained in accordance with HE-29-01 to HE-29-20 should prevent water pollution and a nuisance. Variation from the leaching field absorption area requirements shall be based on a site evaluation by a qualified person as defined in HE-29-10(B).

TABLE I

LEACHING FIELD ABSORPTION AREA REQUIREMENTS
PRECEDED BY SEPTIC TANKS

SIZE OF DWELLING	SOIL PERMEABILITY LIMITATION EVALUATION	TOTAL LINEAL FT. OF TRENCH REQUIRED
Minimum 2 bedroom	Severe	600
Per each additional bedroom		300
Minimum 2 bedroom	Moderate	400
Per each additional bedroom		200
Minimum 2 bedroom	Slight	300
Per each additional bedroom		150

4 Bedroom Home
2 Bedroom = 300
300
Min requirement 600 linear feet

Farnsworth

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert Farnsworth Phone 874-3389 Date 6/28/77

Address Box 504, Zoar, Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at CR 102

RD#1, Bolivar Lawrence CR 102
(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 L. Farnsworth
(signature, owner or authorized agent)

T Quillin
(installer's name)

(address)

Rt 1, Mineral City
(address)

(phone)

This application is for the following disposal devices:

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

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

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

OFFICE USE ONLY

Permit approved by CIC

Date 6-29-77

Fee paid #25.00

Permit issued 6/28/77 PS
(date) (clerk)

Permit number 101-77

Inspection date OCT 4. 1977

INSTALLATION INSPECTION

Sewage tank 1500 gallon

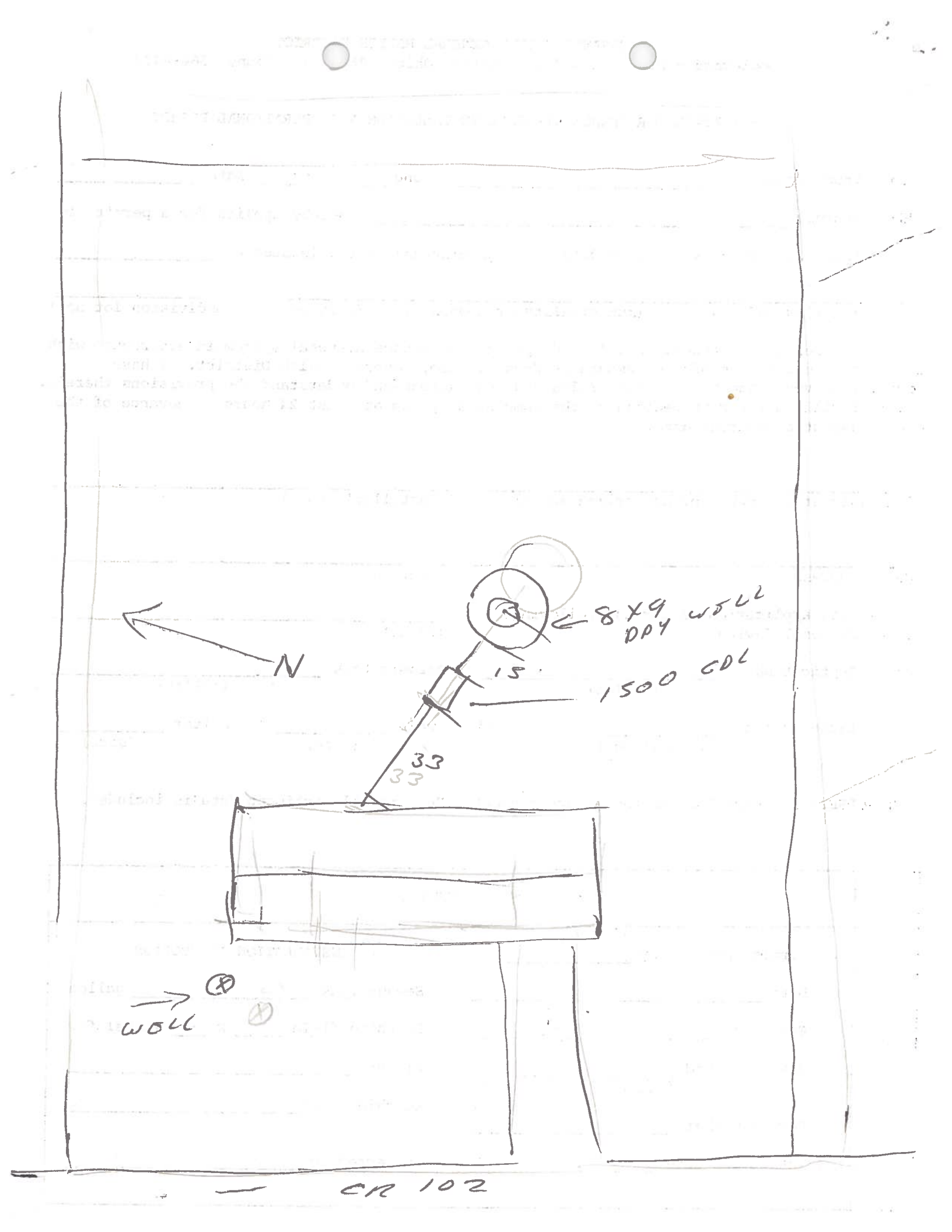
Leaching field ____ x ____ lineal ft.

Filter _____

Leaching well 8'x9'=3500GAL

Inspected by CARL KEMPF

45


N
8 x 9
DBY WOLL
15
1500 CDL
33
33
WOLL
CR 102

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 PHONE: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME ROBERT FARNSWORTH
ADDRESS BOX 504 TOADR OH.
PHONE 874-3389
PRESENT OWNER ROBT ECKHARDT
PROPERTY SIZE 150 X 300

CAUTION! EVALUATION ONLY - NOT A PERMIT

LOCATION OF PROPERTY LAWRENCE CR-102 - RT 1 BOLIVAR 1/2 MI NORTH BOLIVAR - CR-102
Town or Township Street, Road, Allotment, or Lot No.

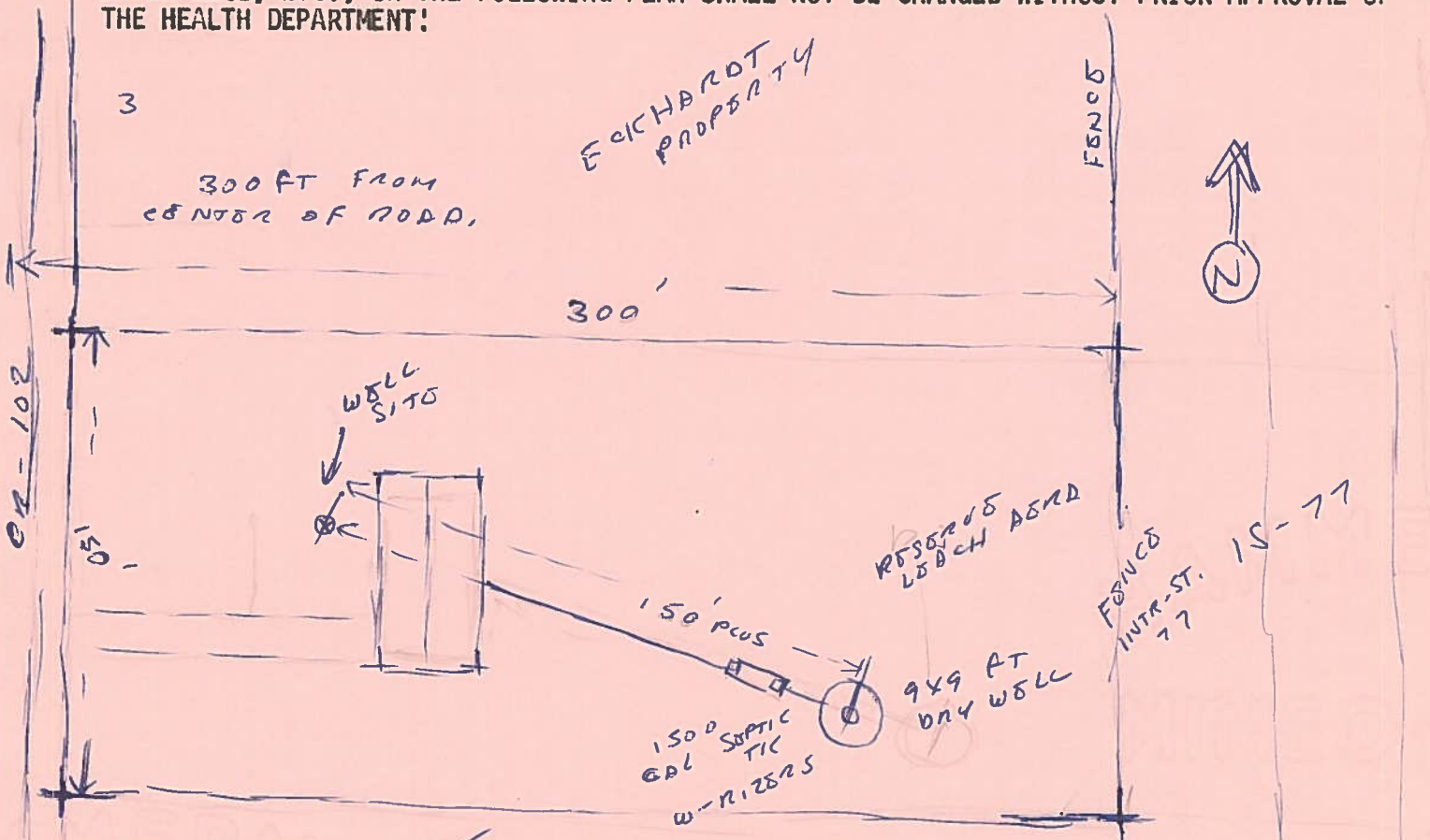
SOIL CONDITIONS SANDGRAVEL DEPTH TO GROUND WATER ____ ROCK STRATA ____

NUMBER OF PERCOLATION HOLES 1 RESULTS SATISFACTORY - 3-22-77

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

WATER WELL LOCATION = "X" ✓ BASEMENT DUMP PUMP NECESSARY - YES ____ NO ____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



SITE APPROVED: YES ✓ NO ____ INCOMPLETE ____

1500 GALLON SEPTIC TANK ____ LINEAL FEET OF LEACHING LINE ____ LEACHING (9X9 FT)

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVISES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL RESERVE AREA (DESIGNATED R/A).

DATE 3-22-77 ENVIRONMENTALIST Carl L Kemp

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

Bolivar 20122

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 PHONE: 364-4438 or 254-9371

SITE EVALUATION FOR:
NAME ROBT FARNSWORTH
ADDRESS BOX 504 ZOAR
PHONE 874-3389
PRESENT OWNER ROBT ECKHART
PROPERTY SIZE _____

CAUTION! EVALUATION ONLY - NOT A PERMIT

LOCATION OF PROPERTY LAWRENCE CR 102 RT 1 BOLIVAR,
Town or Township Street, Road, Allotment, or Lot No.

SOIL CONDITIONS _____ DEPTH TO GROUND WATER ____ ROCK STRATA _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" ____ BASEMENT DUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!

SITE APPROVED: YES _____ NO _____ INCOMPLETE ✓

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

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVISES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL RESERVE AREA (DESIGNATED R/A).

DATE 3-17-77 ENVIRONMENTALIST Carl L Kropf

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

Everhart

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 44[illegible] Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner GEORGE EVERHART Phone _____ Date 12 Oct 77

Address RR2 NEWCOMERSTOWN, OHIO hereby applies for a permit to install, ~~alter, extend or modify~~ a sewage disposal system located at SALEM TWP

RR2 NEWCOMERSTOWN / SALEM TWP CR 2A

(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.

_____ Dale R Baker

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

_____ RR3 Newcomerstown Ohio

(address) (address)

This application is for the following disposal devices: 4988051 (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 RDF

Date 10-17-77

Fee paid $25.00

Permit issued 10/18/77 RB (date) (clerk)

Permit number 201-77

Inspection date 10/19/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 600 lineal ft.

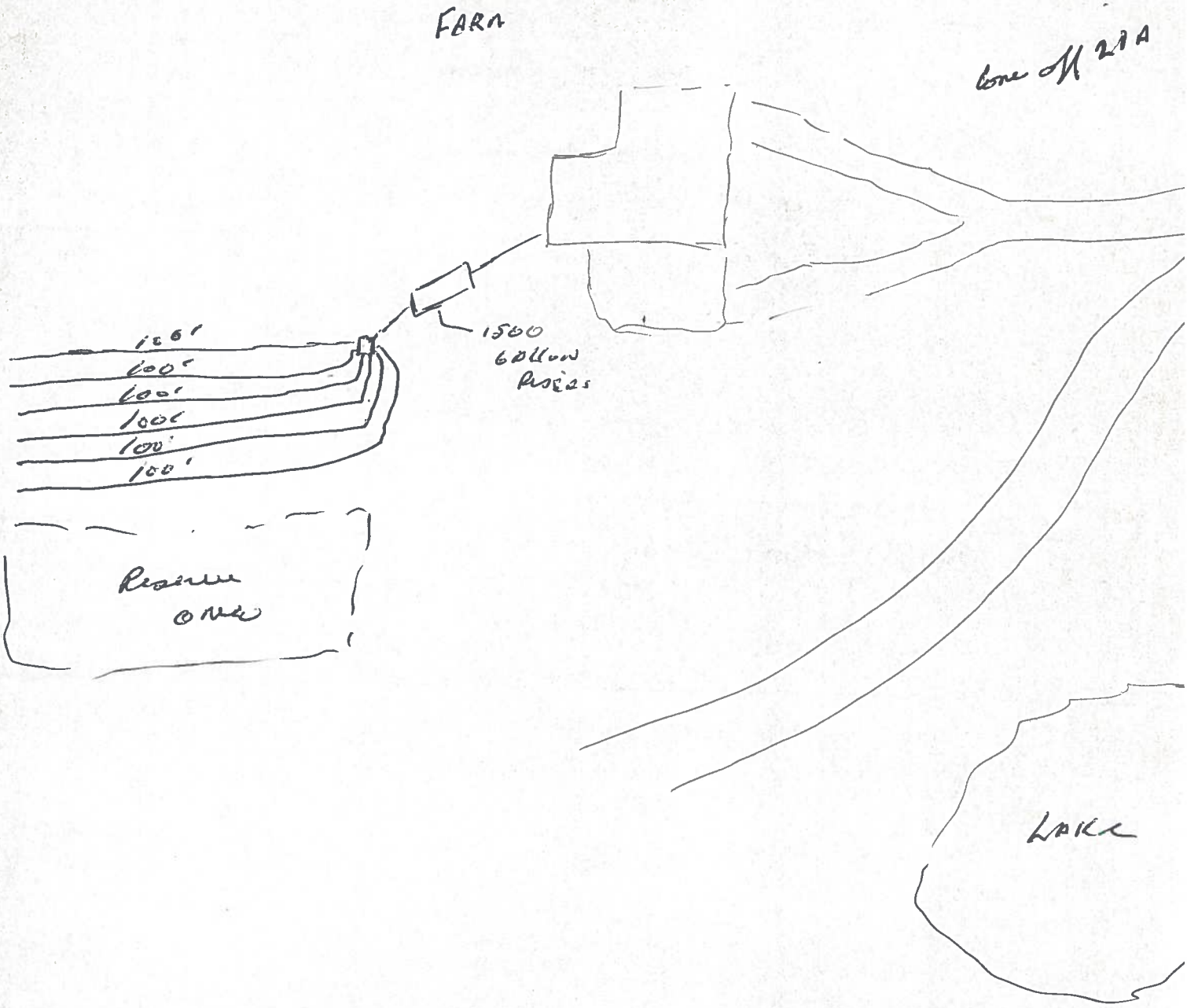
Filter —

Leaching well —

Inspected by R. Fanning

17

OCT 14 1977



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: EVERHart George
(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 ✓.

EDWARDS

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert Edwards Phone 343-1036 Date 9/19/77

Address 503 E 11th Dover hereby applies for a permit to

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

Rt#1 Strasburg (mailing address) Franklin (municipality or township) Cty Rd 99 (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.

Jane Gasser Dec. Trus. (signature, owner or authorized agent)

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

Rt#1 Dover (address)

Rt#1 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 10' X 10' (size)

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

OFFICE USE ONLY

Permit approved by EEP

Date 9/20/77

Fee paid $25.00

Permit issued 9/21/77 B (date) (clerk)

Permit number 182-77

Inspection date 10/24/77

INSTALLATION INSPECTION

Sewage tank AEROBIC gallon

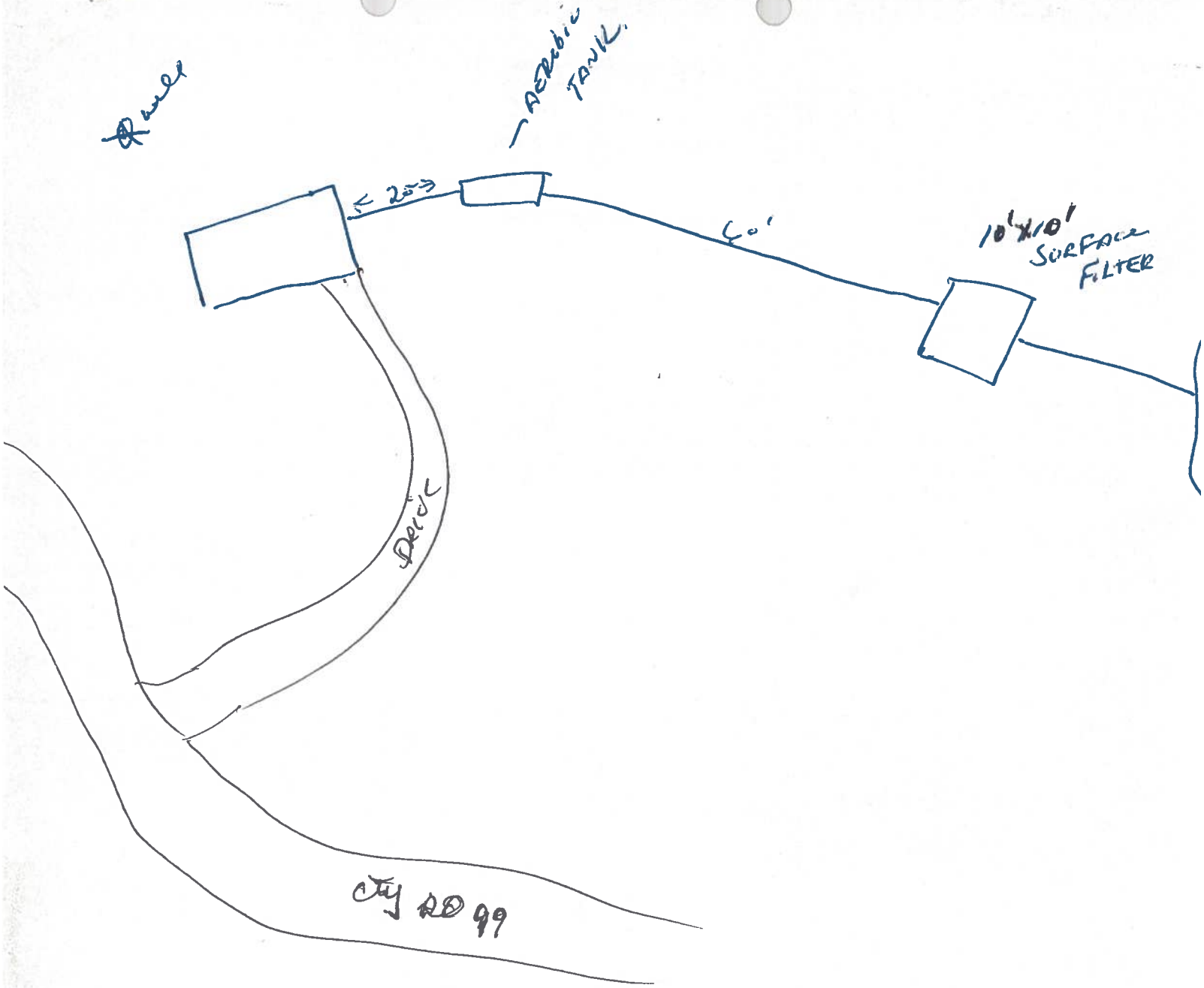
Leaching field ____ x ____ lineal ft.

Filter 10'X10' SURFACE

Leaching well _____

46

Inspected by R. Jennings



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Bob Edwards
(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 _____.

Abrom

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner STEVE ABROM Phone 339-2098 Date 11-21-77

Address RD#5 NEW PHILADELPHIA hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

RD#5 (mailing address) GOSHEN (municipality or township) 62 (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.

Steve Abrom (signature, owner or authorized agent)

SELF (installer's name)

RD #5 (address)

NEW PHILADELPHIA (address)

This application is for the following disposal devices:

_____ (phone)

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

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

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

OFFICE USE ONLY

Permit approved by DEP

Date 11-21-77

Fee paid $25.00

Permit issued 11-21-77 (date) RS (clerk)

Permit number 234-77

Inspection date 11-29-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

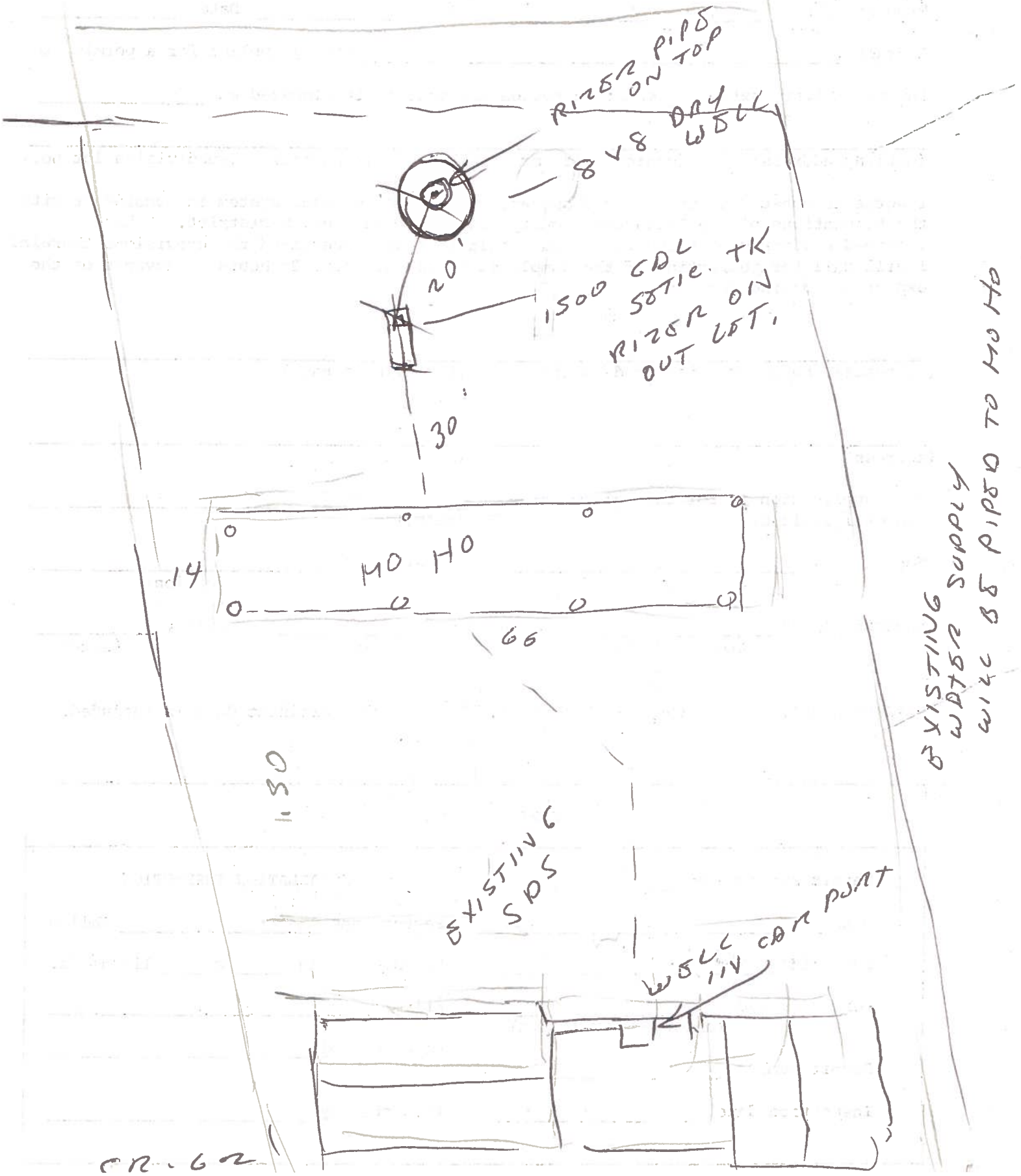
Leaching field _____ x _____ lineal ft.

Filter _____

Leaching well 8'X8'-3200 GDC

Inspected by EARL KEMPF

47


RIZER PIPE ON TOP
8 V 8 DRY WELL
20'
1500 GAL SETIC. TK
RIZER ON OUT LET.
30'
14
MO HO
66
EXISTING WATER SUPPLY WILL BE PIPED TO MO HO
EXISTING SDS
WELL IN CAR PORT
CR-62

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 Phone: 364-4438 or 254-9371

SITE EVALUATION FOR: Steve
NAME ABROMS- ~~Bill~~
ADDRESS _____
PHONE _____
PRESENT OWNER _____
PROPERTY SIZE _____

CAUTION! THIS IS NOT A PERMIT - EVALUATION ONLY

LOCATION OF PROPERTY Goshen Twp CTY RD 62 - OLD 250
Town or Township Street, Road, Allotment, or Lot No.

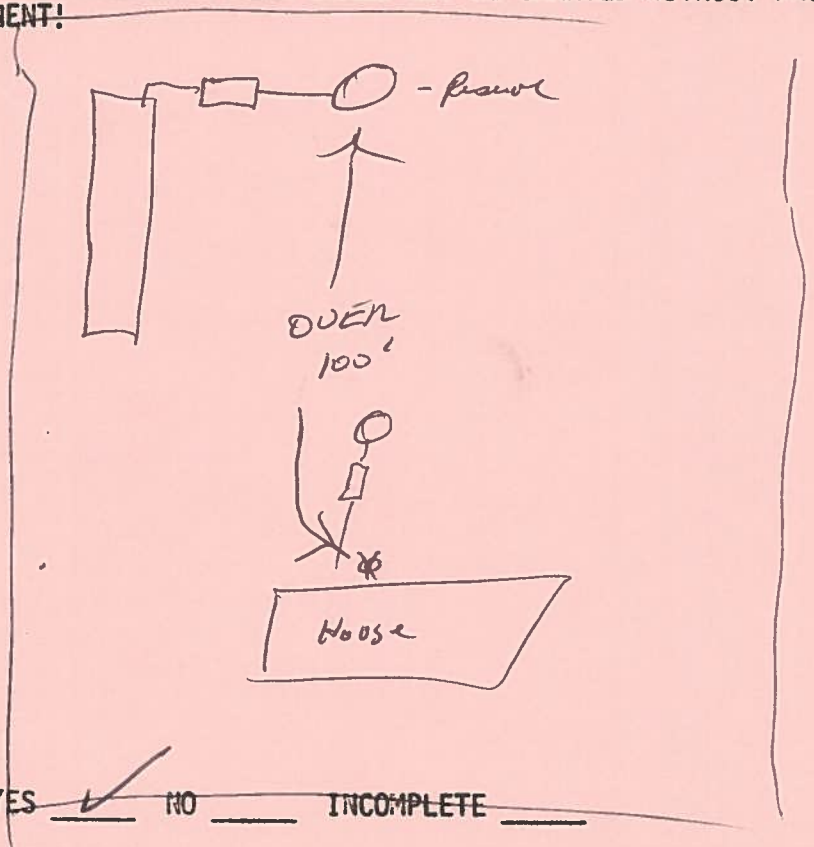
SOIL CONDITIONS SAND & GRAVEL DEPTH TO GROUND WATER _____ ROCK STRATA _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" _____ BASEMENT SUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



SITE APPROVED : YES ✓ NO ____ INCOMPLETE ____

1500 GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE ✓ LEACHING WELL 8'X8'

_____ AEROBIC TANK ____ FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED _____

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVICES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL AREA (DESIGNATED R/A).

DATE 10/6/11 ENVIRONMENTALIST Roger Fanning

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

~~Delporte~~ Ackerman

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Warren Ackerman ~~Patrick Delporte~~ Phone _____ Date 7/28/77

Address RD 1, Bolivar hereby applies for a permit to

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

RD 1, Bolivar (mailing address) Lawrence (municipality or township) Cathair (road no.) Lot C/6 (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)

Charles Kerns (installer's name)

_____ (address)

RD 1, Bolivar (address)

_____ (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 C.G.P.

Date 7/28/77

Fee paid $25.00

Permit issued 7/29/77 (date) BS (clerk)

Permit number 130-77

Inspection date 11-3-77

INSTALLATION INSPECTION

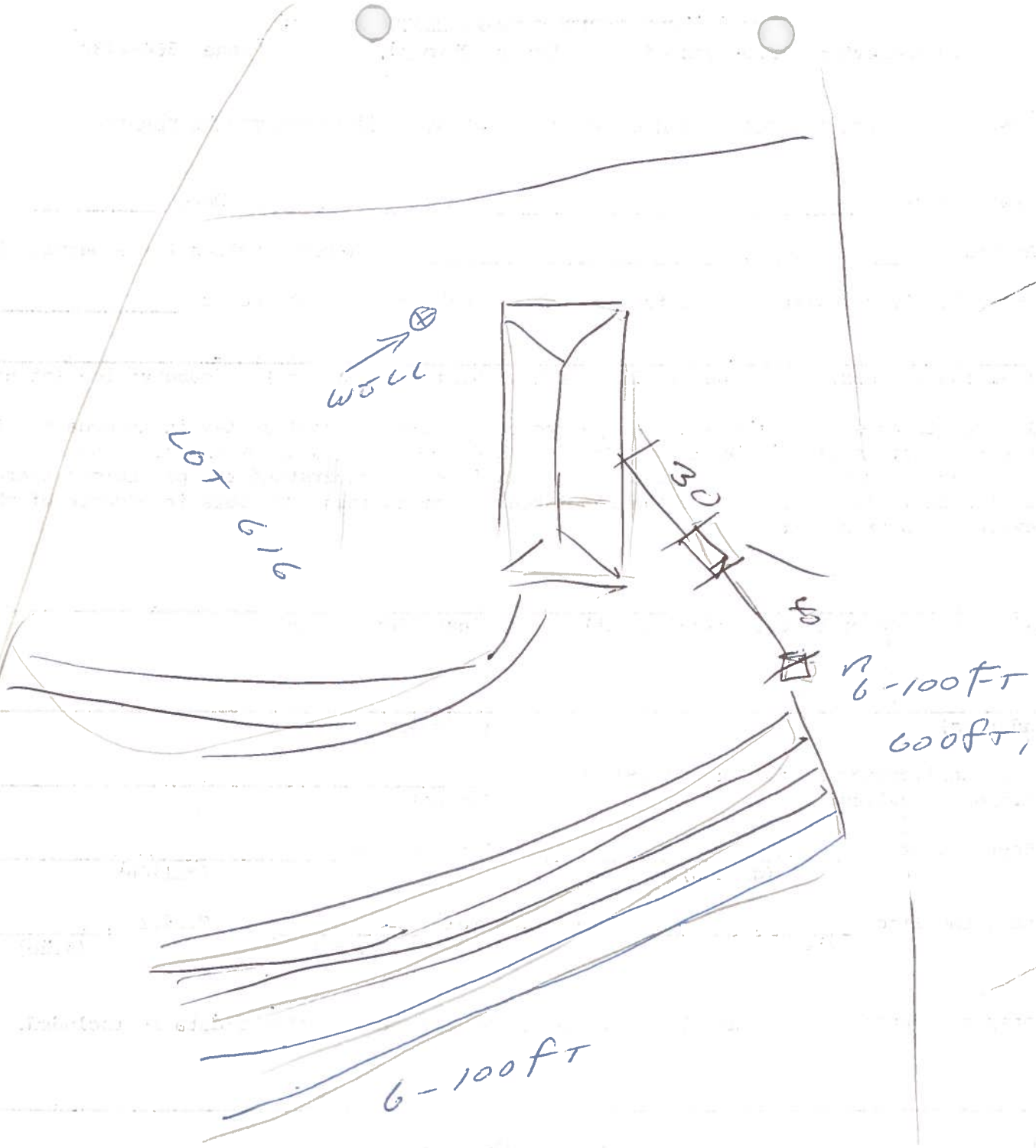
Sewage tank 1500 gallon

Leaching field 2 x 600 lineal ft.

Filter _____

Leaching well _____

Inspected by CARL ROMDF


WELL
LOT 616
30
6-100FT
600FT,
6-100FT

Appalachian Exploration

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Appalachian Exploration Inc Phone _____ Date 11-2-77

Address R.F.D. 1 Box 33 Gnadenhutten, O hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Salem Ctrd 24 St. Rt. 36
(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.

Jane Gasser Sec. Treas.
(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 2-1000 (gallon)

Aerobic tank ____ (gallon)

Leaching lines 800 (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 11-8-77

Fee paid 25.00

Permit issued 11/9/77 PS
(date) (clerk)

Permit number 223-77

Inspection date 11-25-77

INSTALLATION INSPECTION

Sewage tank 2-1000 gallon

Leaching field 16" x 800 lineal ft.

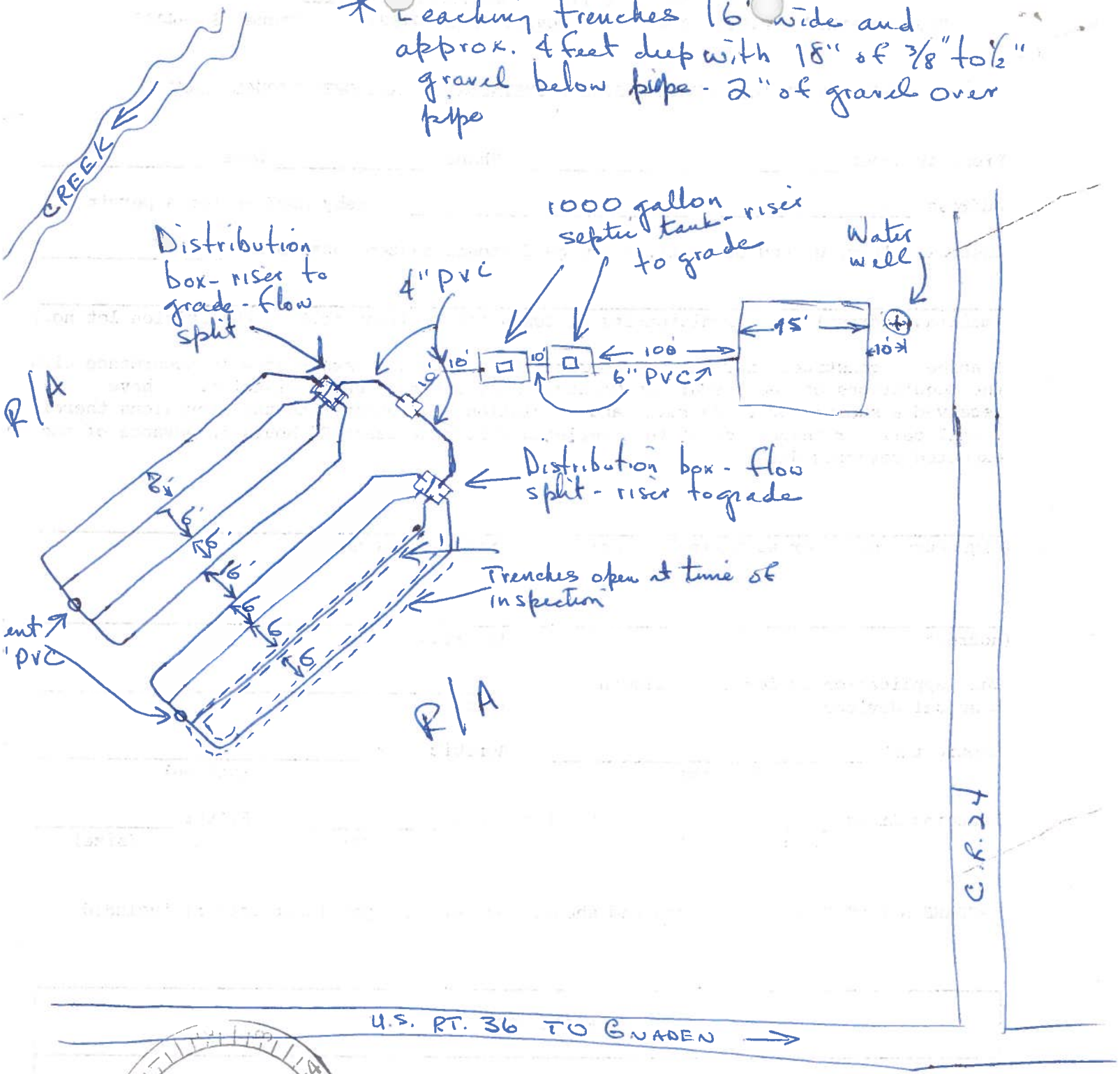
Filter ____

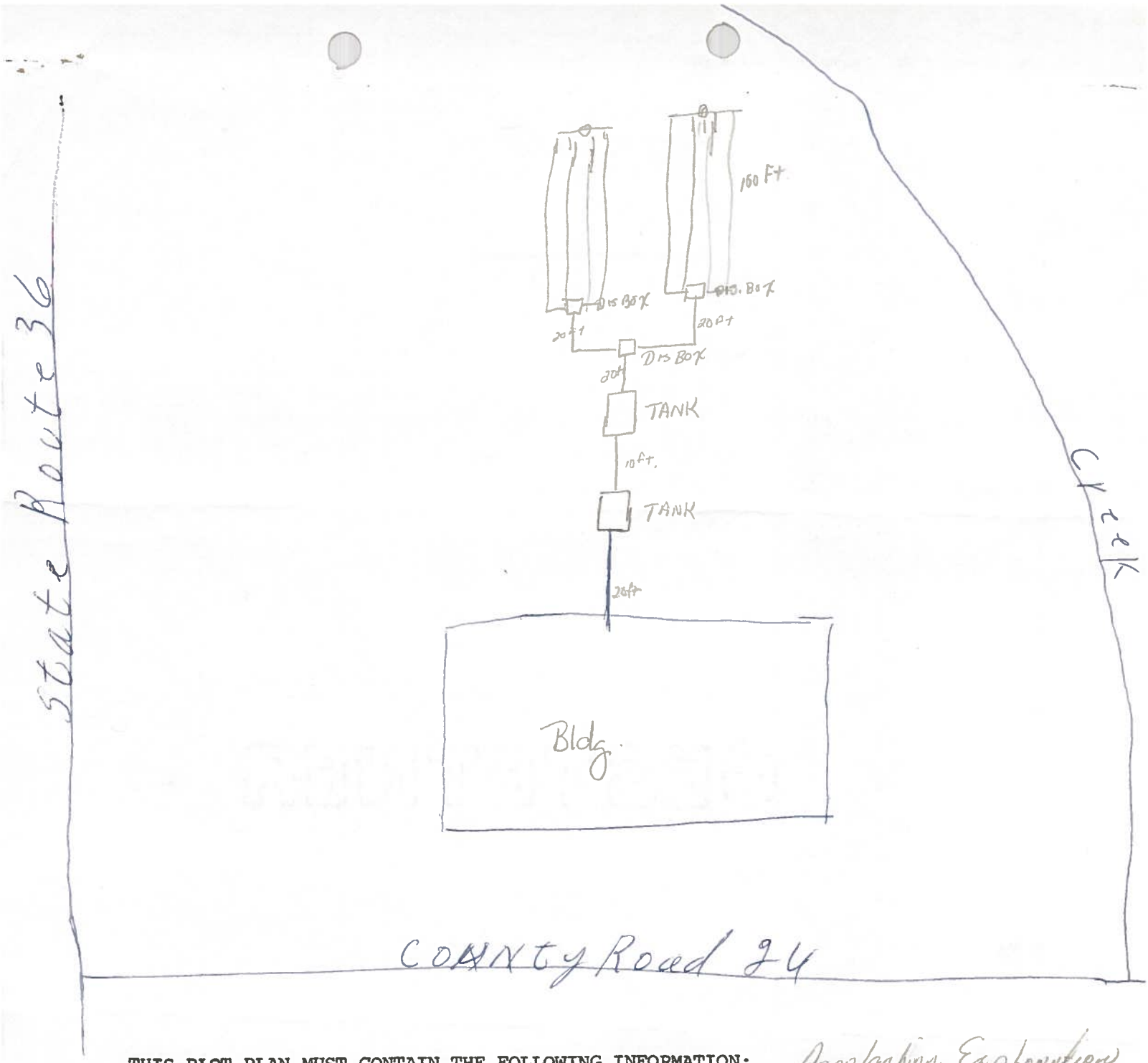
Leaching well ____

Inspected by Richard Fouts

49

* Leaching trenches 16' wide and approx. 4 feet deep with 18" of 3/8" to 1/2" gravel below pipe - 2" of gravel over pipe





THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Appalachian Exploration Inc.
(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 _____.

NOV 07 1977

Beamer

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Harvey Beamer Phone 339-3620 Date Nov 1 - 77

Address Route 5 New Phila Ohio hereby applies for a permit to

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

Brightwood (street past wedding shop 2nd alley to left) _____

(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.

Harvey Beamer
(signature, owner or authorized agent)

[redacted] Burdette
(installer's name)

Rt 5 New Phila Ohio
(address)

Midvale Ohio
(address)
Uhrichsville Ohio
(phone)

This application is for the following disposal devices:

Septic tank _____ (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well ✓ _____ (size)

Filter _____ (size)

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

Someone was down from the office & knows all the particulars

OFFICE USE ONLY

Permit approved by RT

Date 11/2/77

Fee paid $25.00

Permit issued 11-8-77 (date) BS (clerk)

Permit number 22-77 (222)

Inspection date 11/23/77

INSTALLATION INSPECTION

Sewage tank Existing gallon

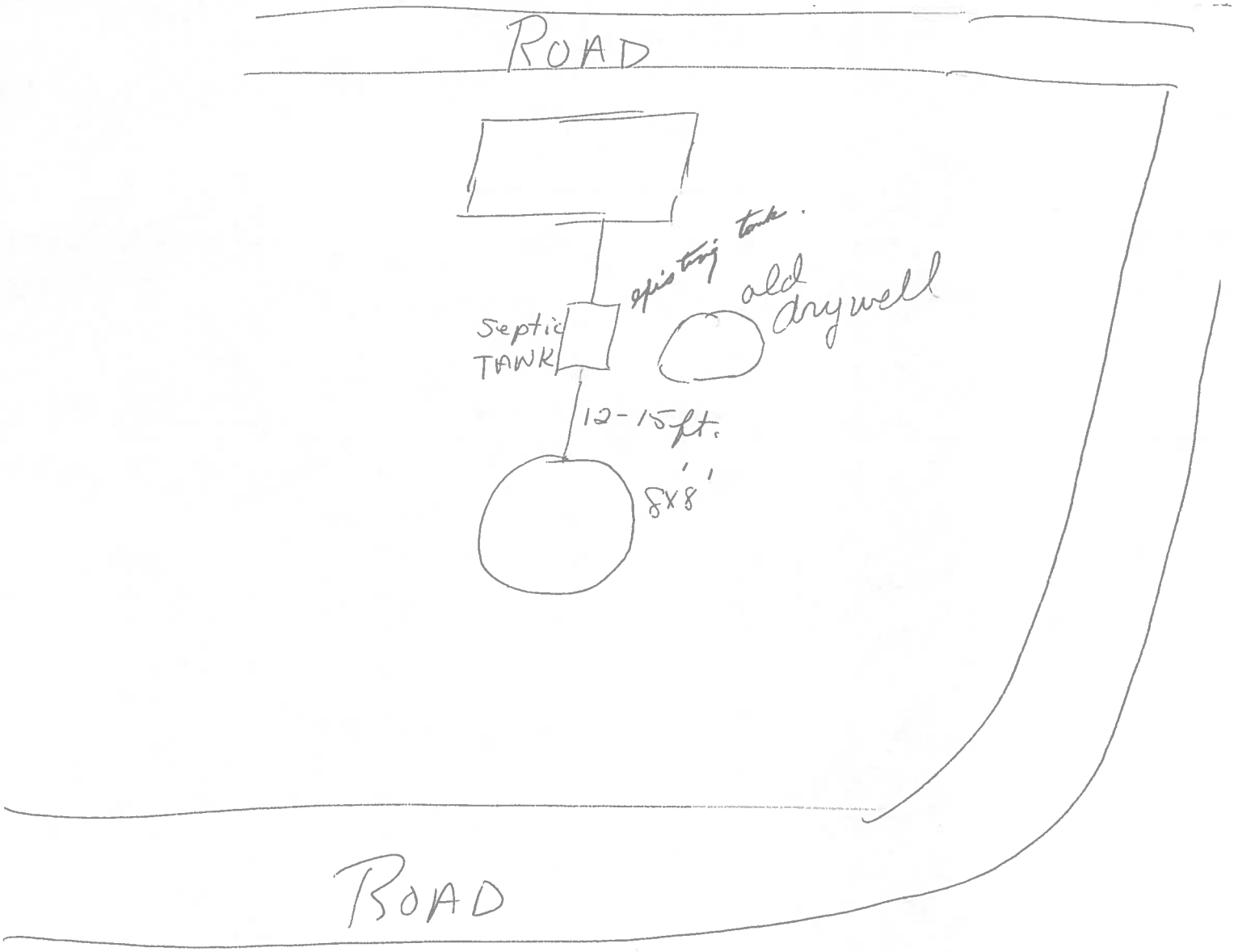
Leaching field ____ x ____ lineal ft. 50

Filter ____

Leaching well 8'x8'6

Inspected by R. Fanning

NOV 04 1977



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Beomer Harvey
(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 Beavers
818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner James & Leila Beavers Phone none Date 10/7/77

Address RD 2, New Phila. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

RD 2, New Phila. TR. 330 Dover Twp.
(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. Leila Beavers
(signature, owner or authorized agent)

X Robert Schaar, Jr.
(installer's name)

(address)

RD3, Dover
(address)

This application is for the following disposal devices:

(phone)

Septic tank _____ (gallon)

Aerobic tank Jet (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 10 X 10 (size)

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

OFFICE USE ONLY

Permit approved by EEP

Date 10-7-77

Fee paid $25.00

Permit issued 10/7/77 PS
(date) (clerk)

Permit number 192-77

Inspection date 11/7/77

INSTALLATION INSPECTION

Sewage tank aerobic gallon

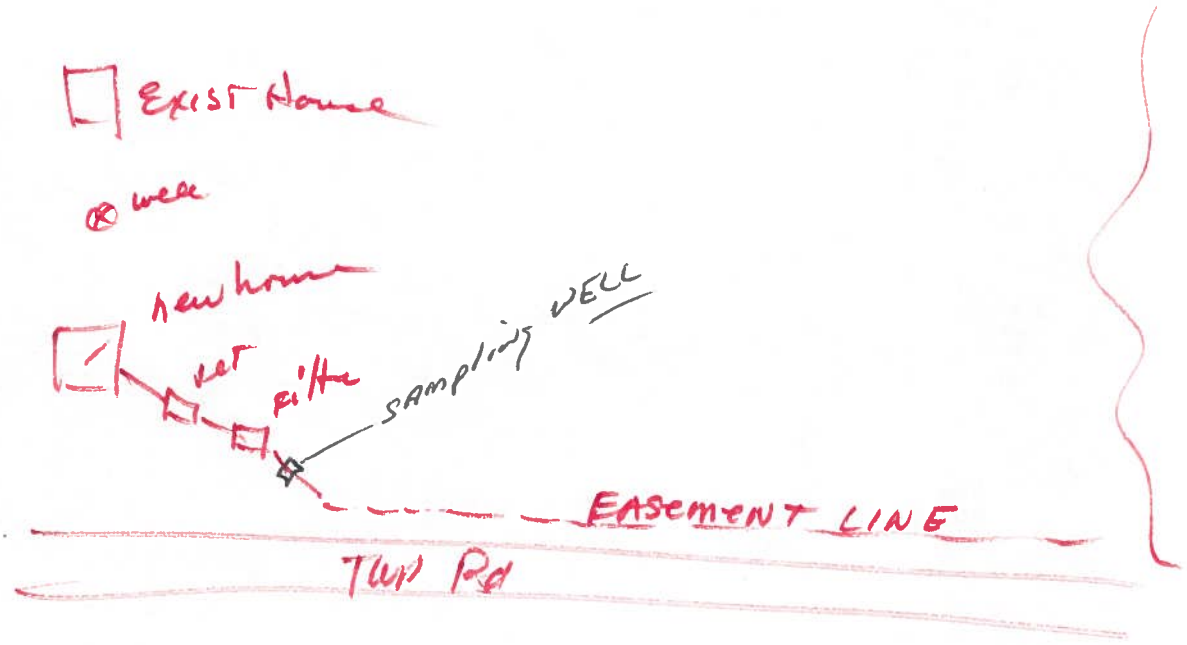
Leaching field ____ x ____ lineal ft.

Filter 10'x10' Surface

Leaching well —

Inspected by R. Fanning

51



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Beaureau Jones
(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 ✓.

8643

DEED OF EASEMENT

VOL. 4 PAGE 702

KNOW ALL MEN BY THESE PRESENTS, That I/~~We~~ DONALD C. KNEUSS, the Grantors, in consideration of the sum of One Dollar($1.00) and other good and valuable considerations, received from JAMES H. + LEILA J. BEAVERS, 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 DOVER, County of Tuscarawas and State of Ohio:

Description of Property: TRACT OF LAND LOCATED IN STATE OF OHIO, COUNTY OF TUSCARAWAS, TOWNSHIP OF DOVER, BEING MORE FULLY DESCRIBED IN VOL. NO. 495 PAGE 384 OF THE TUSCARAWAS COUNTY DEED RECORDS.

This easement is to be 15 feet in width, the center line of which is described as follows: NOT LESS THAN 27½ FEET FROM CENTER OF DOVER TWP. RD. 330.

Description of Easement:

BEING A 15 FEET EASEMENT RUNNING NORTH TO SOUTH ON EAST SIDE OF DOVER TWP. RD. 330.

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 15 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 5th day of October, 1977.

In the presence of

William W. Wickly

Aaron R. Funk Jr.

Donald C. Kneuss

Notary Public

AARON R. FUNK, JR.
Notary Public, Tuscarawas County, Oh.
My Commission Expires Mar. 20, 1982

RECEIVED FOR RECORD
THEODORE M. UNDERWOOD, County Recorder
11.22 AM
OCT 5 1977

8643

Recorded Oct 5 1977
Vol. 4 Page 702 of the MISC Records of
Tuscarawas County, Ohio

4.00

8642

VOL. 533 PAGE 669

PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/~~we~~, DONALD C. KNEUSS, heirs or assigns, as owner or owners of a certain tract of land, located in DOVER Township, Tuscarawas County, Ohio, as described in Volumn 495 Page 384, of the Tuscarawas County Deed Records, do hereby grant permission to JAMES H. & LEILA J. BEAVERS, heirs or assigns, owners of a tract of land as described in Volumn 485 Page 809, 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

William H Kubel

Aaron P Funk Jr

Signature - Persons Granting Permission

Donald C Kneuss

Subscribed and duly sworn before me according to law, by the above named persons this 5th day of October, 1977, at New Phila., Ohio, County of Tusc. and State of Ohio.

(Official Seal of Notary)

RECEIVED FOR RECORD
THEODORE M. UNDERWOOD, County Recorder
8642 11:21 Am
OCT 5 1977
Recorded Oct 5 1977
Vol. 533 Page 669 of the Records of
Tuscarawas County, Ohio
4.00
2mR. 1.00

Aaron P Funk Jr
(Signature of Notary Public)
AARON R. FUNK, JR.
Notary Public, Tuscarawas County, Oh.
My Commission Expires Mar. 20, 1982

NO TRANSFER NECESSARY
Donald R. Kinsey
COUNTY AUDITOR

This instrument prepared by the Tuscarawas County General Health District.

Bier

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner William J Bier Phone 922-3084 Date Sept 8, 1977

Address RT #2 Uhrichsville Ohio hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at Union TWP 295

RT #2 Uhrichsville 295

(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.

William J Bier
(signature, owner or authorized agent)

Blickensderfer
William J Bier
(installer's name)

above
(address)

(address)

(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank (gallon)

Leaching lines 750 (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 9-8-77

Fee paid $25.00 Receipt #

Permit issued 9/8/77 (date) BS (clerk)

Permit number 167-77

Inspection date 11-9-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 150 lineal ft.

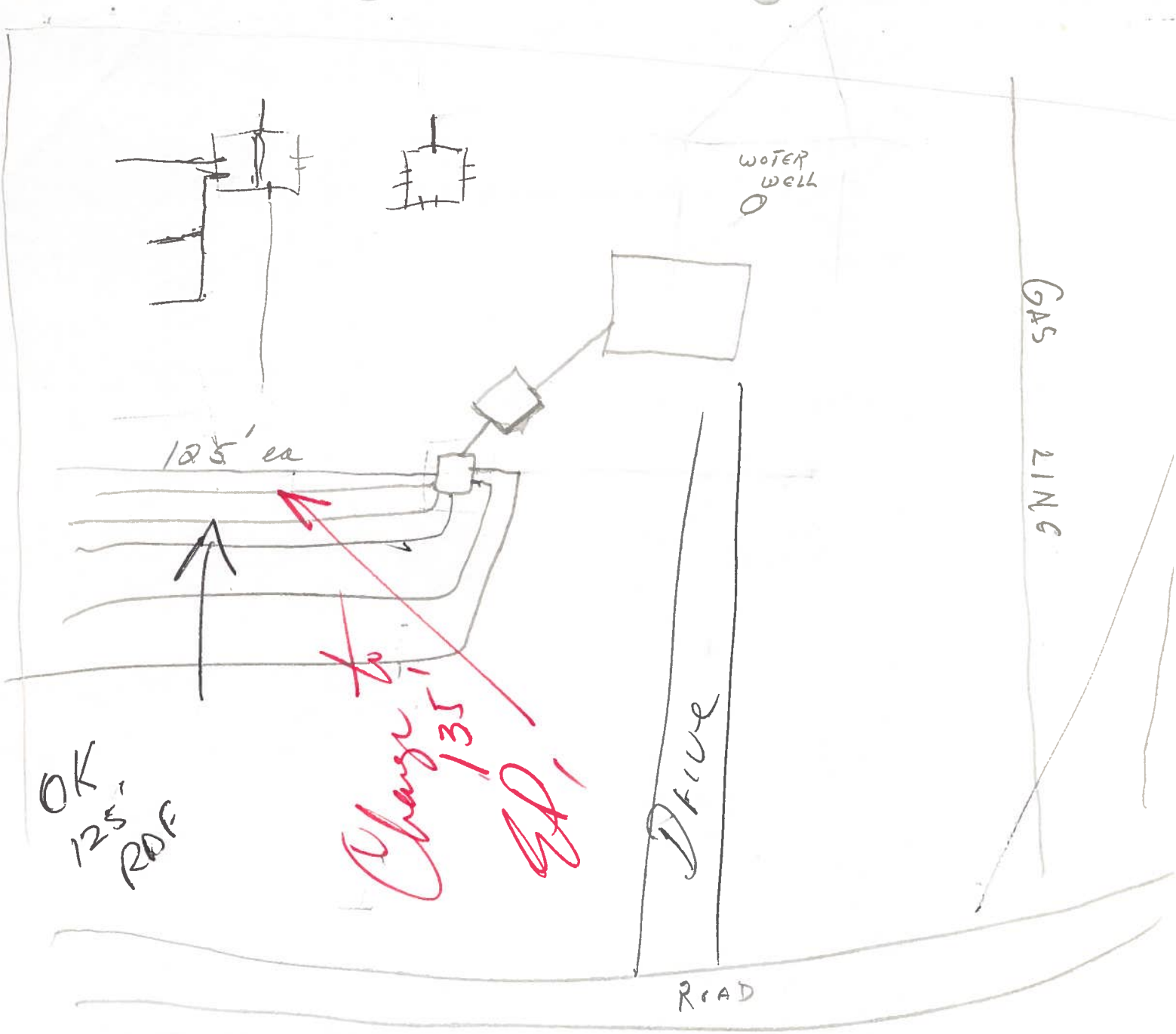
Filter

Leaching well

Inspected by Richard Fouts

52

PROPERTY LINE
LOWEST LINE OPEN AT TIME OF INSP.
RESERVE AREA
ABANDONED GAS WELL
125'
125'
125'
125'
125'
DISTRIBUTION BOX - SPLIT FLOW
SEPTIC TANK WITH RISER
40'
90'
HOUSE
DRIVE
T.R. 290 TO C.R. 31



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 ga line above.

140
6
840
125
6
750

Biers

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD P.O. BOX 443, DOVER, OHIO 44622
PHONE: 364-4438, OR PHONE TOLL FREE FROM SOUTHERN PART OF TUSCARAWAS COUNTY 254-9371

EVALUATION OF PROPERTY FOR SEWAGE DISPOSAL INSTALLATION

NAME Biers, William DATE 6·10·76

ADDRESS _____

LOCATION OF PROPERTY Union (Town or Township) Twp. Rd. 295 (Street or Road Number)

PROPERTY SIZE 3 ACRES NAME IN WHICH DEED IS RECORDED ?

SOIL CONDITIONS: CLAY ✓ SHALE ___ SAND ___ GRAVEL ___ LOAN ___ SURFACE WATER ___

NUMBER OF PERCOLATION HOLES 6 RESULTS ~~Unsatisfactory~~ 34 min to 1 inch

PROPOSED LAND USE: HOUSE ✓ MOBILE HOME ___ NUMBER OF BEDROOMS ___

OTHER USE: _____

WATER WELL TO BE DRILLED _____ WELL LOCATION DESIGNATED BY "X"

DEPTH TO GROUND WATER _____ ft. ROCK STRATA _____ ft.

PROPOSED PLAN:

holes dug other portion of lot 3 acre where west condition not encountered (DRY) (7") DRY (8") (9")

See back of Sheet

~~Results after 5 hrs. checked 3 p.m. 6-9-76~~

~~Results after 24 hrs. in ( )~~

THIS IS NOT AN INSTALLATION PERMIT!
Contact the Health Department prior to the start of construction.

SEWAGE DISPOSAL APPROVED OKNM SUBJECT TO ZONING REGULATIONS IF APPLICABLE

ZONING APPROVED _____ _____ zoning inspector

1500 GALLON SEPTIC TANK

810 LINEAL FT. LEACHING TILE LINE

_____ LEACHING WELL

6 lines 135' each

Norm. Miller
Richard [illegible]
ENVIRONMENTALIST

PL

6
6
6
6
9
9
6
6

8) 54.6
6.8

11 1,11 2:30

Drop. 5"

34 Ave. time per inch

6 7/8) 240
21
30

135
6
810

135
16) 800
0

0 5 3/4 remain

0 - 6 1/2 remain

0 - 6 1/2 remain

0 - 7 in remain

0 - 3 remain

0 - 3 remain

0 - 6 remain

0 6 1/2

R.A.

TR 290

Blackwell

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner D. Steven Blackwell Phone 343-1720 Date _____

Address 1007 Logan St. N.W. New Philadelphia hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Route 1

New Philadelphia (mailing address) Warren Twnshp (municipality or township) 394 (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.

D. Steven Blackwell (signature, owner or authorized agent)

D. Steven Blackwell (installer's name)

1007 Logan St. New Philadelphia (address)

1007 Logan St. New Philadelphia (address)

This application is for the following disposal devices:

343-1720 (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 RDF

Date 5-26-77

Fee paid 25.00 by Blackwell

Permit issued 5/27/77 (date) PS (clerk)

Permit number 71-77

Inspection date 10-25-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 600 lineal ft. 53

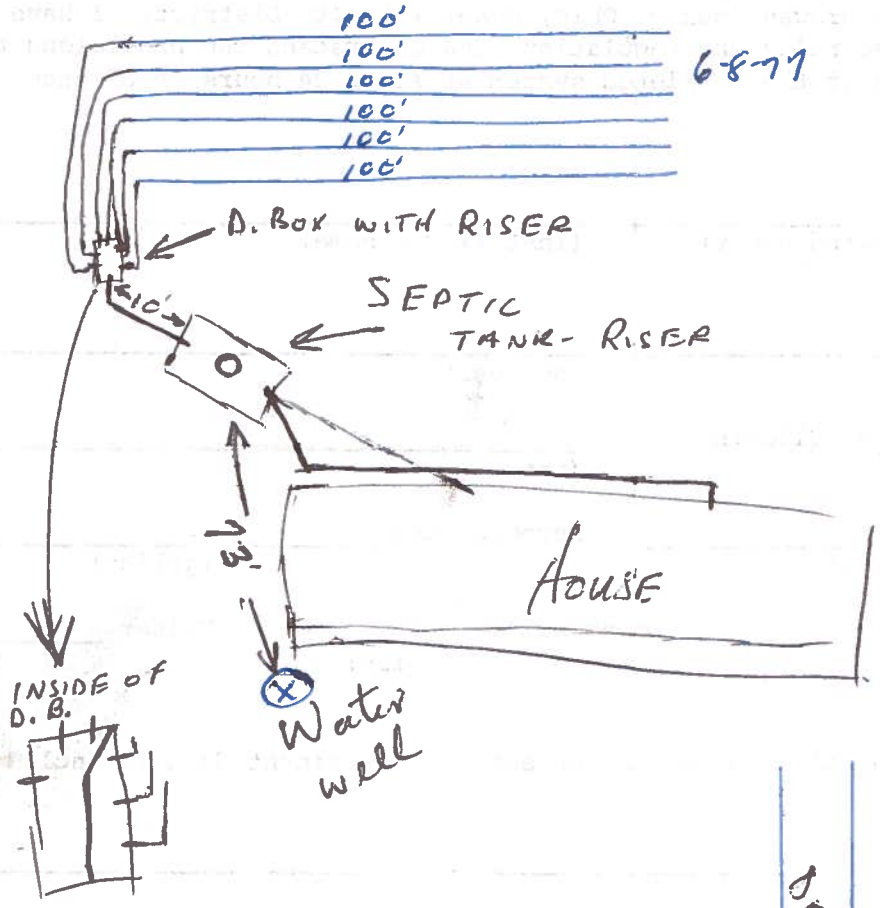
Filter _____

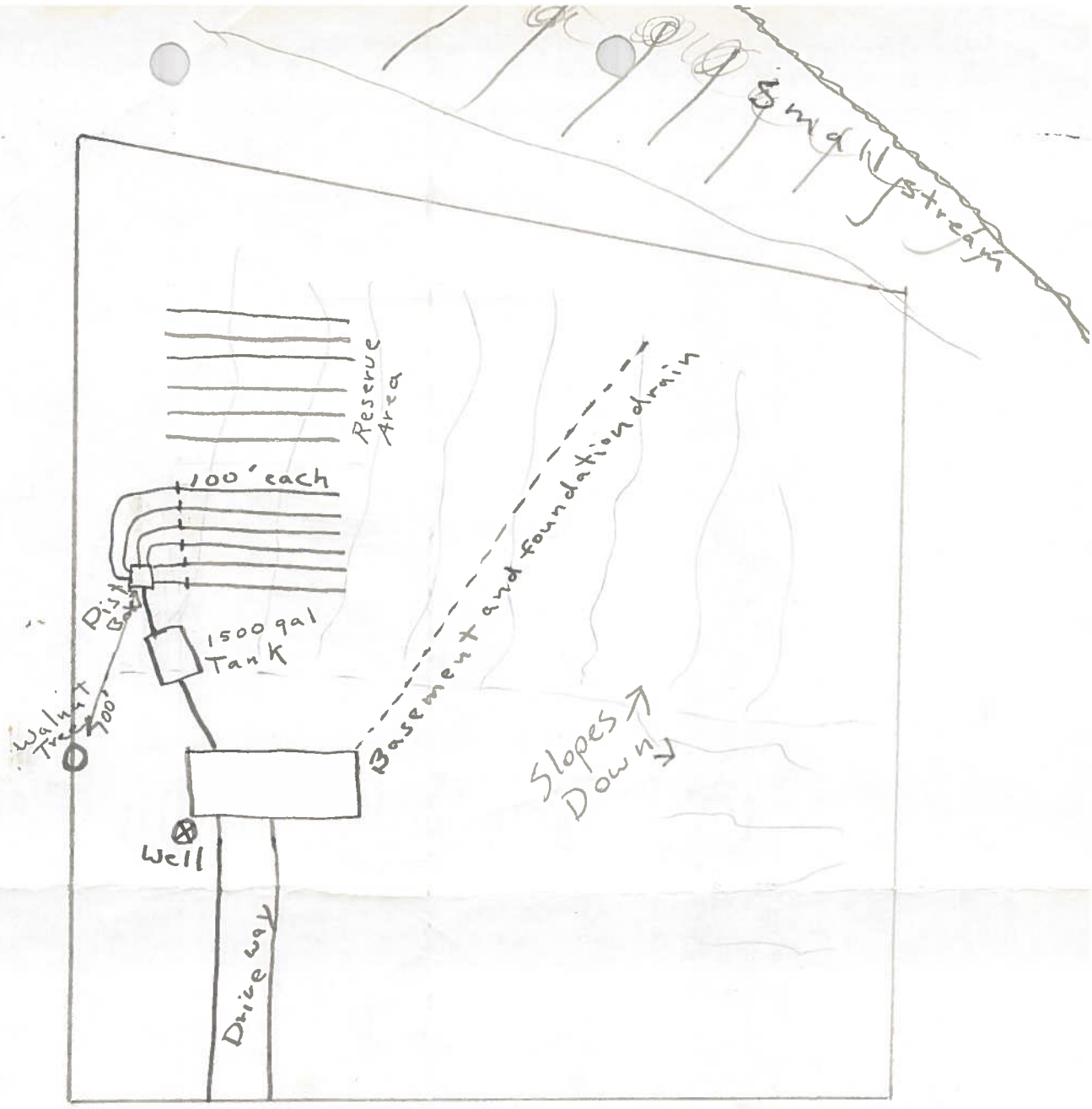
Leaching well _____

Inspected by Richard Fritz

PARTIAL INJECTION
6-8-77 600 LINEAL FEET OF LEACHING TILE LINES INSTALLED AT THIS TIME

R/A





THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: D. Steven Blackwell
(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 X.

Crawford

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone - 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Crawford, Kenny Lebold, Marg Phone 866-2300 Date 10/11/77

Address Sandyville hereby applies for a permit to

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

RD 1, Winfield (mailing address) Franklin (municipality or township) TR 428 (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)

Dick Hines (installer's name)

_____ (address)

RD 1, Stonecreek (address)

_____ (phone)

This application is for the following disposal devices:

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

Leaching lines 600 (lineal feet) Leaching well _____ (size) Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by C.S.

Date 10/11/77

Fee paid $25.00

Permit issued 10/11/77 (date) BS (clerk)

Permit number 194-77

Inspection date 11/1/77

INSTALLATION INSPECTION

Sewage tank 1000 gallon

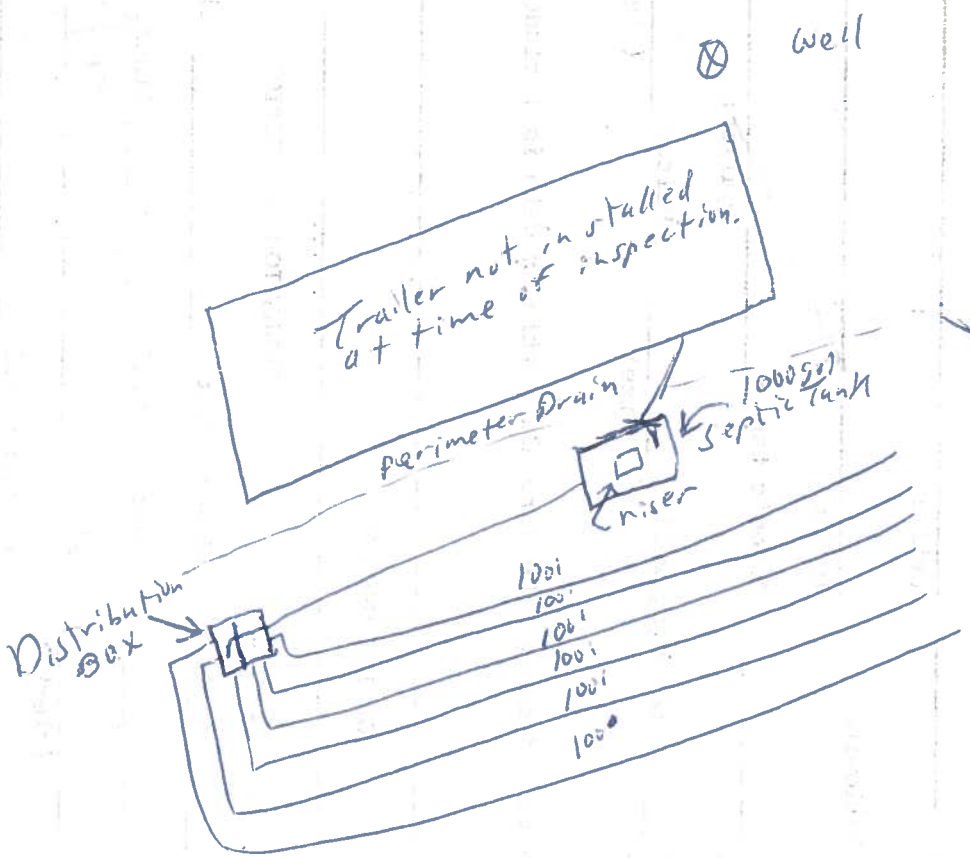
Leaching field 16" x 600 lineal ft.

Filter —

Leaching well —

EU

Inspected by C.S.


well
Trailer not installed at time of inspection.
perimeter Drain
1000 Gal Septic Tank
riser
Distribution Box
100'
100'
100'
100'
100'

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Jame Bleckensteder Phone _____ Date 10/27/77

Address Route #1 Dennison hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Route #1 Dennison St. Route 250
(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.

R. M. Schaar Jr.
(signature, owner or authorized agent)

R. M. Schaar Jr.
(installer's name)

_____
(address)

Route #3 Dover
(address)

This application is for the following disposal devices:

364-2708
(phone)

Septic tank 1000 (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 RF

Date 10/31/77

Fee paid $25.00

Permit issued 11-1-77 PS
(date) (clerk)

Permit number 211-77

Inspection date 10/31/77

INSTALLATION INSPECTION

Sewage tank 1000 gallon and aerobic tank gallon

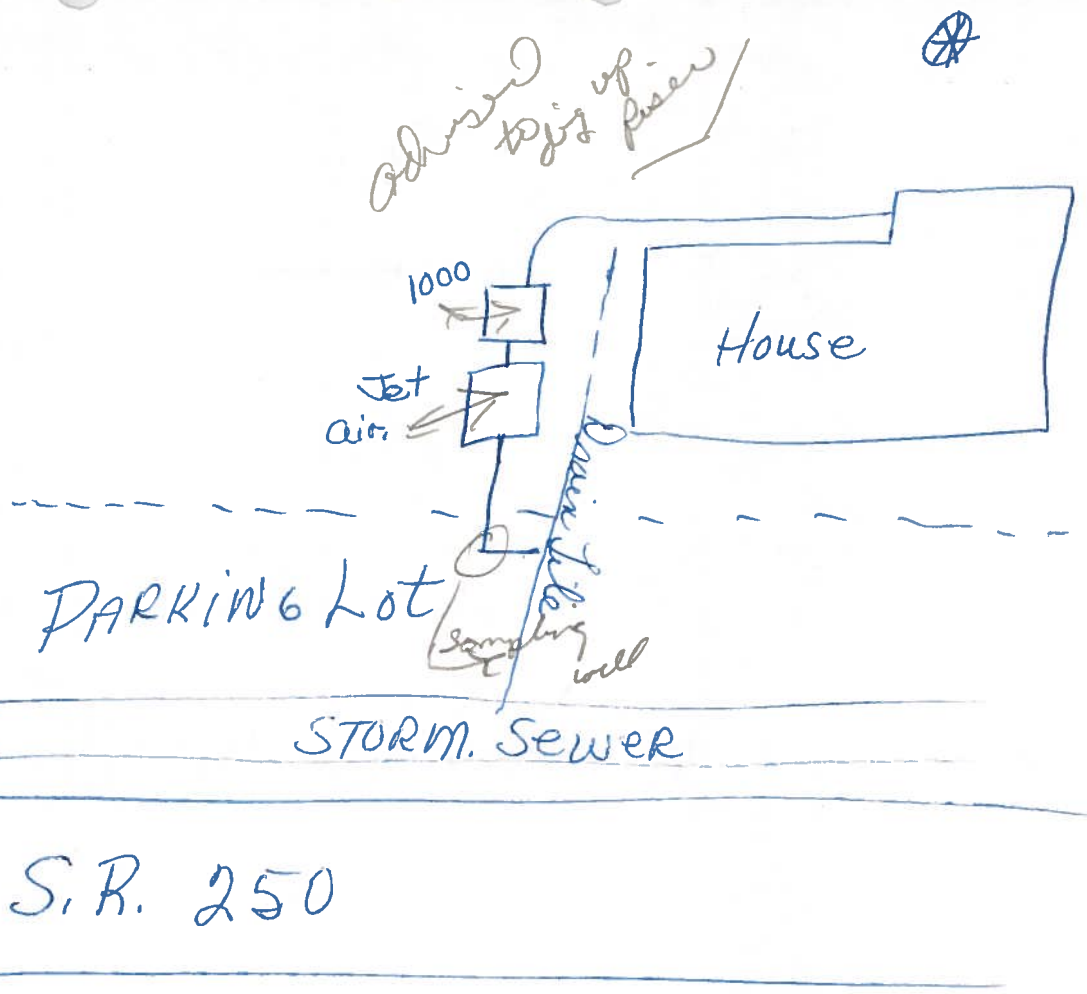
Leaching field ____ x ____ lineal ft.

Filter —

Leaching well —

54A

Inspected by R. Fonning



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Blackinsteder James
(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 ✓.

Eberle

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard – P.O. Box 443 Dover, Ohio 44622 Phone – 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner David Eberle Phone 343-3331 Date July

Address 554 Ray Ave. N.W. hereby applies for a permit to

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

S.R. 416, Seven Mile Drive, New Phila.

(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.

David Eberle
(signature, owner or authorized agent)

Tom Sorkin
(installer's name)

554 Ray Ave. N.W.
(address)

New Philadelphia, Ohio
(address)

(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank (gallon)

Leaching lines 500 (lineal feet) plus perimeter drain.

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 8/23/77

Fee paid $25.00 ✓

Permit issued 8/23/77 (date) PS (clerk)

Permit number 1510-77

Inspection date 11/1/77

INSTALLATION INSPECTION

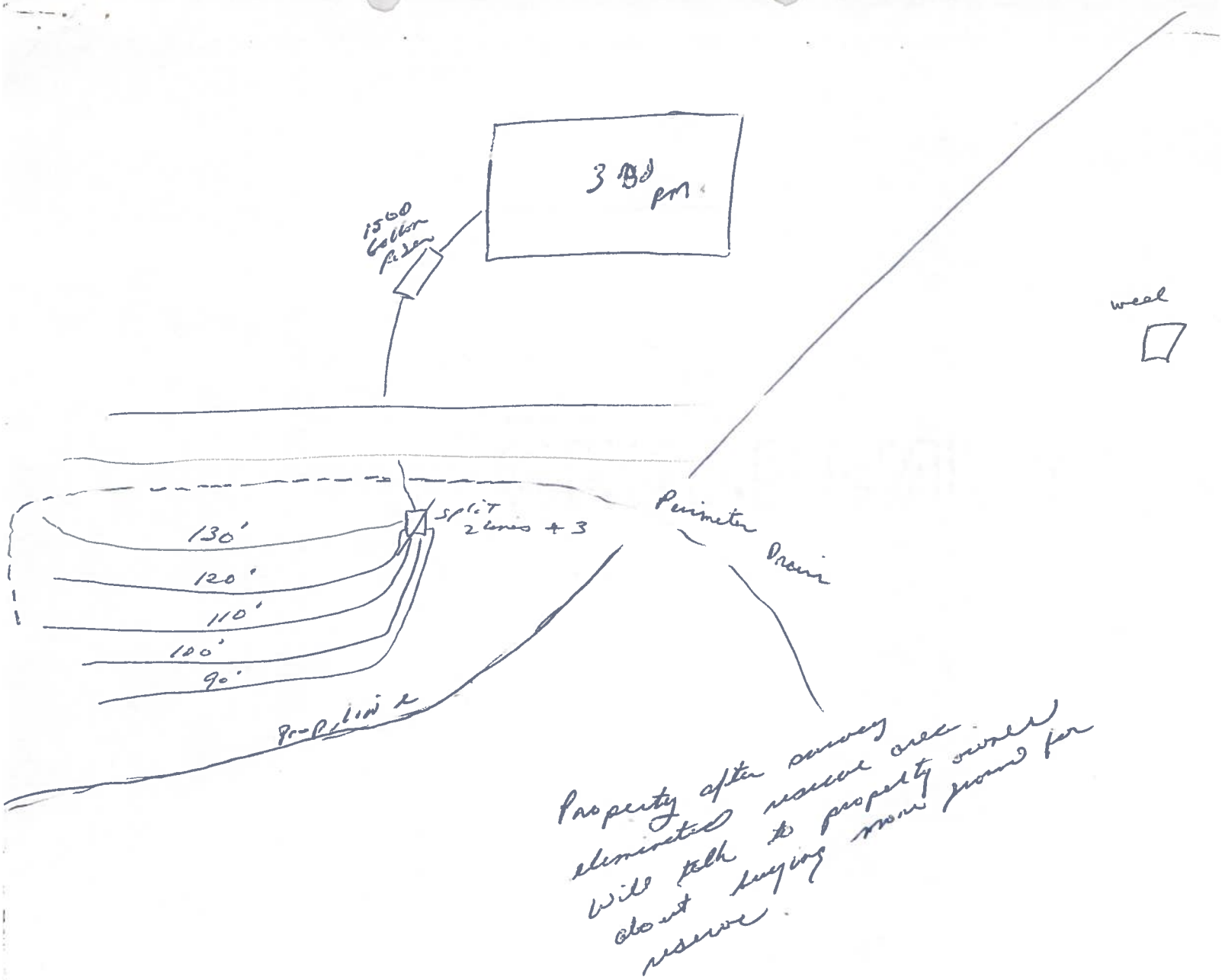
Sewage tank 1500 gallon

Leaching field 2 x ~~50~~ 55 lineal ft.

Filter –

Leaching well –

Inspected by R. Fanning



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Eberle Rowe
(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
818 Boulevard — P.O. Box 443 Dover, Ohio 446[illegible] Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Howard and Maxine Eichel Phone 339-1883 Date _____

Address R5 New Philadelphia, Ohio (C.R.62) hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

R5 New Philadelphia (Goshen Twsp) 62
(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.

Eichel Howard
(signature, owner or authorized agent)

Thomas E. Lukin
(installer's name)

R#5 N.P.
(address)

1272 Crestview Ave S.W. NP
(address)

This application is for the following disposal devices:

339-1289
(phone)

Septic tank Existing tanks (gallon)

Aerobic tank _____ (gallon)

Leaching lines _____ (lineal feet)

Leaching well 11 X 12 (size)

Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by RF

Date 11/23/77

Fee paid 25.00

Permit issued 11-23-77 RS
(date) (clerk)

Permit number 238-77

Inspection date 11/23/77

INSTALLATION INSPECTION

Sewage tank Existing gallon

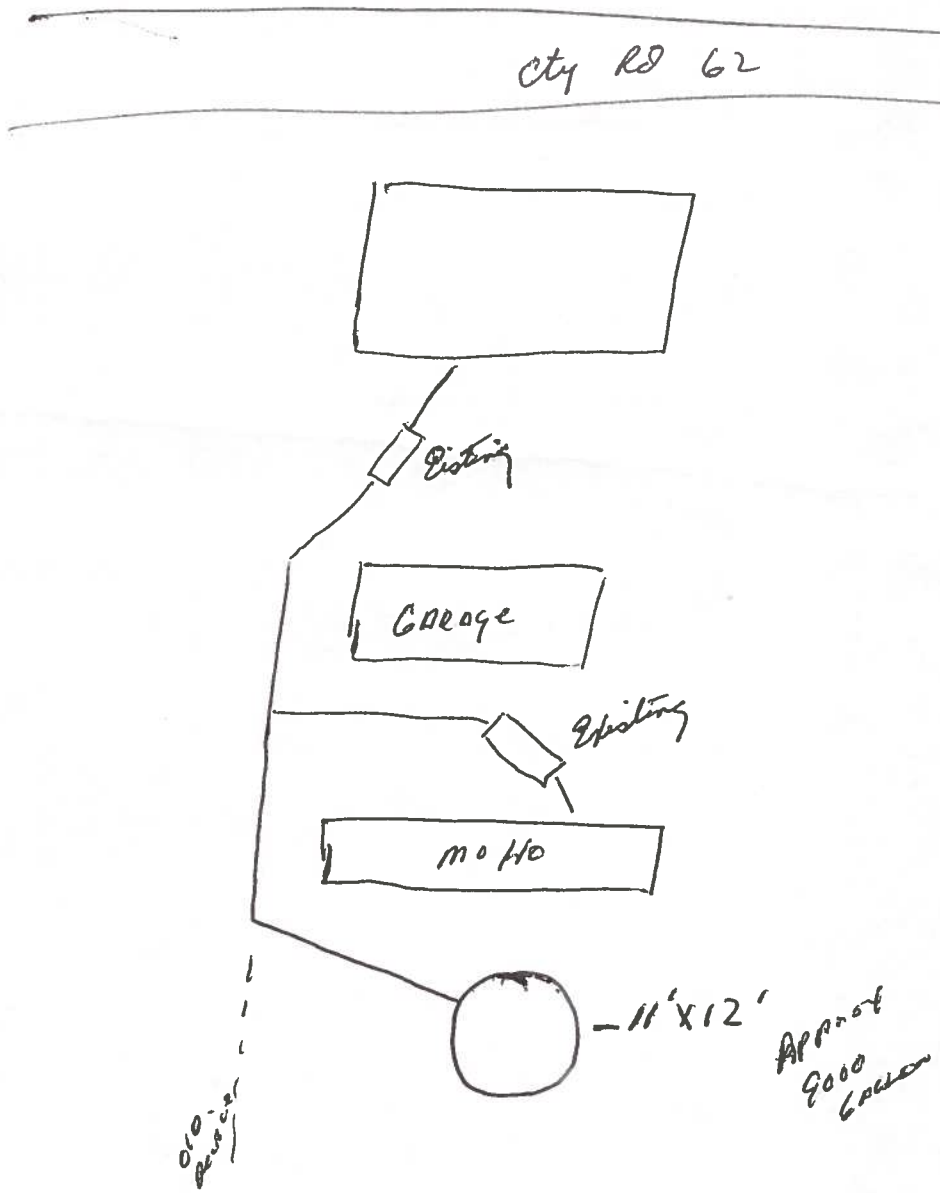
Leaching field - x - lineal ft.

Filter -

Leaching well 11'X12'

Inspected by R. Fanning

56



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: EICHEL Harold
(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 ✓.

$25.00

Cline

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard — P. O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner JOSEPH A. CLINE Phone 488-0829 Date 11/15/77

Address 120 E. LIBERTY ST. E. CANTON, OHIO hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

2ND. STREET ZOAR, OHIO (Lawrence Twp)

(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.

Joseph A. Cline
(signature, owner or authorized agent)

120 E. LIBERTY STREET
E. CANTON, OHIO
(address)

GARY RICHARDSON
(installer's name)

MASSILLON, OHIO
(address)

(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 EEP

Date 11-15-77

Fee paid $25.00

Permit issued 11-15-77 PS (date) (clerk)

Permit number 229-77

Inspection date 12/19/77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

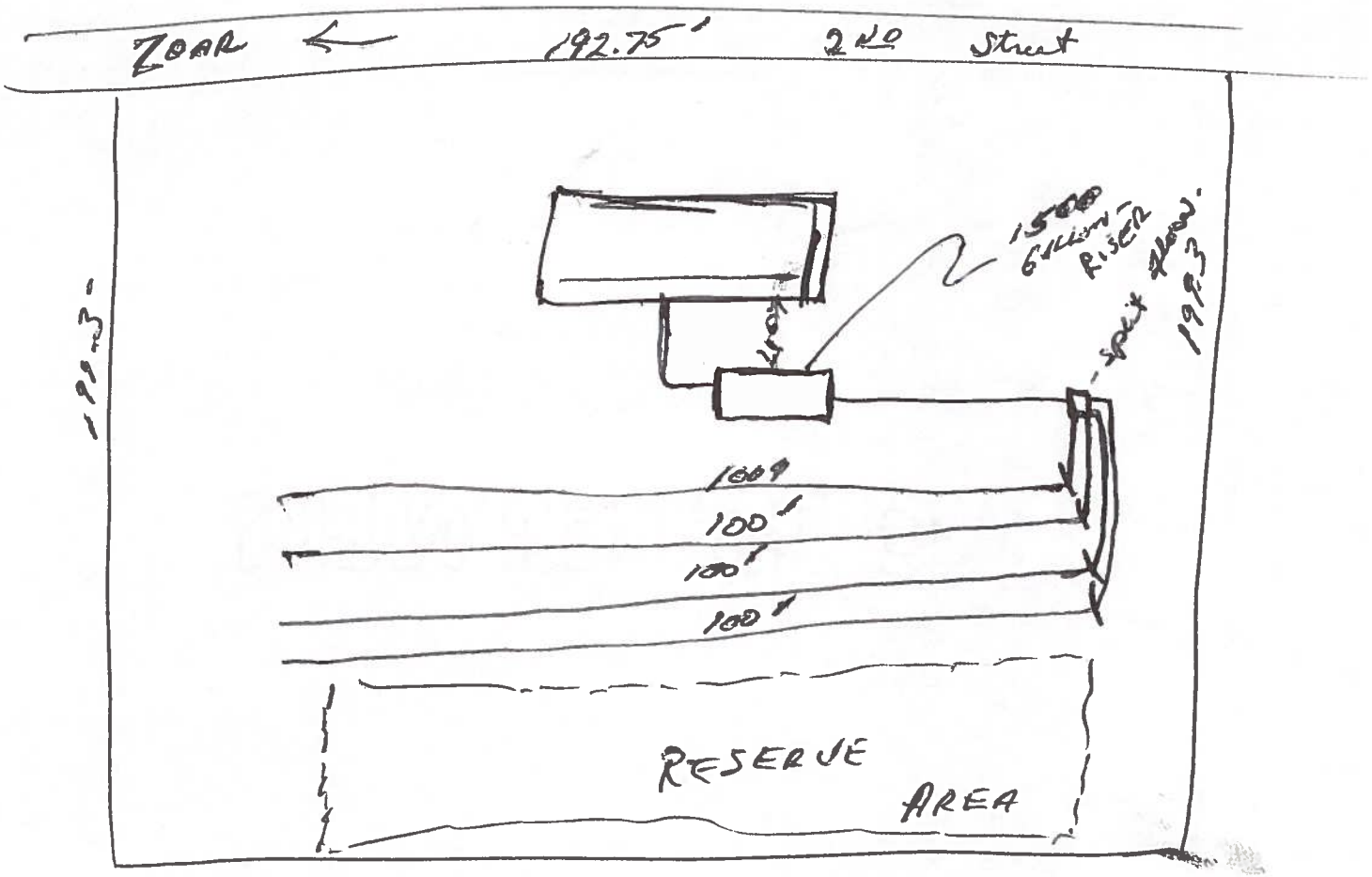
Leaching field 2 x 400 lineal ft.

Filter —

Leaching well —

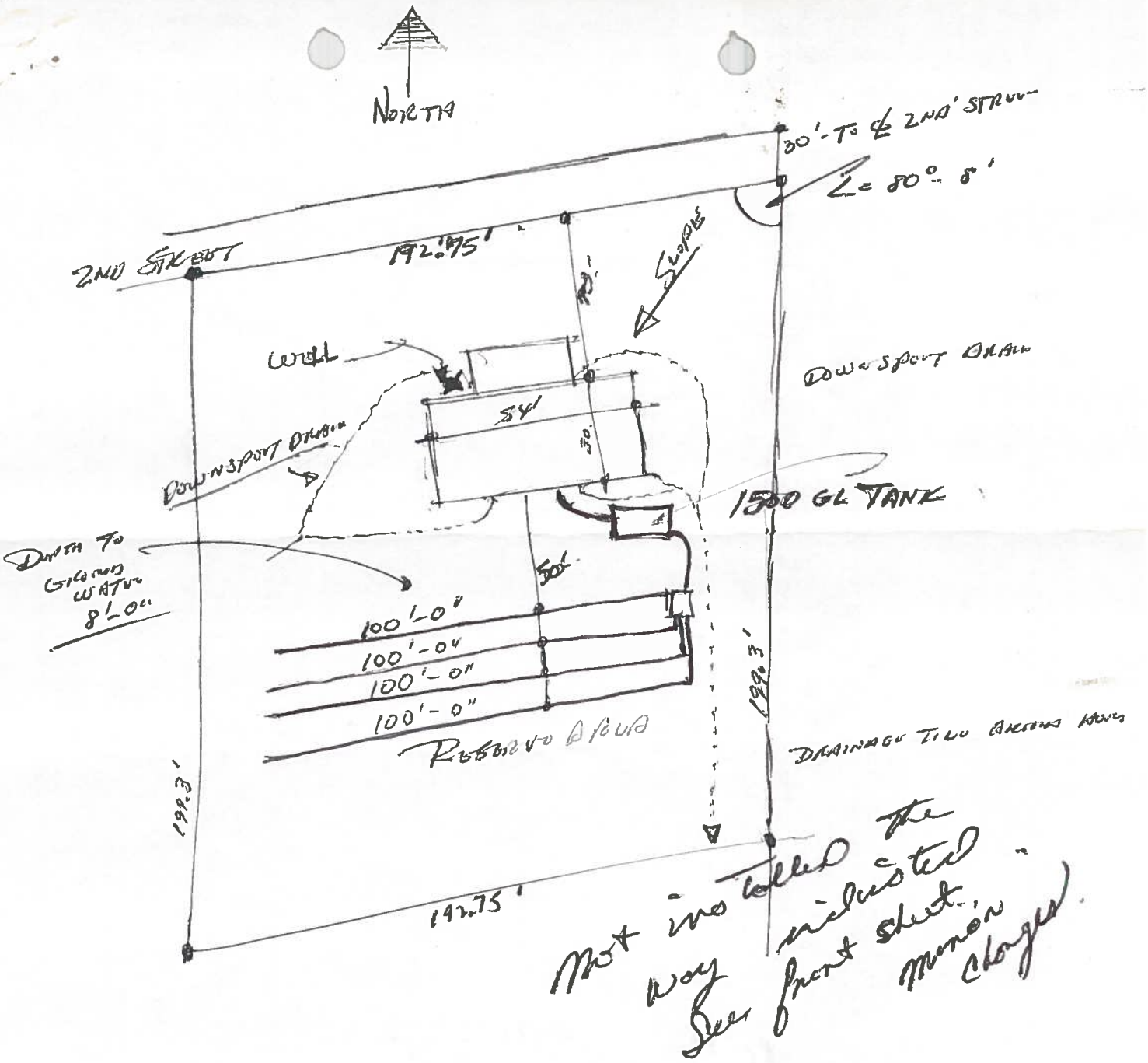
Inspected by R. Fonseca

5



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Cline, Joseph
(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 ✓.



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

Joshua A. Cline
(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 ✓.

Davis

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 44622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner RAY DAVIS Phone 343-0788 (HELEN DAVIS) Date 10/16/77

Address 342 1st Drive N.E. New Phila hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Rt 3 New Phila WARWICK 267
(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
(installer's name)

Rt 4, New Phila, O
(address)

Rt 4, New Philadelphia, O 44663
(address)

922-0986 (614)
(phone)

This application is for the following disposal devices:

Septic tank 1000 (gallon)

Aerobic tank _____ (gallon)

Leaching lines 500 (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 11/16/77

Fee paid $25.00

Permit issued 11-16-77 (date) B (clerk)

Permit number 230-77

Inspection date 12/6/77

INSTALLATION INSPECTION

Sewage tank 1000 gallon

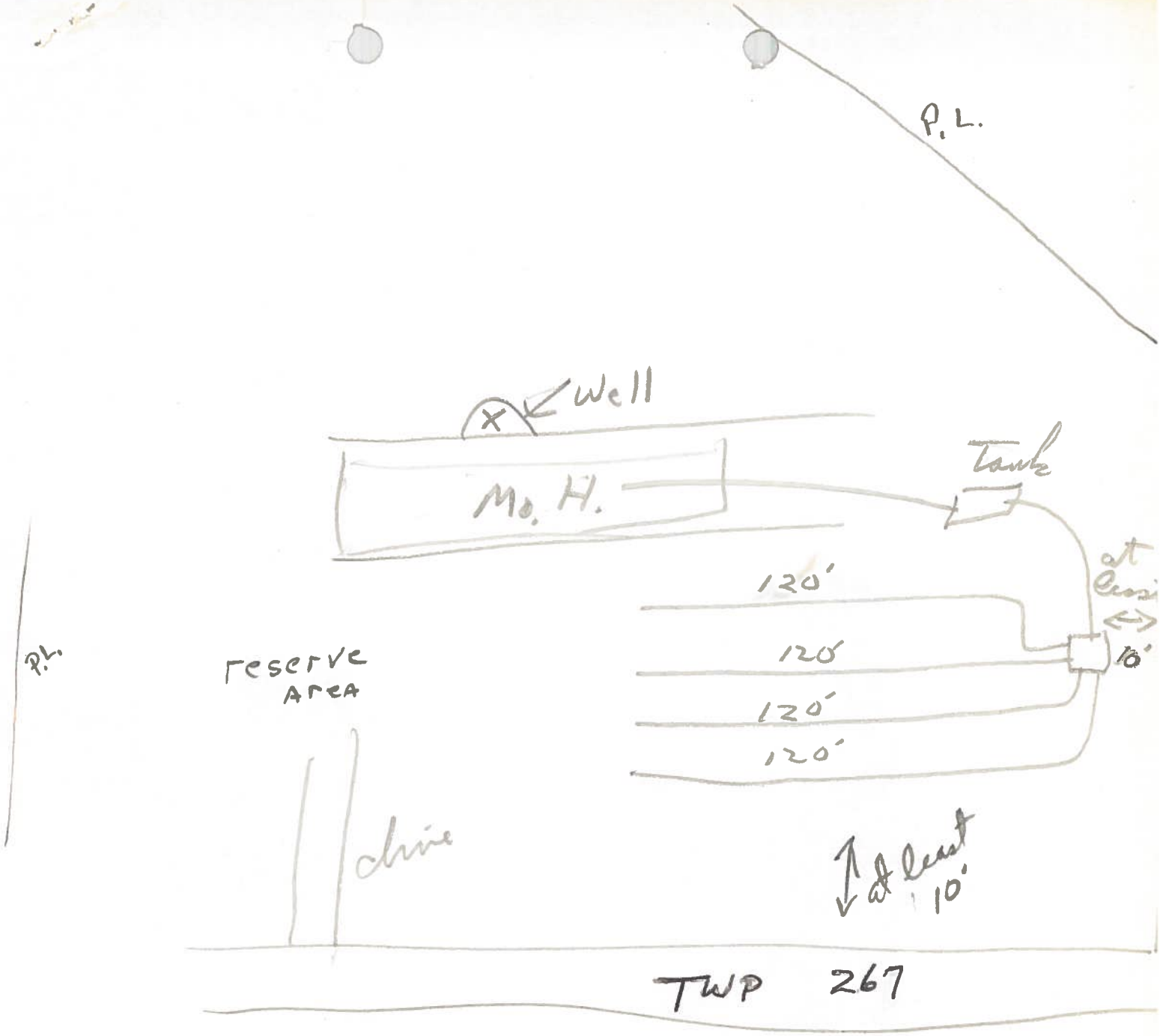
Leaching field 2 x 200 lineal ft.

Filter —

Leaching well —

Inspected by R. Fanning

58



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Ray Davis
(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 ✓.

Davis

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

818 Boulevard P.O. Box 443 Dover, Ohio 622 Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner William Cory Davis Phone 254-4565 Date 10/13/77

Address Rt 1, Box 141 Gnadenhutten hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Rt 1, Gnadenhutten (mailing address) Clay (municipality or township) Twp Rd 180 (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.

Virginia Lee Davis
(signature, owner or authorized agent)

John Fincosto
(installer's name)

_____
(address)

Gnadenhutten
(address)

This application is for the following disposal devices:

_____
(phone)

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

Leaching lines 900 (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 10/18/77

Fee paid $25.00

Permit issued 10/13/77 (date) PK (clerk)

Permit number 199-77

Inspection date 12-23-77

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 900 lineal ft.

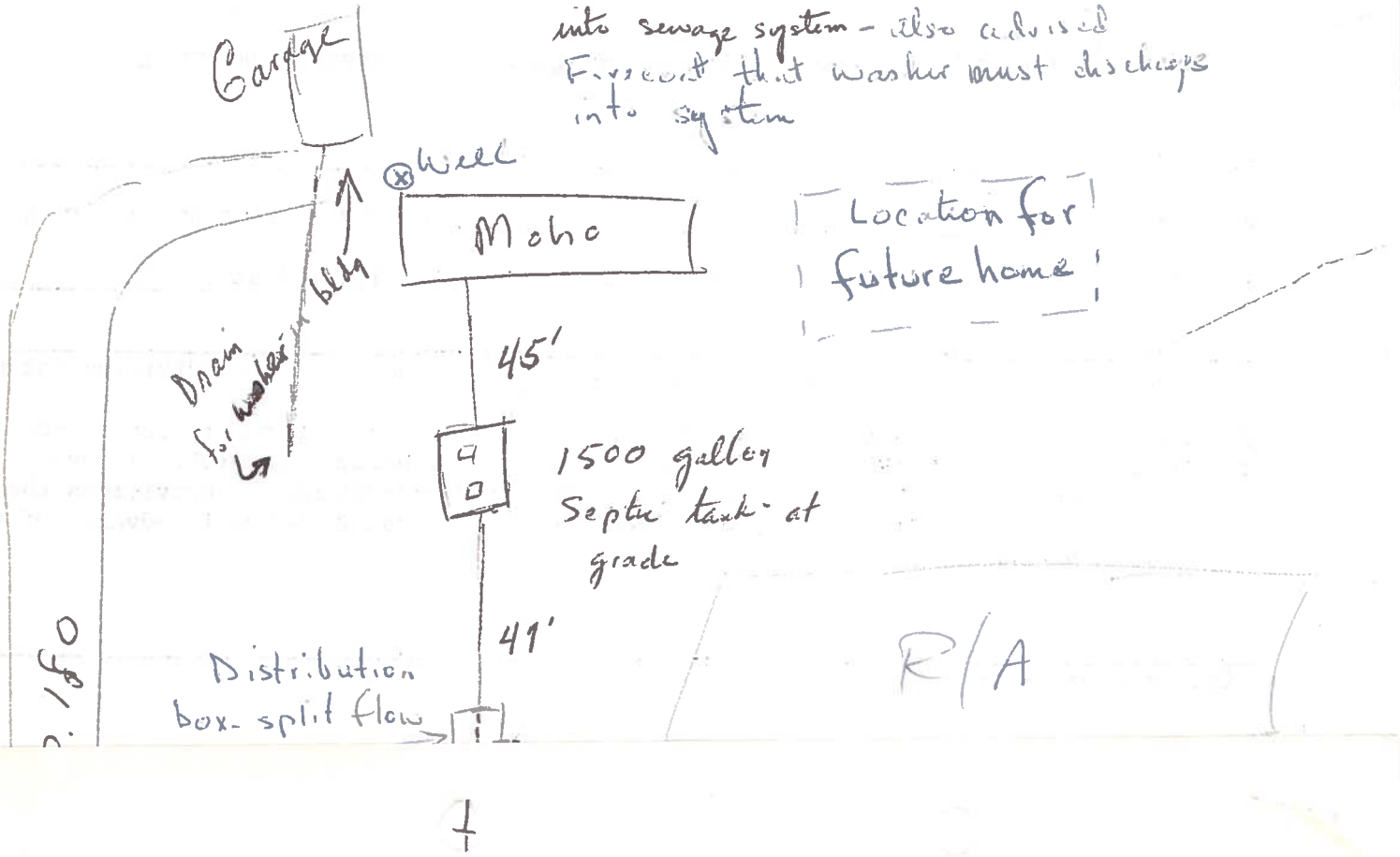
Filter _____

Leaching well _____

Inspected by Richard Yates

59

Advised Mrs. Davis that drain from washer must discharge into sewage system – also advised Forrest that washer must discharge into system



Carlisle

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 Boulevard - P.O. Box 443 Dover, Ohio 446[illegible] Phone 364-4438

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Dan Carlisle Phone 339-3011 Date 11/2/77

Address RD 3, New Phila hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

Goshen Twp Rd 324

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

Rt 1, Stonecreek
(address) (address)

This application is for the following disposal devices: (phone)

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

Leaching lines _____ (lineal feet) Leaching well _____ (size) Filter 10' x 10' (size)

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

OFFICE USE ONLY

Permit approved by EEP

Date 11-2-77

Fee paid $25.00

Permit issued 11/2/77 PS
(date) (clerk)

Permit number 213-77

Inspection date 11-4-77

INSTALLATION INSPECTION

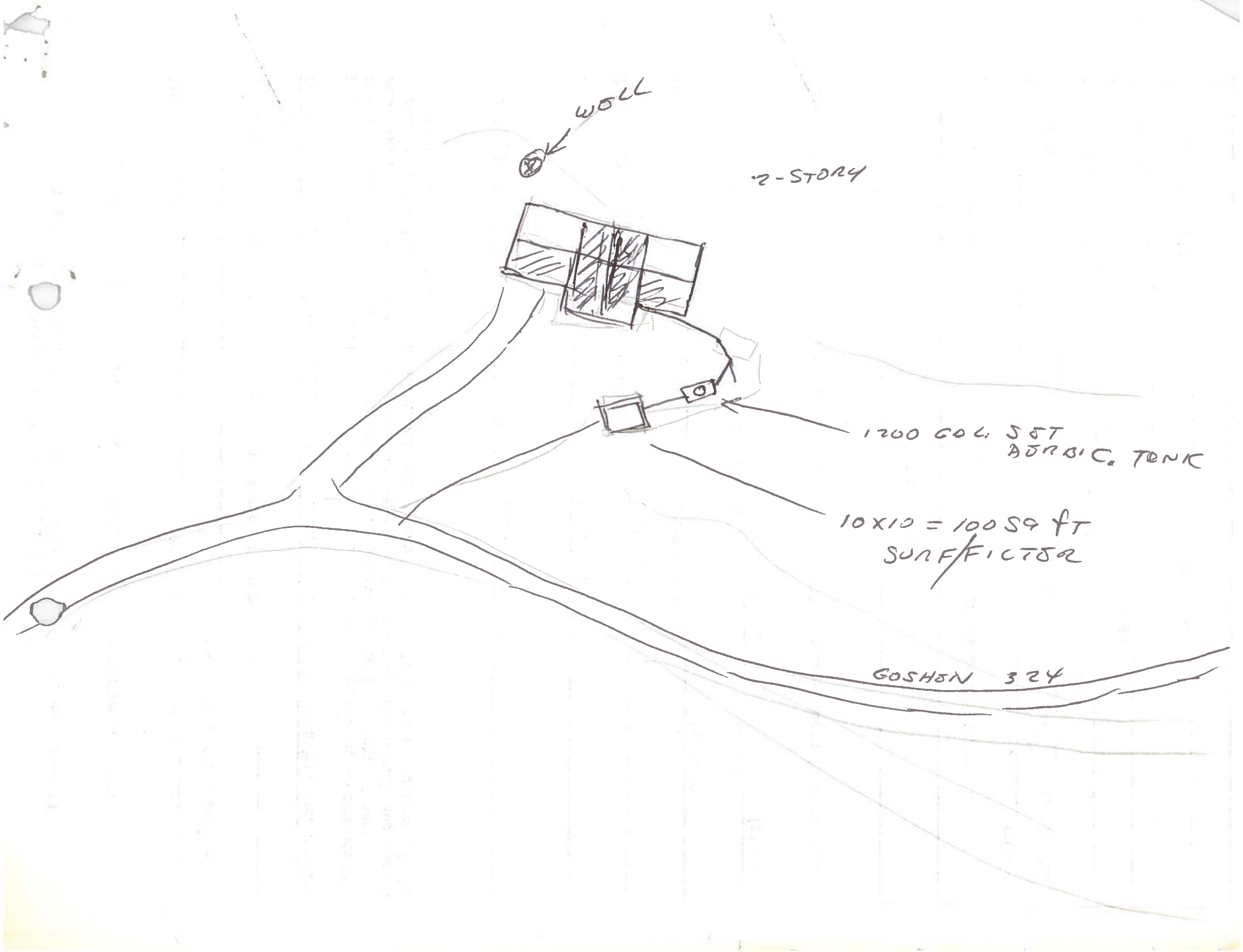
Sewage tank 1200 Jet gallon

Leaching field ____ x ____ lineal ft. DEROBIC

Filter 10x10 - 100 sq ft SUNF FILTER

Leaching well _____

Inspected by CARL KEMPF


WELL
2-STORY
1200 GAL SST
AEROBIC TANK
10X10 = 100 SQ FT
SURFICTOR
GOSHEN 324

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
818 BOULEVARD, P.O. BOX 443
DOVER, OHIO 44622 Phone: 364-4438 or
254-9371

SITE EVALUATION FOR: Don Carole
NAME _____
ADDRESS _____
PHONE _____
PRESENT OWNER 1 Acre
PROPERTY SIZE _____

CAUTION: THIS IS NOT A PERMIT - EVALUATION ONLY GOSHEN 324

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

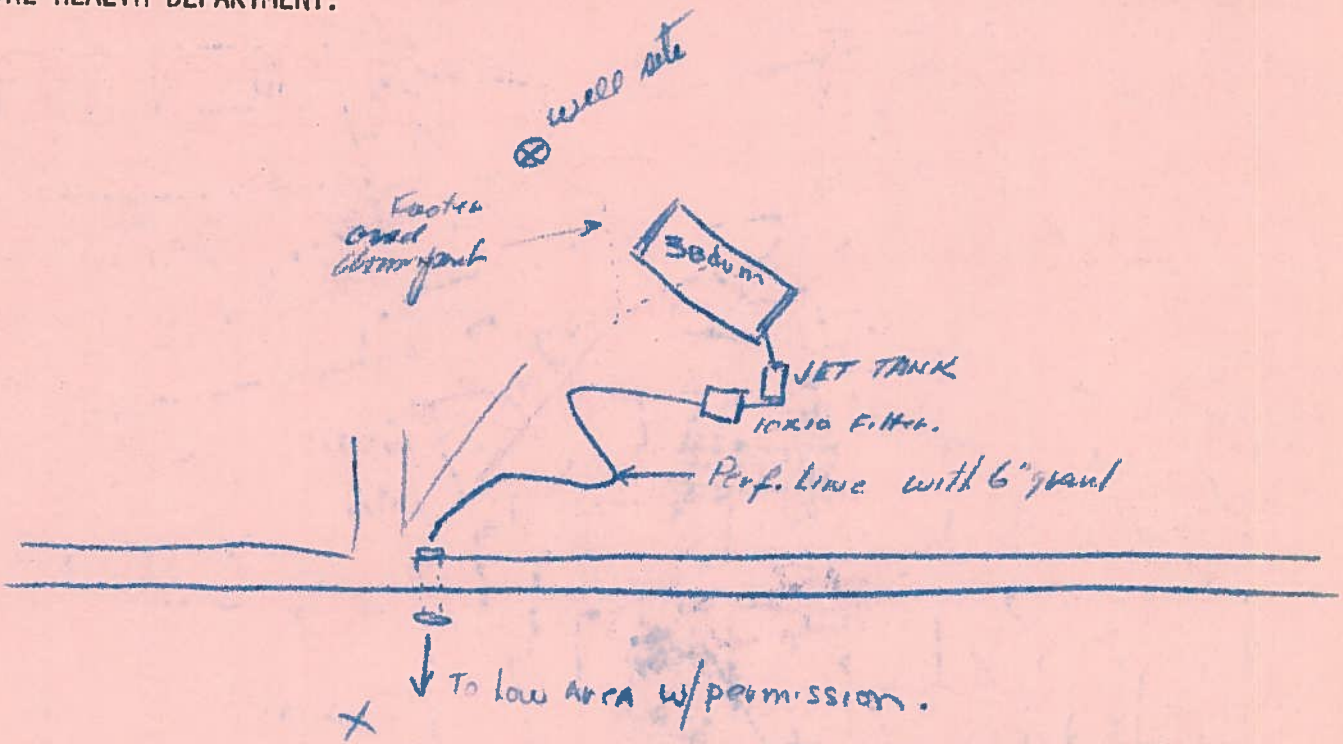
SOIL CONDITIONS _____ DEPTH TO GROUND WATER _____ ROCK STRATA _____

NUMBER OF PERCOLATION HOLES _____ RESULTS _____

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

WATER WELL LOCATION = "X" _____ BASEMENT SUMP PUMP NECESSARY - YES _____ NO _____

THE LOCATION OF THE STRUCTURE, DRIVEWAYS, SEPTIC TANK, LEACHING AREA, RESERVE AREA, WATER WELL, ETC., ON THE FOLLOWING PLAN SHALL NOT BE CHANGED WITHOUT PRIOR APPROVAL OF THE HEALTH DEPARTMENT!



SITE APPROVED : YES _____ NO _____ INCOMPLETE _____ Trustee permission to utilize culvert.

JET _____ GALLON SEPTIC TANK 10x10 _____ LINEAL FEET OF LEACHING LINE __ LEACHING WELL yes

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

THIS IS NOT A PERMIT! AN INSTALLATION PERMIT MUST BE OBTAINED FROM THE HEALTH DEPARTMENT BEFORE ANY EXCAVATING OR CONSTRUCTION OF ANY STRUCTURE OR DISPOSAL DEVICES. NO CONSTRUCTION IS PERMITTED ON THE SEWAGE DISPOSAL AREA (DESIGNATED R/A).

DATE _____ ENVIRONMENTALIST _____

SUBJECT TO ZONING REGULATIONS WHERE APPLICABLE

1. Permission to discharge pipe.

2.- Trustee permission to use road Culvert.

Lines to get permit

5863

VOL. 531 PAGE 193

PERMISSION TO DISCHARGE SEWAGE EFFLUENT

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Faye Maurer, heirs or assigns, as owner or owners of a certain tract of land, located in Goshen Township, Tuscarawas County, Ohio, as described in Volumn 423 Page 559 of the Tuscarawas County Deed Records, do hereby grant permission to Daniel J. & Patricia J. Carlisle, heirs or assigns, owners of a tract of land as described in Volumn 517 Page 298 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

Daniel J. Carlisle

Paul M. Maurer

Signature - Persons Granting Permission

Faye Maurer

Subscribed and duly sworn before me according to law, by the above named persons this 14th day of July, 1977, at Goshen Twp. County of Tuscarawas and State of Ohio.

Leah M. Carlisle
(Signature of Notary Public)

(Official Seal of Notary)

Leah M. Carlisle
Notary Public, Tuscarawas County, Ohio
My Commission Expires Mar. 20, 1980

This instrument prepared by the Tuscarawas County General Health District.

5863

RECEIVED FOR RECORD
THEODORE M. BICKERWOOD, County Recorder
9:10 AM
JUL 15 1977

Recorded Jul 15 19 77
Vol. 531 Page 193 of the Records of
Tuscarawas County, Ohio

GOSHEN TOWNSHIP TRUSTEES

ROUTE 39 - P. O. BOX 41

NEW PHILADELPHIA, OHIO

July 20, 1977

Daniel and Patricia Carlisle

The Board of Trustees of Goshen met in special session July 20, 1977 at 9:30 A.M. to discuss your request. It was moved by John Swalde, seconded by Ward Hicks that permission be granted to you to use township ditches and culverts for the overflow from your approved waste water system.
Upon roll call, all members voted in the affirmative.

Dwane H. Smith Jr.- clerk

"Hold" file