FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT CORDER, RUTH

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ruth Corder Phone 4989316 Date 1-28-81

Address Rout #1 Port Washington Ohio hereby applies for a permit to

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

Box #109 Port Washington Ohio Salem Tusc 16
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Robert Thornton
(signature, owner or authorized agent)

Thornton Excavating
(installer's name)

Port Washington Ohio
(address)

Port Washington Ohio
(address)

This application is for the following disposal devices.

498 6959
(phone)

Septic tank _____ (gallon)

Aerobic tank 15 000 (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 1-30-81

Fee paid $35.00

Permit issued 2/2/81 (date) ds (clerk)

Permit number 4-81

Inspection date 1-30-81

INSTALLATION INSPECTION

Sewage tank 1200 Aerobic gallon

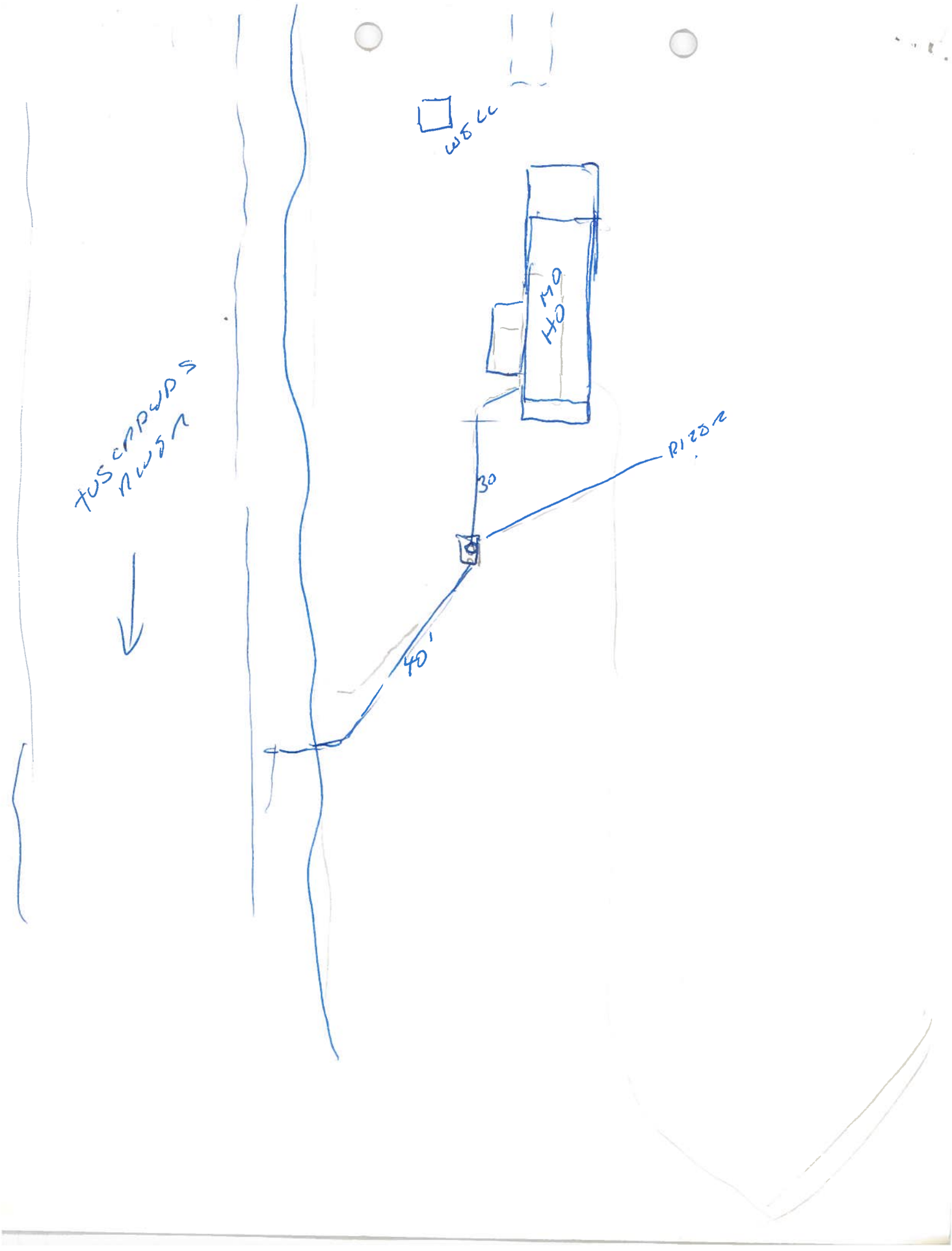
Leaching field ___ x ___ lineal feet

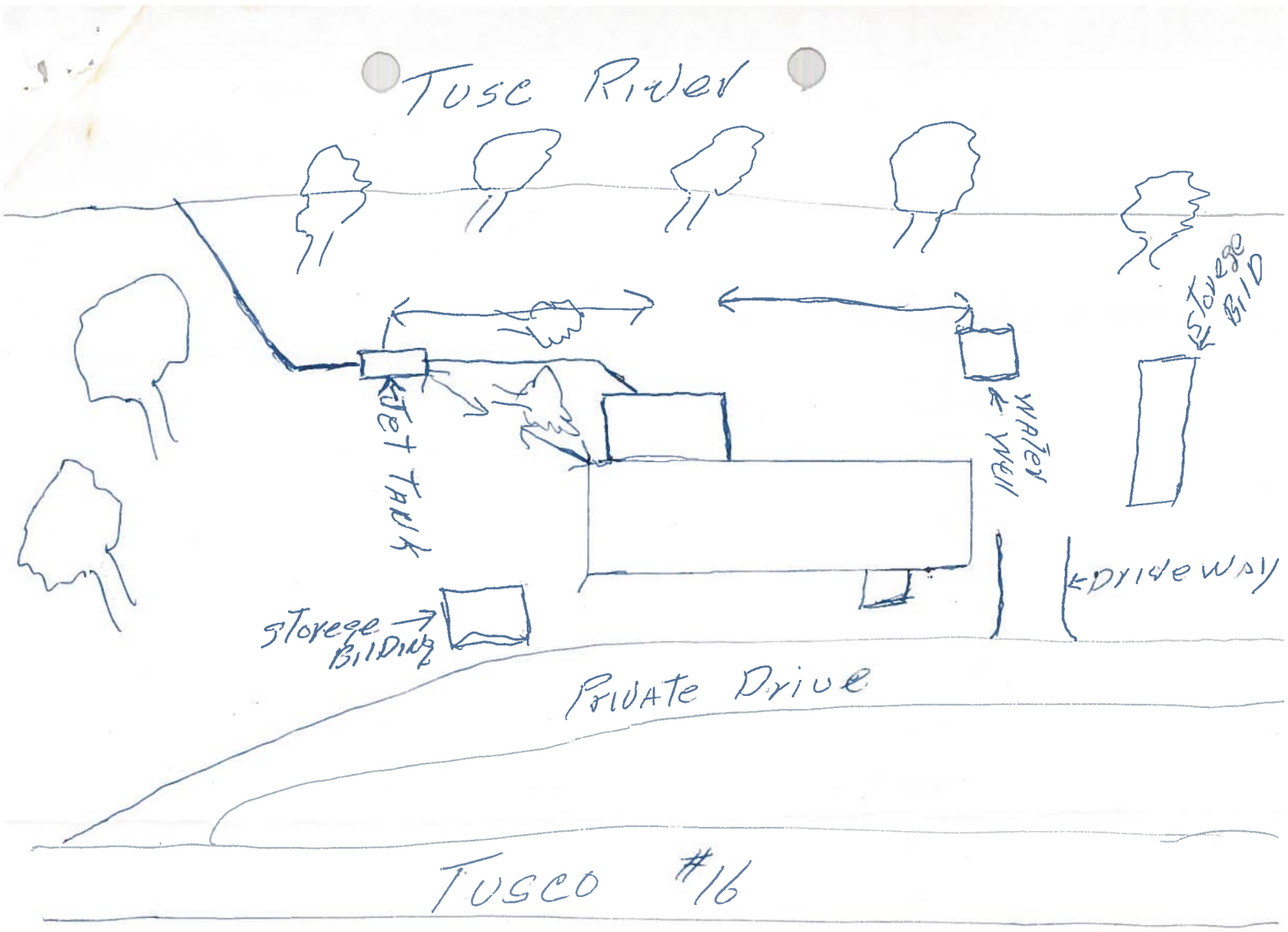
Filter Line 2 x 70 ft

Leaching well _____

Inspected by Carl Kempp

1


WELL
MO
HO
30
40'



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Ruth Coulter
(owner's name)

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT BARKER, RALPH

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ralph Barker Phone _____ Date 4-1-81

Address RT. 1 Wilson Ave. hereby applies for a permit to

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

RT. 1 Wilson Ave (property mailing address) Oxford (municipality or township) Wilson Ave. (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.

Ralph Jr Barker (signature, owner or authorized agent)

Above (address)

This application is for the following disposal devices.

B & D Excav. - Denny Ross (installer's name)

Rt. 1 Netn. (address)

_____ (phone)

Septic tank Exist (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 RDF

Date 4-1-81

Fee paid $35.00 by Barker

Permit issued 4-1-81 (date) ds (clerk)

Permit number 15-81

Inspection date 4-1-81

INSTALLATION INSPECTION

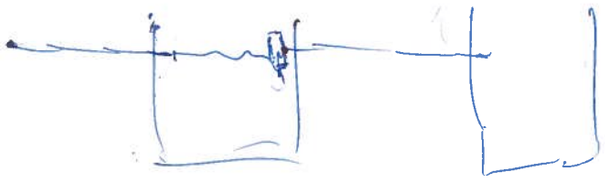
Sewage tank Exist gallon

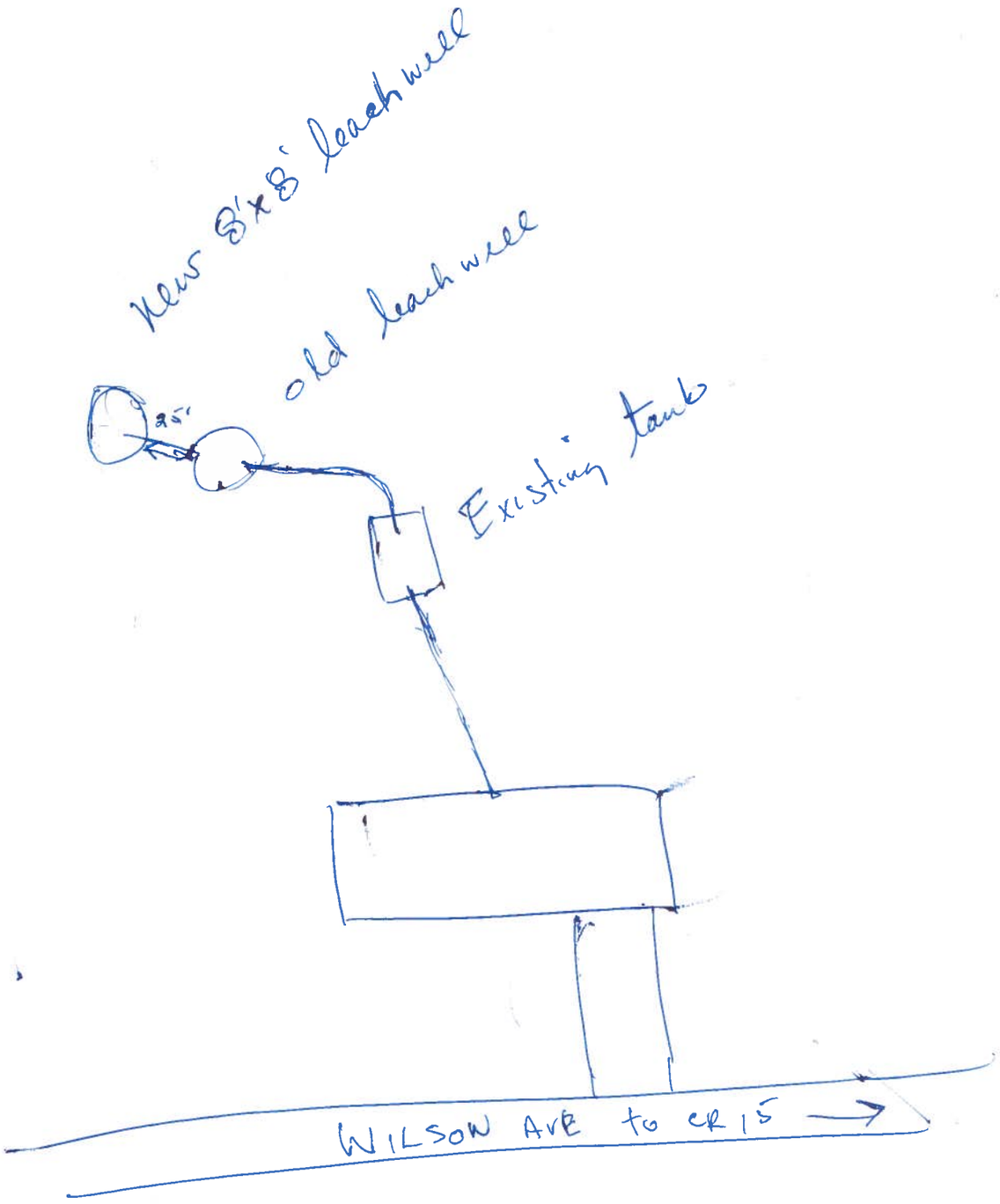
Leaching field ____ x ____ lineal feet

Filter _____

Leaching well 8'x8' 2

Inspected by Richard Fouts




New 8'x8' leachwell
old leachwell
25'
Existing tank
WILSON AVE to CR 15

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 43, Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME RALPH BARKER
ADDRESS WILSON DUO
PHONE NOW COMMUNITOWN
PRESENT OWNER BARKER
PROPERTY SIZE 200 X 150

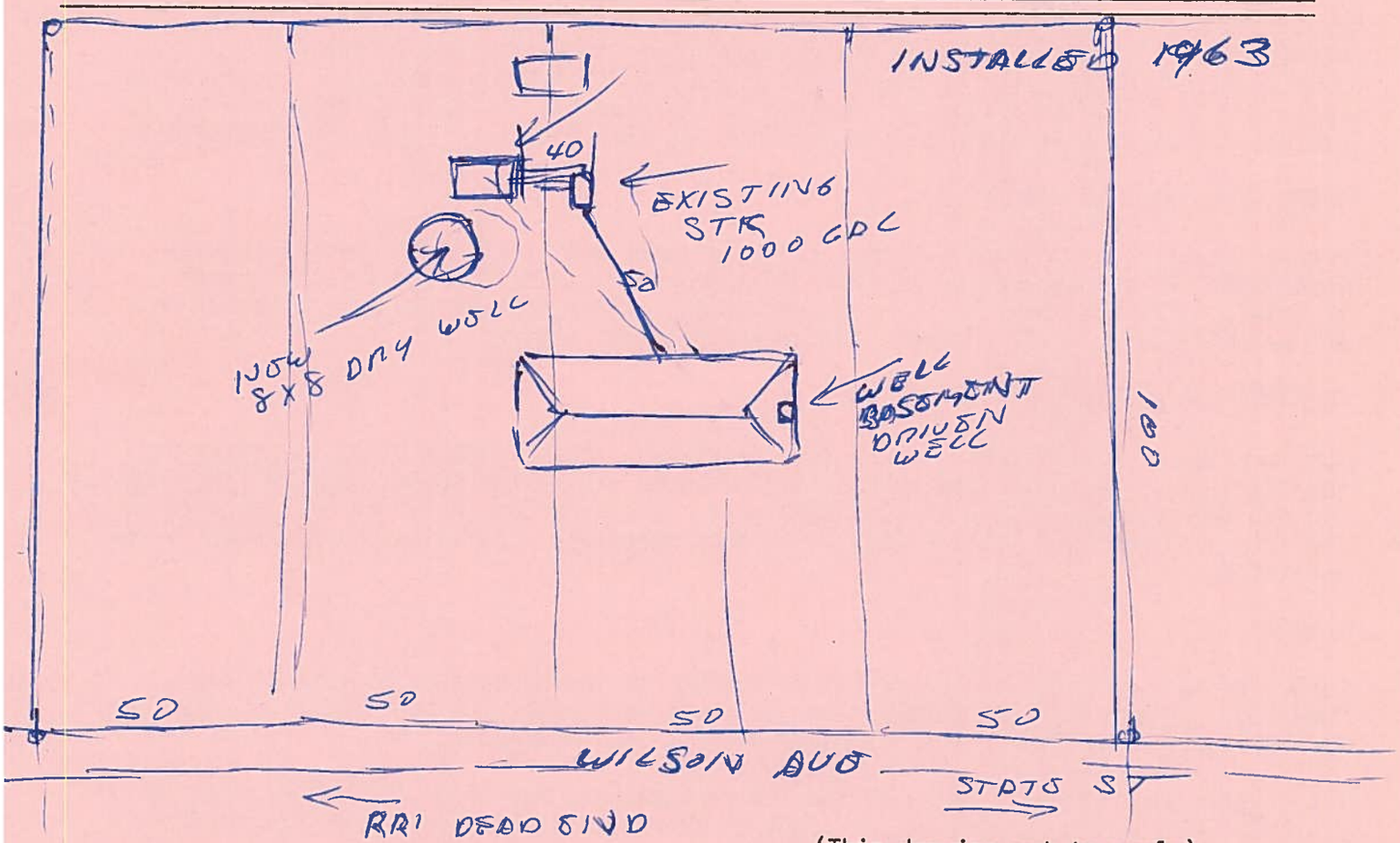
DATE 3-19-81

LOCATION OF PROPERTY OXFORD ~~WILSON~~ WILSON MINOR ADDITION
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS _____ DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES _____ NO _____ INCOMPLETE _____

1000 EXISTING GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE 8X8 LEACHING WELL

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

REPLACEMENT DRY WELL

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

TRANSFER NOT REQUIRED _____

SANITARIAN Carl C. Jones

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 743, Dover, Ohio
Phone: 343-5555 or 254-9371

DATE 3-19-81

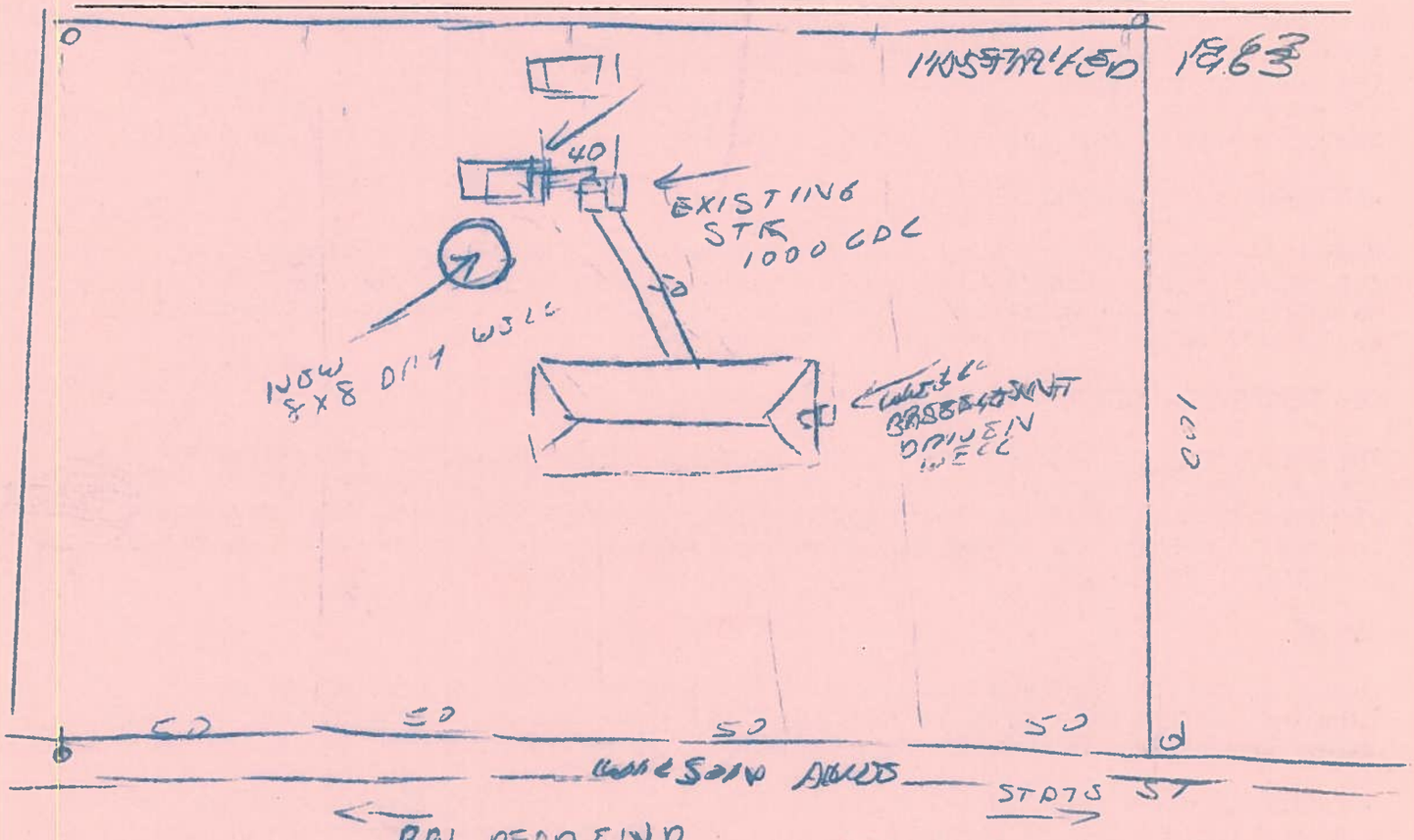
SITE EVALUATION FOR:
NAME RALPH BAKER
ADDRESS WILSON DRIVE
PHONE NEWCOMERSTOWN
PRESENT OWNER BAKER
PROPERTY SIZE

LOCATION OF PROPERTY OXFORD WILSON WILSON MIZER ADDITION
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS _____ DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES _____ NO _____ INCOMPLETE _____

EXISTING GALLON SEPTIC TANK _____ LINEAL FEET OF LEACHING LINE 8X8 LEACHING WELL

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

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

TRANSFER NOT REQUIRED _____

SANITARIAN _____

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

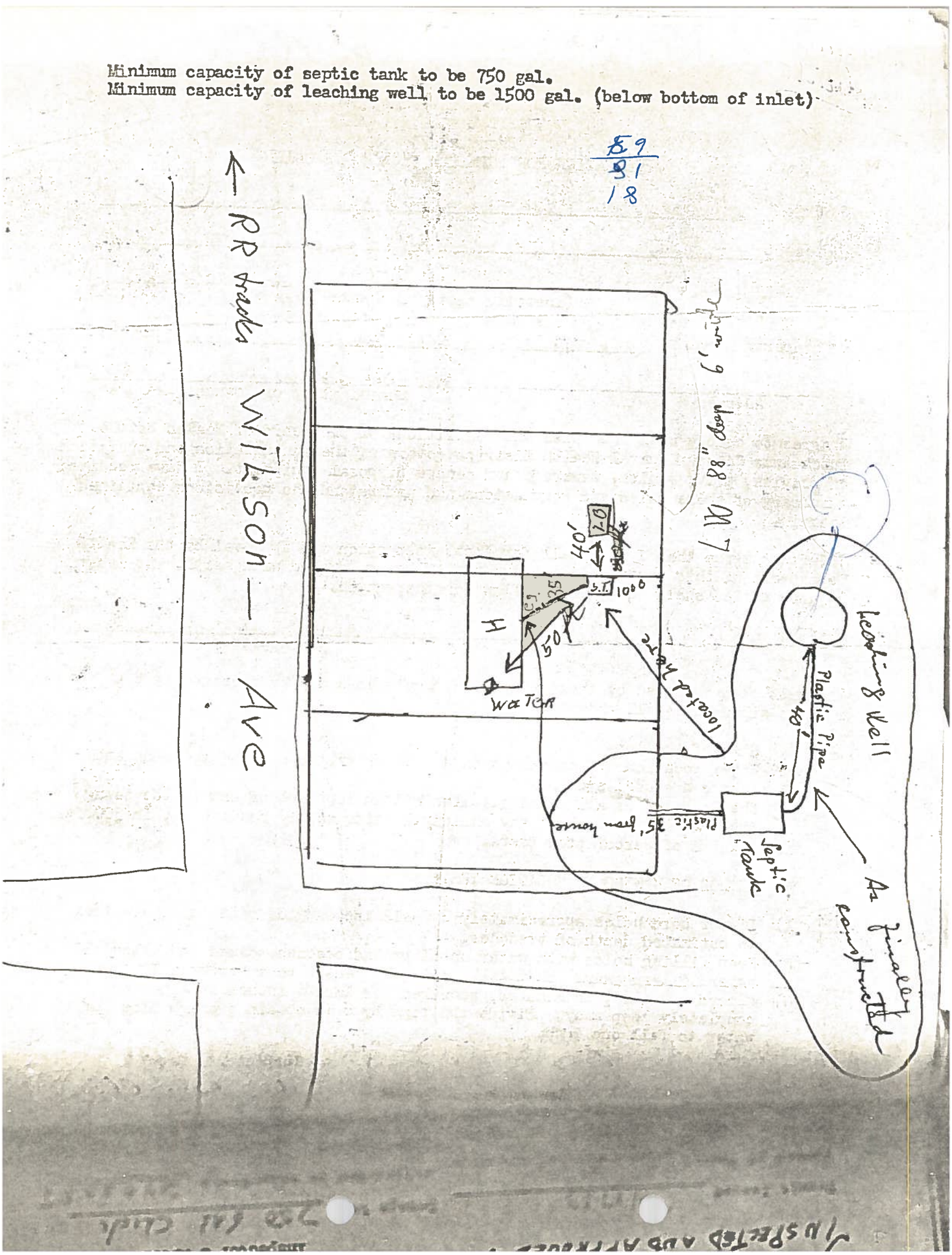
All construction within 2 miles of the New Philadelphia Municipal Airport requires that a special building notice be filed. Contact the Regional Planning Commission Office, Court House Annex, for further information.

PERMISSION TO DISCHARGE:

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

Minimum capacity of septic tank to be 750 gal.
Minimum capacity of leaching well to be 1500 gal. (below bottom of inlet)

89
91
18



FEE: $35.00

BEACHY, LEROY

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner LEROY BEACHY Phone 893-2883 Date March 23, 19

Address Box 87, Star Route, Millersburg, Ohio hereby applies for a permit to

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

LOCATED ON STATE RT. 39, EAST OF SUGARCREEK / LOT NO. 3

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

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

Leroy Beachy
(signature, owner or authorized agent)

LEROY BEACHY
(installer's name)

BOX 87, STAR RT. MILLERSBURG, OHIO
(address)

BOX 87, Star Route Millersburg
(address)

893-2883
(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 RT

Date 3/23/81

Fee paid $35.00

Permit issued 3/23/81 (date) (clerk)

Permit number 14-81

Inspection date 4-20-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field ___ x 900 lineal feet

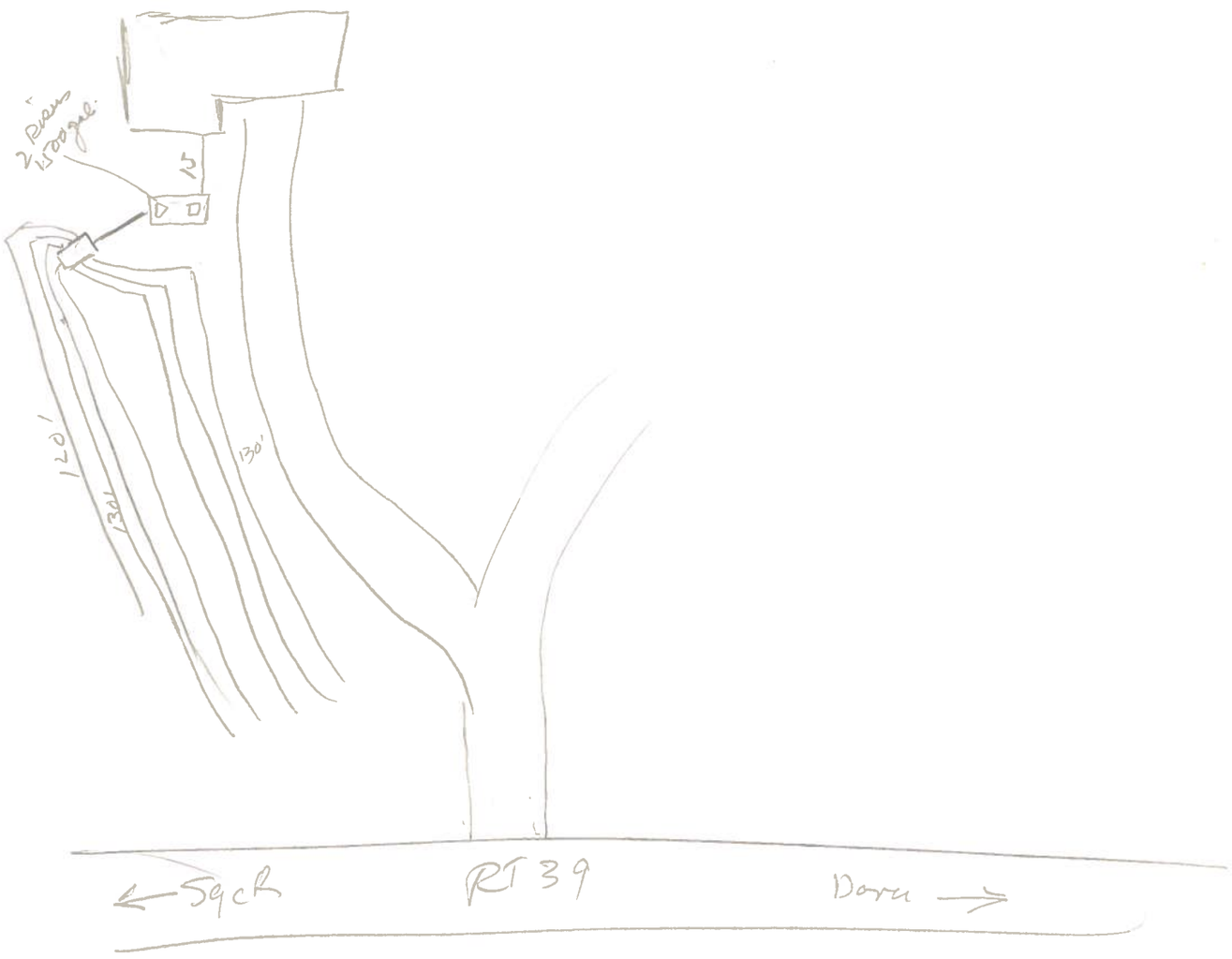
Filter _____

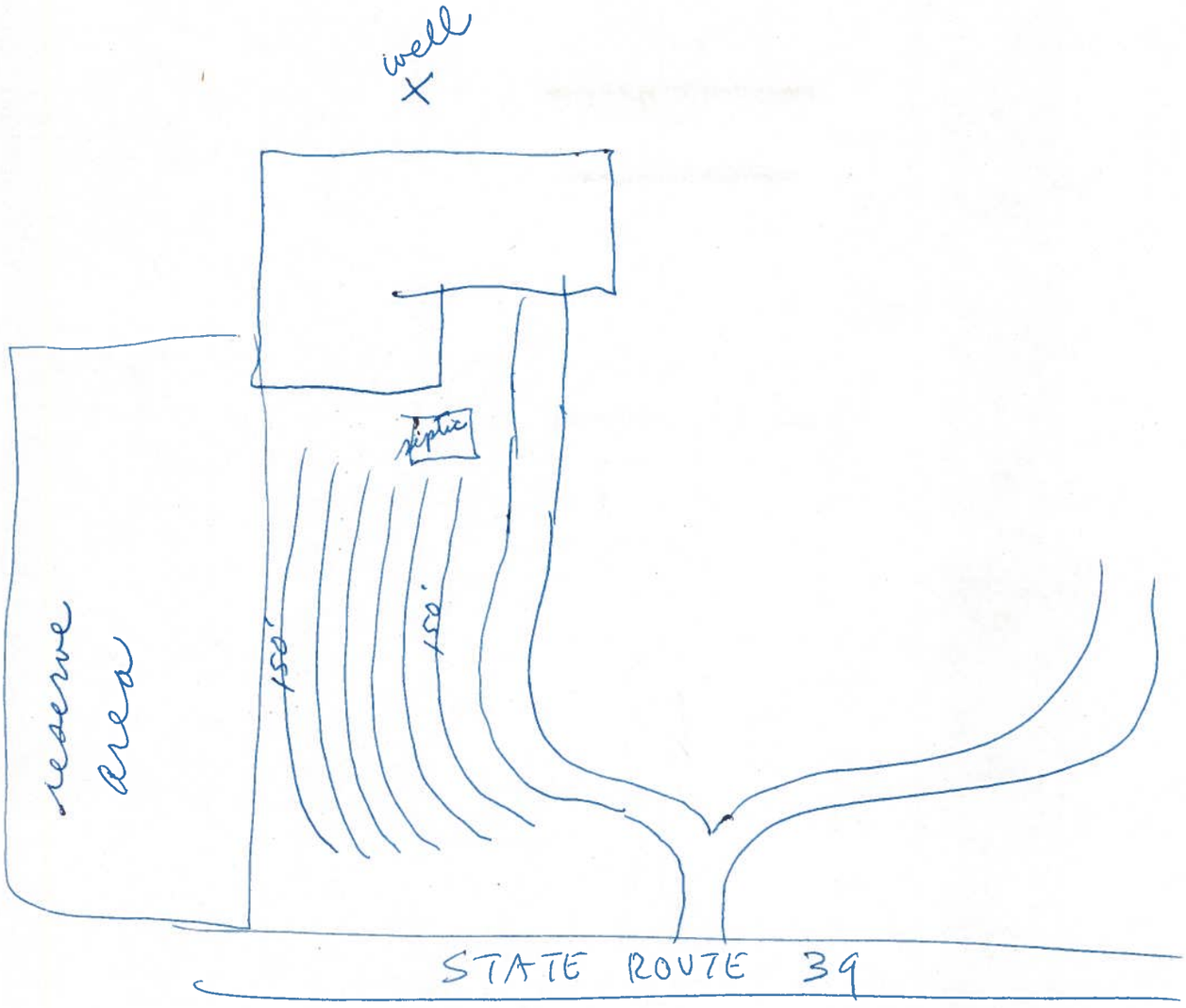
Leaching well _____

3

Inspected by Earl Faulus

6x130 = 780
150
930





THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____
(owner's name)

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 43, Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME LEROY BEDCHY
ADDRESS RT 1 SUCDRCREEK
PHONE STORE RT 1
PRESENT OWNER BEDCHY HILLSBORO
PROPERTY SIZE .986 ACRES

DATE 3-10-81

2½ MILES EAST OF SUCDRCREEK

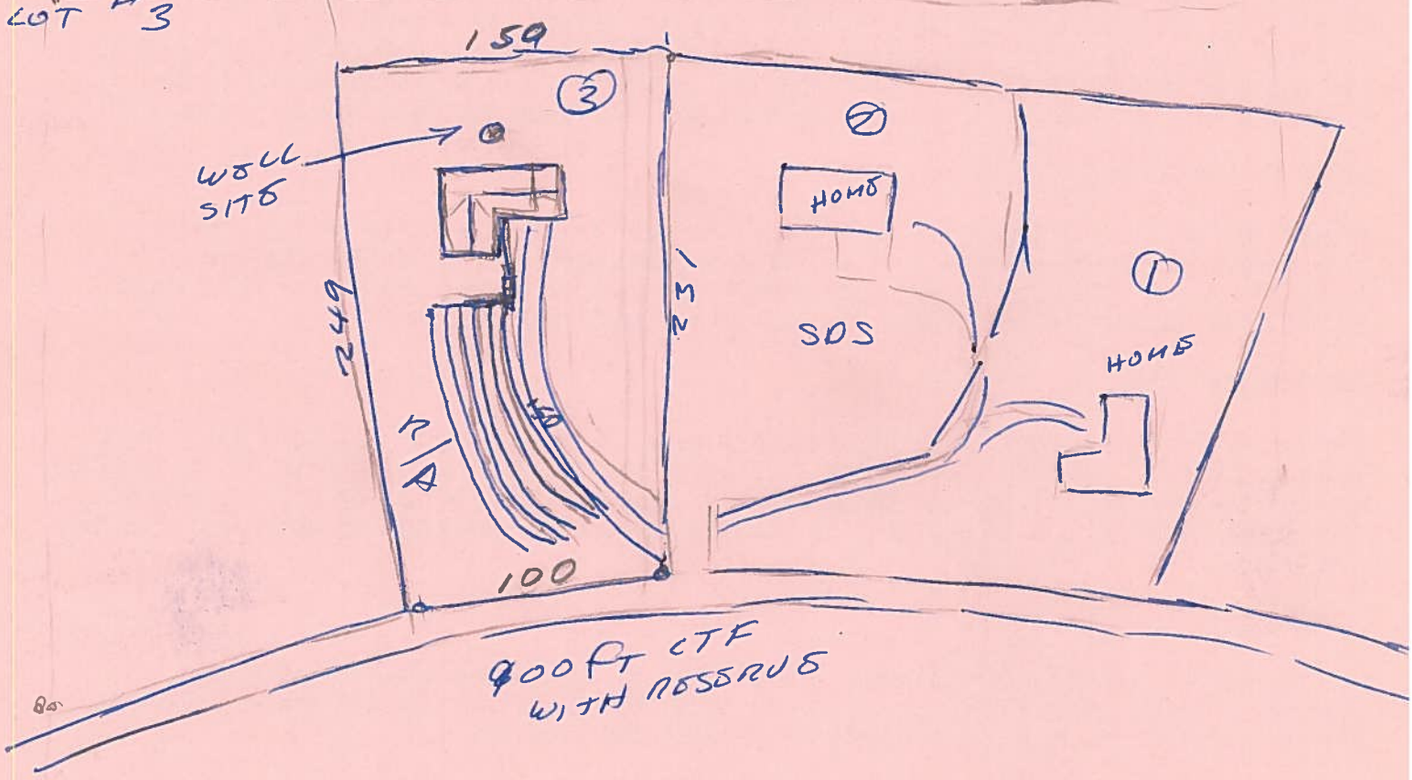
LOCATION OF PROPERTY SUCDRCREEK SR 39 RT 1 SUCDR CREEK
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY/SHALE DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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

LOT #3



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: (YES) 3-11-81 NO _____ INCOMPLETE _____

1500 GALLON SEPTIC TANK 900 LINEAL FEET OF LEACHING LINE _____ LEACHING WELL

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

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY (YES) 3/11/81 NO _____ INCOMPLETE _____

TRANSFER NOT REQUIRED ✓

SANITARIAN Carl E Koons

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 43, Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME LEROY BEACHY
ADDRESS RT 1 SUGARCREEK
PHONE STAR RT 1
PRESENT OWNER BEACHY MILLERSBURG
PROPERTY SIZE .986 ACRE

DATE 3-10-81

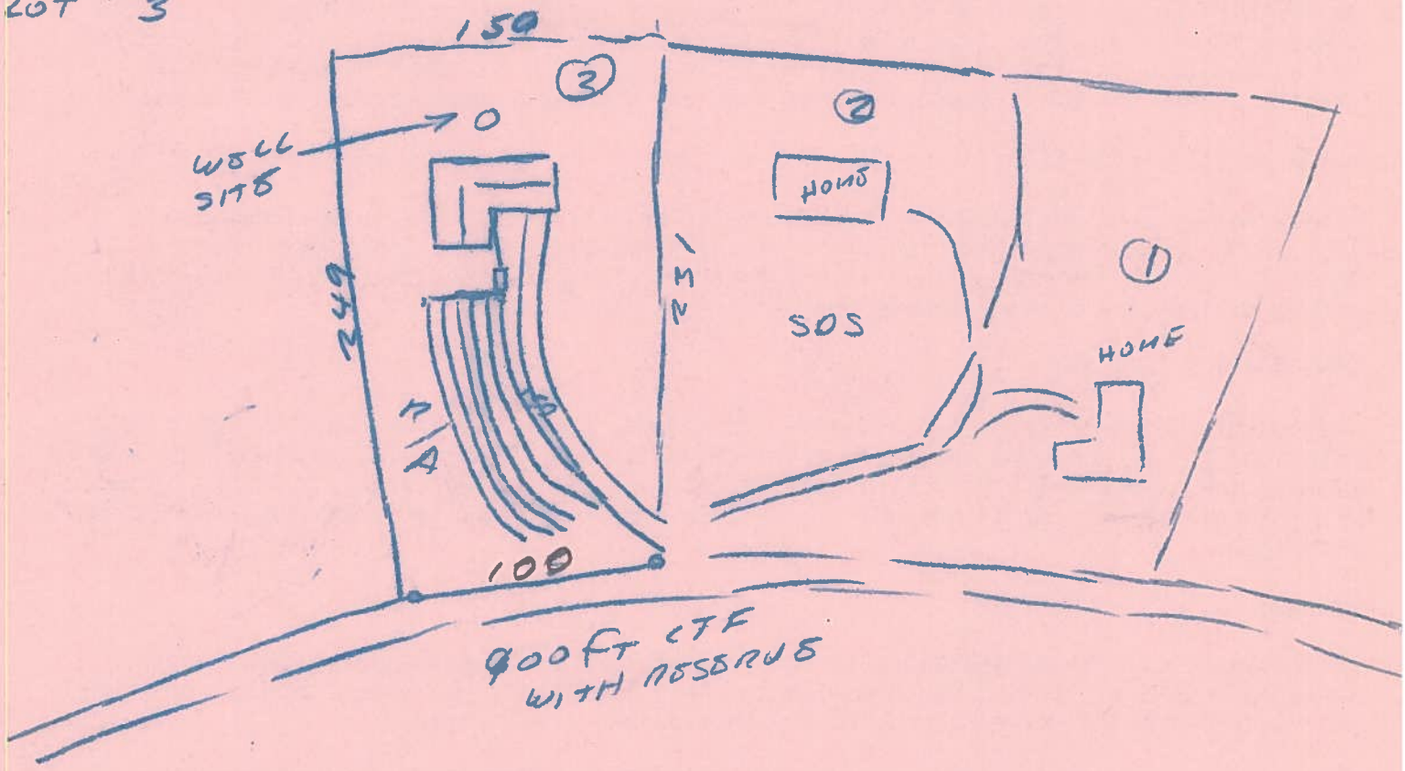
2½ MILES EAST OF SUGARCREEK

LOCATION OF PROPERTY SUGARCREEK SR 39 RT 1 SUGARCREEK
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY/SHALE DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES 3-11-81 NO _____ INCOMPLETE _____

1500 GALLON SEPTIC TANK 900 LINEAL FEET OF LEACHING LINE _____ LEACHING WELL

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

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES 3/11/81 NO _____ INCOMPLETE _____

TRANSFER NOT REQUIRED ✓

SANITARIAN Carl C Kemp

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

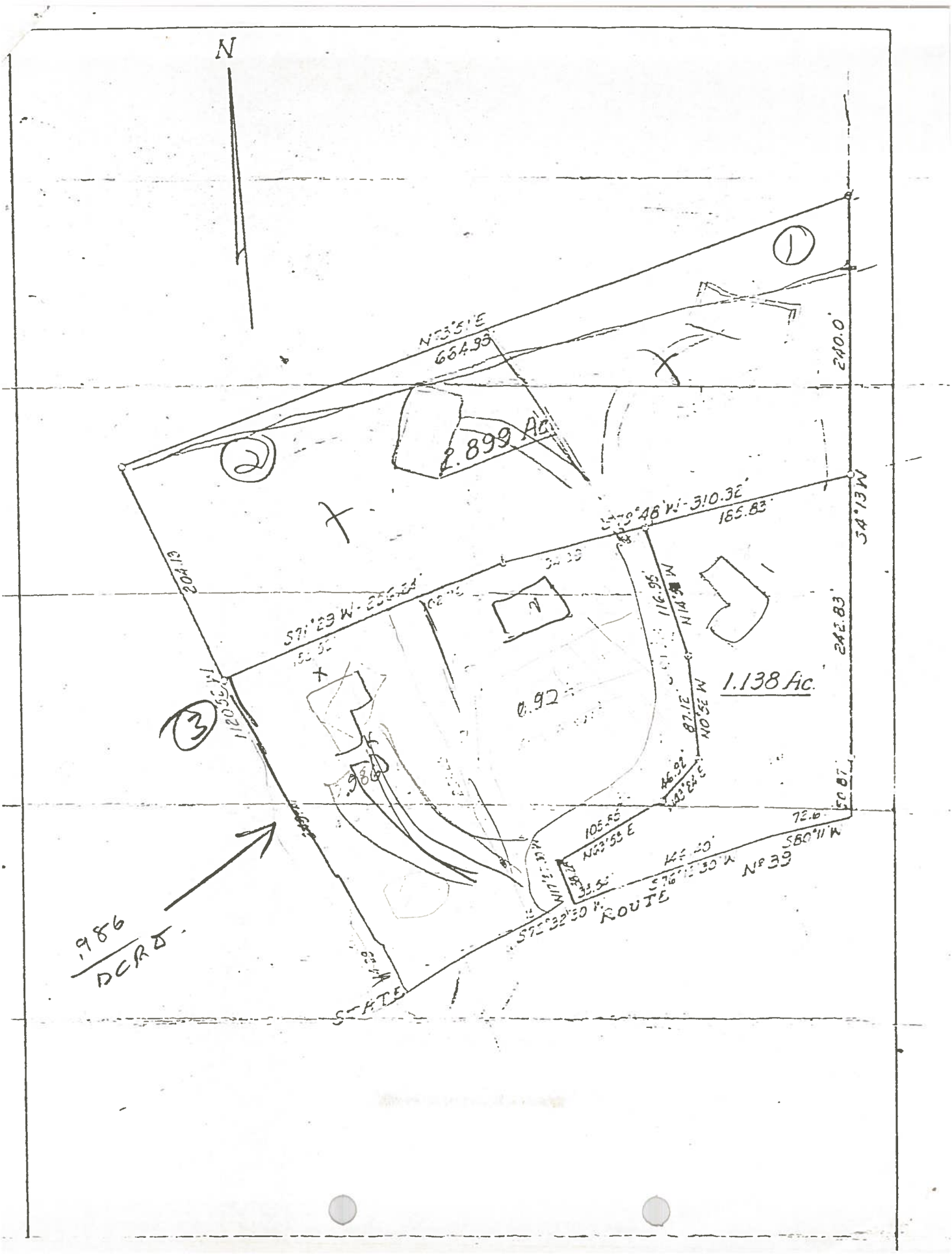
ZONING:

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

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

PERMISSION TO DISCHARGE:

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


N
1
2
3
N 53°51' E
664.33'
2.899 Ac.
240.0'
S 4°13 W
S 80°46' W - 310.32'
185.83'
S 71°29 W - 255.44'
202.13'
N 11°36' W
N 35°01' W
213.78'
1.138 Ac.
242.83'
0.92 Ac.
N 23°23' E
46.92'
105.55'
N 33°55 E
72.10'
S 80°11' W
N° 39
ROUTE
S 72°32'30" W
STATE
.986
DCRT.

FEE: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT BOWER, KEN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ken Bower Phone _____ Date April 2, 1981

Address Route #1 Dennison hereby applies for a permit to

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

Route #1 (property mailing address) Dennison (municipality or township) Co. Rd. 66 (road no.) _____ (subdivision lot no.)

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

Schaar Exc. + Lnk Co. (signature, owner or authorized agent)

Schaar Exc + Lnk. Co. (installer's name)

Route #3 Dover (address)

Route #3 (address)

364-2708 (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 CK

Date 4-3-81

Fee paid $35.00

Permit issued 4/13/81 (date) ds (clerk)

Permit number 17-81

Inspection date 4-2-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

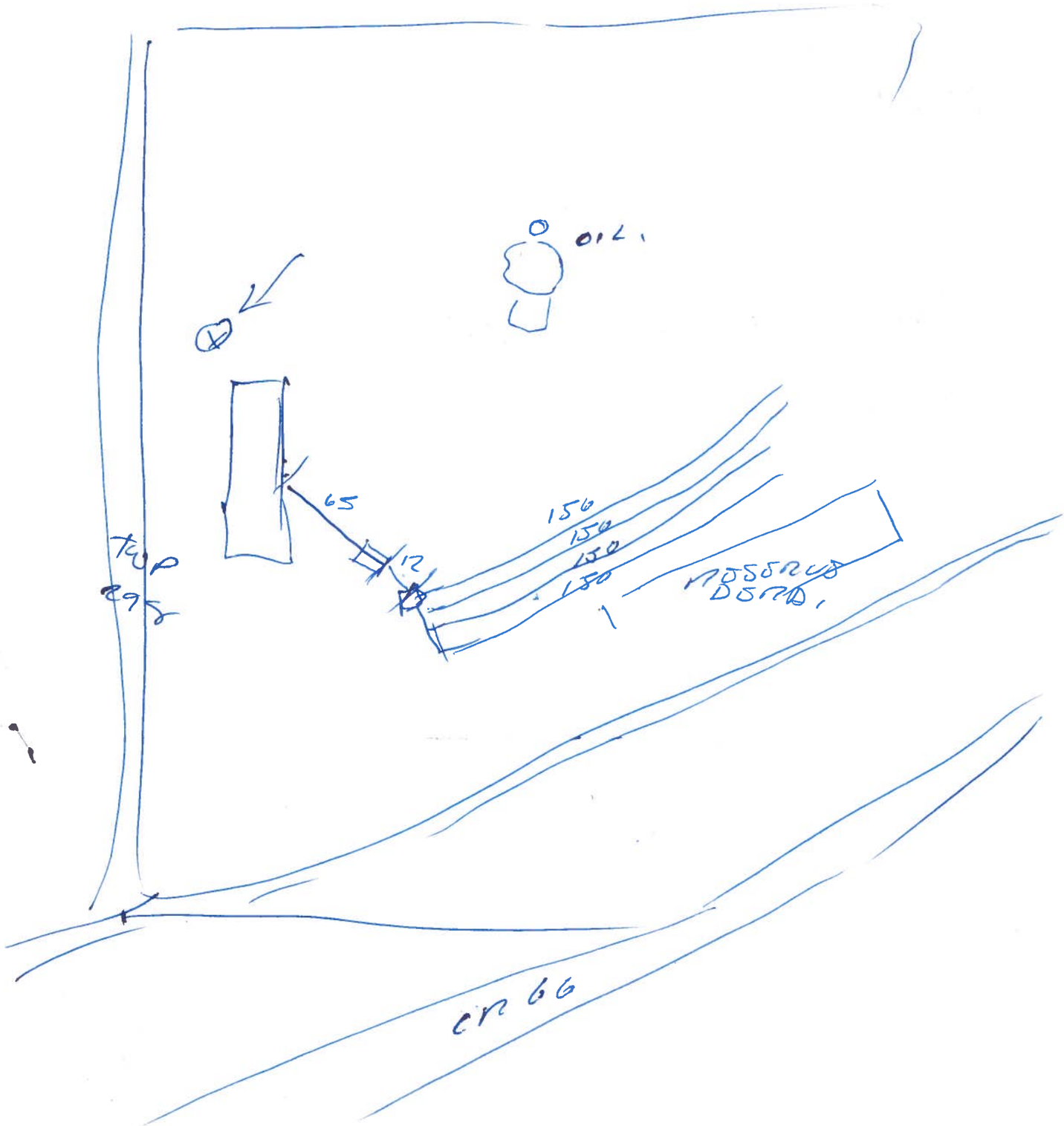
Leaching field 2 x 600 lineal feet

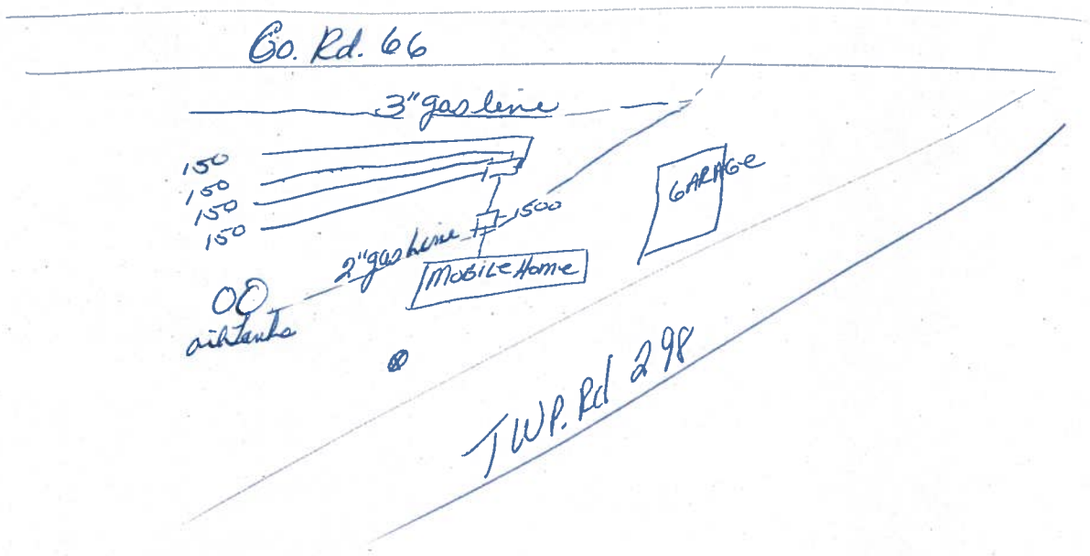
Filter _____

Leaching well _____

4

Inspected by CARLKEMPF


OIL.
65
12
156
150
150
150
RESERVE
BEND.
TOP
CR 66



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____,
(owner's name)

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT BENNETT, TIM.

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner TIM/SUSAN BENNETT Phone 878-7724 Date 4-24-81

Address RT. #1 STRASBURG, hereby applies for a permit to

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

RT. 1 STRAS. FRANKLIN CO. RD. 99

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

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

Tim Bennett By P. Hess (signature, owner or authorized agent)

Tom Parker ~~Pearson & Fetter, Inc.~~ (installer's name)

(address)

~~Beach City, Ohio~~ (address)

~~756-2493~~ (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 EEP

Date 4-28-81

Fee paid $35.00

Permit issued 4/28/81 (date) des (clerk)

Permit number #20-81

Inspection date 5-26-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

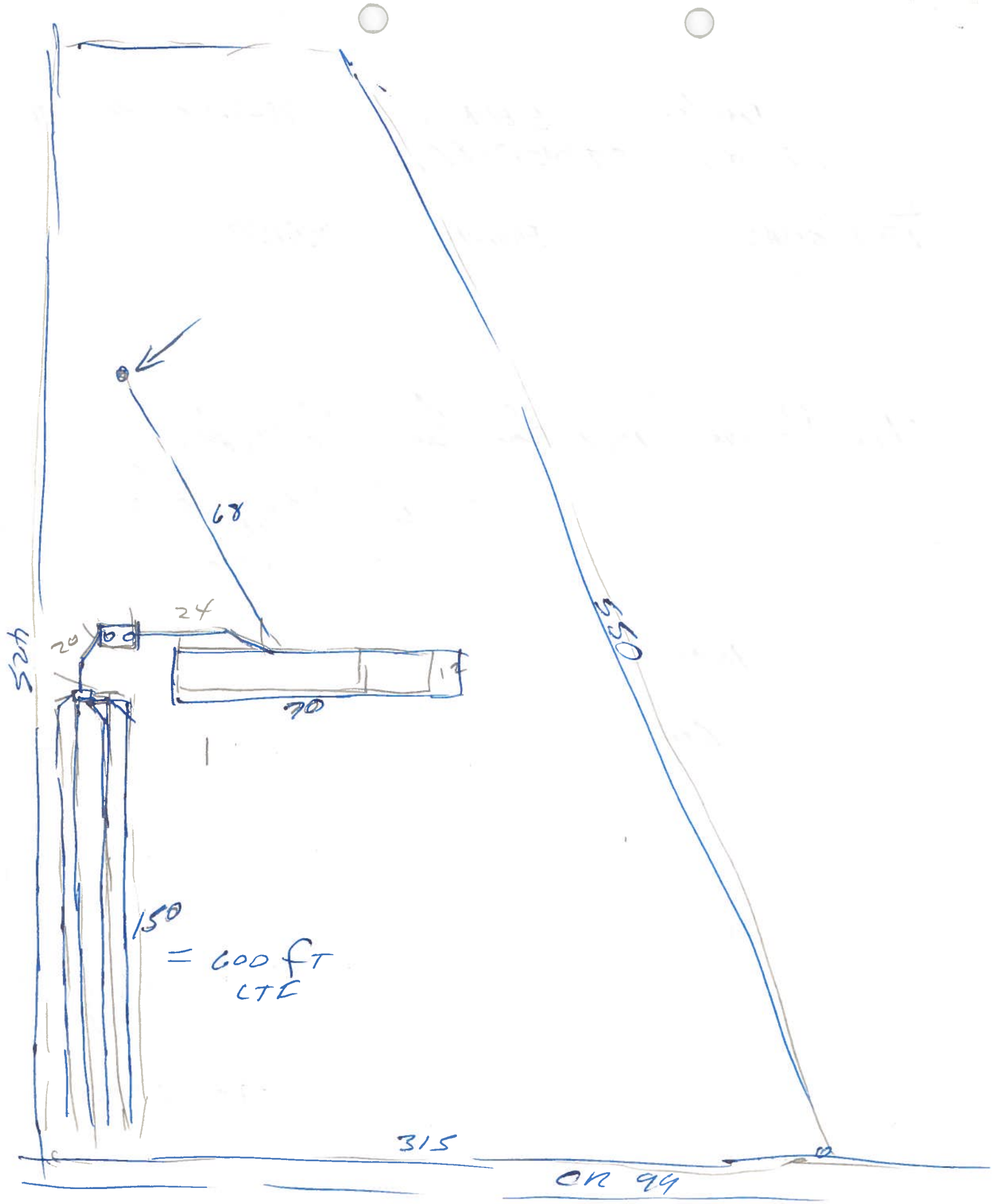
Leaching field 2' x 600' lineal feet

Filter _____

Leaching well 58 TON GRAVEL

Inspected by CARL KEMPF

5


68
24
20
17
70
525
550
150
= 600 ft
LTE
315
on 99

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Tim Bennett
(owner's name)

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 43, Dover, Ohio
Phone: 343-5555 or 254-9371

SITE EVALUATION FOR:
NAME TIM/SUSAN BENNETT
ADDRESS 132 9TH SE STRASBURG
PHONE 878-7724
PRESENT OWNER SORENSON
PROPERTY SIZE 1½ ACRES

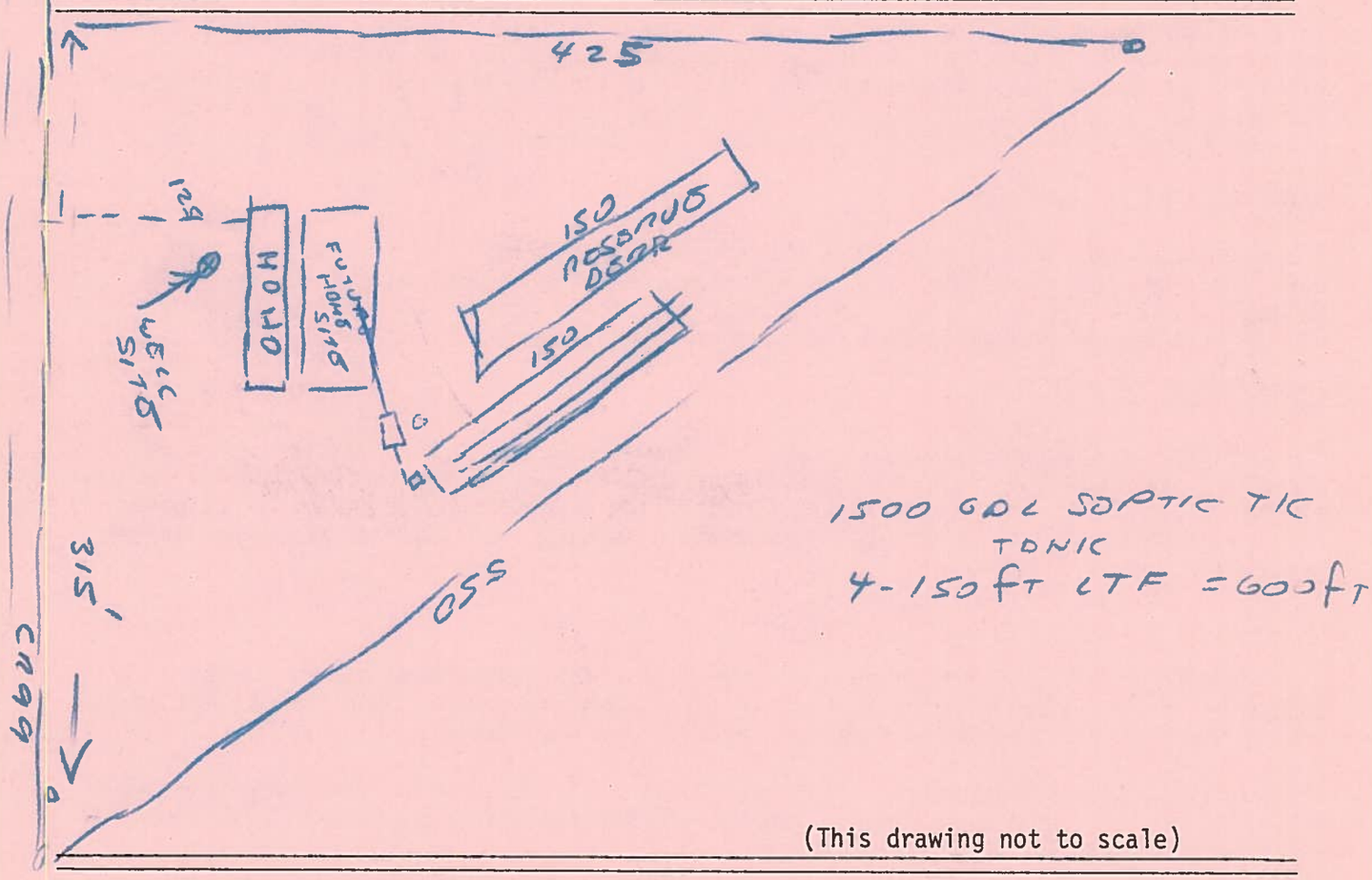
DATE 2-18-81

LOCATION OF PROPERTY FRANKLIN CR 99 RT 1 STRASBURG
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS SAND/CLAY DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

PROPOSED LAND USE 2 BEDROOM 1 FAMILY DWELLING, OTHER: MO HO - FUTURE HOMESITE



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES 2-18-81 NO _____ INCOMPLETE _____

1500 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE _____ LEACHING WELL _____ AEROBIC TANK _____ FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED NO

SITE APPROVED FOR TRANSFER SUBJECT TO SURVEY YES TITLE HELD BUY BANK 2-18-81 NO _____ INCOMPLETE _____

TRANSFER NOT REQUIRED _____

SANITARIAN [signature]

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

29253

WARRANTY DEED—No. 102A

The Ohio Legal Blank Co. Cleveland
Publishers and Dealers Since 1883

Know all Men by these Presents

That----WE, ROBERT A. SORENSEN and NANCY L. SORENSEN, husband and wife----------, *the Grantors who claim title by or through instrument, recorded in Volume* 525, *Page* 768 *County Recorder's Office, for the consideration of* ----------ONE and no/100---------- *Dollars* ($ 1.00) *received to* our *full satisfaction of*

TIMOTHY WAYNE BENNETT

the Grantee,

whose TAX MAILING ADDRESS will be Box 17, Winesburg, Ohio 44690 *do*

Give, Grant, Bargain, Sell and Convey *unto the said Grantee*, his *heirs and assigns, the following described premises, situated in the* Township *of* Franklin, *County of* Tuscarawas *and State of Ohio:*

Being located in the Northwest Quarter of Section 20, Township 10, Range 3 and being a part of a 19.9 acre tract heretofore conveyed to Russell R. Sr. and Irene H. Hartline by deed recorded in Vol 510, P. 314 of the Tuscarawas County Deed Records, the part hereby conveyed being more fully described as follows:

Beginning at an iron pin at a corner of a 6.0 acre tract (Vol 514, P. 386) said pin being located the following two (2) courses from the southwest corner of the northwest quarter of Section 20, North 0 deg. 39 min. East, along the quarter section line 1316.48 feet to an iron pin at the northwest corner of said 6.0 acre tract; thence South 89 deg. 47 min. East, 211.07 feet to the true place of beginning; thence from said beginning South 89 deg. 47 min. East, 490.47 feet to an iron pin; thence continuing South 89 deg. 47 min. East, 28.59 feet to a point in County Road 99 on the east line of the aforementioned 19.9 acre tract; thence with said line in said County Road 99, South 31 deg. 55 min. West, 272.7 feet to the most easterly corner of said 6.0 acre tract; thence leaving said line and road and with the northeasterly line of said 6.0 acre tract North 58 deg. 05 min. West, 20.35 feet to an iron pin; thence continuing North 58 deg. 05 min. West, 421.3 feet to the place of beginning, containing 1.382 acres, be the same more or less but subject to all legal highways.

The above described 1.382 acre tract is the residue of the aforementioned 19.9 acre tract.

(Survey and description by C. R. Goodie, Reg. Surveyor #5521.)

TRANSFERRED
TRANSFER FEE 35
CONVEYANCE EXAMINED,
SEC. 319-202 R. C. COMPLIED WITH
AMT. 9.50
NOV 16 1979
DONALD R. KINSEY
TUSCARAWAS COUNTY AUDITOR
No. 72640

"Deed checked for tract description only"
11-16-79
ED E. GASSER
Tuscarawas Co. Engineer
CW Deputy

COPY

be the same more or less, but subject to all legal highways.

FEE: $35.00

CRONE, WM.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner William Crone Phone _____ Date _____

Address Box Mineral City hereby applies for a permit to

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

Warwick Twp CR 86

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

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

Hoyt Skelton
(signature, owner or authorized agent)

Box 91 Mineral City
(address)

UNKOWN
(installer's name)

(address)

(phone)

This application is for the following disposal devices.

Septic tank 500 (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 RJ

Date 5/27/81

Fee paid $35.00

Permit issued 5/27/81 (date) des (clerk)

Permit number 32-81

Inspection date 6-15-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

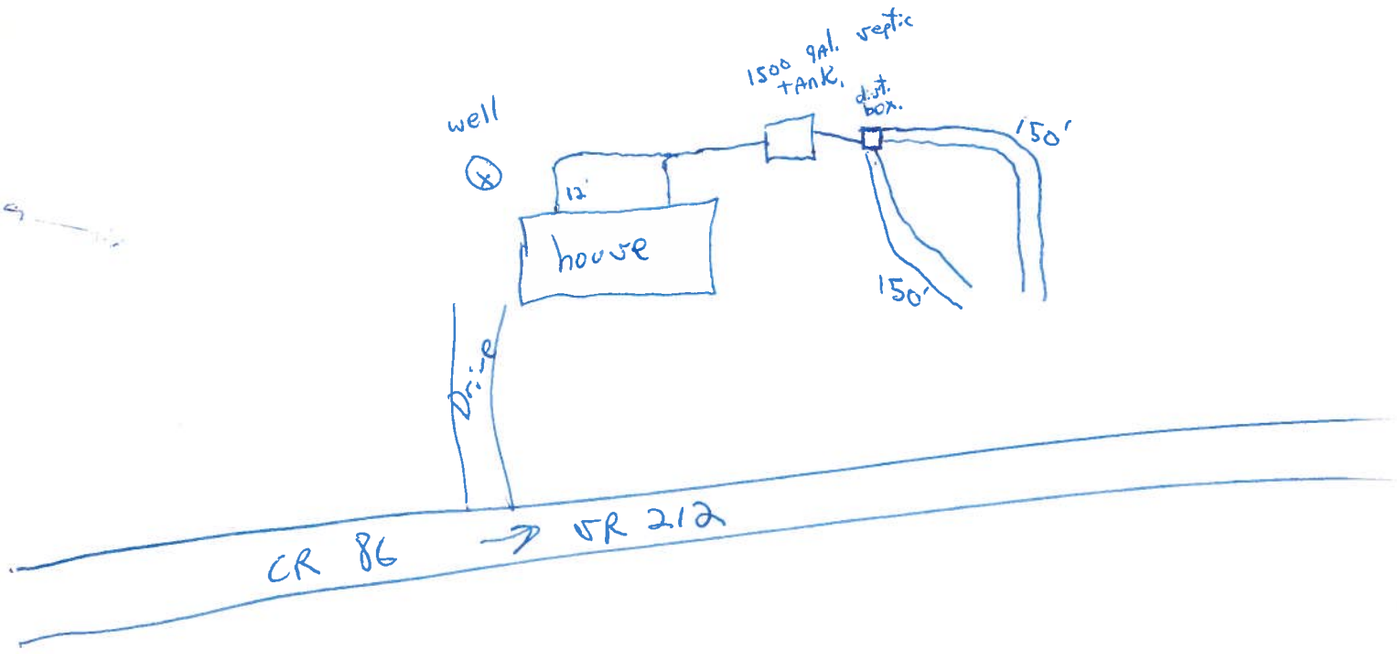
Leaching field 4 x 150 lineal feet

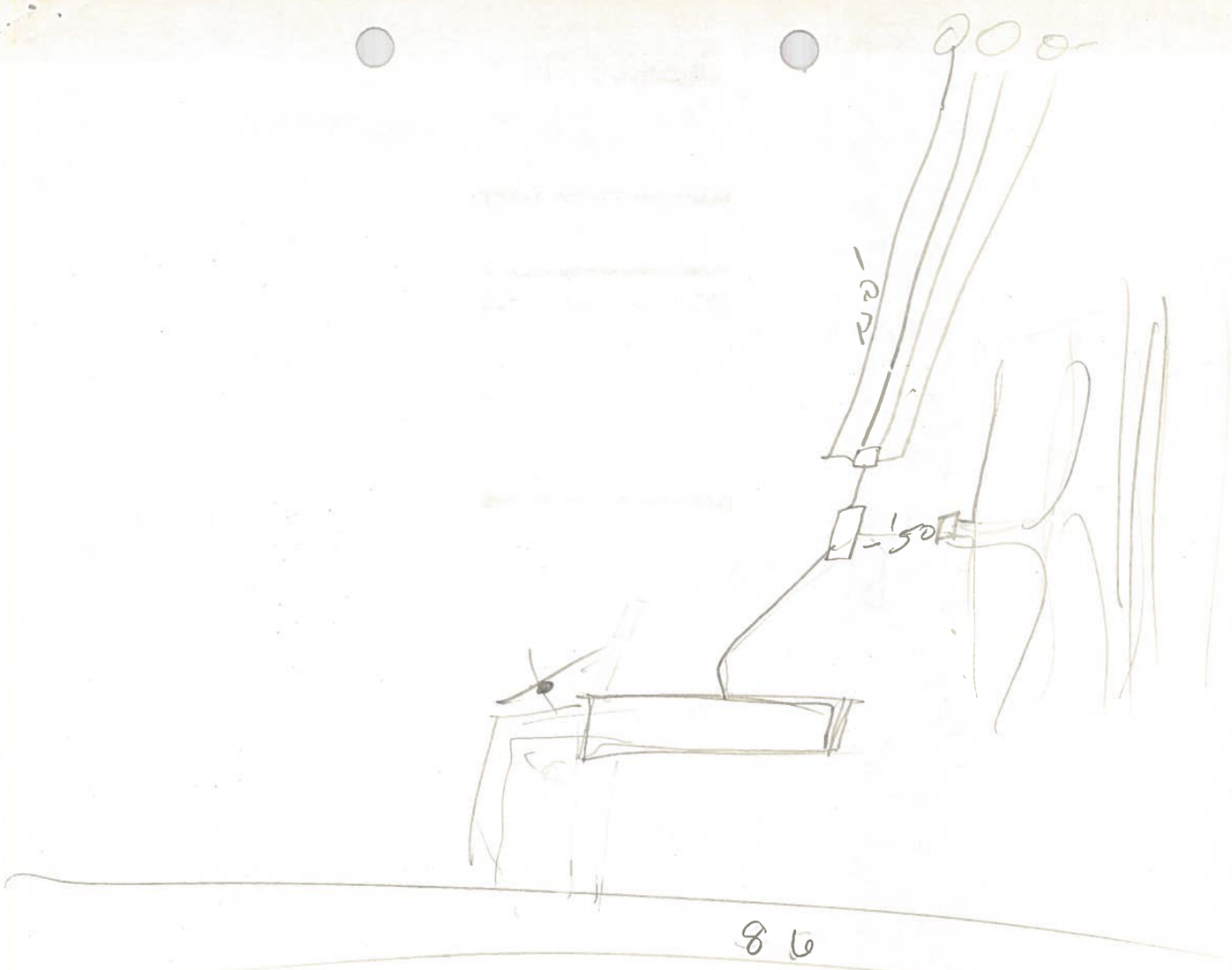
Filter _____

Leaching well _____

Inspected by Keith Eames

6


1500 gal. septic tank.
dist. box.
150'
well
12'
house
150'
Drive
CR 86
VR 212



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Ekow-Wilson
(owner's name)

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT DOMER, MARTY

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner MARTY A. DOMER Phone 364-6498 Date 4-

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 44656 Frip Field CO. Rd. 87
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Marty A. Domer
(signature, owner or authorized agent)

Morris A. Domer
(installer's name)

R.D. 1 Mineral City
(address)

R.D. 1 Mineral City
(address)

This application is for the following disposal devices.

364-6498
(phone)

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

Leaching lines _____ (lineal feet) Leaching well _____ (size) Filter 2-6'x40' (size)

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

OFFICE USE ONLY

Permit approved by CK

Date 4-6-81

Fee paid $35.00 Pd. Receipt 352

Permit issued 6/23/81 (date) dlw (clerk)

Permit number 41-81

Inspection date 4-81

INSTALLATION INSPECTION

Sewage tank 1000 gallon

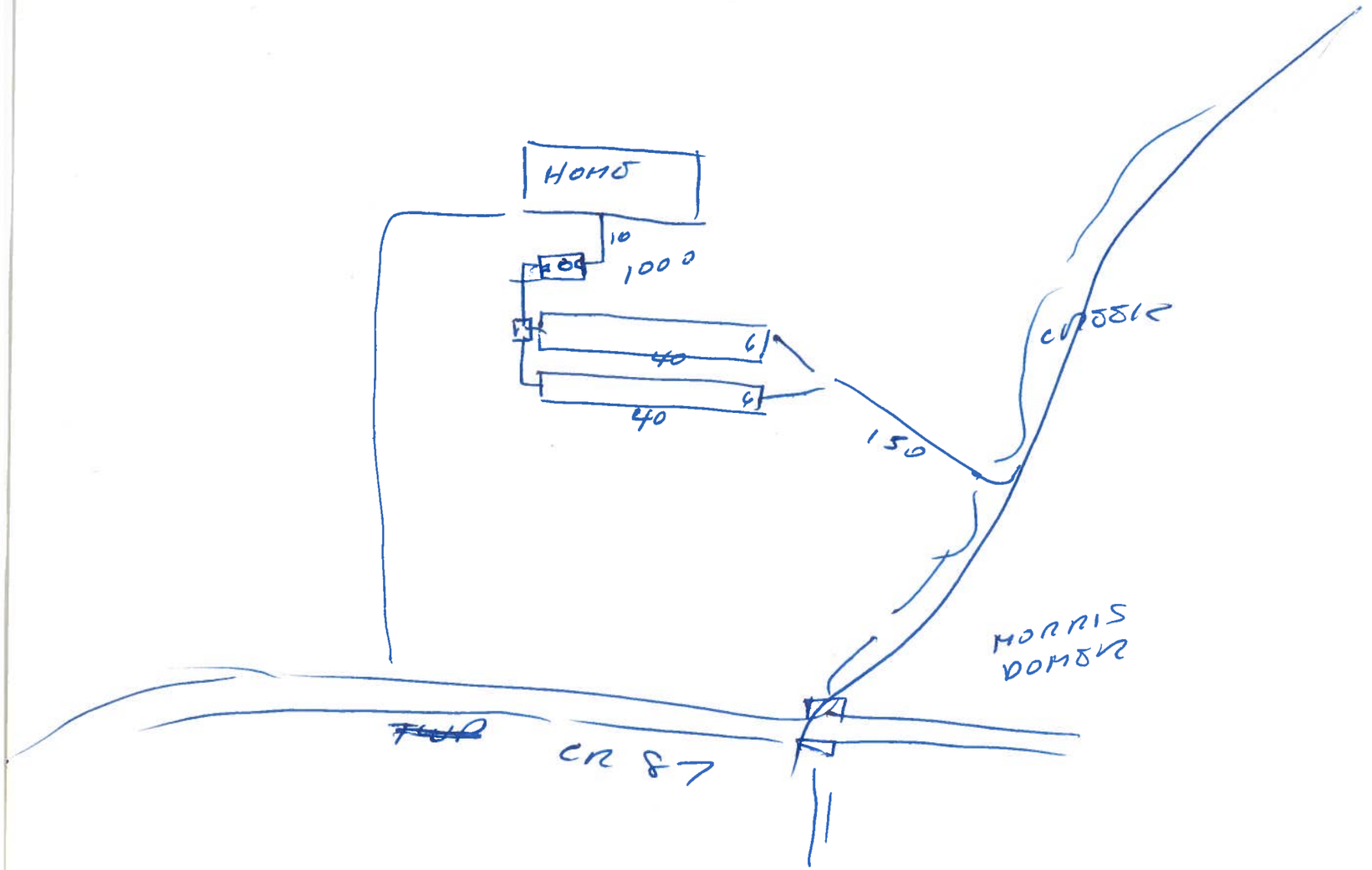
Leaching field ___ x ___ lineal feet

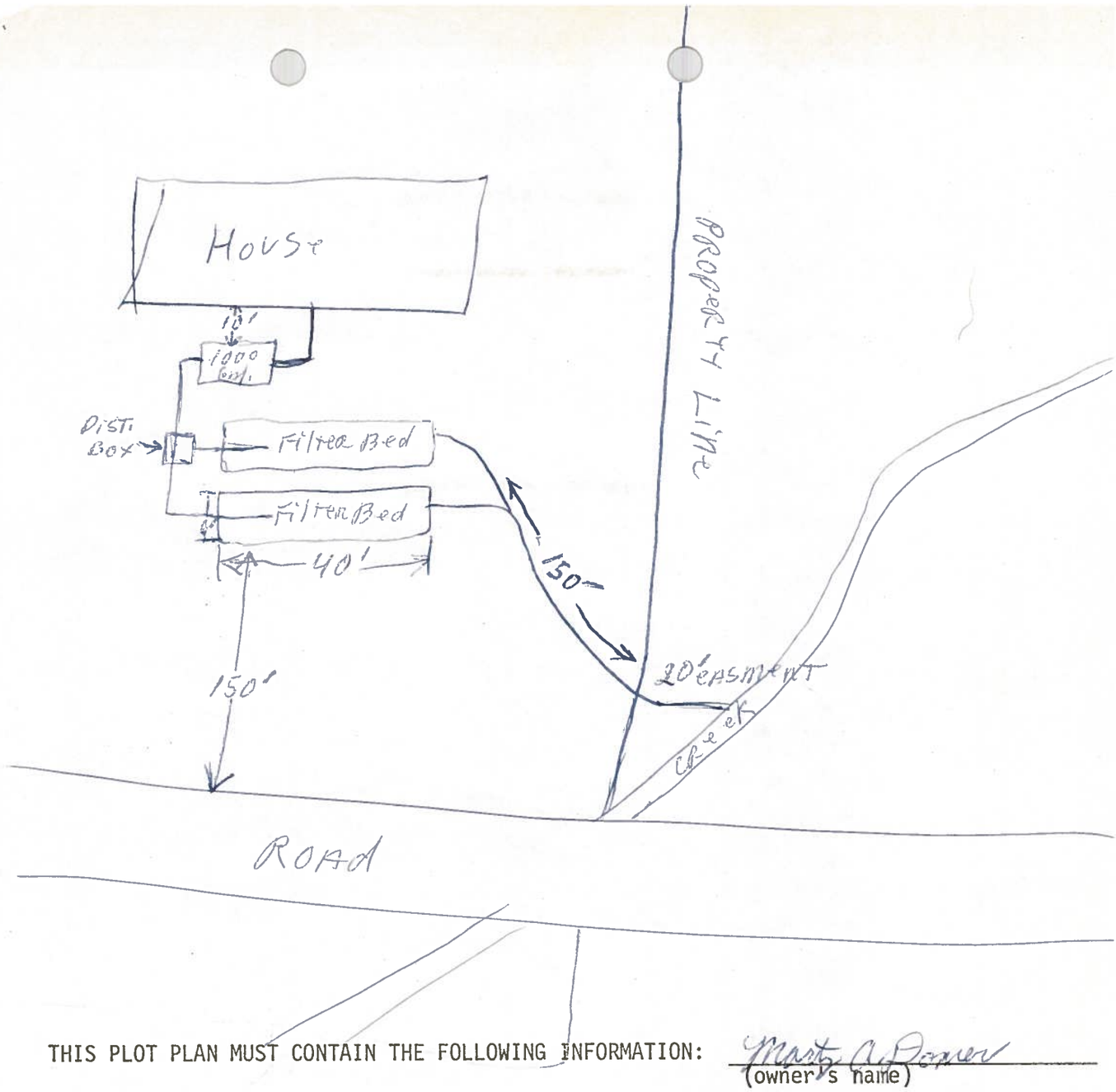
Filter 12x50 SUBSURF

Leaching well _____

Inspected by CARL KEMPF

PERMISSION APRIL/81
DISC,


HOME
10
1000
6
40
6
40
150
CREEK
MORRIS
DOMER
CR 87



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Mark A Dower
(owner's name)

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

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

SITE EVALUATION FOR:
NAME Donner Marty
ADDRESS [redacted] Uhrichsville
PHONE [redacted]

DATE 2/23/81

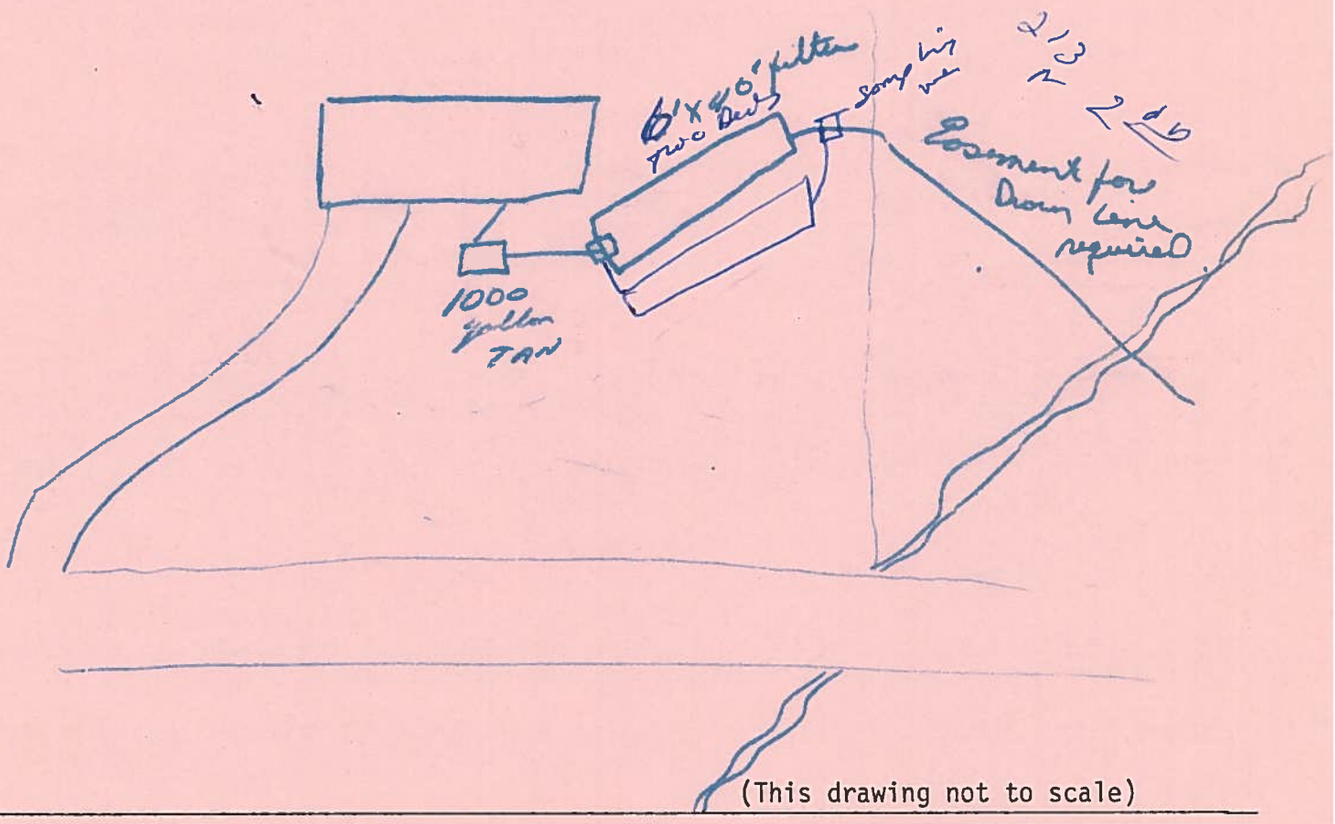
PRESENT OWNER Same
PROPERTY SIZE 5+ acres

LOCATION OF PROPERTY Fairfield Twp (Co. Rd 87)
Town or Township / Street, Road, Allotment or Lot No.

SOIL CONDITIONS Clay DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES _____ NO _____ INCOMPLETE ✓

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

_____ AEROBIC TANK 12'x40' FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED _____

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

TRANSFER NOT REQUIRED _____

SANITARIAN R. Fonner

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

GENERAL WARRANTY DEED, Statutory Form No. 22-S Acme Legal Blank Co., New Philadelphia, Ohio.

39425

GENERAL WARRANTY DEED *

VOL 561 PAGE 340

Morris Domer and Marilyn Domer, husband and wife (1), of Tuscarawas County,

for valuable consideration paid, grant(s), with general warranty covenants, to

Marty Domer , whose tax-mailing address is

~~the following REAL PROPERTY: Situated in the County of~~ ~~in the State~~

~~of Ohio and in the~~ ~~of~~ : (2)

do give, grant, bargain, sell and convey an easement for a 4 inch septic pipe from the septic system on the premises of Marty Domer, Fair-Field Township, Tuscarawas County, Ohio, extending on a direct line east to the property line of Morris and Marilyn Domer and thence continuing in a direct line east to the creek abutting the premises of grantors on the east.

Grantee does promise and agree to repair and maintain said pipe line and to keep the same in good condition, order and repair at all times. Grantee shall repair, replace and re-sod and restore the premises of the grantors to their original condition or to the condition they are at the time of any installation, repair or replacement of said pipeline.

Prior Instrument Reference: Vol. Page of the Deed Records of Tuscarawas County, Ohio. ~~(3) wife (husband) of the~~ ~~Grantor releases all rights of dower therein~~ Witness their hand(s) this 6th day of April , 1981.

Signed and acknowledged in the presence of:

Helen Jeanne Johnson — Morris Domer (4)
WITNESS — Morris Domer

Rita L. Stone — Marilyn Domer
WITNESS — Marilyn Domer

State of Ohio Tuscarawas County ~~of~~ ss.

BE IT REMEMBERED, That on this day of April , 1981 , before me, the subscriber, a notary public in and for said county, personally came, Morris Domer and Marilyn Domer the Grantor(s) in the foregoing Deed, and acknowledged the signing thereof to be their voluntary act and deed.

IN TESTIMONY THEREOF, I have hereunto subscribed my name and affixed my seal on this day and year aforesaid. Helen Jeanne Johnson
Notary Public

Com. Exp. 3-16-19

This instrument was prepared by F. G. Fitzpatrick

1. Name of Grantor(s) and marital status.
2. Description of land or interest therein, and encumbrances, reservations, exceptions, taxes and assessments, if any.
3. Delete whichever does not apply.
4. Execution in accordance with Chapter 5301 of the Revised Code of Ohio.

RECEIVED FOR RECORD
DORIS M. GODFREY, County Recorder

Auditor's and Recorder's Stamps

No Transfer Necessary
4-6-81

39425

APR 6 1981 10:50 Am

Donald R. Kinsey
COUNTY AUDITOR

Recorded Vol. 561 Page 340 of the Deed Records of Tuscarawas County, Ohio

* See Sections 5302.05 and 5302.06 Ohio Revised Code.

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT COMMERCIAL CASTINGS

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Commercial Castings Phone 339-3611 Date 5/27/81

Address Route 4 New Phila. hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Commercial Castings Route 4 New Phila.
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Charles J DeMatteo
(signature, owner or authorized agent)

DeMatteo Const. Inc.
(installer's name)

Route 4 New Phila.
(address)

Route 5 New Phila.
(address)

This application is for the following disposal devices.

339-1963
(phone)

Septic tank _____ (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 DOF

Date 7/17/81

Fee paid $35.00 Rd. Receipt 6605

Permit issued 7/17/81 (date) dee (clerk)

Permit number # 49-81

Inspection date ~~Richard Tuts~~ 5-27-81

INSTALLATION INSPECTION

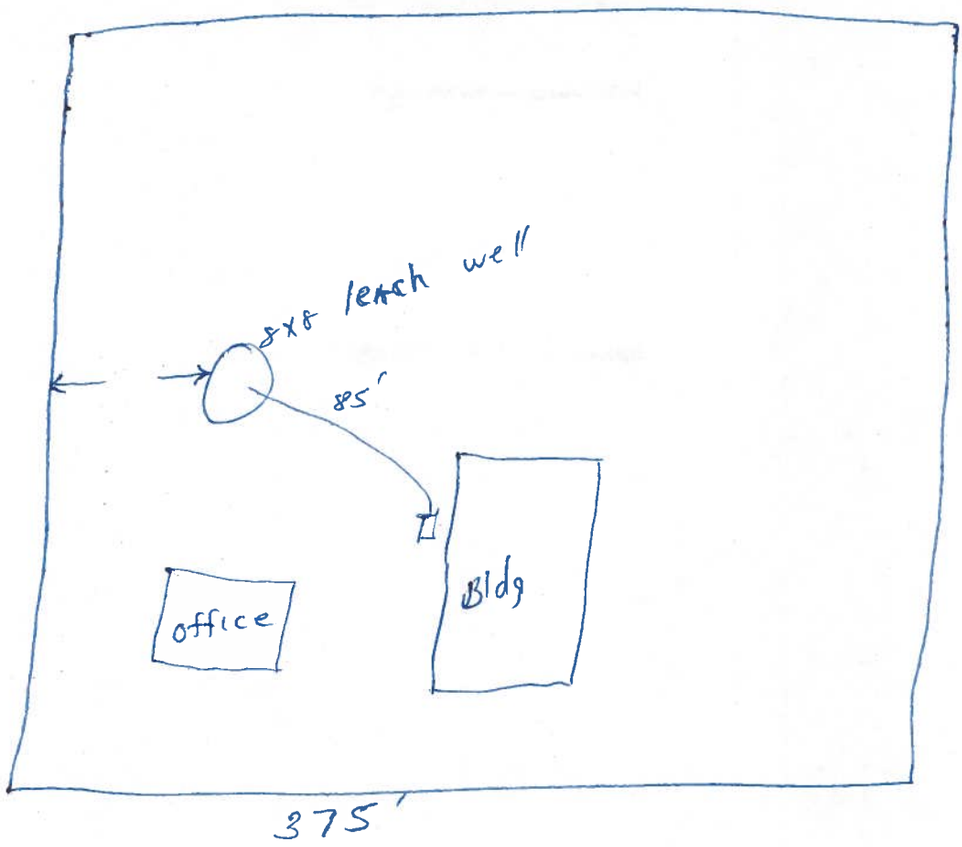
Sewage tank Existing gallon

Leaching field ___ x ___ lineal feet

Filter _____

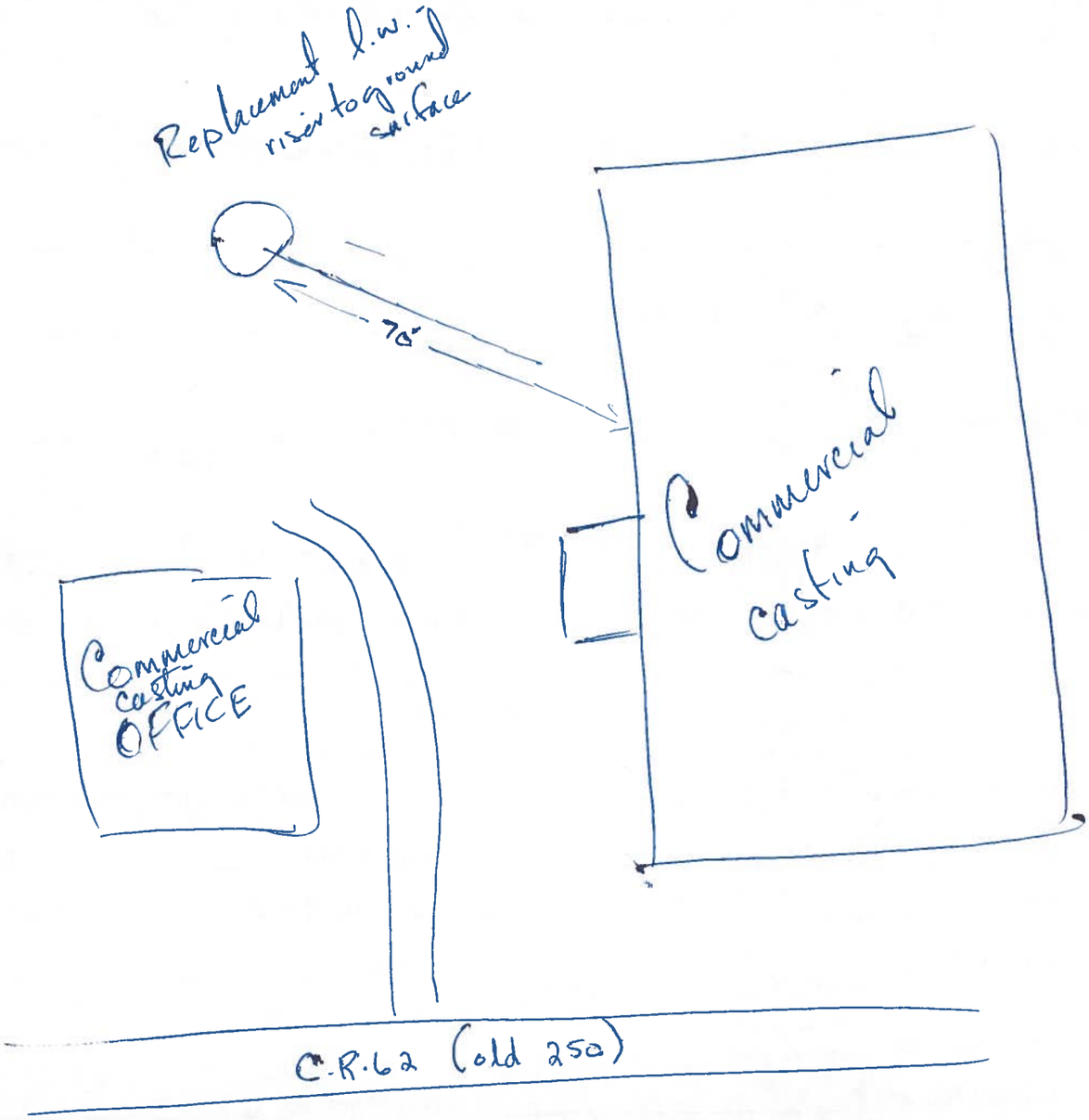
Leaching well 8'x8'

Inspected by Richard Tuts



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Charles J. DeMatteo
(owner's name)

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


Replacement h.w.
riser to ground surface
70'
Commercial casting
Commercial casting OFFICE
C.R.62 (old 250)

FEE: $50.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner _____ Phone _____ Date _____

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

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

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

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

_____ _____
(address) (address)

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

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 _____

Date _____

Fee paid _____

Permit issued _____ (date) (clerk)

Permit number _____

Inspection date _____

INSTALLATION INSPECTION

Sewage tank _____ gallon

Leaching field ____ x ____ lineal feet

Filter _____

Leaching well _____

Inspected by _____

TELEPHONE
(216) 343-5555

TUSCARAWAS COUNTY
GENERAL HEALTH DISTRICT

TOLL FREE
(614) 254-9371

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

July 6, 1981

DeMattio Construction Inc.
Route #5
New Philadelphia, Ohio 44663

Dear Mr. DeMattio:

This office is holding a sewage disposal application for permit that you have submitted to our office for Commercial Castings, Route #4, New Philadelphia, Ohio. The check you sent in with your application was only for $25.00. The fee for a sewage disposal permit is $35.00.

Please send us your check for the additional $10.00 so that we may issue the permit and approve your septic system.

If you have any questions, please feel welcome to contact this office.

Very truly yours,

Richard Fouts

Richard Fouts, R.S.
Environmentalist
des

FEE: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT DAVIS, GLENN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Glenn Davis Phone 254-4440 Date 07-06-81

Address R.R. 1 Gnadenhutten, Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

R.R. 1 Gnadenhutten Clay
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

_____ John D. Tuscano
(signature, owner or authorized agent) (installer's name)

_____ R.R. 1 Port Washington Ohio
(address) (address)

This application is for the following disposal devices. 498-7826
(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 RJ

Date 7/23/81

Fee paid #35.00

Permit issued 7/24/81 (date) dee (clerk)

Permit number 50-81

Inspection date 7/23/81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

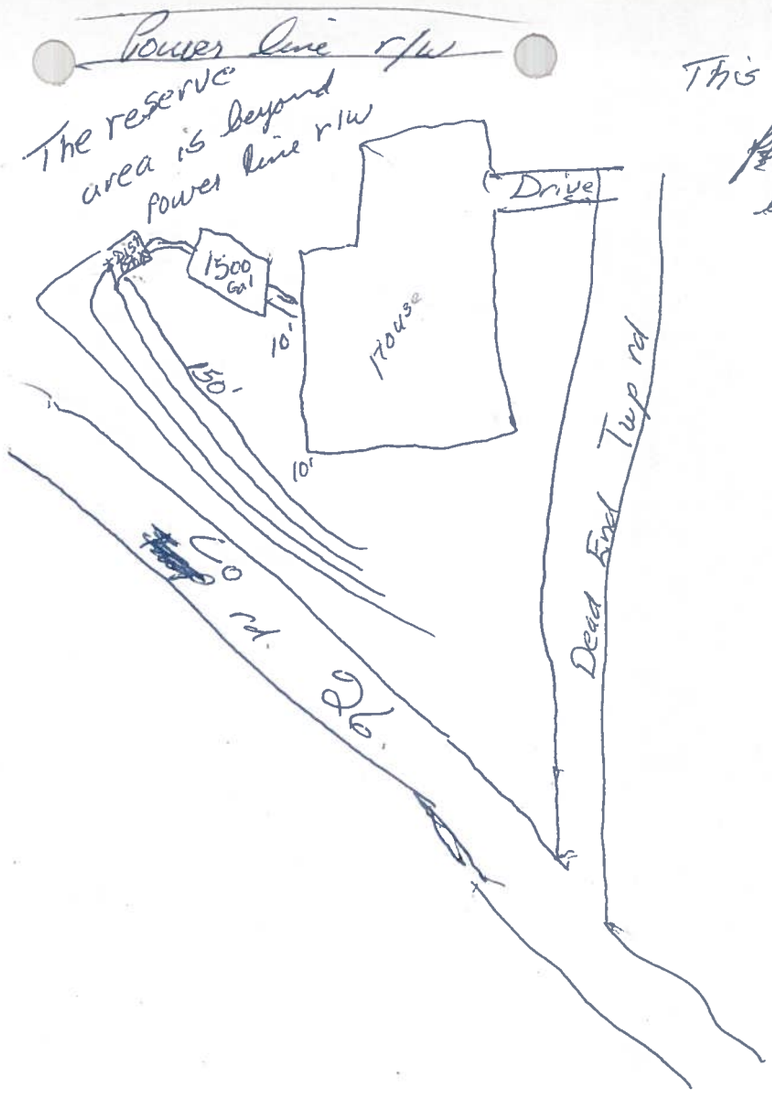
Leaching field 2 x 60 lineal feet

Filter _____

Leaching well _____

Inspected by R. Fleming

9



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Helen Davis
(owner's name)

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

a Power line runs in For power For his house

DURMAN, GLENN

Phone - 364-4438
Fee: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Avenue, P.O. Box 443
Dover, Ohio 44622

Toll free from southern part of County - 254-9371

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Glenn L Durman Phone 922-3387 Date Aug 19, 1981

Address Box 66 Stillwater hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Stillwater

Box 66 Stillwater
(mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Glenn Durman
(signature, owner or authorized agent)

Box 66 Stillwater
(address)

Robert Long Long Excavating
(installer's name)

Rt#1 Uhrichsville
(address)

922-3924
(phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines 600 (lineal feet)

Leaching well _____ (size)

Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by RDF

Date 8-19-81

Fee paid $35.00

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

Permit number 64-81

Inspection date 8-31-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

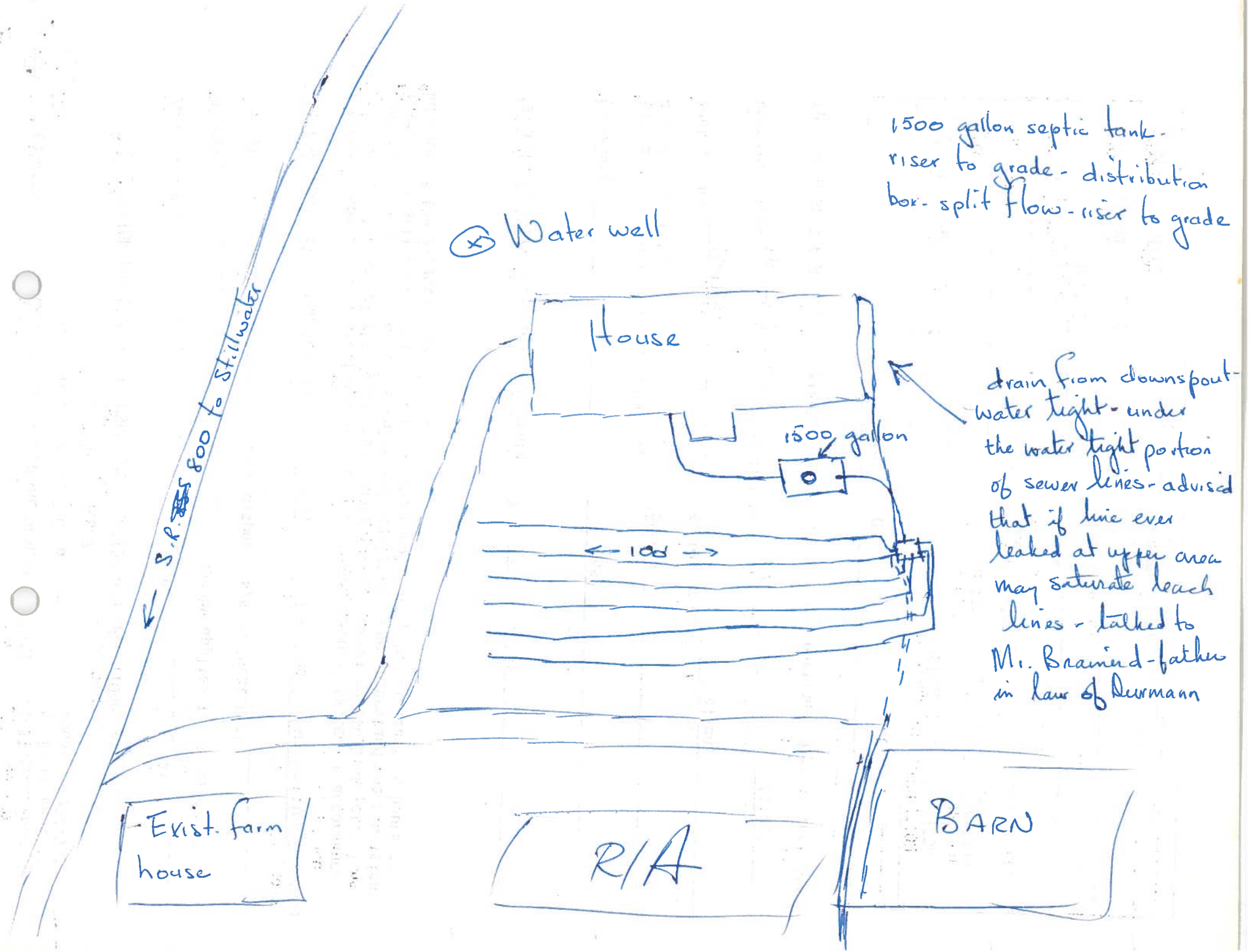
Leaching field 2½ x 600 lineal ft.

10

Filter _____

Leaching well _____

Inspected by Richard Foutz


1500 gallon septic tank - riser to grade - distribution box - split flow - riser to grade
Water well
House
1500 gallon
100
drain from downspout - water tight - under the water tight portion of sewer lines - advised that if line ever leaked at upper area may saturate leach lines - talked to Mr. Brainerd - father in law of Herrmann
S.R. 800 to Stillwater
Exist. farm house
R/A
BARN

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

SITE EVALUATION FOR:
NAME Glenn Duimann
ADDRESS P.O. Box 66 St. Umater 44679
PHONE 922-3287
PRESENT OWNER Above
PROPERTY SIZE Acres

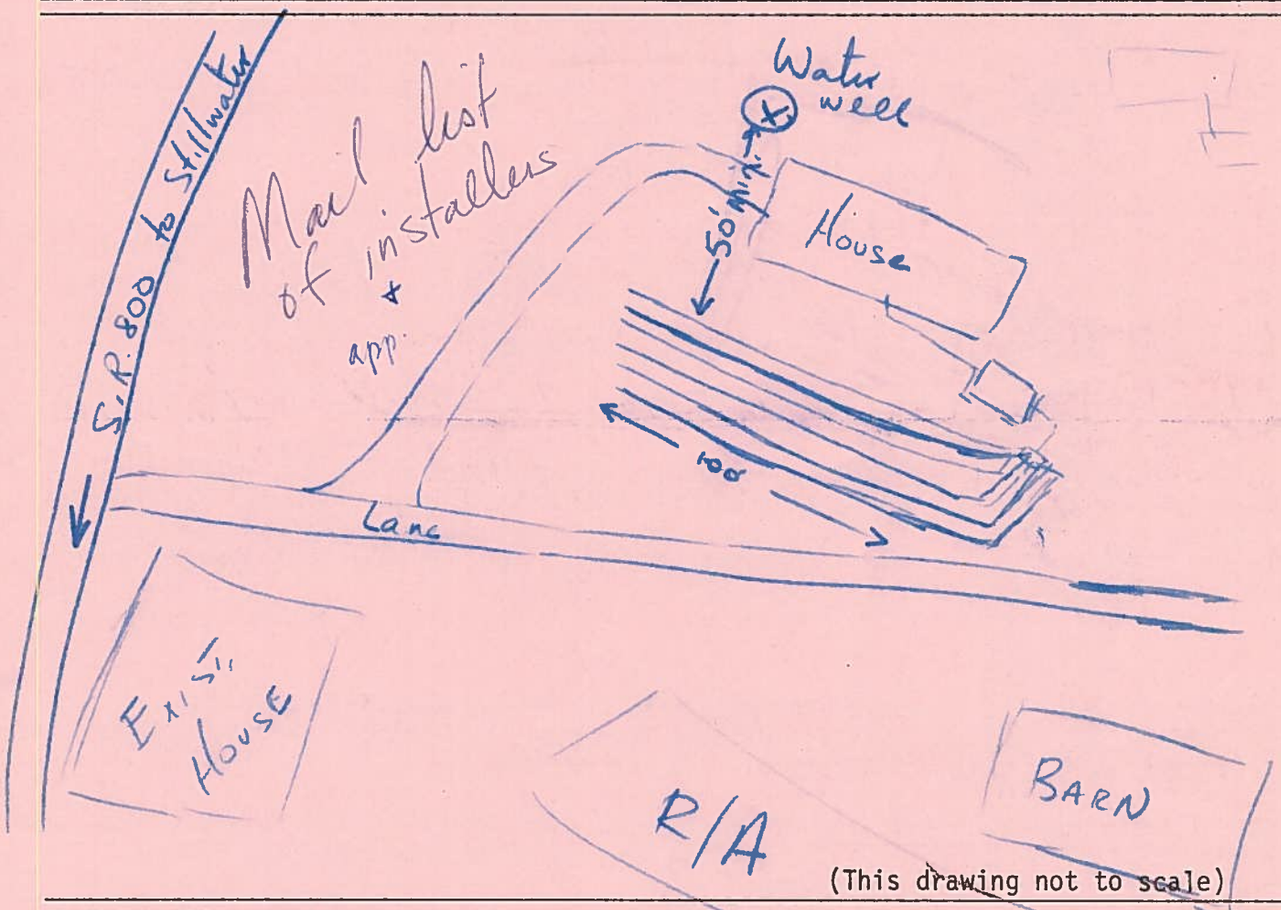
DATE 5-27-81

LOCATION OF PROPERTY Rush (Town or Township) S.R. 800 (Street, Road, Allotment or Lot No.)

SOIL CONDITIONS Sand DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES ✓ NO _____ INCOMPLETE _____

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

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

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

TRANSFER NOT REQUIRED ✓

SANITARIAN Richard Fauto

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT EDWARDS, JOHN C.

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner JOHN C. EDWARDS Phone 922-9157 Date _____

Address RT. #2 UHRICHSVILLE, OHIO hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

RT. #2 UHRICHSVILLE MILL 282
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

John C. Edwards
(signature, owner or authorized agent)

Tom Parker
(installer's name)

_____
(address)

239 N. Wooster, Strasburg
(address)

878-7290
(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 RT

Date 8/5/81

Fee paid $35.00

Permit issued 8/5/81 (date) dee (clerk)

Permit number 56-81

Inspection date 8-10-81

INSTALLATION INSPECTION

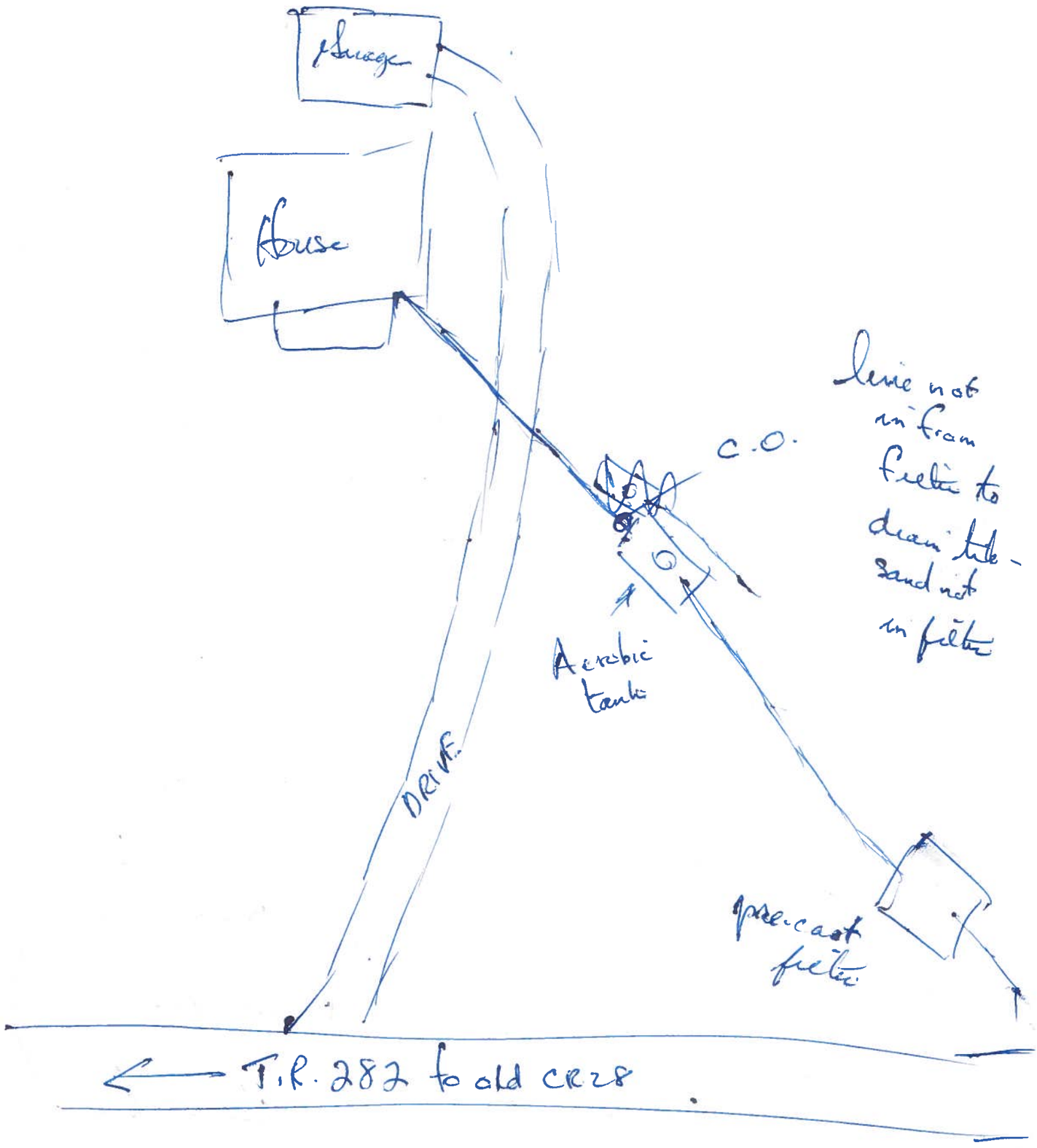
Sewage tank Aerobic gallon

Leaching field ____ x ____ lineal feet

Filter precast sand

Leaching well _____

Inspected by Richard Fuls


Garage
House
C.O.
line not in from filter to drain tile - sand not in filter
Aerobic tank
DRIVE
precast filter
← T.R. 282 to old CR28

12
40

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____
(owner's name)

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

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

Permission is hereby granted to JOHN C. & CATHY EDWARDS, heirs or assignees, as owners of a tract of land located at MILL TWP. 282 in MILL Township, Tuscarawas County, Ohio as described in Volumn _____ Page _____, of the Tuscarawas County Deed Records to: Install septic system to conform to county & state laws and to discharge the effluent therefrom into an existing ditch maintained by the township providing the following:

1. The sewarge disposal system installation, maintenance, and operation is approved by the Tuscarawas County Health Department.
2. The effluent from the sewage disposal system, as measured at the point of discharge, shall comply with current effluent standards of the Tuscarawas County Board of Health or other official agency having legal jurisdiction.
3. The point of discharge shall be approved by the official agency having legal jurisdiction over said right of ways.
4. The sewage disposal system or parts thereof must be operated in a manner that will not cause a nuisance condition.

Date: 8-3-1981 Approved by: Jordan J. Bergen (signature) Mill Twp Trustee (title)

Thomas A. Heaken

Robert L. Milligan (signature) (title)

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

Call
Cam permit

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT AMISTADI, SAMUEL

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Samuel Amistade Sr Phone 216-878-5253 Date 8-18-81

Address Rt#1 - Strasburg, Ohio 44680 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at Rt#1 County Road 99, Strasburg Ohio 44680

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

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

Samuel Amistade Sr (signature, owner or authorized agent)

Rt#1 - Strasburg Ohio 44680 (address)

This application is for the following disposal devices.

Ray Miller (installer's name)

Rt#2 - Sugarcreek, Ohio (address)

(phone)

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

Leaching lines 400 feet (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 8-25-81

Fee paid #35.00

Permit issued 8/25/81 (date) (clerk)

Permit number 71-81

Inspection date 9-25-81

INSTALLATION INSPECTION

Sewage tank 1000 gallon

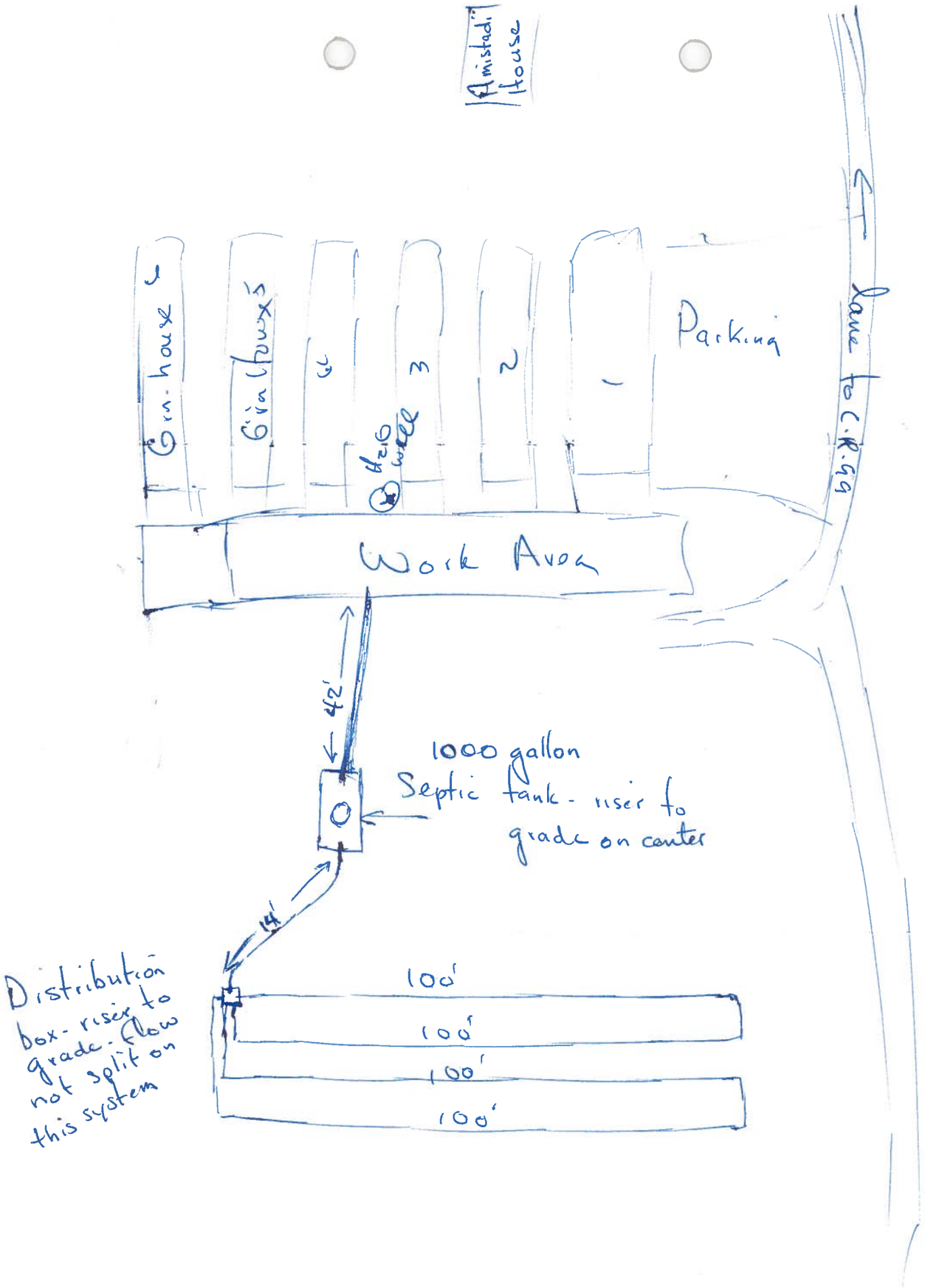
Leaching field 4 x 100 lineal feet

Filter _____

Leaching well _____

12

Inspected by Richard Fouts



Amistad House
Gin-house 1
Gin House 5
4
3
2
1
Parking
Lane to C.R.99
Work Area
42'
1000 gallon
Septic tank - riser to grade on center
14'
Distribution box - riser to grade - flow not split on this system
100'
100'
100'
100'

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

SITE EVALUATION FOR:
NAME Sam Amistadi
ADDRESS Rt. 1 Strasburg
PHONE 878-5293
PRESENT OWNER Above
PROPERTY SIZE

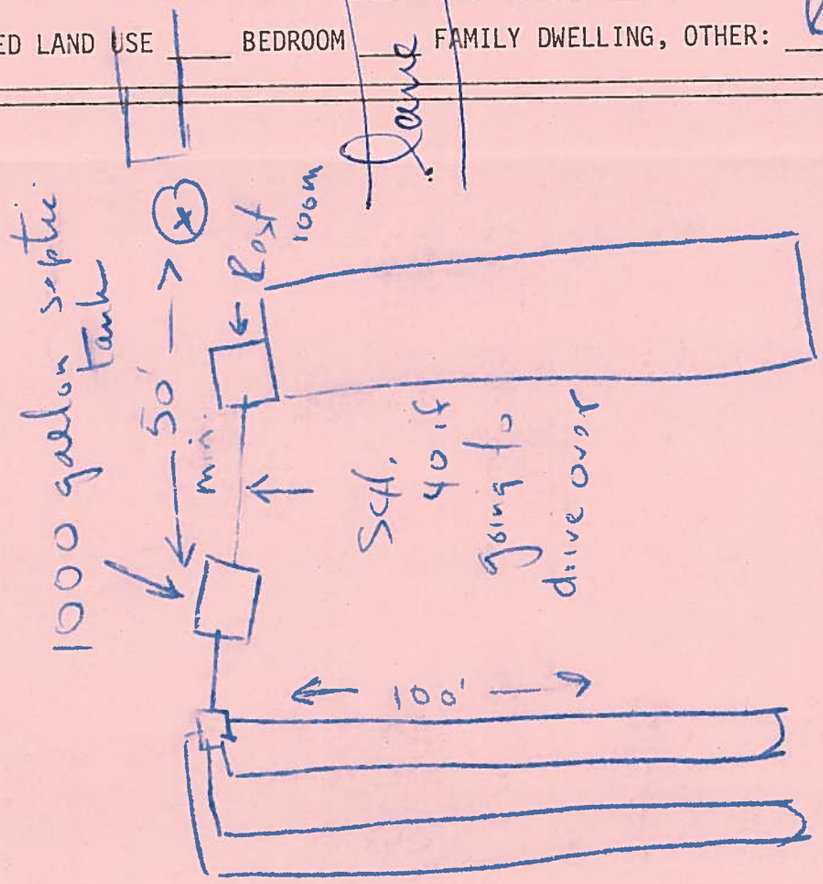
DATE 8-13-81

LOCATION OF PROPERTY Franklin — C.R. 99
Town or Township — Street, Road, Allotment or Lot No.

SOIL CONDITIONS Sand/gravel DEPTH TO GROUND WATER _____ ROCK STRATA ____ ____

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

PROPOSED LAND USE ___ BEDROOM ___ FAMILY DWELLING, OTHER: Restroom for greenhouse



mail application

(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES ✓ NO _____ INCOMPLETE _____

1000 GALLON SEPTIC TANK 400 LINEAL FEET OF LEACHING LINE _____ LEACHING WELL

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

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

TRANSFER NOT REQUIRED ✓

SANITARIAN Richard Fouts

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT FULTON, RALPH

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Fulton Ralph Phone 364-2063 Date 6/9/81

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

Rt #1 Mineral city Warren twp Co. Rd. 92
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Ralph Fulton
(signature, owner or authorized agent)

Ralph Fulton
(installer's name)

Rt #1 Mineral
(address)

Rt #1 Mineral
(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 RF

Date 6/9/81

Fee paid $35.00

Permit issued 6/9/81 (date) des (clerk)

Permit number 38-81

Inspection date 9-16-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

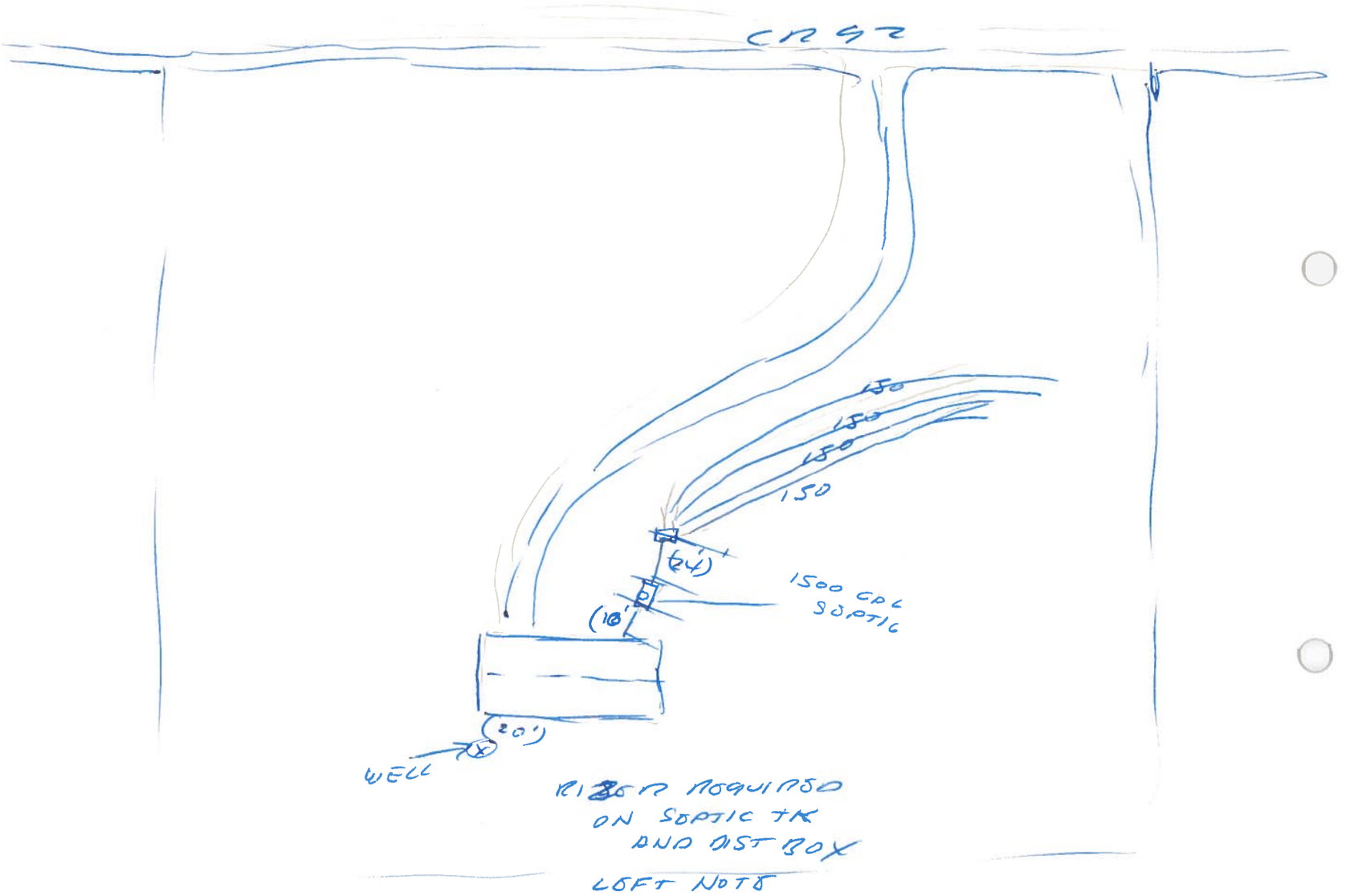
Leaching field 2 x 600 lineal feet

~~Filter~~ 55 TON GRAVEL PACK.

Leaching well

Inspected by CARL KEMPF

13



RISER REQUIRED ON SEPTIC TK AND DIST BOX

LOFT NOTES

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Fulton Boyd
(owner's name)

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

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

SITE EVALUATION FOR:
NAME Fulton, Ralph
ADDRESS Route 1, mineral city.
PHONE 364-2063
PRESENT OWNER Above
PROPERTY SIZE Appx. 1 Acre.

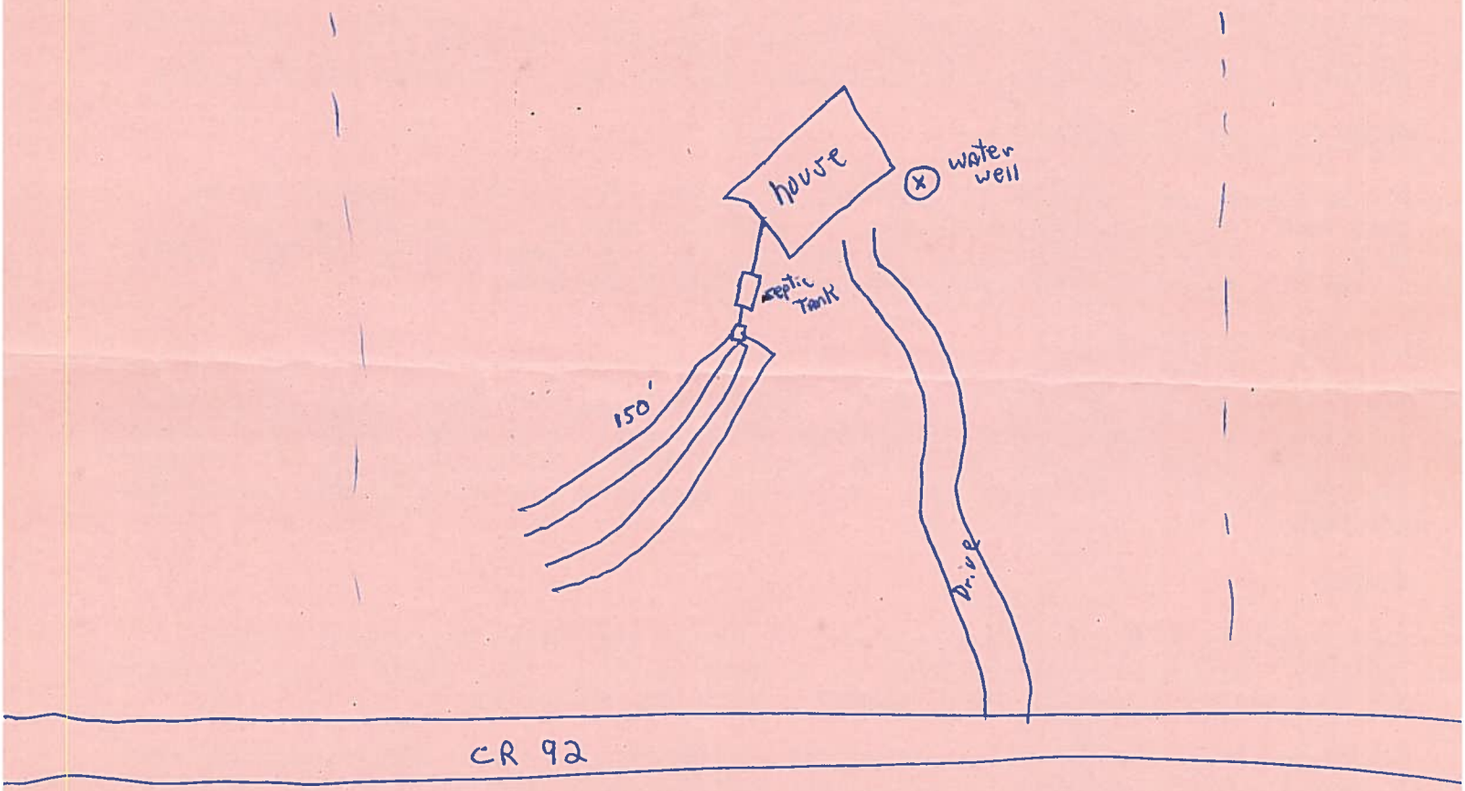
DATE Nov. 3, 1980

LOCATION OF PROPERTY Warren (Town or Township) CR 92 (Street, Road, Allotment or Lot No.)

SOIL CONDITIONS Sandy. DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES ✓ NO _____ INCOMPLETE _____

1500 GALLON SEPTIC TANK 600 LINEAL FEET OF LEACHING LINE N/A LEACHING WELL

N/A AEROBIC TANK N/A FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED NO

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

TRANSFER NOT REQUIRED _____

SANITARIAN Keith Eames

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT FLAUHAUS, ROBERT L.

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert L Flauhaus Phone 343-0394 Date 9-29-81

Address RD 2 Box 132, Dover hereby applies for a permit to

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

Sunny side Street RD #2 Dover Box 132

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

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

Shirley P. Flauhaus Larkin Sewer

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

(address) R.D. #3 New Philadelphia

(address)

This application is for the following disposal devices. 339-1289

(phone)

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

Leaching lines _____ (lineal feet) Leaching well #4000 (size) Filter _____ (size)

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

OFFICE USE ONLY

Permit approved by [signature]

Date 10-16-81

Fee paid $35.00

Permit issued 10/16/81 (date) des (clerk)

Permit number 94-81

Inspection date 9-28-81

INSTALLATION INSPECTION

Sewage tank EXISTING gallon

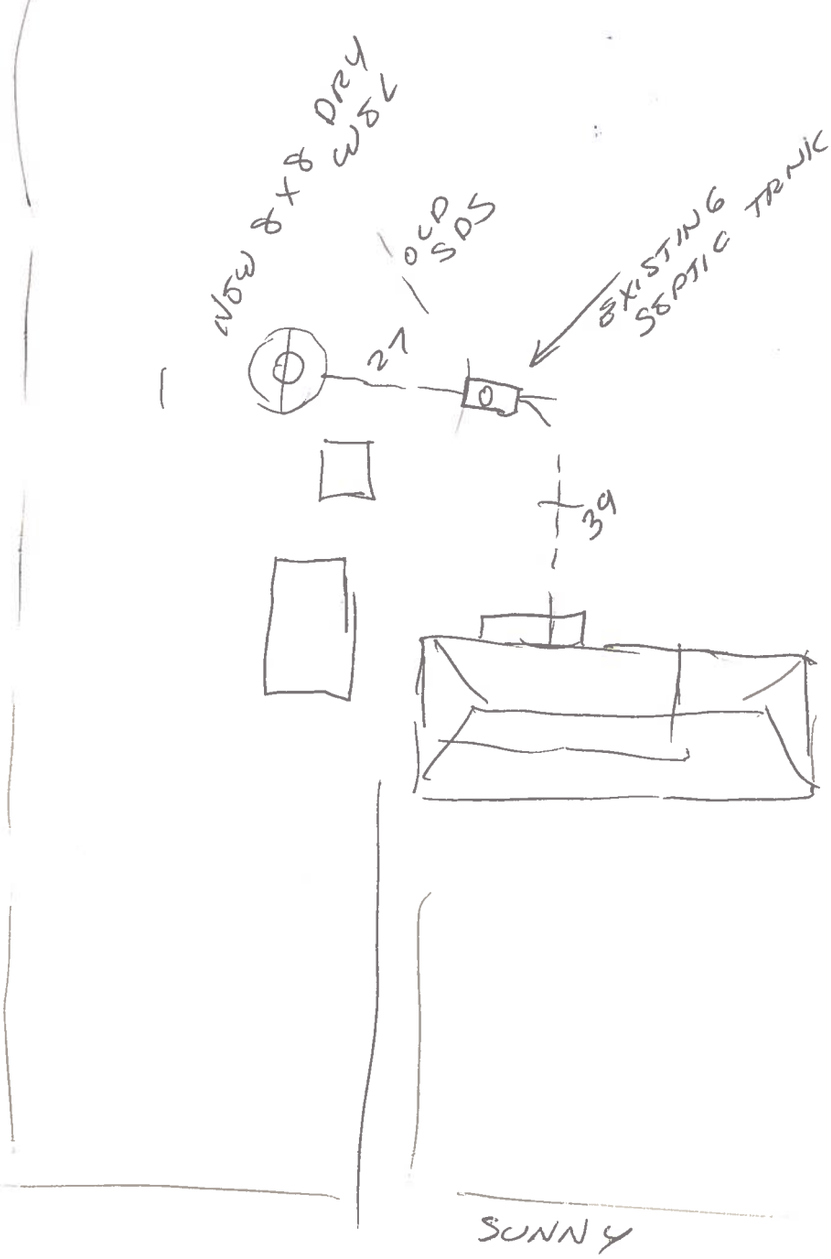
Leaching field ____ x ____ lineal feet

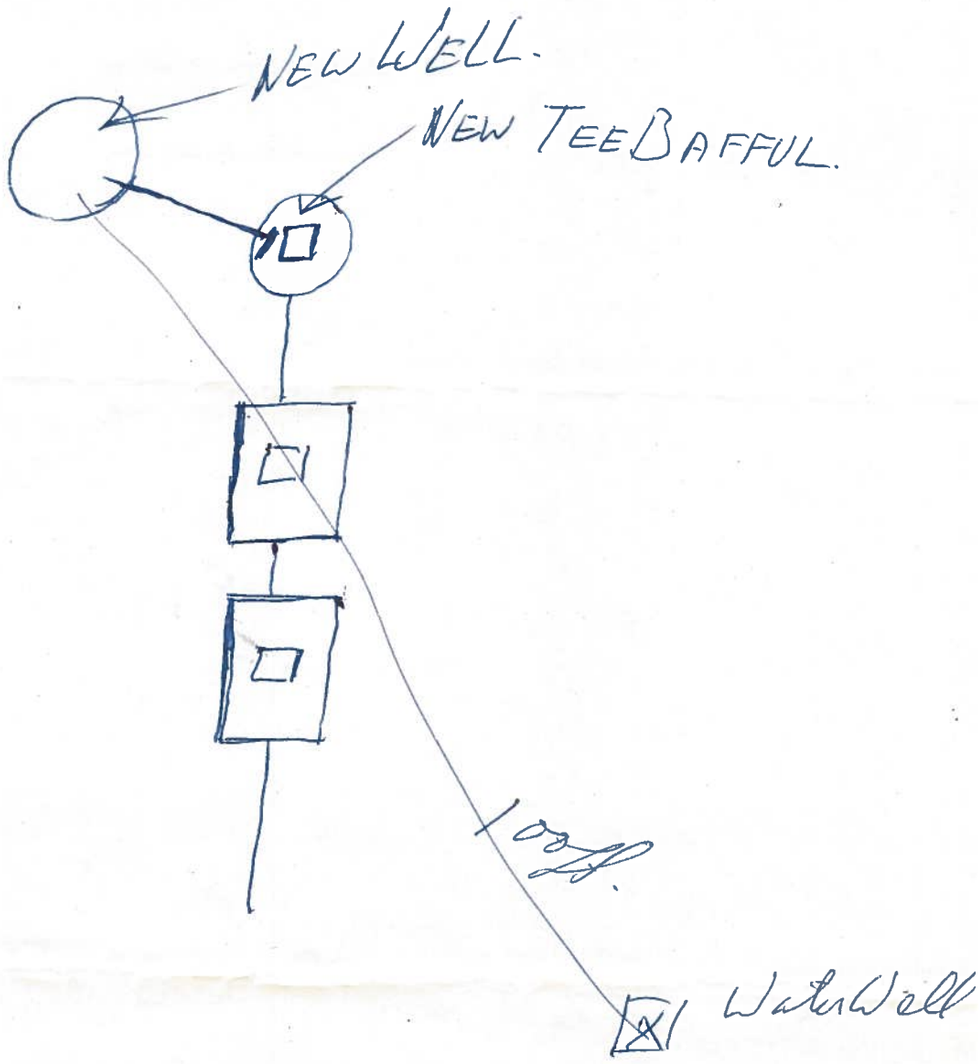
Filter _____

Leaching well 8x8 DRY WELL 3500 GAL.

Inspected by CARL KEMPF

14


NEW 8x8 DRY WELL
OLD SDS
EXISTING SEPTIC TANK
27
39
SUNNY



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____
(owner's name)

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT Berry, Timothy

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Timothy J Berry Phone _____ Date Oct 29-81

Address RD1 Mineral City hereby applies for a permit to

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

RD1 Mineral Ohio Fairfield Co. 86 TRACT #3
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Timothy Berry
(signature, owner or authorized agent)

Berry Builders
(installer's name)

RD1 Mineral City Ohio
(address)

RD1 Mineral City Ohio
(address)

(phone)

This application is for the following disposal devices.

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

Leaching lines 600 Lens 4 Ft (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 10-29-81

Fee paid 35.00 by Berry

Permit issued 10/29/81 (date) des (clerk)

Permit number 97-81

Inspection date 10-29-81 - already covered - see note on back

INSTALLATION INSPECTION

Sewage tank 1500 ? gallon

Leaching field 4 x 150 ? lineal feet

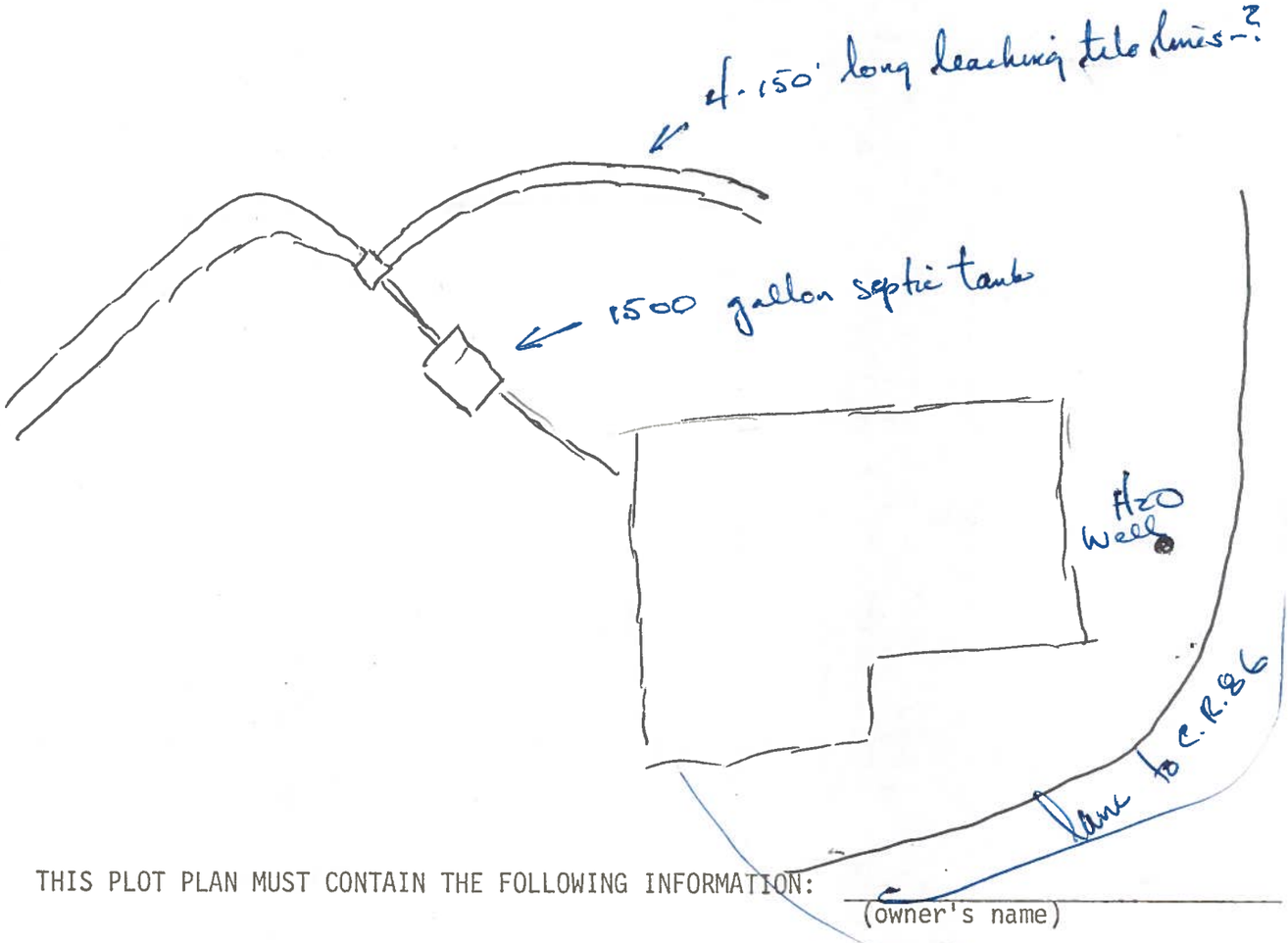
Filter _____

Leaching well _____

15

Inspected by Richard Fouts

NOTE: Permit applied for after sewage disposal system installed, covered, and in use. The drawing below was made by Jack Berry who is Timothy's father, and according to Mr. Berry is a diagram of what was installed. This was not verified by this office. RDF 10-29-81.



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION:

(owner's name)

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

35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT BOURNE, ROGER

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner ~~Robert~~ Roger Bourne Phone _____ Date 10-10-8

Address RR3 . Muncomerstown Ohio hereby applies for a permit to install, ~~alter, extend or modify a~~ sewage disposal system located at Co Rd #2

RR3 NEWCOMERSTOWN OHIO OXFORD TWP CR-(2)
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

Dale R Baker
(signature, owner or authorized agent)

Dale R Baker
(installer's name)

_____
(address)

RR3 Muncomerstown, O
(address)

This application is for the following disposal devices.

498 8051
(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 CK

Date 10-19-81

Fee paid $35.00

Permit issued 10/19/81 (date) des (clerk)

Permit number 96-81

Inspection date 10-19-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

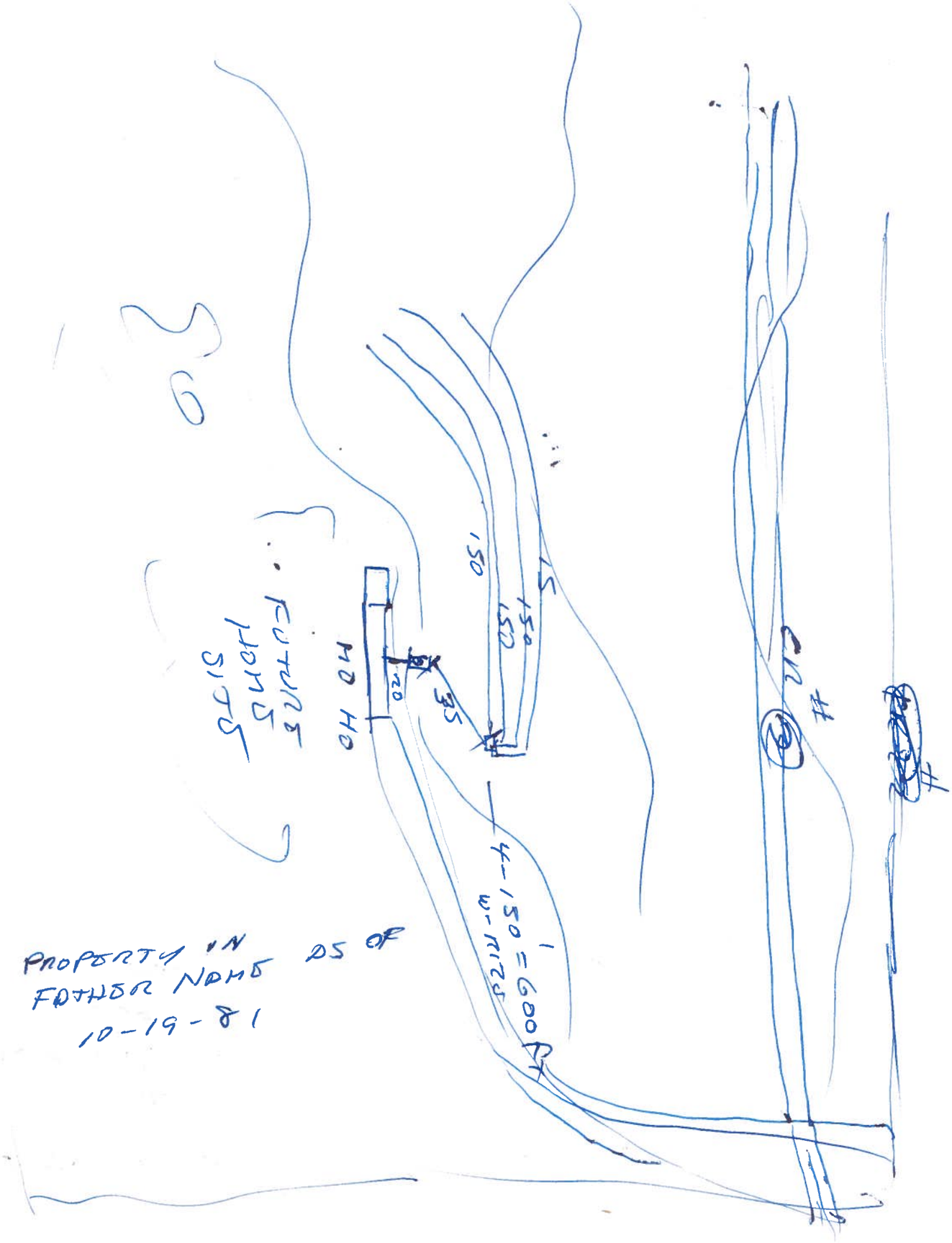
Leaching field 2 x 600 lineal feet

~~Filter~~ 60 TON GRAVEL

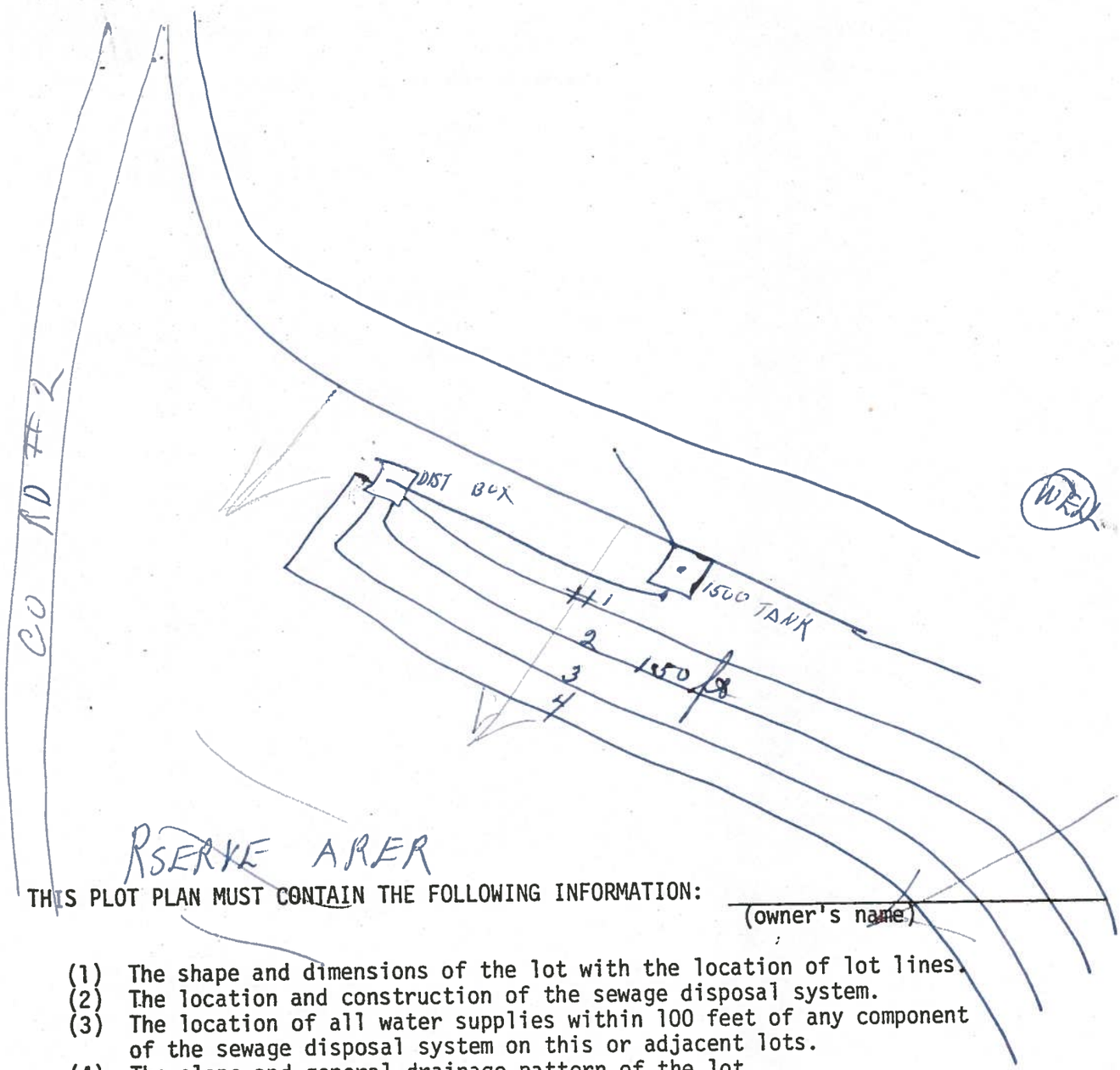
Leaching well _____

Inspected by CARL KEMPF

16



PROPERTY IN
FATHER NAME AS OF
10-19-81



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____
(owner's name)

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

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

DATE 9-25 81 INSPECTION

SITE EVALUATION FOR:
NAME ROBT BOURNE
ADDRESS RT 3 NEWCOMERSTOWN
PHONE 498 6187
PRESENT OWNER ROGER BOURNE
PROPERTY SIZE 3 ACRES

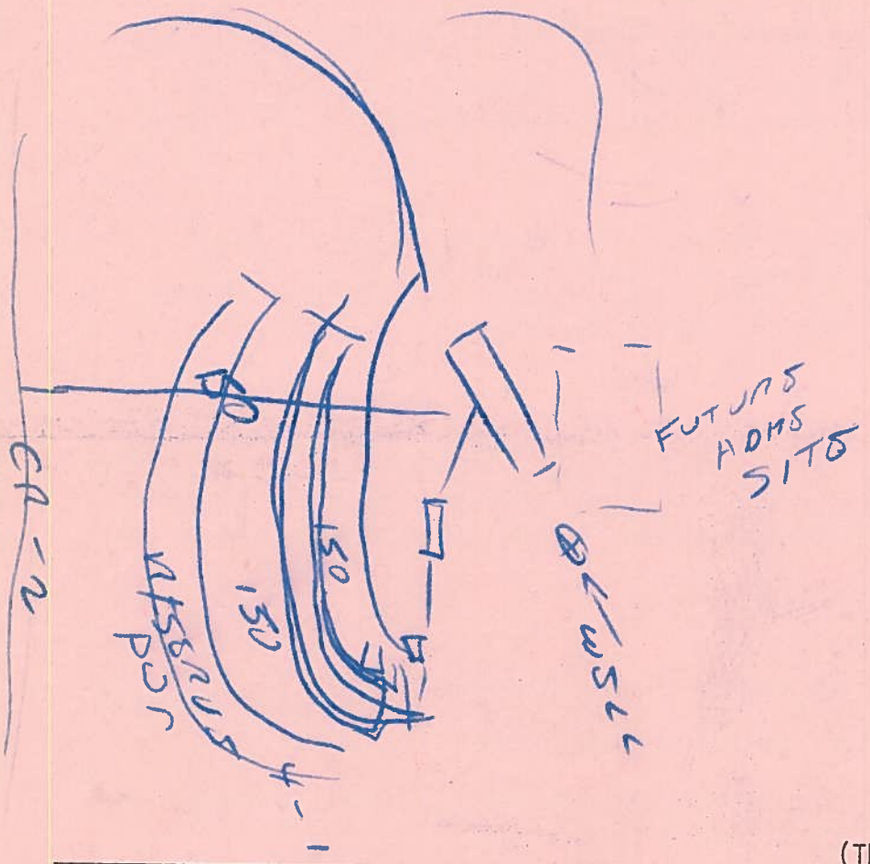
LOCATION OF PROPERTY OXFORD TR 2 RT 3 NEWCOMERSTOWN
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS SHALE ROCK. DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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

NO CHANGE OF TITLE.



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES 9-24-81 NO _____ INCOMPLETE _____

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

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

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

TRANSFER NOT REQUIRED ✓

SANITARIAN [signature]

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

FEE: $25.00

CALAI, PETER

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Peter Calai Phone _____ Date Aug 31, 81

Address R.D #3 New Philadelphia hereby applies for a permit to

install, alter, extend or modify a sewage disposal system located at Rt 24

Old Town Road York CR 56 CR 24 Rt 3 NEW PHILA.

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

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

Thomas Larkin (signature, owner or authorized agent)

Larkin Sewer Contractors Inc (installer's name)

R.D #3 N.P. (address)

R.D. #3 New Philadelphia (address)

This application is for the following disposal devices.

339-1289 (phone)

Septic tank _____ (gallon) Aerobic tank Air Jet - 1200 gal (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 RDF

Date 10-19-81

Fee paid $35.00 Rec Receipt 690

Permit issued 10/19/81 (date) des (clerk)

Permit number 95-81

Inspection date 9-28-81

INSTALLATION INSPECTION

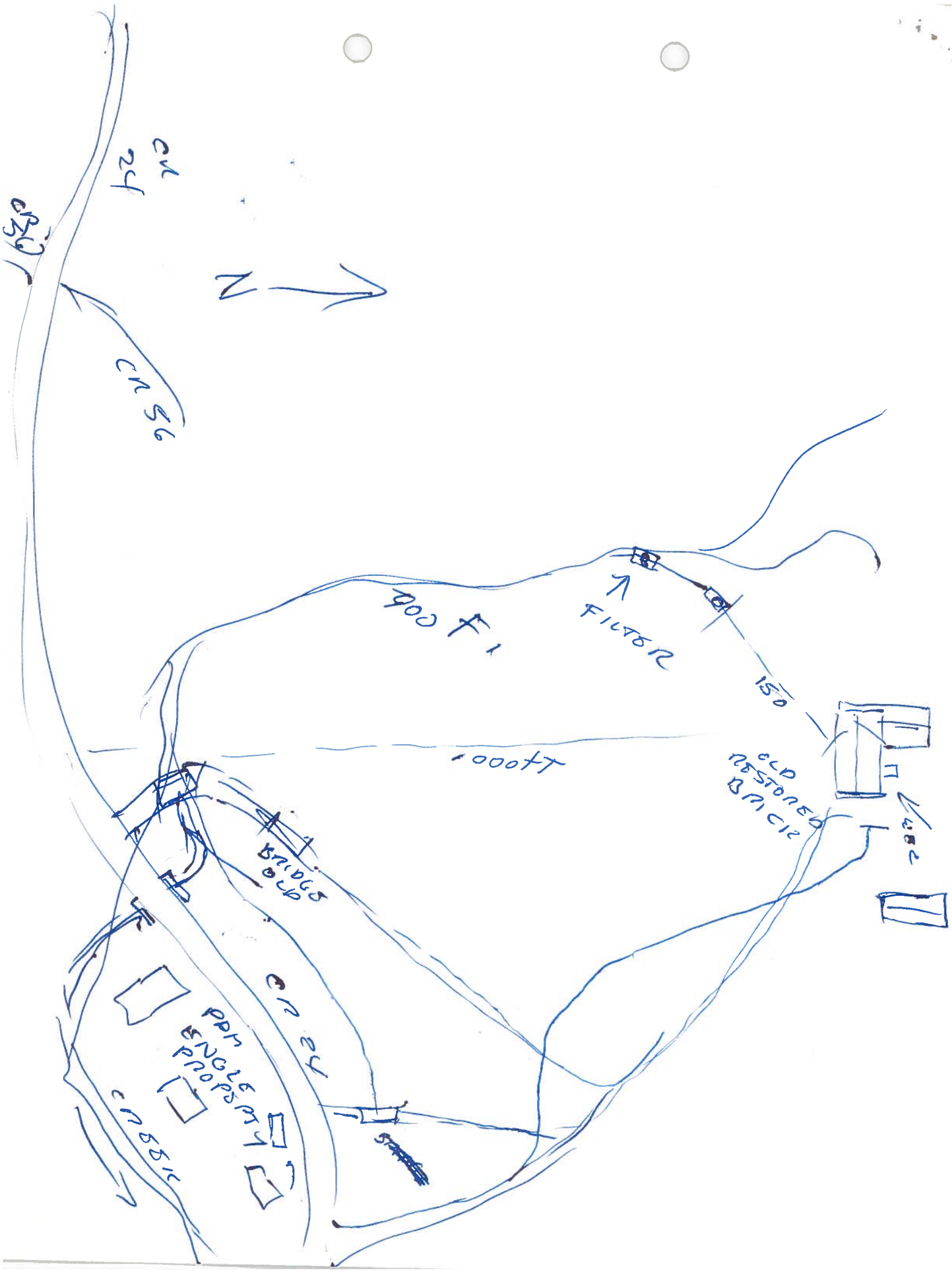
Sewage tank 1200 Norris gallon

Leaching field ____ x ____ lineal feet

Filter 5X8 PRE-CAST

Leaching well _____

Inspected by CARL/COMPP



CR 24
CR 56
N
900 FT
FILTER
150
1000 FT
OLD RESTORED BRICK
BRIDGE OLD
CR 24
PDM ENGLE PROPERTY
CREEK

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Peter Palai
(owner's name)

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

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

SITE EVALUATION FOR:
NAME [illegible]ETE CALAIS
ADDRESS 471 MARSH COURT SW
PHONE NEW PHILA
PRESENT OWNER CALAIS
PROPERTY SIZE 30 ACRES

DATE 9-28-81

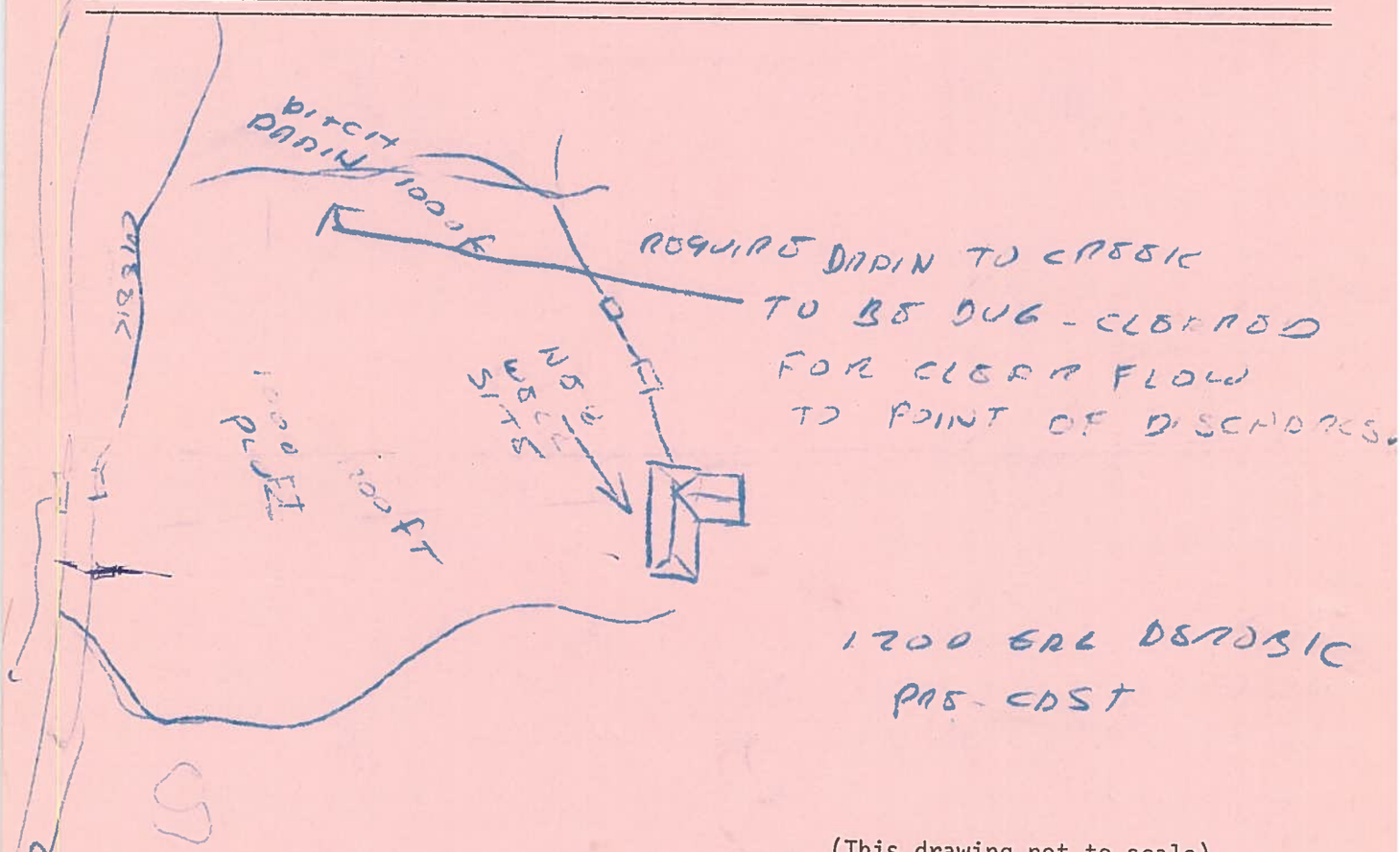
47 W.

LOCATION OF PROPERTY YORT CR 24 RT 3 NEW PHILA.
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAY DEPTH TO GROUND WATER _____ ROCK STRATA _____

SOIL PERCOLATION TEST RESULTS AEROBIC SBS REQUIRED WATER WELL LOCATION "X" _____

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES 8-28-81 NO _____ INCOMPLETE _____

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

1200 AEROBIC TANK 5x8 FILTER - RECORDED PERMISSION TO DISCHARGE REQUIRED ✓

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

TRANSFER NOT REQUIRED ✓

SANITARIAN [signature]

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

43615

PERMISSION TO DISCHARGE SEWAGE EFFLUENT VOL. 564 PAGE 902

INTO WATERS FLOWING THROUGH OR ADJACENT TO THE FOLLOWING DESCRIBED PROPERTIES

I/we, Patricia J. Engel, heirs or assigns, as owner or owners of a certain tract of land, located in Goshen Township, Tuscarawas County, Ohio, as described in Volumn 563 Page 172, of the Tuscarawas County Deed Records, do hereby grant permission to discharge from Air Jet Septic Tank and Filter, heirs or assigns, owners of a tract of land as described in Volumn 556 Page 664, of the Tuscarawas County Deed Records, to discharge sewage effluent from a proposed sewage disposal system to be located on their lands providing:

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

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

Witnesses	Signature - Persons Granting Permission
Thomas E. Larkin	Patricia J. Engel
Danell Larkin	

Subscribed and duly sworn before me according to law, by the above named persons this 16th day of September, 1981, at New Philadelphia, County of Tuscarawas and State of Ohio

RECEIVED FOR RECORD
DORIS M. GODFREY, County Recorder
9:35 Am
OCT 19 1981

Mildred V. Morris
(Signature of Notary Public)

MILDRED V. MORRIS, Notary Public
My Commission Expires September 21, 1981

43615
(Official Seal of Notary)

Oct 19 1981
564 Page 902 of the Deed Records of

This instrument prepared by the Tuscarawas County General Health District.

4.00
2 M/R 1.00

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT ABBUHL, DON L.

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Don L. Abbuhl Jr. Phone 343-3107 Date 11-10-81

Address RT #1 CTY RD. 78 DOVER Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

RT #2 Dover (property mailing address) DOVER (municipality or township) CTY RD. 80 (road no.) 2 (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.

Don L. Abbuhl Jr. (signature, owner or authorized agent)

TRAVIS Wallace (installer's name)

RT #1 CTY. RD. 78 DOVER (address)

RT #1 New Phila (address)

This application is for the following disposal devices.

364-1302 (phone)

Septic tank ~~[illegible]~~ (gallon)

Aerobic tank 1200 (gallon)

Leaching lines _____ (lineal feet)

Leaching well _____ (size)

Filter 4X8 (size)

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

OFFICE USE ONLY

Permit approved by RF

Date 11/10/81

Fee paid $35.00

Permit issued 11-10-81 (date) des (clerk)

Permit number 107-81

Inspection date 11/10/81

INSTALLATION INSPECTION

Sewage tank Aerobic gallon

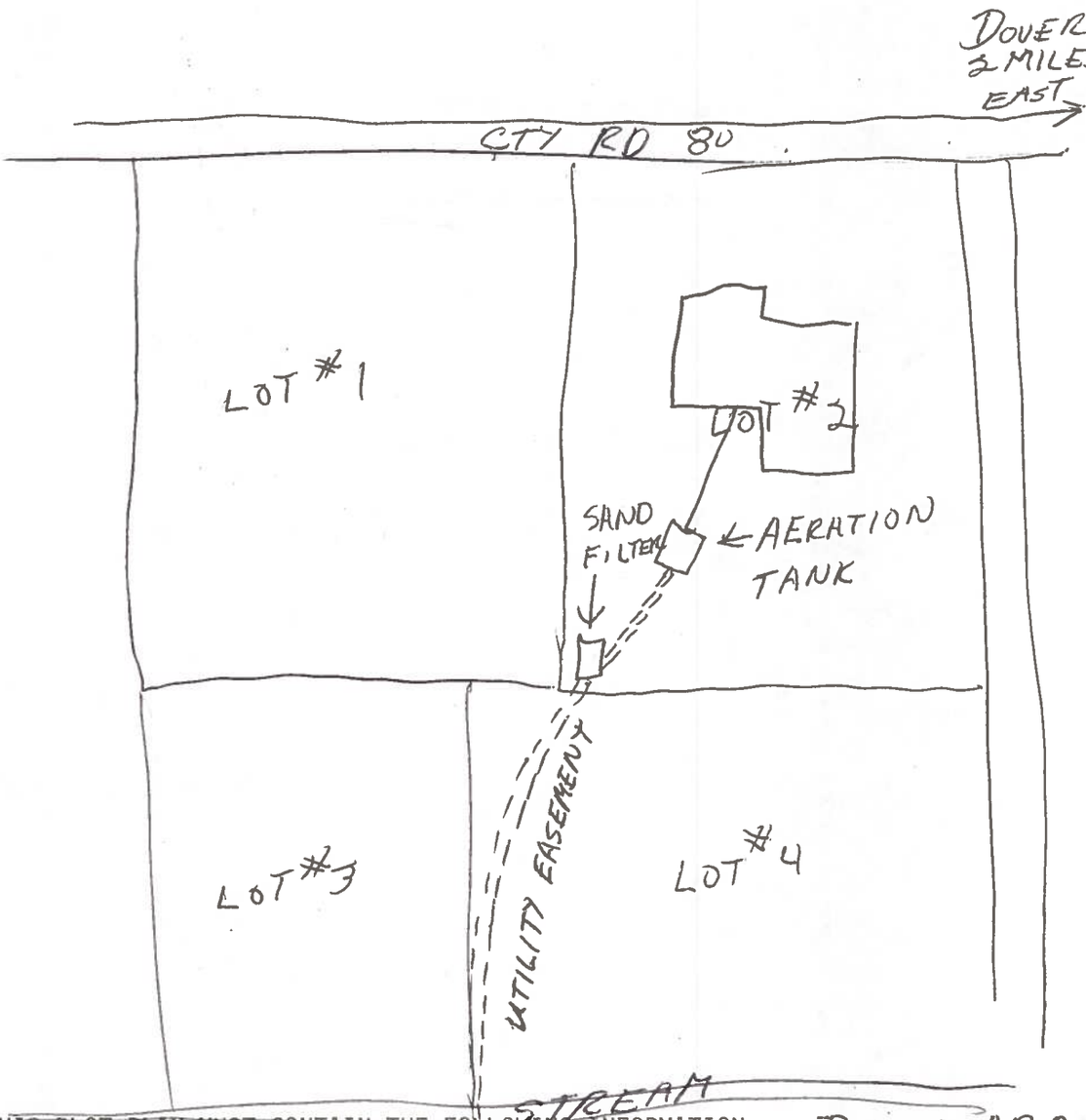
Leaching field ___ x ___ lineal feet

Filter Pre caste

Leaching well _____

Inspected by R. Fanning

18



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: DON L. ABBUHL JR.
(owner's name)

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT BILLITER, ROGER

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner ROGER BILLITER – FRED BILLITER Phone _____ Date 9-16-81

Address R1 STRASBURG hereby applies for a permit to

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

R1 STRASBURG LAWRENCE TWP. C.R. 102

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

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

Roger L Billiter
(signature, owner or authorized agent)

TOM PARKER
(installer's name)

R1 STRASBURG
(address)

STRASBURG
(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 4X8 SURFACE (size)

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

OFFICE USE ONLY

Permit approved by E&P

Date Paid 11-2-81

Fee paid $35.00 Rec Receipt #787

Permit issued 10/3/81 (date) des (clerk)

Permit number 98-81

Inspection date 11-2-81

INSTALLATION INSPECTION

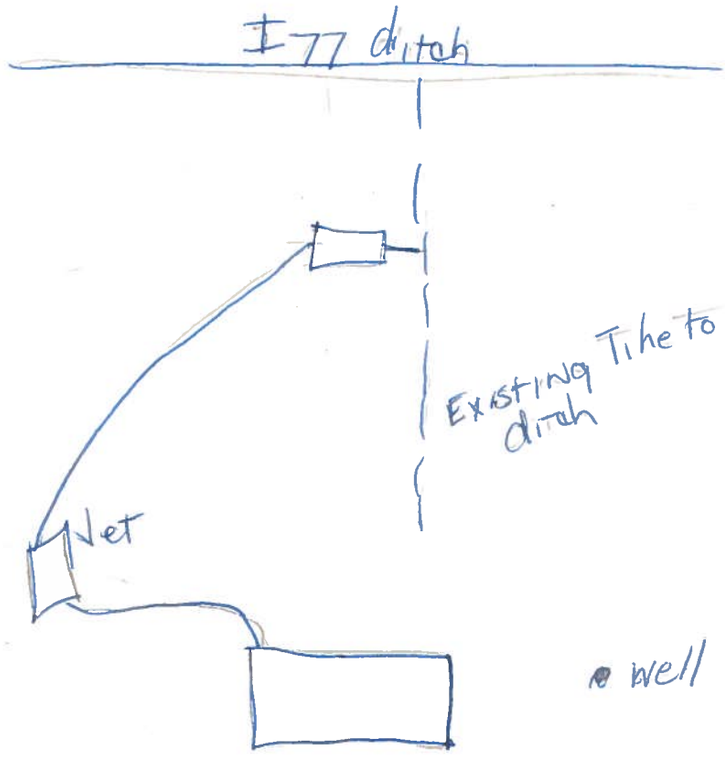
Sewage tank Jet Aeration gallon

Leaching field ____ x ____ lineal feet

Filter Precast 19

Leaching well _____

Inspected by E&P.



← N Cr Rd 102

Check $35.00 Buckeye JVS

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 JVS School Phone _____ Date _____

Address ~~C.R. 85~~ _____ hereby applies for a permit to

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

Fairfield C.R. 85

(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.

Allen Hasser Bros. (signature, owner or authorized agent)

Rt. 1 Box 325 Dover, Ohio (address)

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

Rt. 1 Box 325 Dover, (address)

343 9407 (phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines 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 12-4-81

Fee paid $35.00

Permit issued 12/4/81 (date) dlo (clerk)

Permit number 116-81

Inspection date 11-18-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

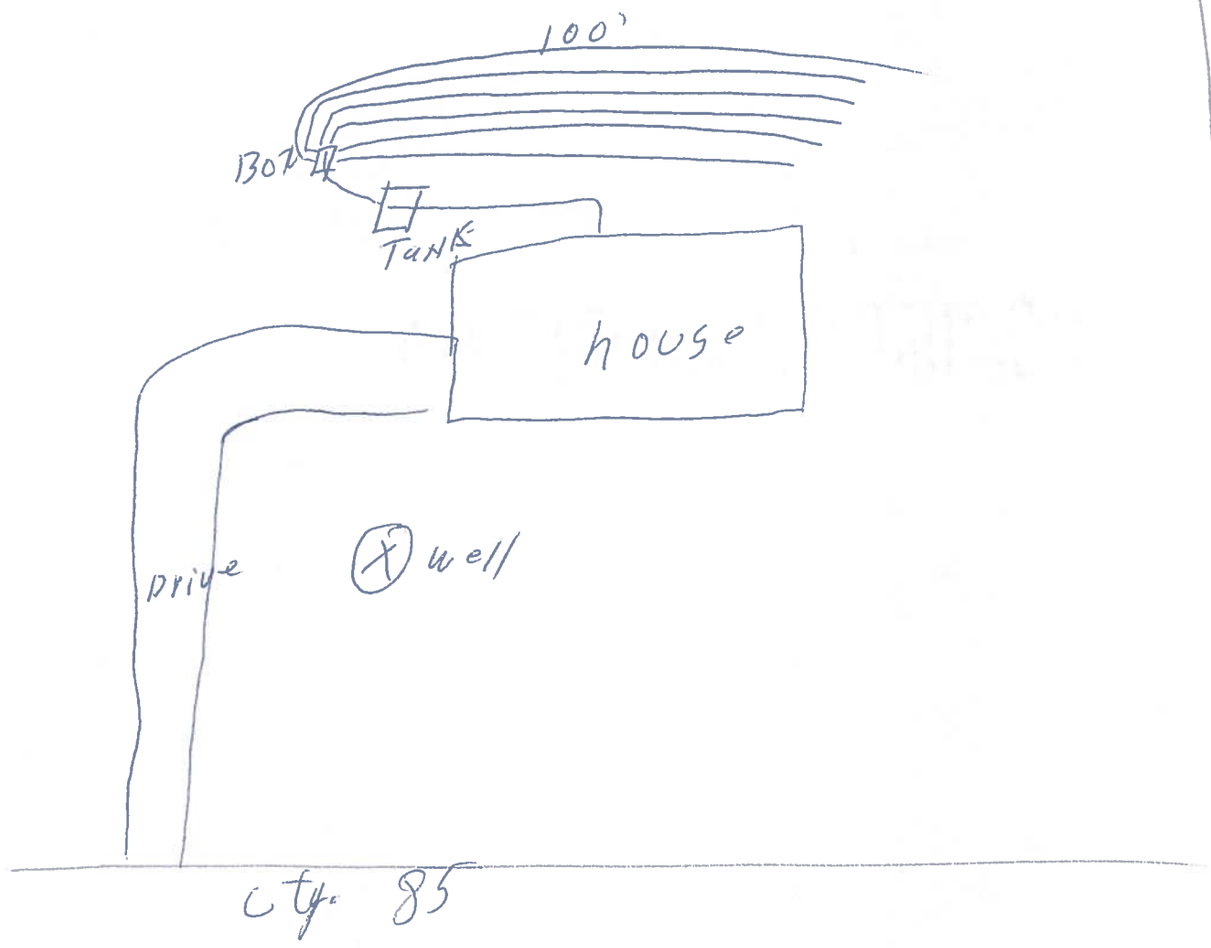
Leaching field ____ x 600 lineal ft.

Filter _____

Leaching well _____

Inspected by Roger Fanning

20



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 _____.

FEE: ~~$20.00~~ 35.

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT BURKHART, ROBERT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert L. Burkhart Phone 874-8273 Date 10/9/81

Address RD#2 Bolivar, Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at 1360 Orchard St. County Rd 81

81 (property mailing address) Lawrence (municipality or township) 81 (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 Burkhart (signature, owner or authorized agent)

1360 N. Orchard St.
RD #2 Bolivar, Ohio (address)

Kerr's Excavating (installer's name)

RD #1 Bolivar Ohio (address)

874-2428 (phone)

This application is for the following disposal devices.

Septic tank 1500 (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 K.E.

Date 10/9/81

Fee paid $35.00

Permit issued 10/9/81 (date) dee (clerk)

Permit number 90-81

Inspection date Nov. 19, 1981

INSTALLATION INSPECTION

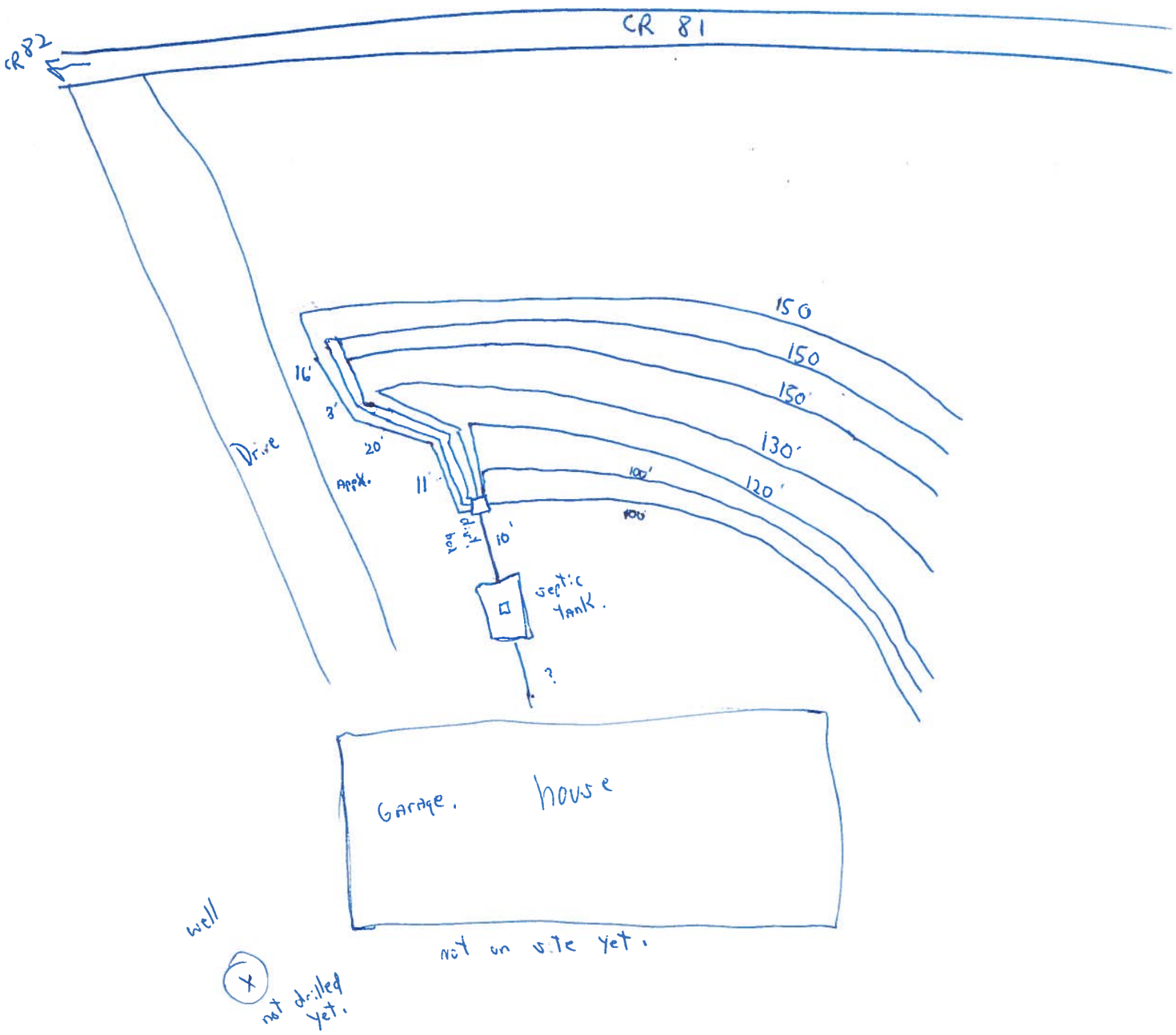
Sewage tank 1500 gallon

Leaching field 7 x 100' to 150' lineal feet

Filter N/A

Leaching well N/A

Inspected by Keith Eames


CR 81
CR82
Drive
150
150
150'
130'
120'
100'
100
16'
3'
20'
Appx.
11'
10'
septic tank.
?
Garage.
house
not on site yet.
well
not drilled yet.

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Robert L Bendhart
(owner's name)

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

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

SITE EVALUATION FOR:
NAME Buckhart, bob
ADDRESS Route 1, baiver.
PHONE 874-3273
PRESENT OWNER Above
PROPERTY SIZE 3.6 Acres.

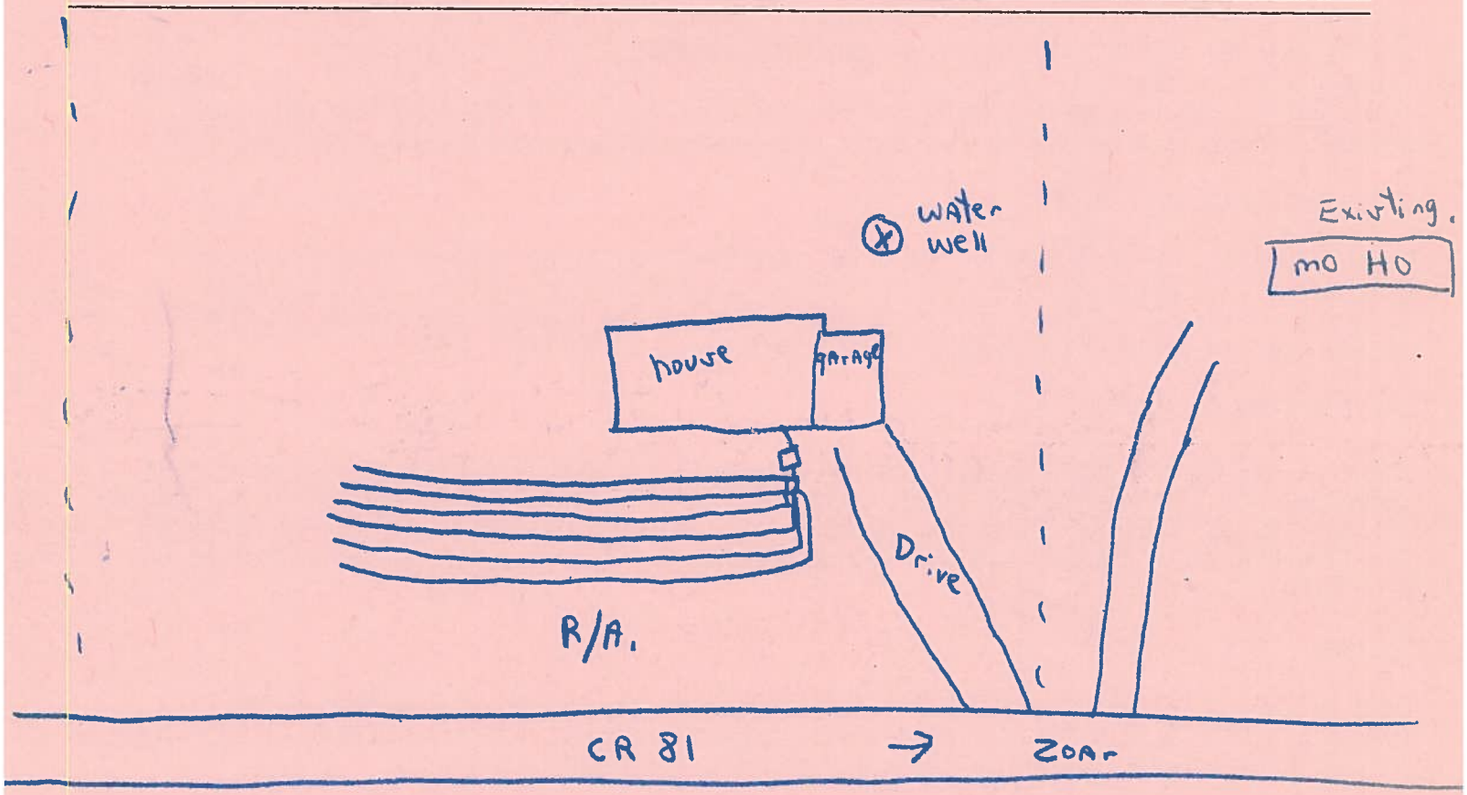
DATE Oct. 8, 1981

LOCATION OF PROPERTY Lawrence (Town or Township) County Road 81 (Street, Road, Allotment or Lot No.)

SOIL CONDITIONS clay, sandstone DEPTH TO GROUND WATER _____ ROCK STRATA _____

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

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



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES ✓ NO _____ INCOMPLETE _____

1500 GALLON SEPTIC TANK 900 LINEAL FEET OF LEACHING LINE — LEACHING WELL

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

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

TRANSFER NOT REQUIRED ✓

SANITARIAN Keith Eames

TRANSFER OF PROPERTY DEED:

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

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

SEWAGE DISPOSAL PERMIT:

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

WATER WELL DRILLING PERMIT:

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

CONSTRUCTION CAUTION:

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

ZONING:

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

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

PERMISSION TO DISCHARGE:

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT CARPENTER, ED

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ed. CARPENTER box 192, New Phila Phone 364-2757 Date 11/9/81

Address R+1 Mineral City hereby applies for a permit to

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

Same (property mailing address) WARREN (municipality or township) 93A (road no.) ~~SOMERSTATE~~ New Cumberland (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.

Kenny Boyer (signature, owner or authorized agent)

K BOYER (installer's name)

R+1 N. Phila (address)

N Phila (address)

364-6421 (phone)

This application is for the following disposal devices.

Septic tank 850 (gallon) Aerobic tank ~~850~~ (gallon)

Leaching lines 230' (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 K.E.

Date 11-10-81

Fee paid $35.00

Permit issued 11-10-81 (date) dlc (clerk)

Permit number 106-81

Inspection date Nov. 9, 1981

INSTALLATION INSPECTION

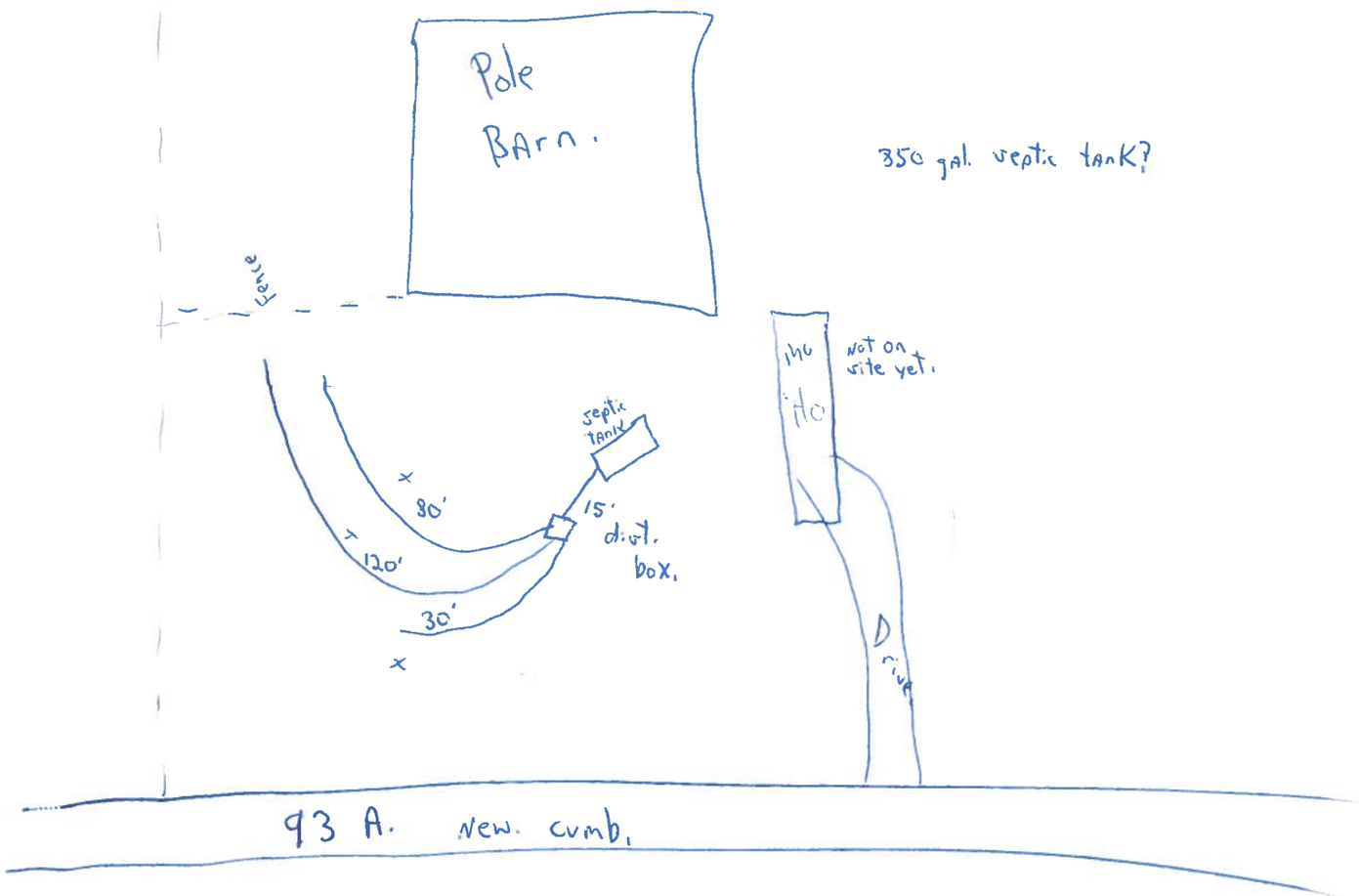
Sewage tank 750? gallon

Leaching field 230' According to Mr. Bayer x ___ lineal feet

Filter _____

Leaching well _____

Inspected by Keith Eames



leaching lines ~~system~~ covered at time of inspection.

Install riser on dist. box.

This sewage disposal system was designed for limited use and a temporary system until this one is served with sewage in the near future. Should sewage disposal system fail or cause a condition to exist at any time, Corrective actions must be taken.

THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____ (owner's name)

(1) The shape and dimensions of the lot with the location of lot
(2) The location and construction of the sewage disposal system
(3) The location of all water supplies within 100 feet of any 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 dis
(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 exist
(10) Locate and describe any right of ways or

If none check here _____

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT COENEN, DAN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Dan Coenen Phone 364 2356 Date 11-4-81

Address Rt #2 Dover hereby applies for a permit to

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

Rt #2 (mailing address) Dover (municipality or township) St. Rt. 39W (road no.) (subdivision lot no.)

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

Al Gasser (signature, owner or authorized agent)

Al Gasser Exc. Inc (installer's name)

Rt #1 Dover (address)

Rt #1 Box 325 Dover (address)

343-9407 (phone)

This application is for the following disposal devices:

Septic tank 1500 (gallon)

Aerobic tank _____ (gallon)

Leaching lines 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 CK

Will credit Gasser for this permit. Coenen got a permit.

Date 11-4-81 -10-6-81

He has all our paperwork so we can use this for now

Fee paid 35.00

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

Permit number ~~100-81~~ 88-81

Inspection date 11/12/81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

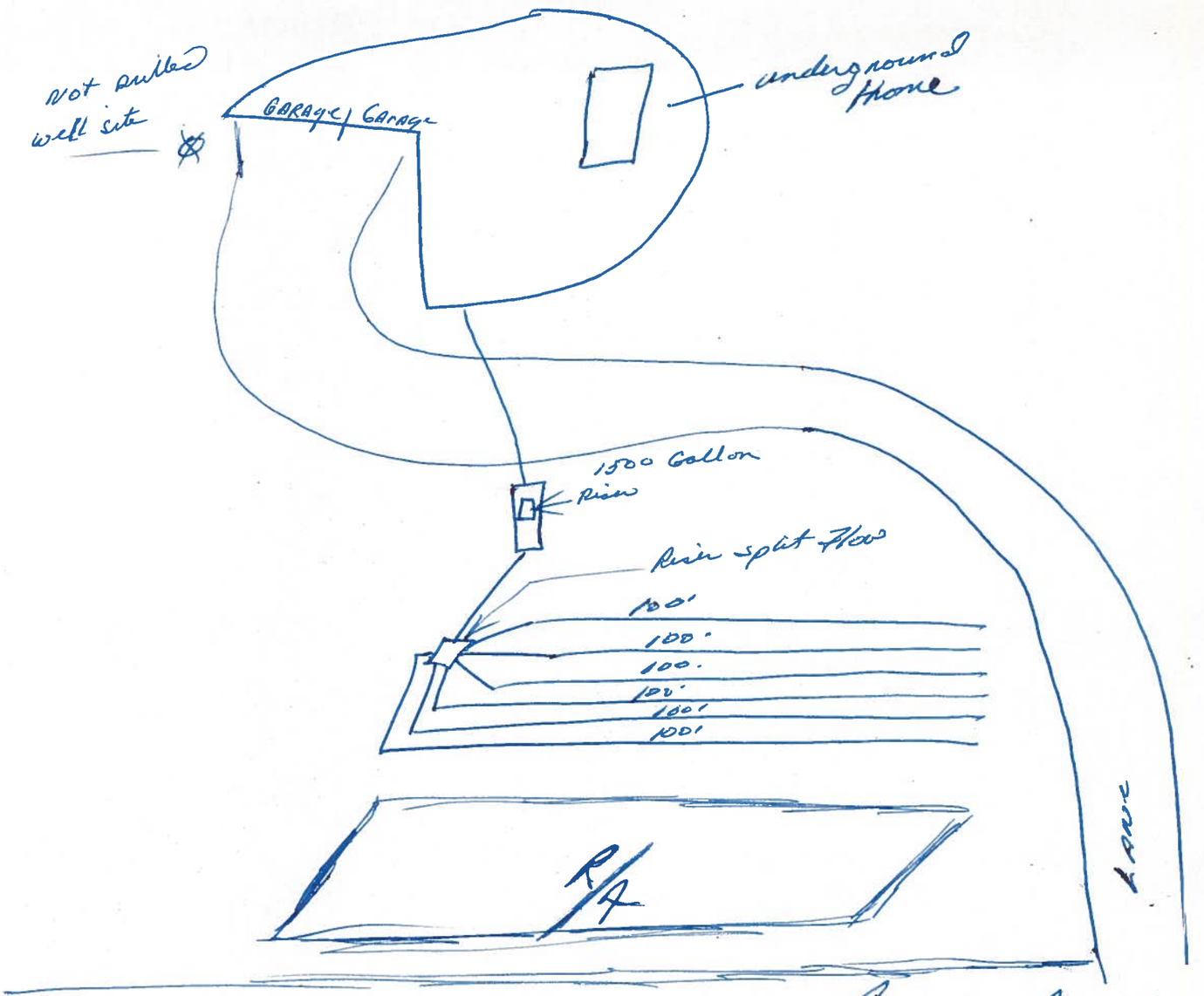
Leaching field 2 x 600 lineal ft.

Filter —

Leaching well —

Inspected by R. Fanning

23



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Corner Lot
(owner's name)

Rt 39

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

FEE: $25.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT ELSASSER, ROBER

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Robert R Elsasser Phone 216-477-1374 Date 10-31-81

Address 363 Aultman Ave, Canton Ohio hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at

R.R. 2 (property mailing address) Salem (municipality or township) CR 24 (road no.) TWP 109 (subdivision lot no.)

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

(signature, owner or authorized agent) John D. Vivecoat (installer's name)

(address) R.R. 1 Port Washington, O. (address)

This application is for the following disposal devices. 614-498-7826 (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 CK

Date 11-9-81

Fee paid $35.00

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

Permit number 105-81

Inspection date 11-5-81

INSTALLATION INSPECTION

Sewage tank 1500 gallon

Leaching field 2 x 500 lineal feet

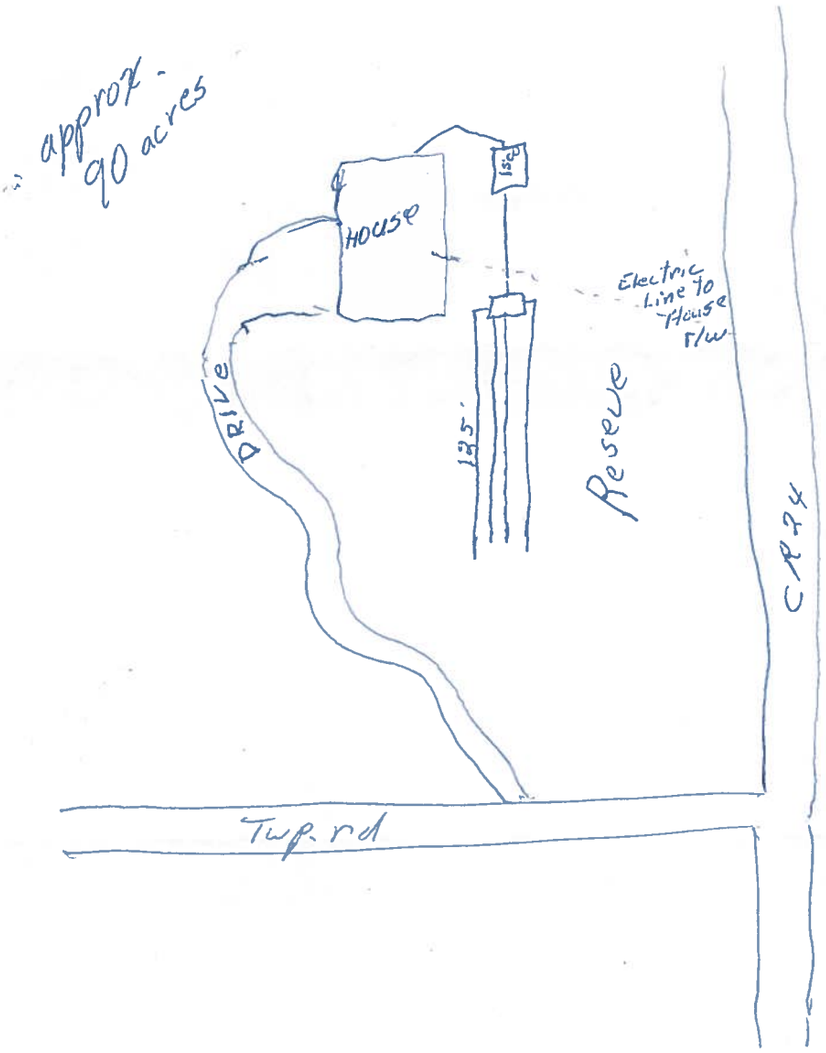
Filter 50 TON GRAVEL

Leaching well

Inspected by CARL KEMPF

24

Water Supply
3"
4"
1500 gal Septic
125
125
125
500 ft.
Old Twp Rd



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: Robert R Elsasser
(owner's name)

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

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT FOUTS, KEN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner Ken Fouts Phone _____ Date 8-21-81

Address R2 Port Washington hereby applies for a permit to

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

Indian Hill Rd Warwick Co Rd 62

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

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

Kenneth E. Fouts (signature, owner or authorized agent)

Tom Parker (installer's name)

Rt #2 Port Washington, O (address)

(address)

This application is for the following disposal devices.

(phone)

Septic tank 1000 or 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 E.E.P.

Date Aug 21. 1981

Fee paid 35.00

Permit issued 8/21/81 (date) dlco (clerk)

Permit number 67-81

Inspection date 10-16-81

INSTALLATION INSPECTION

Sewage tank 1500 — gallon

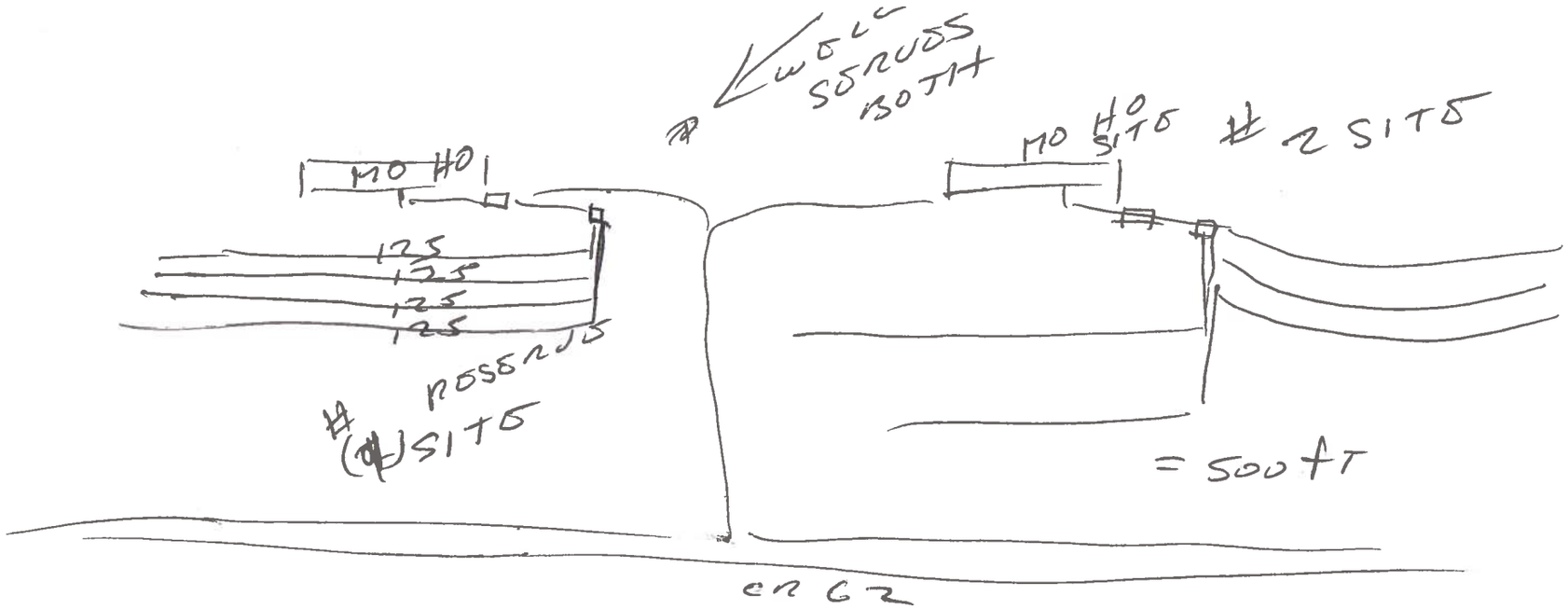
Leaching field 2 x 500 lineal feet

Filter _____

Leaching well _____

25

Inspected by CARL KOHPP


WELL SERVES BOTH
MO HO
125
125
125
125
RESERVE (4) SITE
MO HO SITE
2 SITE
= 500 FT
CR 62

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT
897 E. Iron Ave., PO Box 4[illegible] Dover, Ohio
Phone: 343-5555 or 254-93[illegible]

SITE EVALUATION FOR:
NAME KEN FAUTS
ADDRESS
PHONE
PRESENT OWNER ABOVE
PROPERTY SIZE ACREAGE

DATE Aug 6, 1981

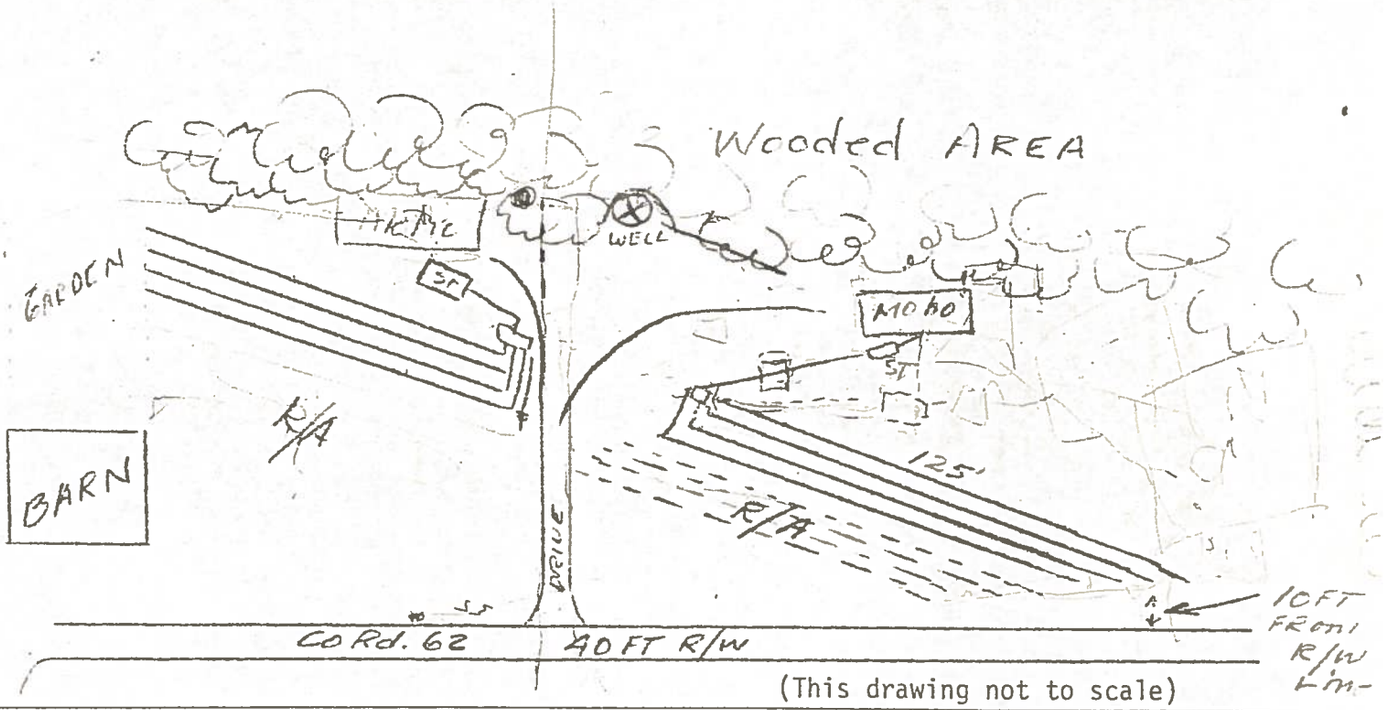
LOCATION OF PROPERTY WARWICK Co Rd. 62
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAYISH AT 30" DEPTH TO GROUND WATER N/A ROCK STRATA N/A
"SATISFACTORY AT 24" depth

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

PROPOSED LAND USE 2-2 BEDROOM 1 FAMILY DWELLING, OTHER: Mobile Homes.

Lines to be set Level
AND Trenches dug to 24" MAX. DEPTH



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES ✓ NO _____ INCOMPLETE _____

2 - 1000 GALLON SEPTIC TANK 2 - 500 LINEAL FEET OF LEACHING LINE System ~~LEACHING WELL~~

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

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

TRANSFER NOT REQUIRED ✓

SANITARIAN Paul Faulus

FEE: $35.00

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT FOUTS, KEN

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner KEN FOUTS Phone _____ Date 8-21-81

Address R2 Port Washington 43837 hereby applies for a permit to install, alter, extend or modify a sewage disposal system located at _____

Indian Hill WARWICK Co Rd 62

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

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

Kenneth E Fouts (signature, owner or authorized agent)

TOM PARKER (installer's name)

Rt #2 Port Washington, O (address)

(address)

This application is for the following disposal devices.

(phone)

Septic tank 1500 or 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 JP

Date 8-21-81

Fee paid 35.00

Permit issued 8/21/81 (date) dlo (clerk)

Permit number 66-81

Inspection date 10-16-81

INSTALLATION INSPECTION

1500 GAL SEPTIC

Sewage tank 1500 GAL gallon

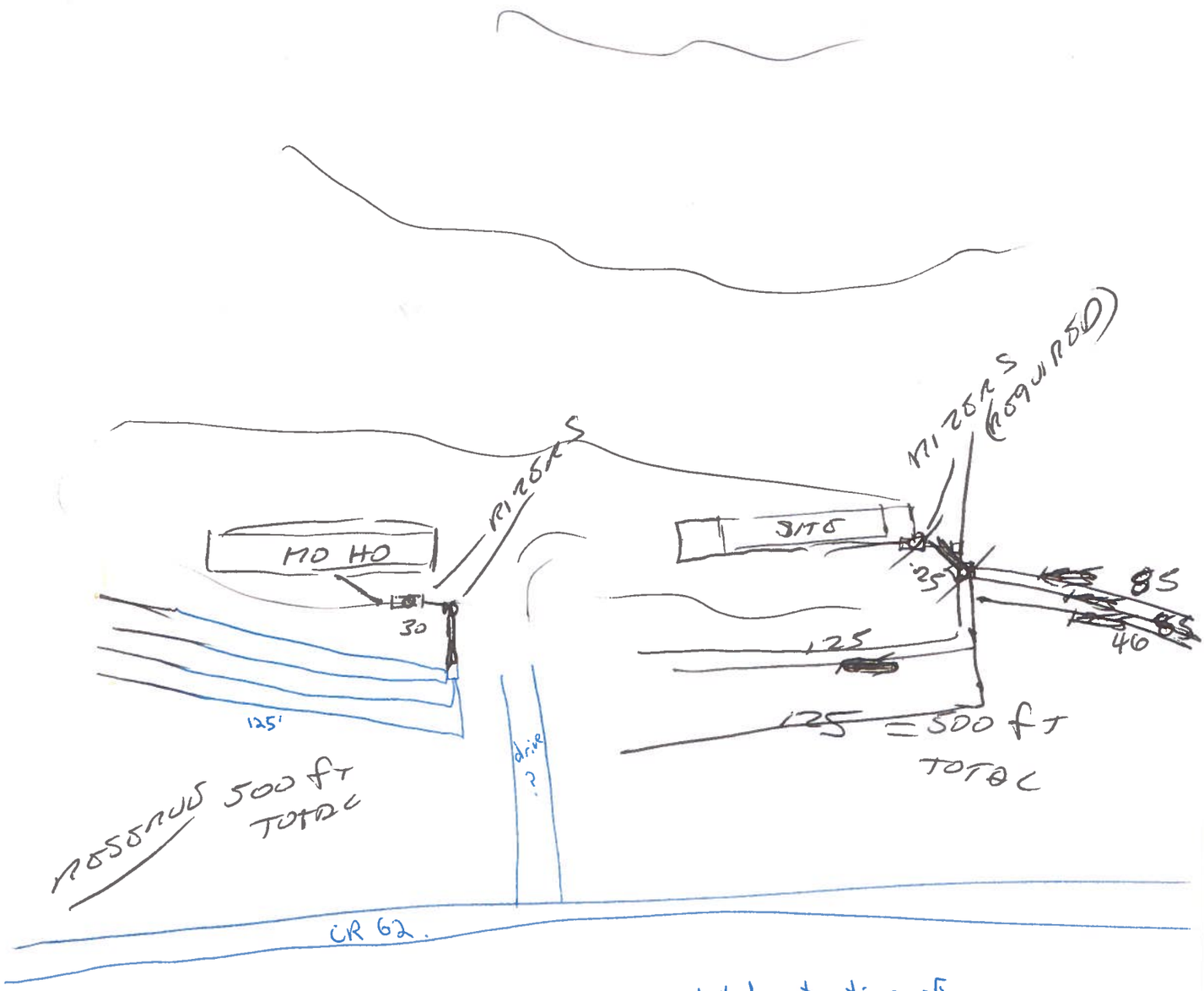
2 - 500

Leaching field 2 - x 500 lineal feet

Filter 2 MO HO - SINGLE WELL

Leaching well _____

Inspected by CARL KEMPF



10-7-81

septic tank not installed at time of inspection, only 3 leaching lines installed.

needs to split dist. box

NAS COUNTY GENERAL HEALTH DISTRICT
on Ave., PO Box 4[illegible] Dover, Ohio
3-5555 or 254-93[illegible]

SITE EVALUATION FOR:
NAME KEN FOUTS
ADDRESS
PHONE
PRESENT OWNER ABOVE
PROPERTY SIZE ACREAGE

Aug 6, 1981

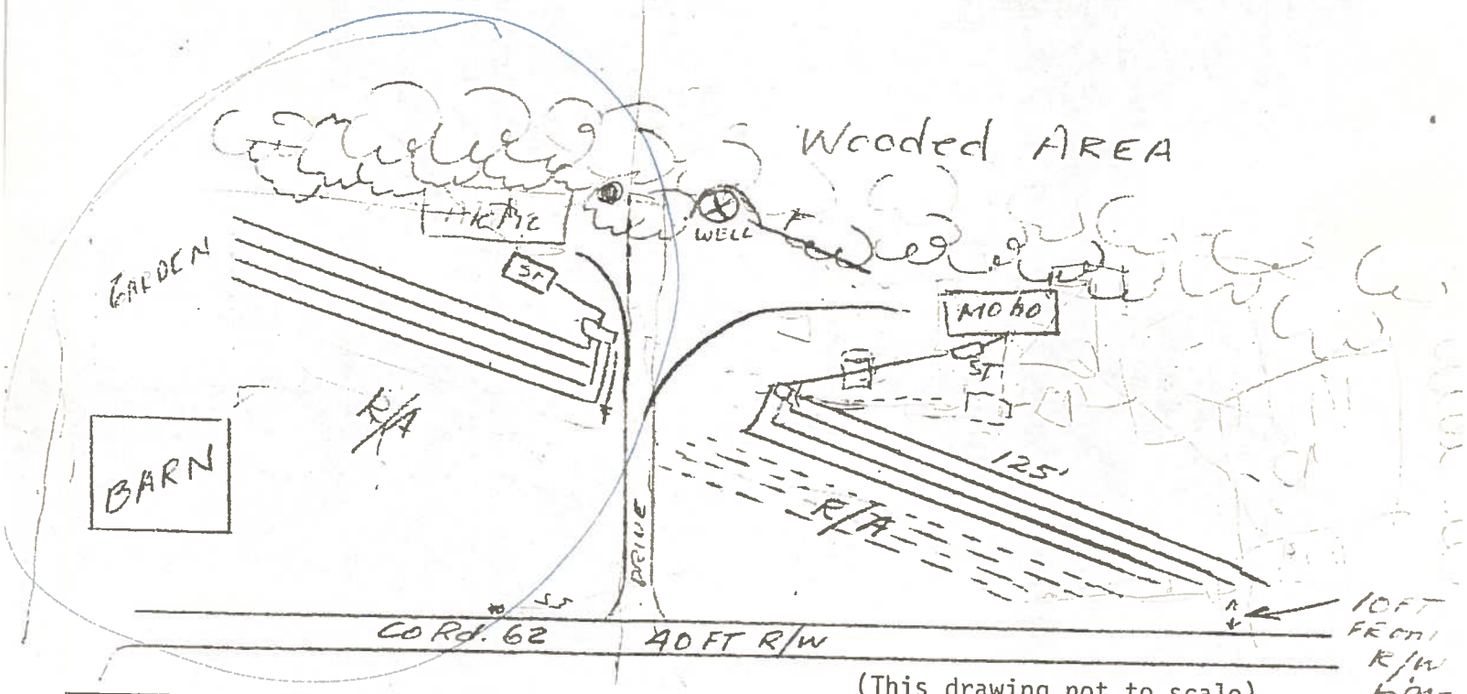
LOCATION OF PROPERTY WARWICK Co Rd. 62
Town or Township Street, Road, Allotment or Lot No.

SOIL CONDITIONS CLAYISH AT 30" DEPTH TO GROUND WATER N/A ROCK STRATA N/A
SATISFACTORY AT 24" depth

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

PROPOSED LAND USE 2-2 BEDROOM 1 FAMILY DWELLING, OTHER: Mobile Homes.

Lines to be set Level
AND Trenches dug to 24" MAX. DEPTH



(This drawing not to scale)

IMPORTANT: SEE REVERSE SIDE FOR FURTHER INFORMATION REGARDING THIS SITE

SITE APPROVED FOR SEWAGE DISPOSAL: YES ✓ NO _____ INCOMPLETE _____

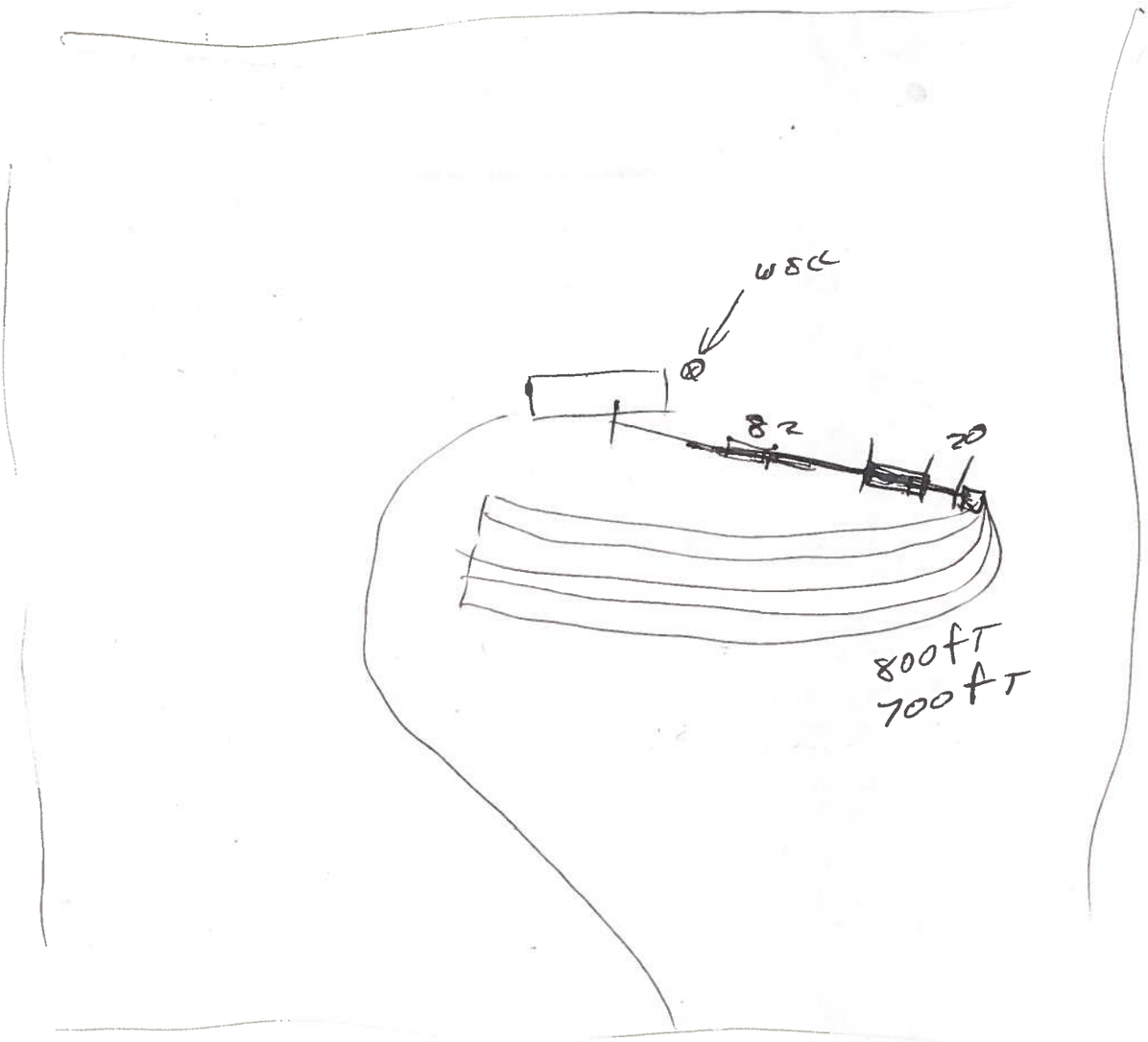
3 - 1000 GALLON SEPTIC TANK 2 - 500 LINEAL FEET OF LEACHING LINE System ~~LEACHING WELL~~

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

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

TRANSFER NOT REQUIRED ✓

SANITARIAN Paul Fowler



THIS PLOT PLAN MUST CONTAIN THE FOLLOWING INFORMATION: _____
(owner's name)

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

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

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

APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property owner TOM BILL Phone 364-1110 Date 12-21-81

Address RT 2 DOVER hereby applies for a permit to

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

RT 2 DOVER CR-81 DOVER TWP
(property mailing address) (municipality or township) (road no.) (subdivision lot no.)

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

(signature, owner or authorized agent)

LARKIN SEWER SERVICE.
(installer's name)

1272 CROSTVIEW DR SW
(address)

1272 CROSTVIEW DR SW NEW PHILA.
(address)

339-1289
(phone)

This application is for the following disposal devices.

Septic tank 1500 (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 CK

Date 12-21-81

Fee paid $35.00 Paid LARKIN SEWER

Permit issued 12/22/81 (date) DS (clerk)

Permit number 117-81

Inspection date 11-20-81

INSTALLATION INSPECTION

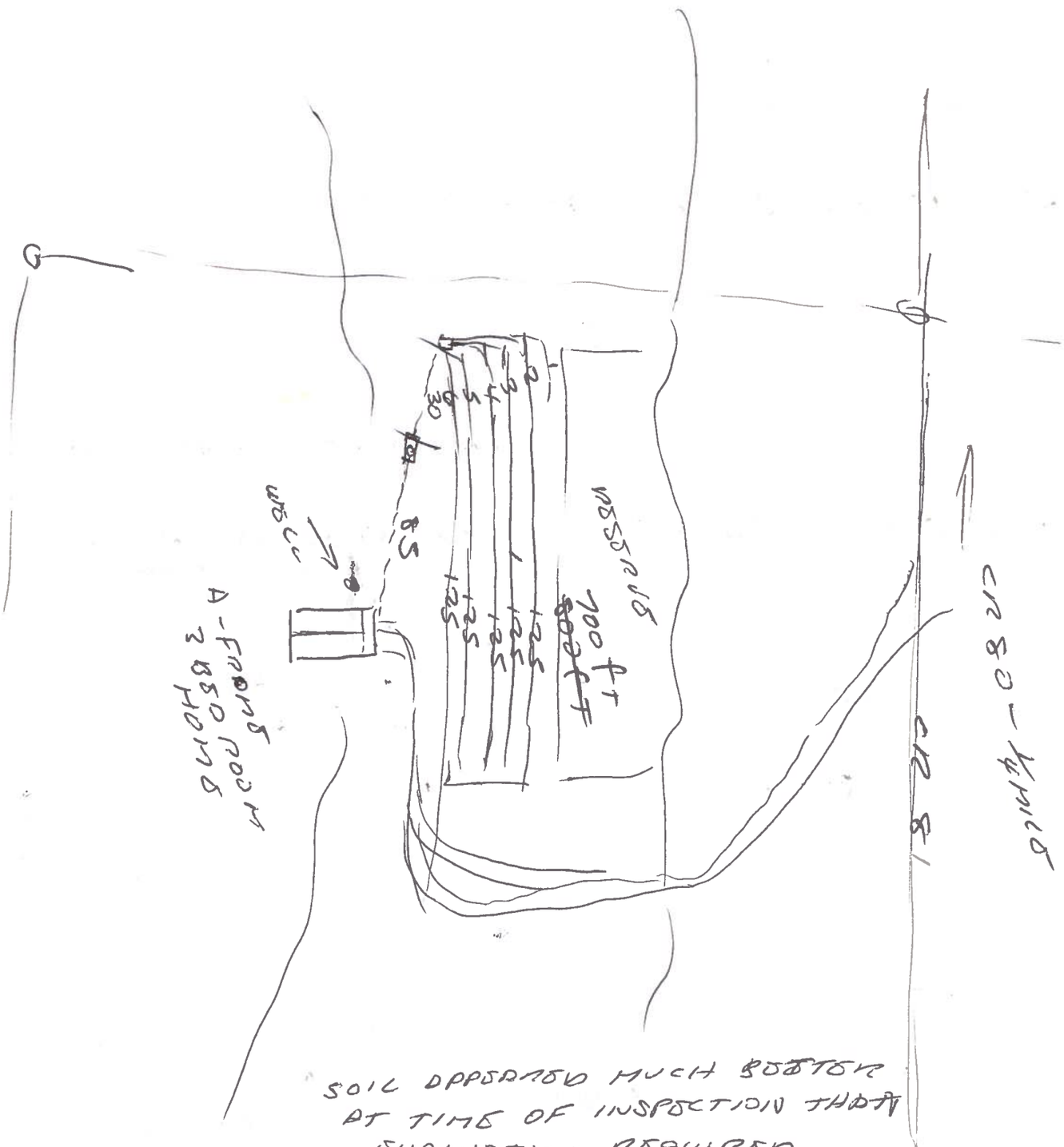
Sewage tank 1500 gallon

Leaching field 2 x 800 lineal feet

Filter

Leaching well 6 TONS GRAVEL ROCK

Inspected by CARL KEMPF



SOIL OBSERVED MUCH BETTER AT TIME OF INSPECTION THAN EVALUATION REQUIRED, UPPER LEVEL ADD LOOSE SAND. SCT, CIR -