

Application for:

- [] Site Review/System Design \$70.00
[X] Sewage Treatment System Permit \$260.00
[] Alteration \$195.00



205 N. 7th St., Zanesville, Ohio 43701
740-454- 9741

9203 CENTER ROAD

The Board of Health shall require a site review application for any proposed installation of a new or replacement sewage treatment system (STS). No person intending to install a new STS or replace an existing STS shall be issued an installation permit without the Board of Health first approving a site review application.

A site review application shall include the application fee and all information required by the Board of Health, including the following as applicable: a completed site and soil evaluation as required in rule and the design or layout plan required in rule 07-9-1-09.1.

Brad D Harris
Property Owner's Name

9203 Center Road Brush Creek 452-1761
ADDRESS of Installation Site Township Phone

570 Spangler Drive Zanesville Ohio 43701
CURRENT Mailing Address City State Zip

What type of plan is submitted for review? Layout ☒ Design _____ Previously Submitted _____

Name of System Designer Adam Dickerson Phone Number _____

Mailing Address of Designer _____

Name of Installer Steve Kelso Phone Number _____

Mailing Address of Installer _____

The Dwelling: *New Construction ☒ Existing Home _____ Mobile Home with skirting _____ *Mobile Home with block or poured concrete foundation walls _____ Number of Bedrooms 1

*Garage/Barn with restroom _____ *Apartment Building _____ >Number of Units _____ >Total number of bedrooms _____

*provide plumbing plan detail per 07-9-1-10 (A) and ZMCHD Resolution 97-7 _____
Plumbing Receipt Number 12889

I agree to comply with the rules in Board of Health 07-9-1-08 governing the site review application process. I furthermore agree to comply with BOH 07-9-1 governing the siting, design, installation or alteration, operation and maintenance of the sewage treatment system.

I understand that the board of health may deny the approval of this installation or alteration permit if there are changes to site conditions or the site review application information and will require reapplication including a fee to reapply.

I believe all information submitted above to be accurate as recorded

This permit is valid for one year from the date of issuance or until the installation is completed and approved by the board of health within the one year period.

[Signature]
Applicant's Signature

12-28-07
Date

Tank: ☒ Septic ☐ Aeration Size: 1500 gal.

Secondary Treatment: ☒ Leaching ☒ Filter bed ☐ other: _____

Size of secondary treatment system: 4 - 100 ft infiltrator chambers.

An **as-built record**, if required, shall be required to be completed by the registered installer for a completed STS installation or alteration as a condition of the installation or alteration permit and as a condition of registration in accordance with rule 07-9-1-09.1 of the Administrative Code.

- Record available and completed per 07-9-1-09.1 ☒ yes ☐ no

System Installation approval: ☒ yes ☐ no 07-9-1-09 (C)

Permit revoked: ☒ no ☐ yes 07-9-1-09 (B) 4

Sanitarian comments: _____

Sanitarian: Ann Boyd Date: 7/10/07

12 MONTH INSPECTION: per Am. Sub. H.B. 119 Section 120.02 (E)

Date: 6-10-10 Sanitarian: Ann Boyd

Comments: The house has not been built. The system is not in use.

OFFICE USE ONLY:

Application Issued 35293 12/31/07
No. Date

State Fee \$25.00 Late Fee \$ _____ Amount Paid: \$ 260.00

Site Review Date(s) 12/28/08 Conducted by: Adam Dickerson

Staff Comments: _____

box if additional page is attached ☐ check

[Signature]
Signature of Sanitarian

1/2/07
Date of Approved

1/2/08
Expiration Date

Reasons for permit denial: _____
Sanitarian & Date

12-16-08
6mo extension.
Ann Boyd



Approved
7/10/09
9203 Center Rd

205 N. 7th Street
Zanesville, OH
43701

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