

Fairfield Department of Health

1587 Granville Pike Lancaster, Ohio 43130
740.653.4489

Permit #

Receipt #

☐ New Installation

☒ Alteration

PERMIT TO INSTALL & OPERATE A HOUSEHOLD SEWAGE TREATMENT SYSTEM

Site Address:

875 Coonpath Rd N.W

City:

Lancaster

Owner:

Brian Harold

Township:

Granfield

Mailing Address:

875 Coonpath Rd NW

City:

Lancaster

43130

PERMIT EXPIRES ONE YEAR FROM DATE OF ISSUANCE

System Requirements

0130063000 A

Tank	Additional Treatment	Leaching/Discharge
Septic Tank: Add 1000 gal to existing	<input checked="" type="checkbox"/> Effluent Filter Required	Lineal feet of leaching: 400'
Aeration Tank: NA 1000 gal	<input type="checkbox"/> Class I Filter Required	Final Effluent to: 400' leach + existing
	<input type="checkbox"/> Chlorinator Required	<input checked="" type="checkbox"/> Perimeter Drain Required
	<input checked="" type="checkbox"/> Other: Lift pump	<input type="checkbox"/> Drop Boxes Required

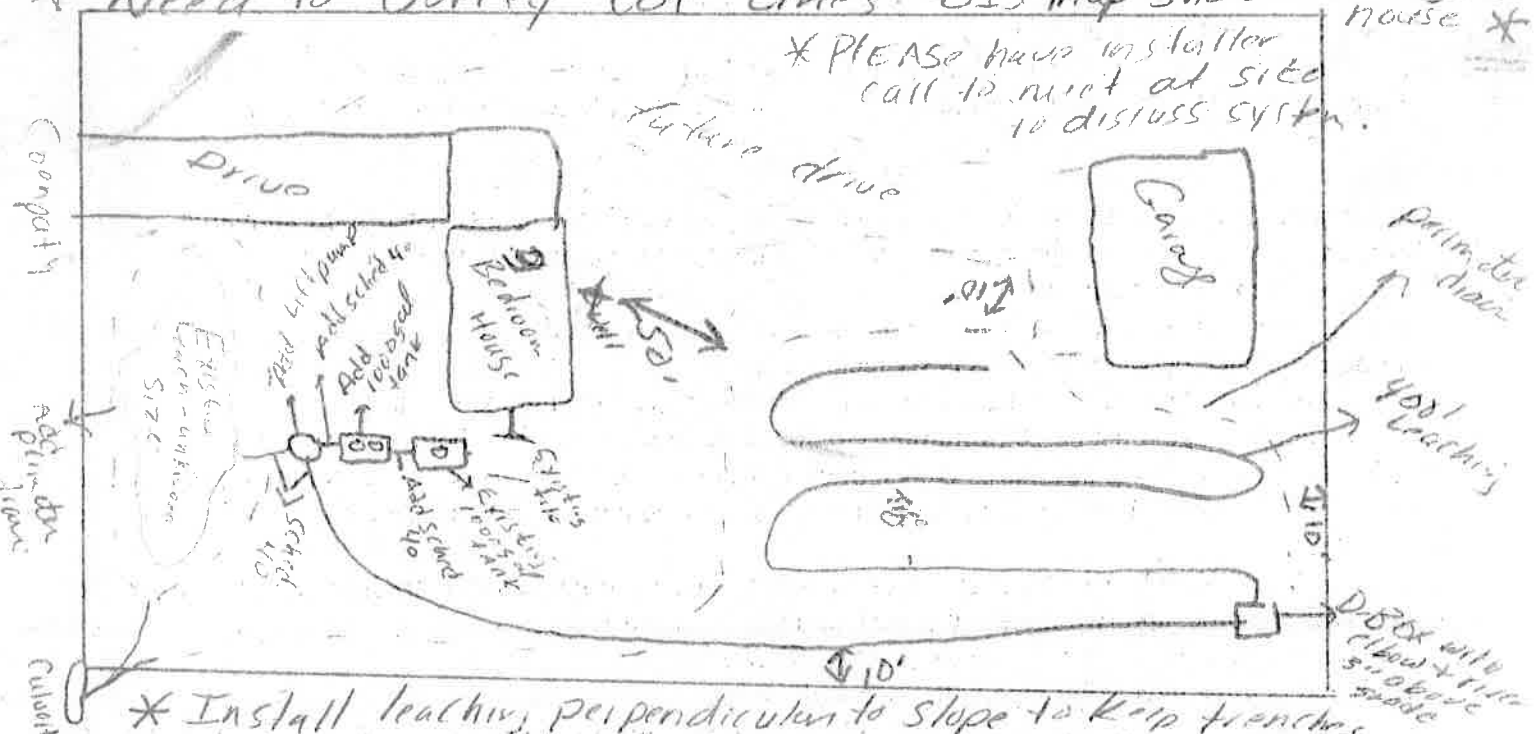
Permit issued by:

Diana Usher, PS

Date:

5-16-06

Need to verify lot lines - GIS map show line against house



* Install leaching perpendicular to slope to keep trenches level at depth of 18-22" Bunkers - use solid pipe with no gravel

* Tank must have 2 risers 3" above grade - both tanks

* Lift pump must have audio + visual alarms

* perimeter drain must be 12" below bottom of leach trench

* Easement is needed for perimeter drain to discharge into collector

Also need Co. Engineer's permit to discharge into roadway

♦♦♦♦This layout is site specific. Any changes must have prior approval♦♦♦♦

FINAL INSPECTION DATE:

1-17-07

SIGNATURE:

Diana Usher, PS

1-19-07

FAIRFIELD COUNTY HEALTH DEPARTMENT
 1000 Mainville Pike, Lancaster, OH
 89 Hrs. 8 a.m. to 4 p.m. Weekdays

SEWAGE DISPOSAL PERMIT

PLEASE READ THE FOLLOWING CAREFULLY; SIGN AND DATE.

I agree to construct, install and operate the household sewage disposal system in accordance with rules 3701-29-01 to 3701-29-21 inclusive of the Ohio Administrative Code and with the Fairfield County Health Department's requirements and attached site plan. I understand the permit may be revoked at any time for failure to comply with the provisions of these regulations.

I acknowledge that this permit expires one (1) year from the date of issuance by the Fairfield County Health Department or upon completion of the household sewage disposal system, whichever comes first.

No household sewage disposal system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield County Health Department*.

*NOTE: 24-HOUR PRIOR NOTICE

Applicant's Signature Jack Benson Date 5/13/91

FOR OFFICE AND SANITARIAN'S USE ONLY:

This is to certify that Carol Elsie JohnsonMailing Address: 901 Coonpath Rd., Lancaster, OHIS HEREBY GRANTED A PERMIT FOR THE: INSTALLATION _____ ALTERATION XOF A SEWAGE DISPOSAL SYSTEM (Circle One): AERATOR SEPTIC TANK PRIVYAT 901 Coonpath Rd., Lancaster, OHLOCATED IN Greenfield TOWNSHIP, SECTION 24Applicant's Name Benson Excavating, Inc.Mailing Address 4060 Kauffman Rd., Carroll, OHInstaller of System BensonPermit Issued: 5/15/91Issued by: Jeff SmithFINAL INSPECTION: 5/15/91BY: Jeff SmithSatisfactory OK (covered)

Conditionally Satisfactory _____

Not Satisfactory _____

* Work completely at time of inspection. Alteration a result of previous inspections. By J. Jenkins in Dec. 1990.

RECORD OF SIZES

Sewage Tank _____

Leaching _____ Lineal Ft _____

Aeration Tank existing Pumped 1991 motor runsSecondary Treatment upflow gravel filterFinal Effluent to existing 10" tileCOMMENTS: Consulted withL. Blivins 5/8/91

This permit is not transferrable.

Requirements for Leaching Tile Field Installation

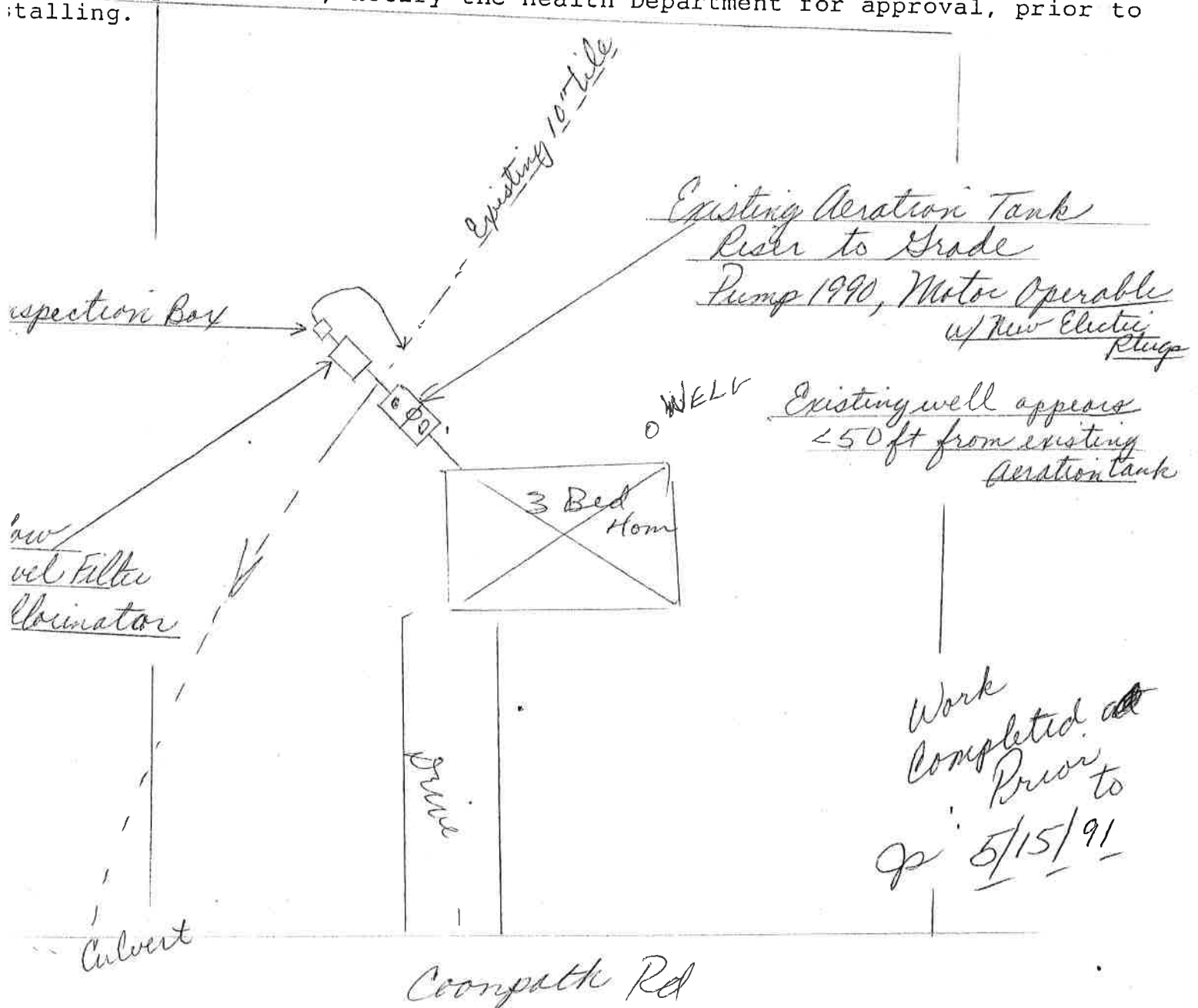
stall _____ lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, _____ inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, $\frac{3}{4}$ to $1\frac{1}{2}$ inches in size, in bottom of level trenches. Lay 4-inch leach pipe with holes, $\frac{1}{2}$ to $\frac{3}{4}$ inches in diameter, on level with grade not to exceed a fall of 6 inches in 100 feet. Place at least _____ inches of gravel over top of leach line. Cover gravel with 4 inches of raw.

Requirements for Curtain Drain Installation

Where curtain drains are required, they shall be installed not less than 6 inches below the leaching trench bottom, and shall be at least 8 feet from the outer line of any leaching line.

Call the Fairfield County Health Department at 653-4489 for final inspection and approval. 24 hours advance notice is requested for final inspection.

Install sewage system according to plot plan drawn below. If you need to make changes on system shown, notify the Health Department for approval, prior to installing.



FAIRFIELD COUNTY HEALTH DEPARTMENT
Granville Pike, Lancaster, OH
489 Hrs. 8 a.m. to 4 p.m. Weekdays

PERMIT NO. 91-10

SEWAGE DISPOSAL PERMIT

PLEASE READ THE FOLLOWING CAREFULLY; SIGN AND DATE.

I agree to construct, install and operate the household sewage disposal system in accordance with rules 3701-29-01 to 3701-29-21 inclusive of the Ohio Administrative Code and with the Fairfield County Health Department's requirements and attached site plan. I understand the permit may be revoked at any time for failure to comply with the provisions of these regulations.

I acknowledge that this permit expires one (1) year from the date of issuance by the Fairfield County Health Department or upon completion of the household sewage disposal system, whichever comes first.

No household sewage disposal system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield County Health Department*.

*NOTE: 24-HOUR PRIOR NOTICE

Applicant's Signature Rowan D Hoffner Date 17 JAN 91

FOR OFFICE AND SANITARIAN'S USE ONLY:

This is to certify that Rowan Hoffner

Mailing Address: 935 Coonpath Rd., Lancaster, OH 43130

IS HEREBY GRANTED A PERMIT FOR THE: INSTALLATION ALTERATION XX

OF A SEWAGE DISPOSAL SYSTEM (Circle One): AERATOR SEPTIC TANK PRIVY

AT 935 Coonpath Rd., Lancaster, OH

LOCATED IN Greenfield TOWNSHIP, SECTION 24

Applicant's Name Rowan Hoffner

Mailing Address 935 Coonpath Rd., Lancaster, OH

Installer of System Gave a List

Permit Issued: 1-25-91

Issued by: Steve Deeder

FINAL INSPECTION: 5-16-91

BY: Jerry Smith

Satisfactory OK

Conditionally Satisfactory

Not Satisfactory

RECORD OF SIZES 500 gal
Sewage Tank existing ADD 1500 gal.
Leaching existing Lineal Ft
Aeration Tank
Secondary Treatment
Final Effluent to leaching
COMMENTS: If leaching fails
Additional leaching shall be
Required!

This permit is not transferrable.

Requirements for Leaching Tile Field Installation

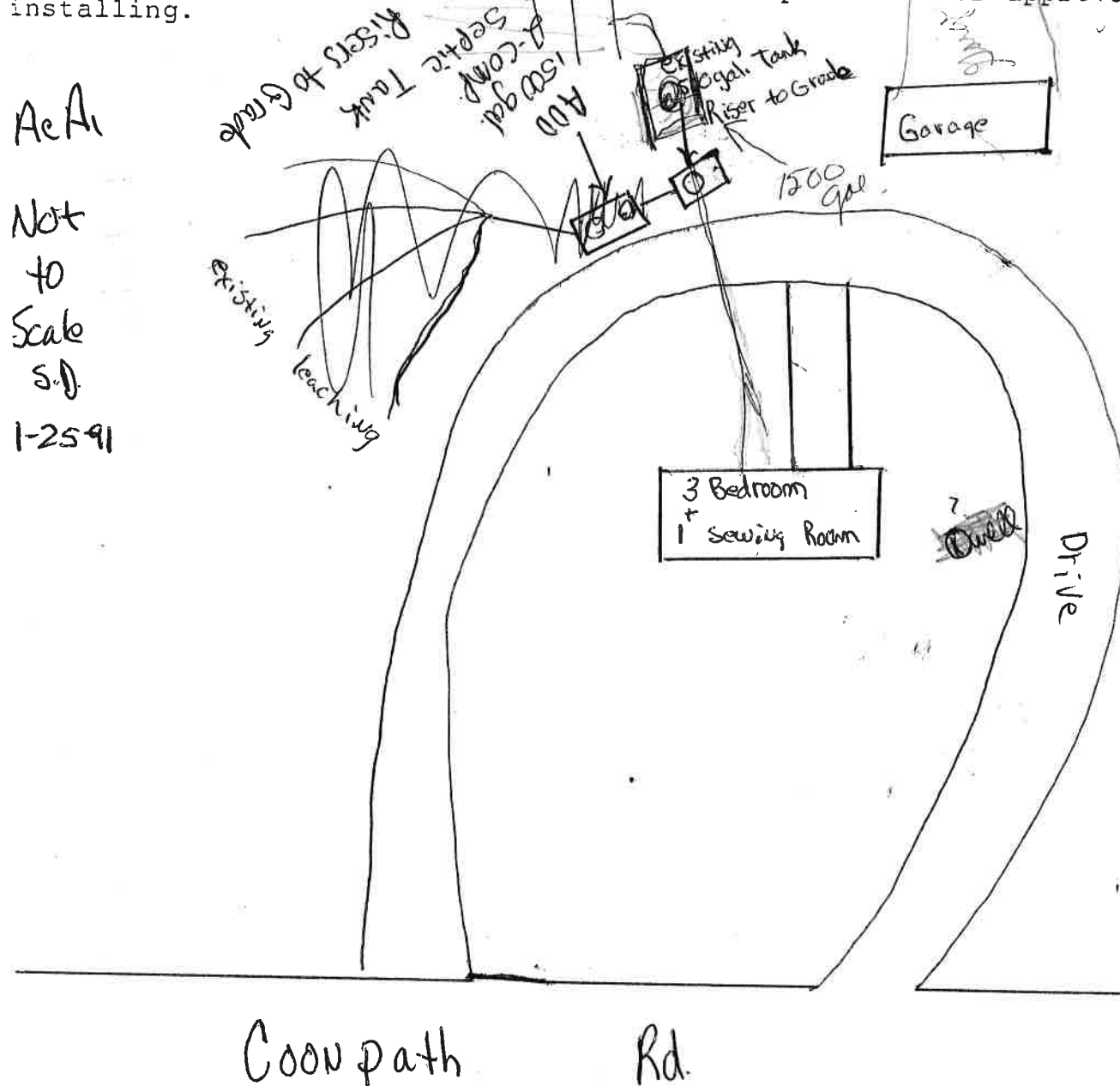
Install existing lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, _____ inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, $\frac{3}{4}$ to $1\frac{1}{2}$ inches in size, in bottom of level trenches. Lay 4-inch leach pipe with holes, $\frac{1}{2}$ to $\frac{3}{4}$ inches in diameter, on gravel with grade not to exceed a fall of 6 inches in 100 feet. Place at least 2 inches of gravel over top of leach line. Cover gravel with 4 inches of straw.

Requirements for Curtain Drain Installation

Where curtain drains are required, they shall be installed not less than 6 inches below the leaching trench bottom, and shall be at least 8 feet from the center line of any leaching line.

Call the Fairfield County Health Department at 653-4489 for final inspection and approval. 24 hours advance notice is requested for final inspection.

Install sewage system according to plot plan drawn below. If you need to make changes on system shown, notify the Health Department for approval, prior to installing.



FAIRFIELD COUNTY HEALTH DEPARTMENT
Granville Pike, Lancaster, OH
-4489 Hrs. 8 a.m. to 4 p.m. Weekdays

PERMIT NO. 90-082

SEWAGE DISPOSAL PERMIT

PLEASE READ THE FOLLOWING CAREFULLY; SIGN AND DATE.

I agree to construct, install and operate the household sewage disposal system in accordance with rules 3701-29-01 to 3701-29-21 inclusive of the Ohio Administrative Code and with the Fairfield County Health Department's requirements and attached site plan. I understand the permit may be revoked at any time for failure to comply with the provisions of these regulations.

I acknowledge that this permit expires one (1) year from the date of issuance by the Fairfield County Health Department or upon completion of the household sewage disposal system, whichever comes first.

No household sewage disposal system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield County Health Department*.

*NOTE: 24-HOUR PRIOR NOTICE

Applicant's Signature Holly B. Crist Date 5-22-90

FOR OFFICE AND SANITARIAN'S USE ONLY:

This is to certify that Gregory M. Kiger

Mailing Address: 1080 Coonpath Road, Lancaster, OH

IS HEREBY GRANTED A PERMIT FOR THE: INSTALLATION ALTERATION XX

OF A SEWAGE DISPOSAL SYSTEM (Circle One): AERATOR SEPTIC TANK PRIVY

AT 1080 Coonpath Rd., 158 to 1st flashing light at interseciton of 158 and
Coonpath turn left, 3rd house on the right

LOCATED IN Greenfield TOWNSHIP, SECTION 14

Applicant's Name Holly B. Crist

Mailing Address 1080 Coonpath Rd., Lancaster, OH

Installer of System Gave a List Frank Uhl

Permit Issued: 6-4-90

Issued by: Steve Dieter

FINAL INSPECTION: 6-20-90

BY: Steve Dieter

Satisfactory OK

Conditionally Satisfactory

Not Satisfactory

RECORD OF SIZES 1500 gal
Sewage Tank Add Rising to Grade
Leaching 400 Lineal Ft
Aeration Tank

Secondary Treatment
Final Effluent to leaching

COMMENTS: Need Curtain Drain
around ~~base~~ of Leach Field
Discharge to surface

This permit is not transferrable.

Requirements for Leaching Tile Field Installation

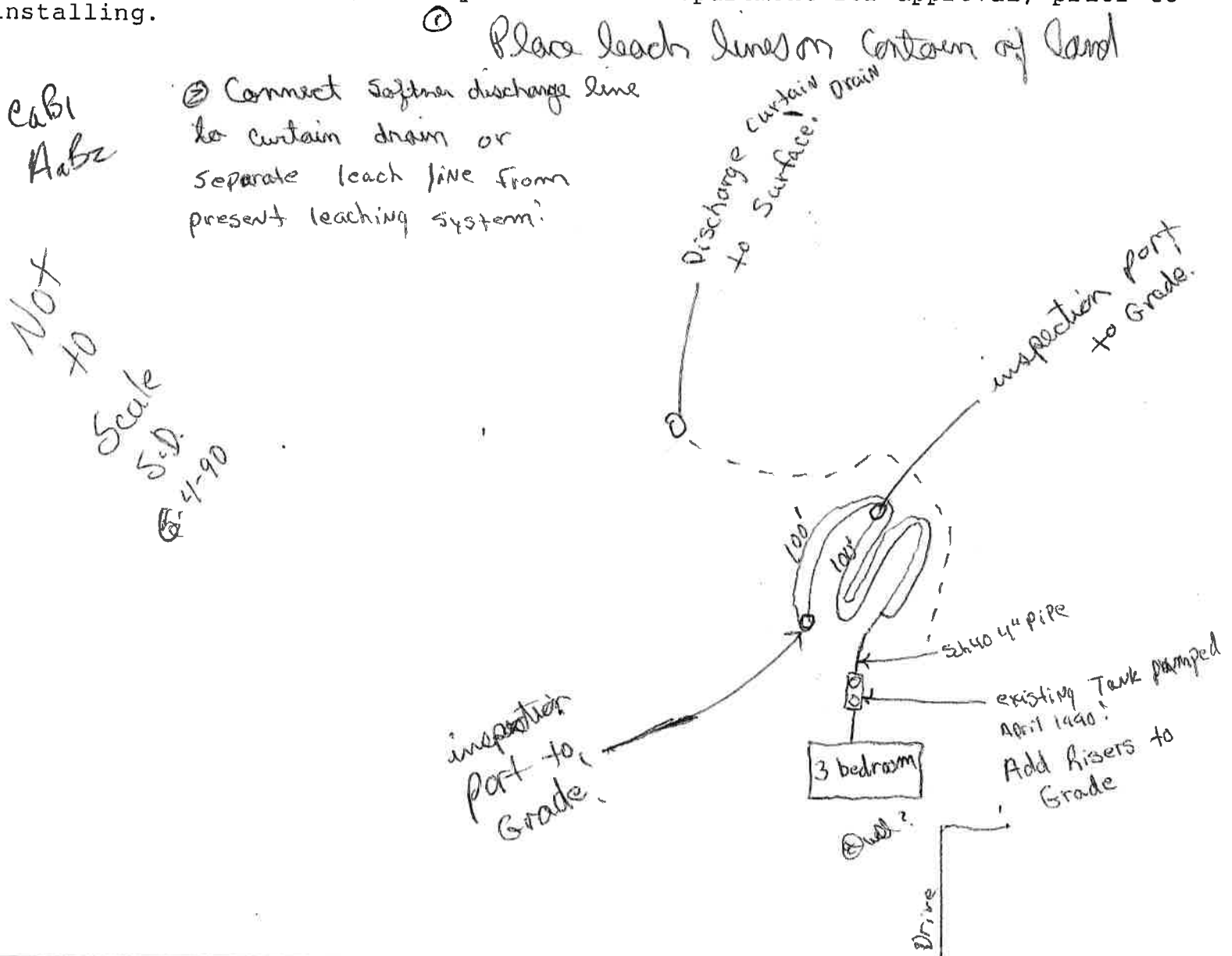
Install 400 SB Gravelless lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, 24 inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, 3/4 to 1 1/2 inches in size, in bottom of level trenches. Lay 4-inch leach pipe with holes, 1/2 to 3/4 inches in diameter, on gravel with grade not to exceed a fall of 6 inches in 100 feet. Place at least 2 inches of gravel over top of leach line. Cover gravel with 4 inches of straw.

Requirements for Curtain Drain Installation

Where curtain drains are required, they shall be installed not less than 6 inches below the leaching trench bottom, and shall be at least 8 feet from the center line of any leaching line.

Call the Fairfield County Health Department at 653-4489 for final inspection and approval. 24 hours advance notice is requested for final inspection.

Install sewage system according to plot plan drawn below. If you need to make changes on system shown, notify the Health Department for approval, prior to installing.



Ad 8-28-09 # 107174
BA 8-28-09

Ohio Department of Health
Application/Permit for a Private Water System

ALL ITEMS MUST BE COMPLETED

Health District <i>Fairfield County</i>	RECEIVED AUG 28 2009	Permit # <i>2009-096</i>
		Fee <i>\$320.00</i>

CHECK ALL THAT APPLY

<input checked="" type="checkbox"/> New Installation <input type="checkbox"/> Alterations <input type="checkbox"/> Sealing <input checked="" type="checkbox"/> Emergency construction <input type="checkbox"/> Emergency alteration	Water System will serve: <input checked="" type="checkbox"/> Single-family dwelling <input type="checkbox"/> Multi-family dwelling* <input type="checkbox"/> Pond* <input type="checkbox"/> Building*	<input checked="" type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Storage Tank	Sealing: <i>09-42</i> <input checked="" type="checkbox"/> Existing well, New installation <input type="checkbox"/> Existing well <input type="checkbox"/> Cistern/Hauled Water Storage Tank <input type="checkbox"/> Other
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***NOTE:** If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Ohio Administrative Code.

PLEASE TYPE OR PRINT IN BALLPOINT PEN

Owner/Applicant <i>Holly Richardson</i>		Phone no. <i>571-4793</i>
Mailing address <i>1085 Coonpath Rd</i>		
City <i>Lancaster</i>	State <i>OH</i>	ZIP <i>43130</i>
Location of property <i>Same</i>		
Street address of property <i>Same</i>		Township <i>Greenfield</i>
Private water system contractor** <i>Pxipst Inc</i>		Registration no. <i>2307</i>
		Phone no. <i>877-4844</i>

****NOTE:** The name of the Private Water Systems contractor must be provided to the local health district before the installation of the well, spring, cistern or pond per OAC 3701-28-03.

SITE PLAN MUST BE ATTACHED TO THIS FORM

NOTICE TO APPLICANT: It may be to your advantage to read the rules governing Private Water Systems, Chapter 3701-28 of the Ohio Administrative Code. This application will not be processed until the site plan is complete and this form bears the signature of the applicant and is accompanied by the appropriate fee.

I/we, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all other applicable rules.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Ohio Administrative Code.

Owner/Applicant signature <i>[Signature]</i>	Date <i>8-28-09</i>
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DO NOT WRITE BELOW THIS LINE

Permit approved by (Registered sanitarian signature required) <i>Bryan S.I.T.</i>	Date (Permit expires one year from this date) <i>08-28-09</i>
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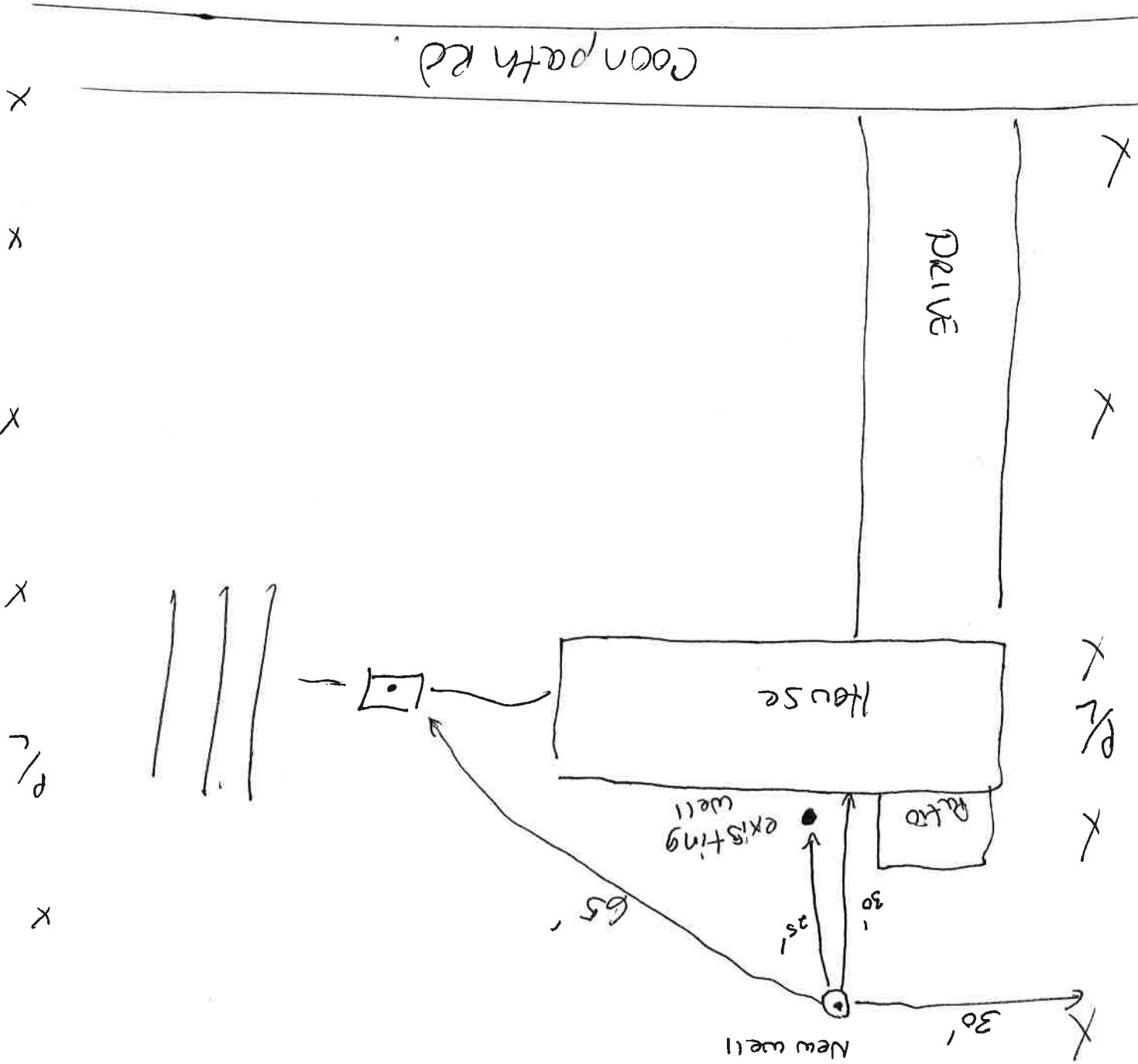
Variance requested <input type="checkbox"/> yes <input type="checkbox"/> no	Approved <input type="checkbox"/> yes <input type="checkbox"/> no	Date
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Permit Extension

Approved by	Date approved
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SEE COMMENTS ON BACK.

394270



RECEIVED
AUG 28 2009
By



COPY

Fairfield County Health Department
108 North High Street
Lancaster, Ohio 43130

Permit No. 1

SEWAGE DISPOSAL PERMIT

This is to certify that JAN ROGERS Denise Hresik 0130037600
Address 3025 LANCASTER-KIRKERSVILLE RD. LANCASTER OHIO 43130
is hereby granted a permit for the: Installation XXX Alteration
Extension of Sewage Disposal System XXX
Privy at SAME AS ABOVE
 in GREENFIELD Township,
and owned by THOMAS F & JANET ROGERS
Work to be done by RICKETTS & FITZGERALD

This permit is issued upon the condition all work will be carried out according to the legal provisions regulating the installation and operation of privies, privy vaults, sewerage, and sewage disposal equipment. It may be revoked at any time for failure to comply with the orders and regulations of the Fairfield County Health Department. The permit expires one year from date of issuance, and may not be renewed. A final inspection is necessary to determine compliance.

Date JANUARY 3, 1983 Applicant Janet E. Rogers
Date 1-3-83 Sanitarian John H. Hresik

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

1. Shape and dimensions of the lot.
2. Size, location and construction of the privy, sewage tank or sewage disposal system.
3. Size, material, location and construction of all sewer lines.
4. The location of all leaching devices or filters.
5. The location of all water supplies within 100 feet of any of the sewage disposal equipment.

RECORD OF SIZES

Sewage Tank Gal.
Leaching sq. ft. Filter sq. ft.
Aeration Tank 1250 gal
Secondary Treatment upflow Sandfilter
Final Effluent to Chlorinator into
Tile

Permit Issued
Date Final Inspection
Satisfactory
Conditionally Satisfactory
NOT Satisfactory

This permit is not transferrable.

~~Mrs. Snyder~~

~~Paul H. Snyder~~

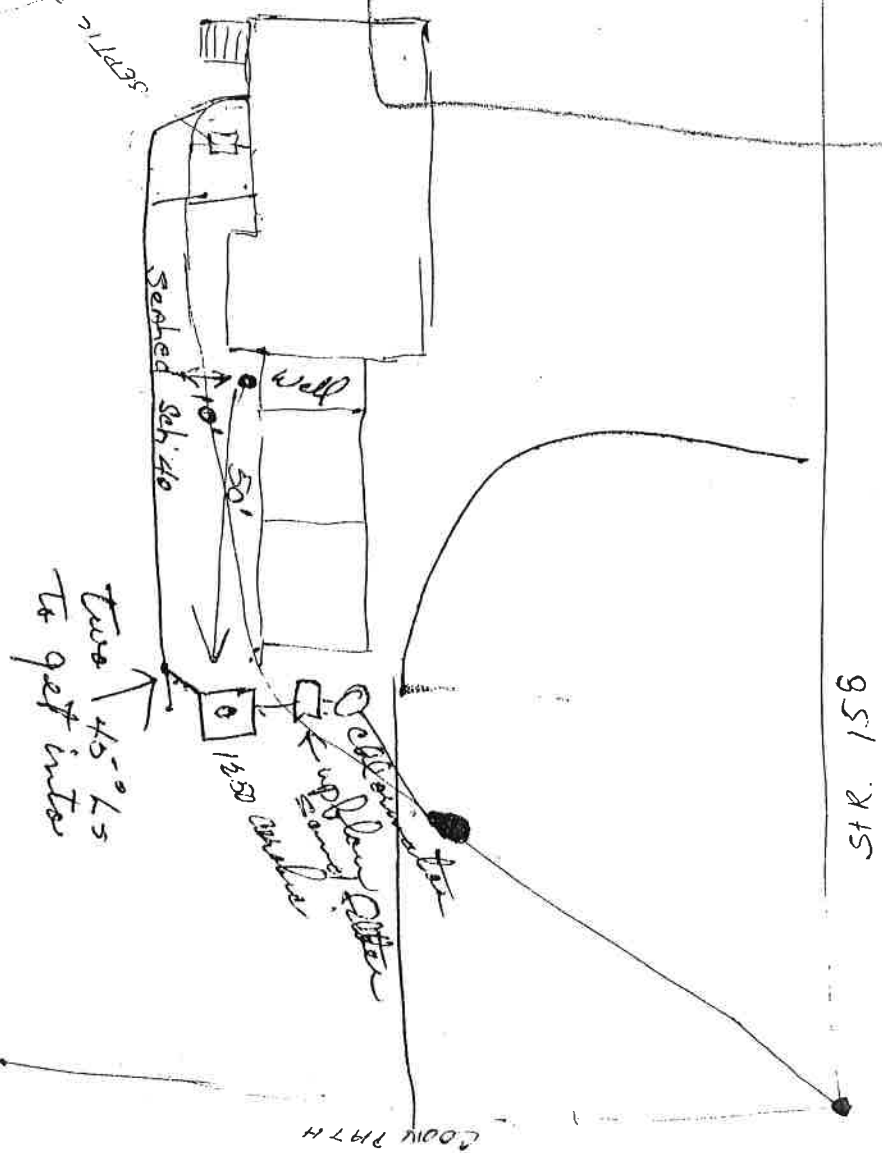
~~1941 9/13~~

~~Franklin~~
~~Tom H. Smith~~
~~1946~~

~~DAIRY~~
~~653-3810~~

Conn
~~654-5698~~

about
dog



Sun filter
1250 gal tank
chlorinator

Discharge by driveway

ALTERATION SEWAGE DISPOSAL PERMIT

EASE READ THE FOLLOWING CAREFULLY: SIGN AND DATE.

I agree to construct, install and operate the household sewage disposal system in accordance with rules 3701-29-01 to 3701-29-21 inclusive of the Ohio Administrative Code and with the Fairfield County Health Department's requirements and attached site plan. I understand the permit may be revoked at any time for failure to comply with the provisions of these regulations.

I acknowledge that this permit **expires one (1) year** from the date of issuance by the Fairfield County Health Department or upon completion of the household sewage disposal system, whichever comes first.

My household sewage disposal system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield County Health Department.*

NOTE: 24-HOUR PRIOR NOTICE

Applicant's Signature  Date 5/30/97

FOR OFFICE AND SANITARIAN'S USE ONLY:

This is to certify that Rick Schaffner
Mailing Address: 106 Crown Ct., Lancaster, OH

I HEREBY GRANTED A PERMIT FOR THE ALTERATION OF A SEWAGE DISPOSAL SYSTEM (Circle One):

AERATOR

SEPTIC TANK

PRIVY

AT 2929 Lancaster Kirkersville Rd., Lancaster

LOCATED IN Greenfield TOWNSHIP, SECTION 23

Applicant's Name Rick Schaffner

Mailing Address 106 Crown Ct., Lancaster, OH

Installer of System Has a list

PERMIT ISSUED: 6-10-97

ISSUED BY: John Shreve RS

FINAL INSPECTION DATE: 7-8-97

BY: John Shreve RS

Satisfactory X

Not Satisfactory _____

NOT TRANSFERRABLE
FEE IS NON-REFUNDABLE

RECORD OF SIZES

Sewage Tank pump & crush
Leaching 300 Lineal Feet
Aeration Tank 500 gpd treatment capacity
Secondary Treatment filter & chlorinator
Final Effluent to roadside ditch
Comments add 12" concrete inspection box. No work shall begin until permission from ODOT granted.

Requirements for Leaching Tile Field Installation

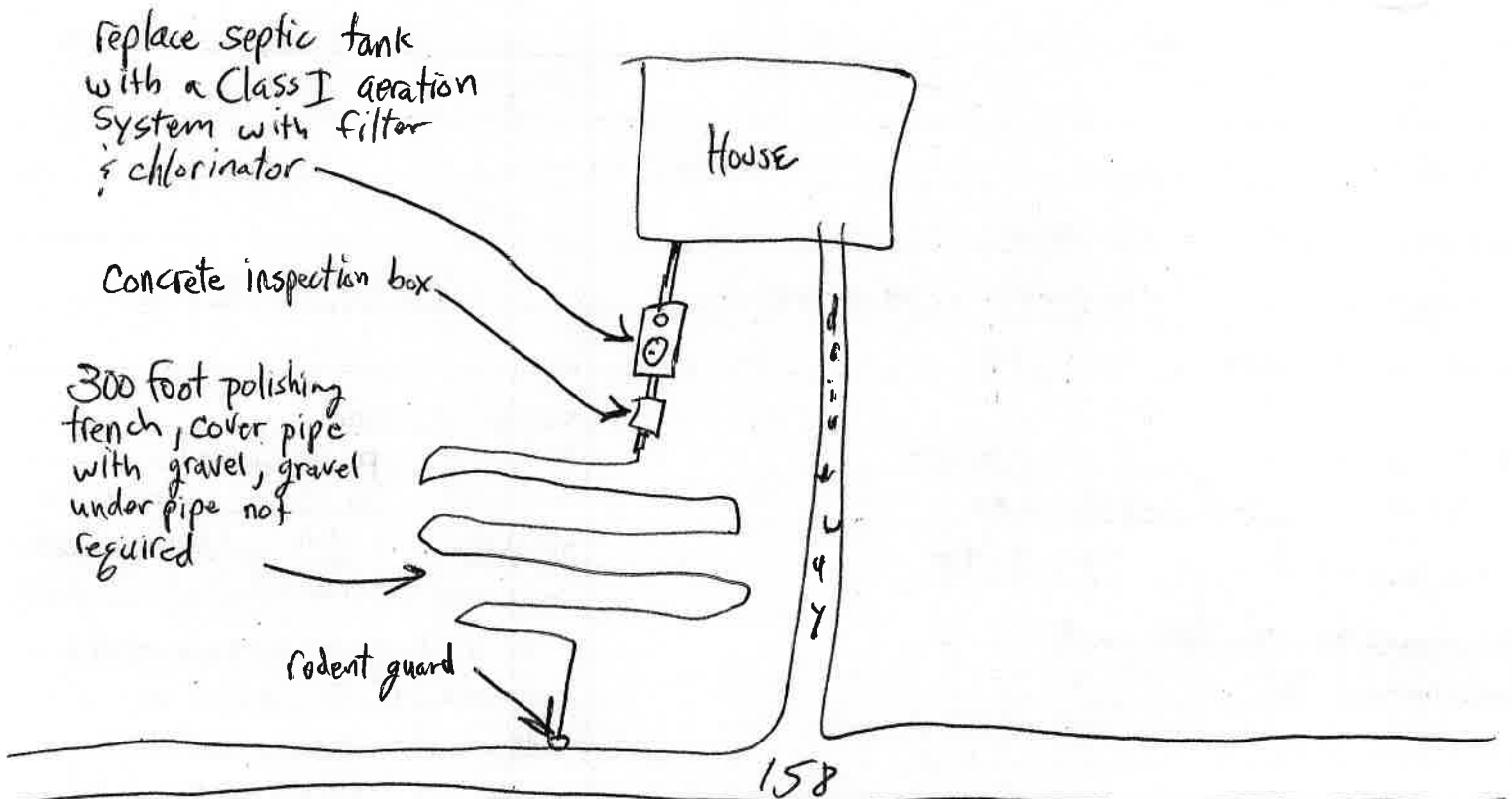
Install 300 lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, 20-24 inches deep, and at least 12 inches wide. ~~Place 12 inches of clean gravel,~~ $\frac{3}{4}$ to $1\frac{1}{2}$ inches in size, in bottom of level trenches. Lay 4-inch leach pipe with holes, $\frac{1}{2}$ to $\frac{3}{4}$ inches in diameter, on gravel with grade not to exceed a fall of 6 inches in 100 feet. Place at least 2 inches of gravel over top of leach line. Cover gravel with 4 inches of straw.

Requirements for Curtain Drain Installation

Where curtain drains are required, they shall be installed not less than 6 inches below the leaching trench bottom, and shall be at least 8 feet from the center line of any leaching line. All curtain drains shall have 6" of gravel over the pipe

Call the Fairfield County Health Department at 653-4489 for final inspection and approval. 24 hours advance notice is requested for final inspection.

Install sewage system according to plot plan drawn below. If you need to make changes on system shown, notify the Health Department for approval, prior to installing.



STP

APPLICATION / PERMIT FOR PRIVATE WATER SYSTEM

Permit #	96-443
Fee	138.00

Health District	FAIRFIELD
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CHECK ONE ITEM IN EACH BOX:

<input type="checkbox"/> New Installation	Water System Will Serve:	<input checked="" type="checkbox"/> Well	<input type="checkbox"/> Spring
<input checked="" type="checkbox"/> Alteration	<input checked="" type="checkbox"/> Single-family dwelling	<input type="checkbox"/> Test Hole	<input type="checkbox"/> Pond
	<input type="checkbox"/> Other	<input type="checkbox"/> Cistern	<input type="checkbox"/> Hauled Water Storage Tank

(Please type or print in ballpoint pen)


Owner	ROBERT H. KEMMERER		Phone No.	0130063100 (614) 653-3252	
Mailing Address	2966 LANCASTER KIRKERSVILLE RD	City	LANCASTER	Zip	43130
Location of Property					
Street Address	2966 LANCASTER KIRKERSVILLE RD	Township	GREENFIELD		
Name of Applicant	ROBERT H. KEMMERER	Phone No.	(614) 653-3252		
Address	2966 LANCASTER KIRKERSVILLE RD LANCASTER, OHIO 43130				

NOTICE TO APPLICANT: It may be your advantage to read the rules governing Private Water Systems, Chapter 3701-28 of the Administrative Code. This application will not be processed until the site plan is complete and this form bears the signature of the applicant and is accompanied by the appropriate fee.

I/we, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all other applicable rules.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Administrative Code.

Applicant's Signature	Date
Robert H. Kemmerer	11/19/96

Site Plan DRAWING NOT TO SCALE		Indicate distances between water source and the following existing or proposed items: 144' Public roadway 51' Driveway 35' Property lines Easements Sewer lines 44' Sewage disposal system NA Other possible sources of contamination (i.e. buried fuel tank, manure pile, ditches etc.)	Buildings House Barn Outbuilding
<p>Note: If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Administrative Code.</p>			

DO NOT WRITE BELOW THIS LINE

Permit Approved by	Date

Note: Not valid without official audit number.

White, Property Owner-Pink, Water System Contractor-Canary, Health Dept.

Fairfield COUNTY HEALTH DEPARTMENT
 Kirkersville Pike, Lancaster, OH
 89 Hrs. 8 a.m. to 4 p.m. Weekdays

SEWAGE DISPOSAL PERMIT

PLEASE READ THE FOLLOWING CAREFULLY; SIGN AND DATE.

I agree to construct, install and operate the household sewage disposal system in accordance with rules 3701-29-01 to 3701-29-21 inclusive of the Ohio Administrative Code and with the Fairfield County Health Department's requirements and attached site plan. I understand the permit may be revoked at any time for failure to comply with the provisions of these regulations.

I acknowledge that this permit expires one (1) year from the date of issuance by the Fairfield County Health Department or upon completion of the household sewage disposal system, whichever comes first.

No household sewage disposal system or part thereof shall be covered or put into operation until the system has been inspected and approved by the Fairfield County Health Department*.

NOTE: 24-HOUR PRIOR NOTICE

Applicant's Signature Larry E. Wolfe Sandy K. Wolfe Date 8/9/99

FOR OFFICE AND SANITARIAN'S USE ONLY:

This is to certify that Larry E. & Sandy K. Wolfe

Mailing Address: 2975 Lancaster Kirkersville Road, Lancaster, OH

I HEREBY GRANTED A PERMIT FOR THE: INSTALLATION XX ALTERATION

OF A SEWAGE DISPOSAL SYSTEM (Circle One): AERATOR SEPTIC TANK PRIVY

TO next to 2975 Lancaster Kirkersville Rd. 600' from southwest corner of Rt. 158

and Coonpath Rd.

LOCATED IN Greenfield TOWNSHIP, SECTION 23

Applicant's Name Larry E. & Sandy K. Wolfe

Mailing Address 2975 Lancaster Kirkersville Rd., Lancaster

Installer of System Has a list

Permit Issued: 8-13-99

Issued by: John Shivers

FINAL INSPECTION: 10-29-99

By: John Shivers

Satisfactory X

Conditionally Satisfactory

Not Satisfactory

RECORD OF SIZES

Sewage Tank

Leaching 600 Lineal Ft

Aeration Tank 500 gpd treatment

Secondary Treatment

Final Effluent to

COMMENTS: perimeter drain with

gravel, 12" concrete inspection

box

This permit is not transferrable.

Requirements for Leaching Tile Field Installation

Install 600 lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, 24-30 inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, $\frac{3}{4}$ to $1\frac{1}{2}$ inches in size, in bottom of leaching trenches. Lay 4-inch leach pipe with holes, $\frac{1}{2}$ to $\frac{3}{4}$ inches in diameter, on gravel with grade not to exceed a fall of 6 inches in 100 feet. Place at least 2 inches of gravel over top of leach line. Cover gravel with 4 inches of straw.



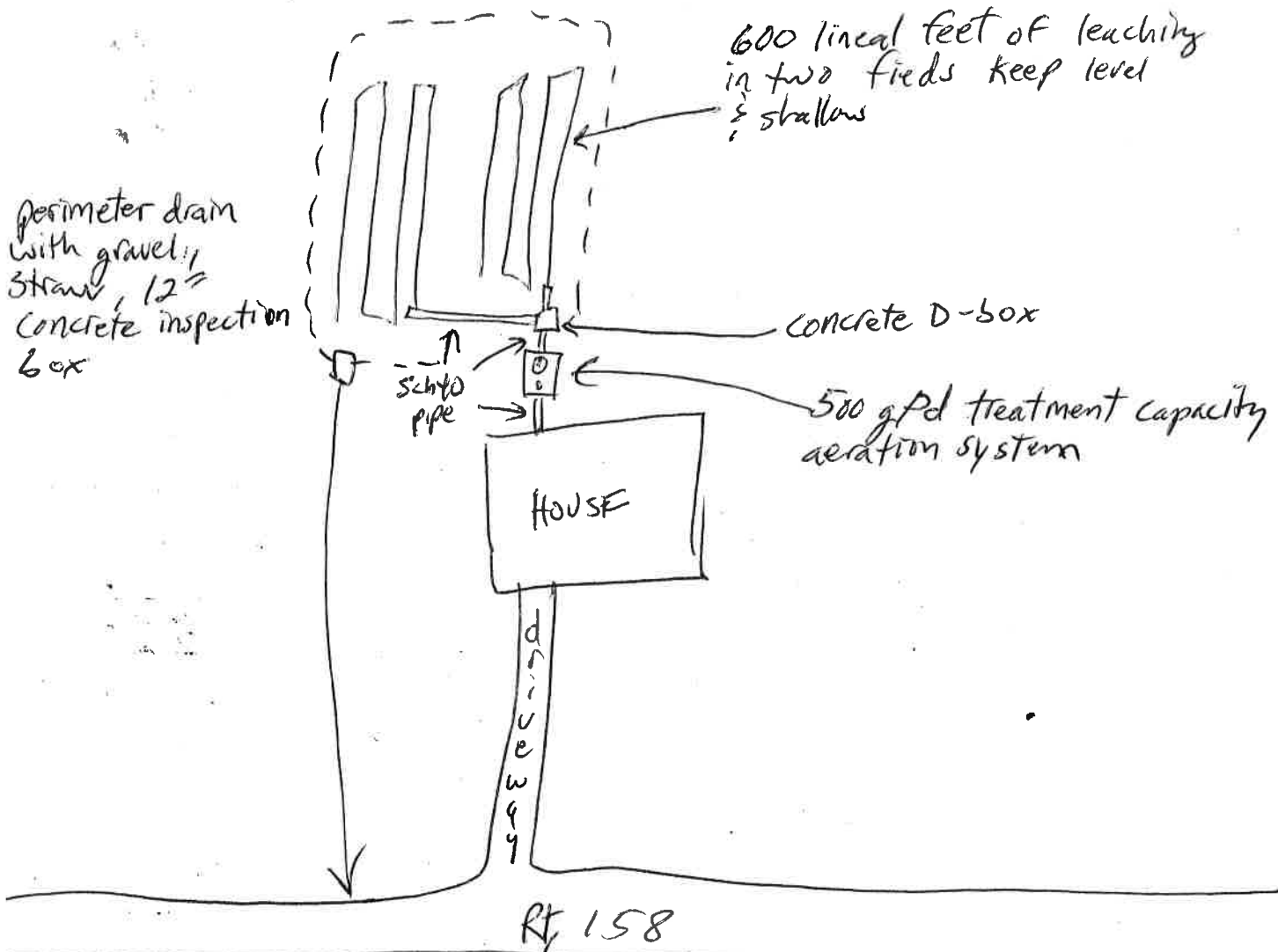
Requirements for Curtain Drain Installation

*gravel & straw
in trench*

Where curtain drains are required, they shall be installed not less than 6 inches below the leaching trench bottom, and shall be at least 8 feet from the center line of any leaching line.

Call the Fairfield County Health Department at 653-4489 for final inspection and approval. 24 hours advance notice is requested for final inspection.

Install sewage system according to plot plan drawn below. If you need to make changes on system shown, notify the Health Department for approval, prior to installing.



COPY

Fairfield County Health Department
108 North High Street
Lancaster, Ohio 43130

Permit No. 1

SEWAGE DISPOSAL PERMIT

This is to certify that JAN ROGERS Denise Hresik 0130037600

Address 3025 LANCASTER-KIRKERSVILLE RD. LANCASTER OHIO 43130

is hereby granted a permit for the: Installation XXX Alteration

Extension of Sewage Disposal System XXX

Privy at SAME AS ABOVE

 in GREENFIELD Township,

and owned by THOMAS F & JANET ROGERS

Work to be done by RICKETTS & FITZGERALD

This permit is issued upon the condition all work will be carried out according to the legal provisions regulating the installation and operation of privies, privy vaults, sewerage, and sewage disposal equipment. It may be revoked at any time for failure to comply with the orders and regulations of the Fairfield County Health Department. The permit expires one year from date of issuance, and may not be renewed. A final inspection is necessary to determine compliance.

Date JANUARY 3, 1983 Applicant Janet F. Rogers

Date 1-3-83 Sanitarian John Benning

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

1. Shape and dimensions of the lot.
2. Size, location and construction of the privy, sewage tank or sewage disposal system.
3. Size, material, location and construction of all sewer lines.
4. The location of all leaching devices or filters.
5. The location of all water supplies within 100 feet of any of the sewage disposal equipment.

RECORD OF SIZES

Sewage Tank Gal.

Leaching sq. ft. Filter sq. ft.

Aeration Tank 1250 gal

Secondary Treatment upflow Sand filter

Final Effluent to Chlorinator into

Tile

Permit Issued

Date Final Inspection

Satisfactory

Conditionally Satisfactory

NOT Satisfactory

This permit is not transferrable.

~~Mrs. Snyder~~

~~11/11/11~~
~~11/11/11~~

~~Franklin~~
~~Long~~ ~~the~~ ~~Lyons~~
~~US~~ ~~the~~ ~~96~~

about
Dog

Сон

~~6245095~~

Sept 10

Well

Sealed Sch. 40

50'

13.50 Copper

45' 45' to get into

Seared Sch 40

well

True 45° 45'
to get into

John Henry Carter

STR. 158

Sand filter
1250 gal tank
chlorinator

1250 Jet tank

chlotinator

Discharge by driveway

ENTERED

Permit #

2002-187

Health District

Fee	
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4252.50

Sealing 462-016

***NOTE:** If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Ohio Administrative Code.

0130034402

****NOTE:** The name of the Private Water Systems contractor must be provided to the local health district before the installation of the well, spring, cistern or pond per OAC 3701-28-03.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Ohio Administrative Code.

Do NOT WRITE BELOW THIS LINE

Permit Extension

SEE COMMENTS ON BACK.

White—Property Owner Canary—Water System Contractor Pink—Health District

Note: Not valid without official Audit number attached

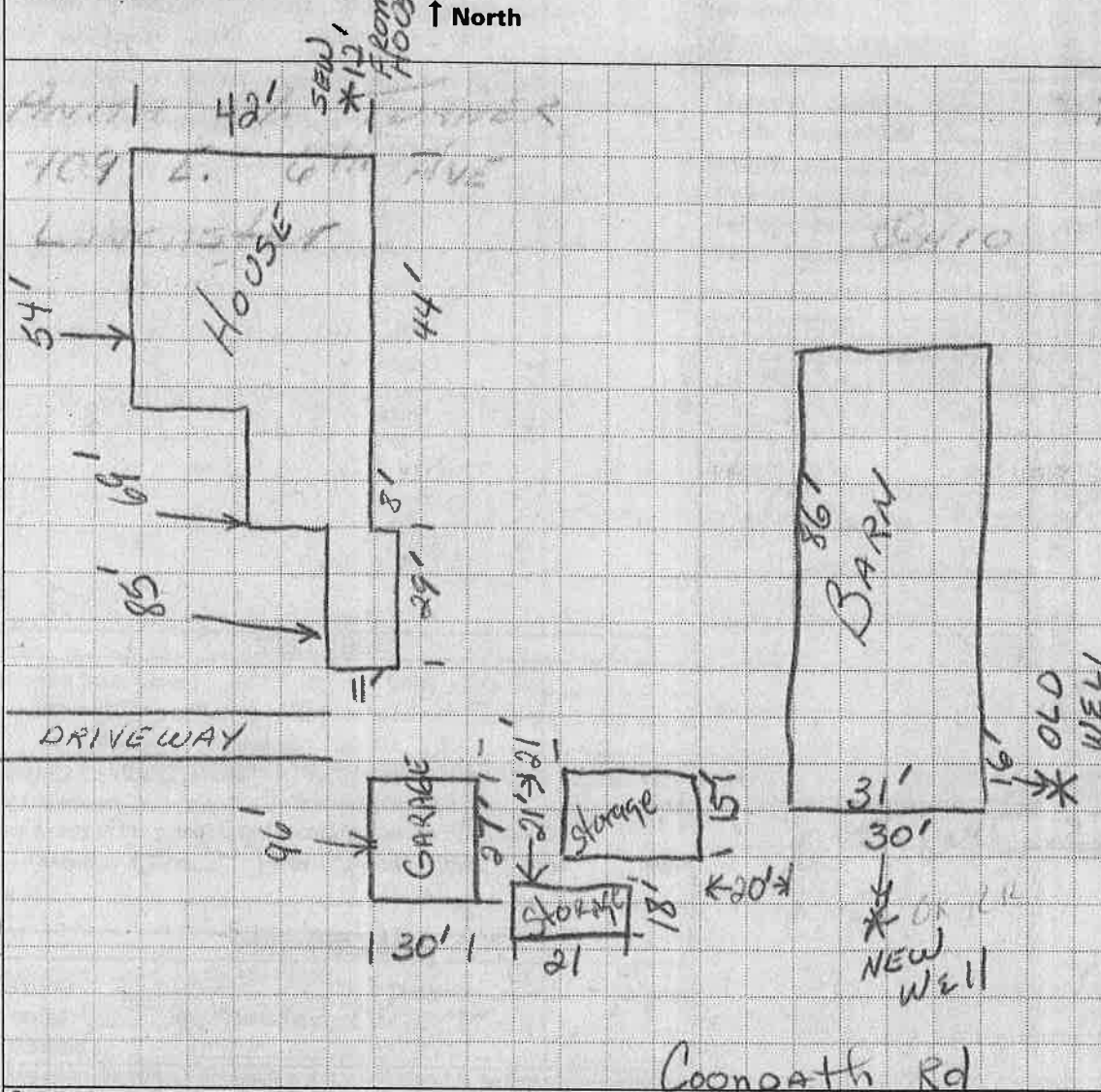
307838

Ohio Department of Health

Application/Permit for Private Water System Site Plan

Health district FAIRFIELD County Ohio	Permit number 2002-187
Owner/Applicant ANITA M. TURNER	
Location of property 3060 LANC-KIRK Rd NW, LANCASTER, OH 43130	
Site plan prepared by Sammy L Beam	

Clearly indicate the location or area of the proposed or existing private water system.
Please indicate scale.



Indicate distances between water source and the following existing or proposed items on the map on left:

Check List

- ☐ Location of PWS or Test Hole
- ☐ Road right-of-ways
- ☐ Existing or properly sealed water wells
- ☐ Above or below ground storage tanks
- ☐ Property lines
- ☐ Public roadways
- ☐ Driveways
- ☐ Easements
- ☐ Sewer lines
- ☐ Sewage disposal systems
- ☐ Buildings
- ☐ Houses
- ☐ Barn or feed lots
- ☐ Outbuildings
- ☐ Oil and gas wells
- ☐ Streams, lake, ponds and ditches
- ☐ Manure ponds, lagoons or piles
- ☐ Lot lines
- ☐ Land fills
- ☐ Other possible sources of contamination

Comments

FARM consists of approx 112 ac (m/L)
 This is approx 2.5 AC (m/L) on SW CORNER OF FARM
 112 ac is 10 ft. from property line

PLEASE NOTE: Any changes to the site plan must be approved by the local health district