

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: Jimmy SmithFINAL INSPECTION: 5/15/91BY: Jimmy 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 1990Secondary 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

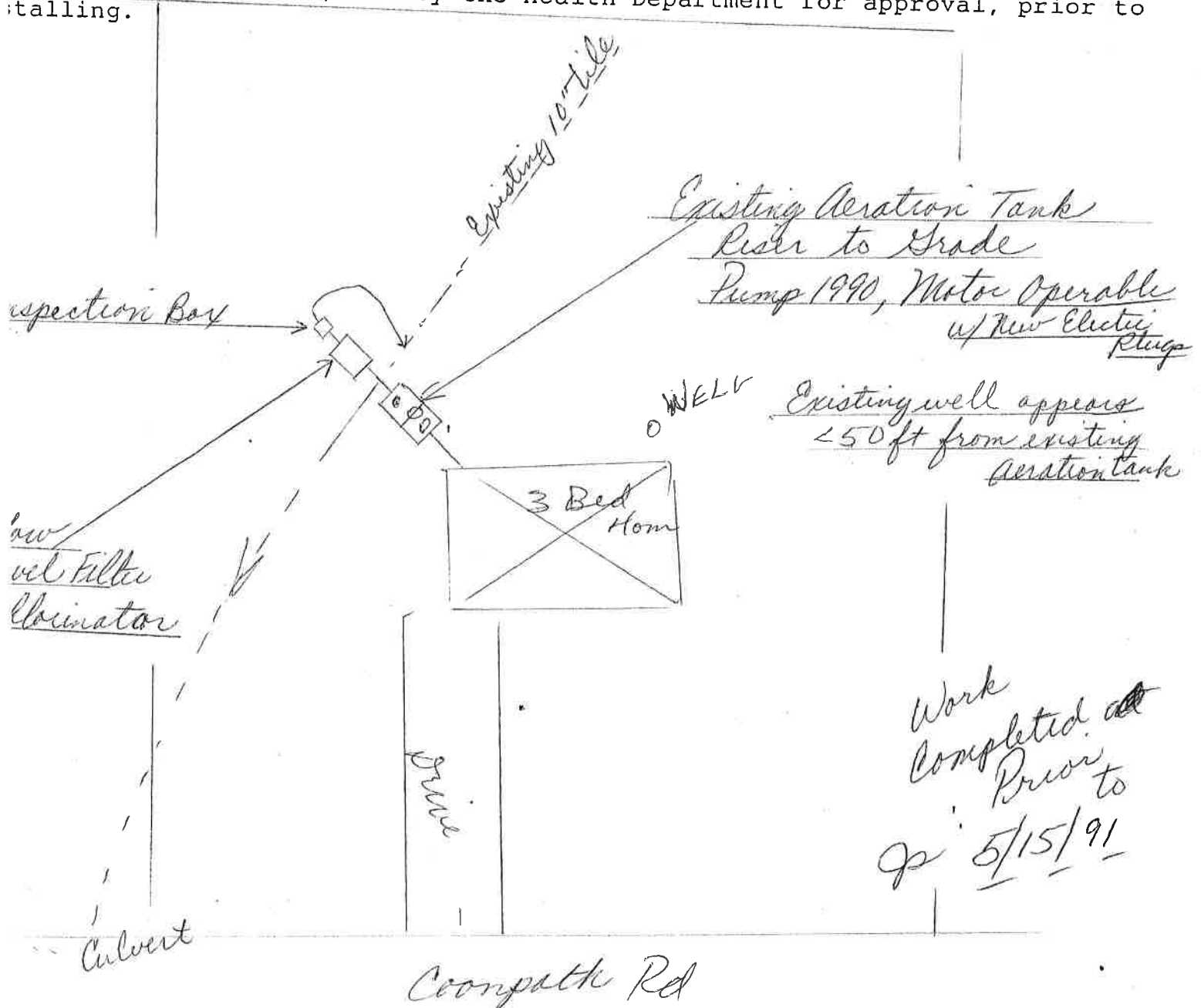
stall _____ lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, _____ inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, $\frac{3}{4}$ to $1\frac{1}{2}$ inches in size, in bottom 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

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

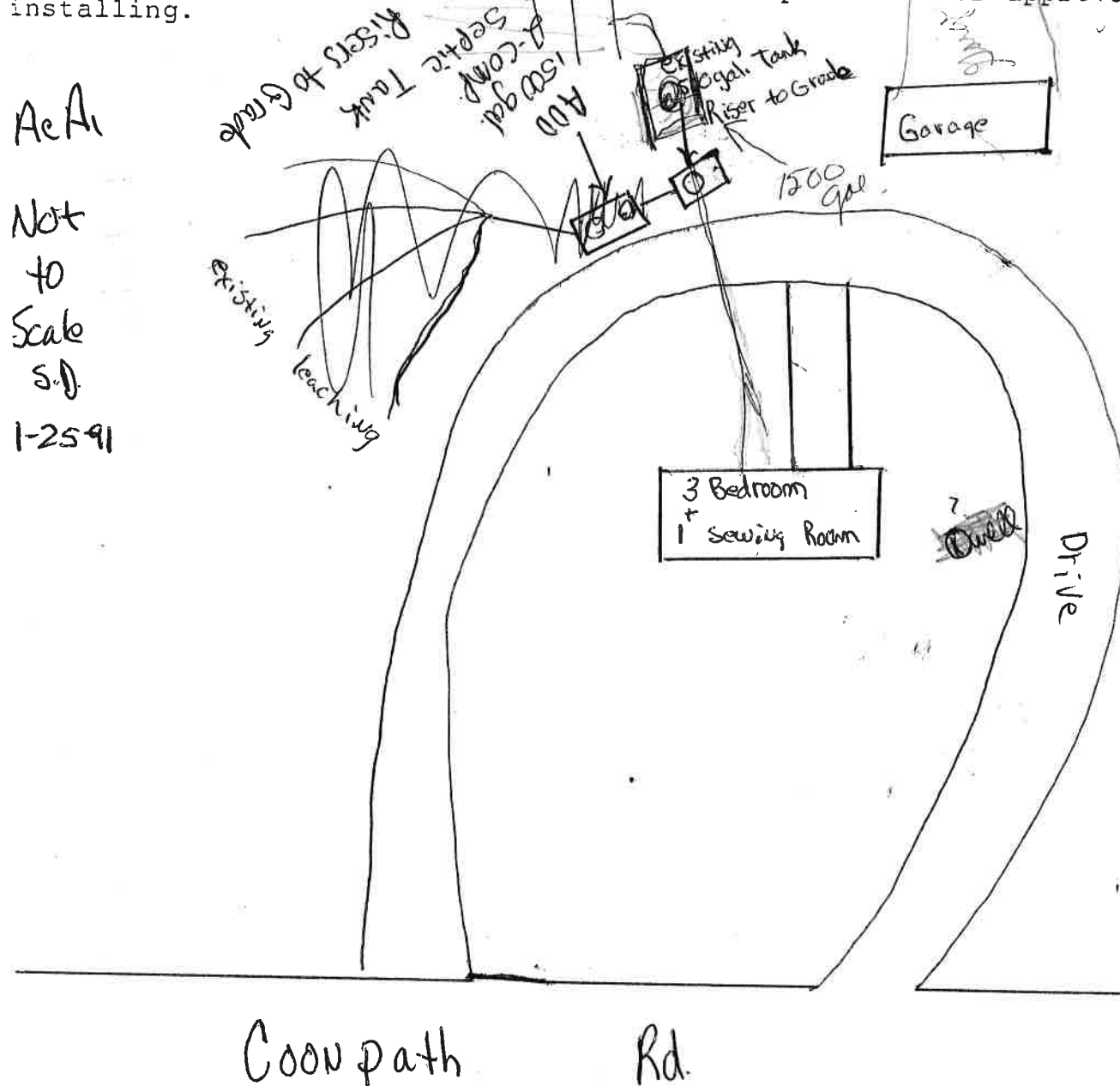
Install existing lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, _____ inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, $\frac{3}{4}$ to $1\frac{1}{2}$ inches in size, in 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

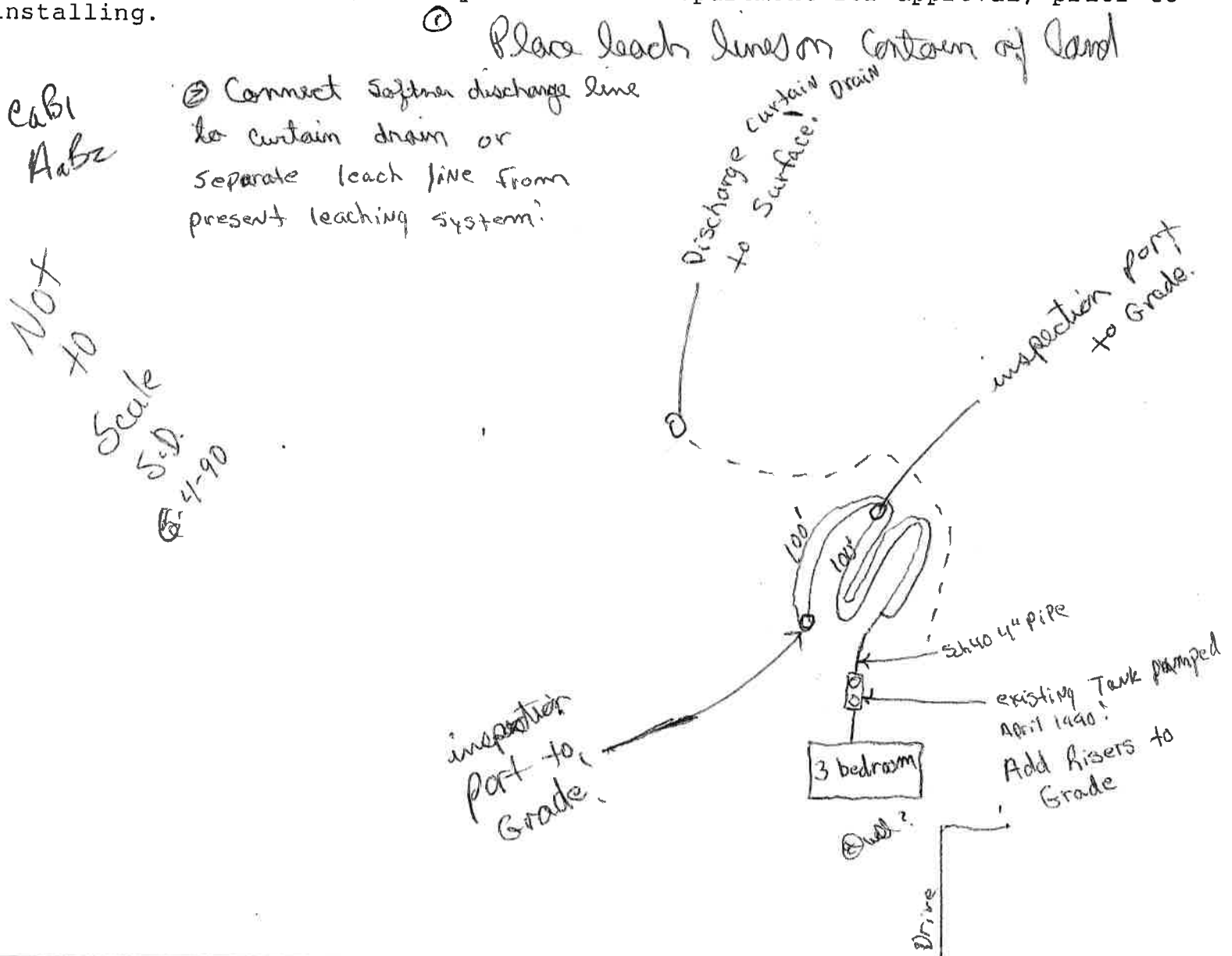
Install 400 SB Gravelless lineal feet of leaching, divided into two equal sections by an alternating switch box. Install trenches, 100 to 115 feet long, spaced 6 to 8 feet apart, 24 inches deep, and at least 12 inches wide. Place 12 inches of clean gravel, 3/4 to 1 1/2 inches in size, in bottom of level 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.



Application/Permit for a Private Water System

Ad 8-28-09 # 107174

BA 8-28-09

ALL ITEMS MUST BE COMPLETED

Health District

Fairfield County

RECEIVED
AUG 28 2009

Permit #

2009-096

Fee

320.00

CHECK ALL THAT APPLY

☒ New Installation☐ Alterations☐ Sealing☒ Emergency construction☐ Emergency alteration

Water System will serve:

☒ Single-family dwelling☐ Multi-family dwelling*☐ Pond*☐ Building*☒ Well☐ Cistern☐ Spring☐ Pond☐ Hauled Water Storage Tank

Sealing:

☒ Existing well, New installation☐ Existing well☐ Cistern/Hauled Water Storage Tank☐ Other

09-42

***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

0130059600 S

Owner/Applicant

Holly Richardson

Phone no.

571-4793

Mailing address

1085 Coonpath Rd

City

Lancaster

State

OH

ZIP

43130

Location of property

Same

Street address of property

Same

Township

Greenfield

Private water system contractor**

Paxst Inc

Registration no.

2307

Phone no.

877-4844

****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

Date

8-28-09

DO NOT WRITE BELOW THIS LINE

Permit approved by (Registered sanitarian signature required)

Bryan S.I.T.

Date (Permit expires one year from this date)

08-28-09

Variance requested

☐ yes ☐ no

Approved

☐ yes ☐ no

Date

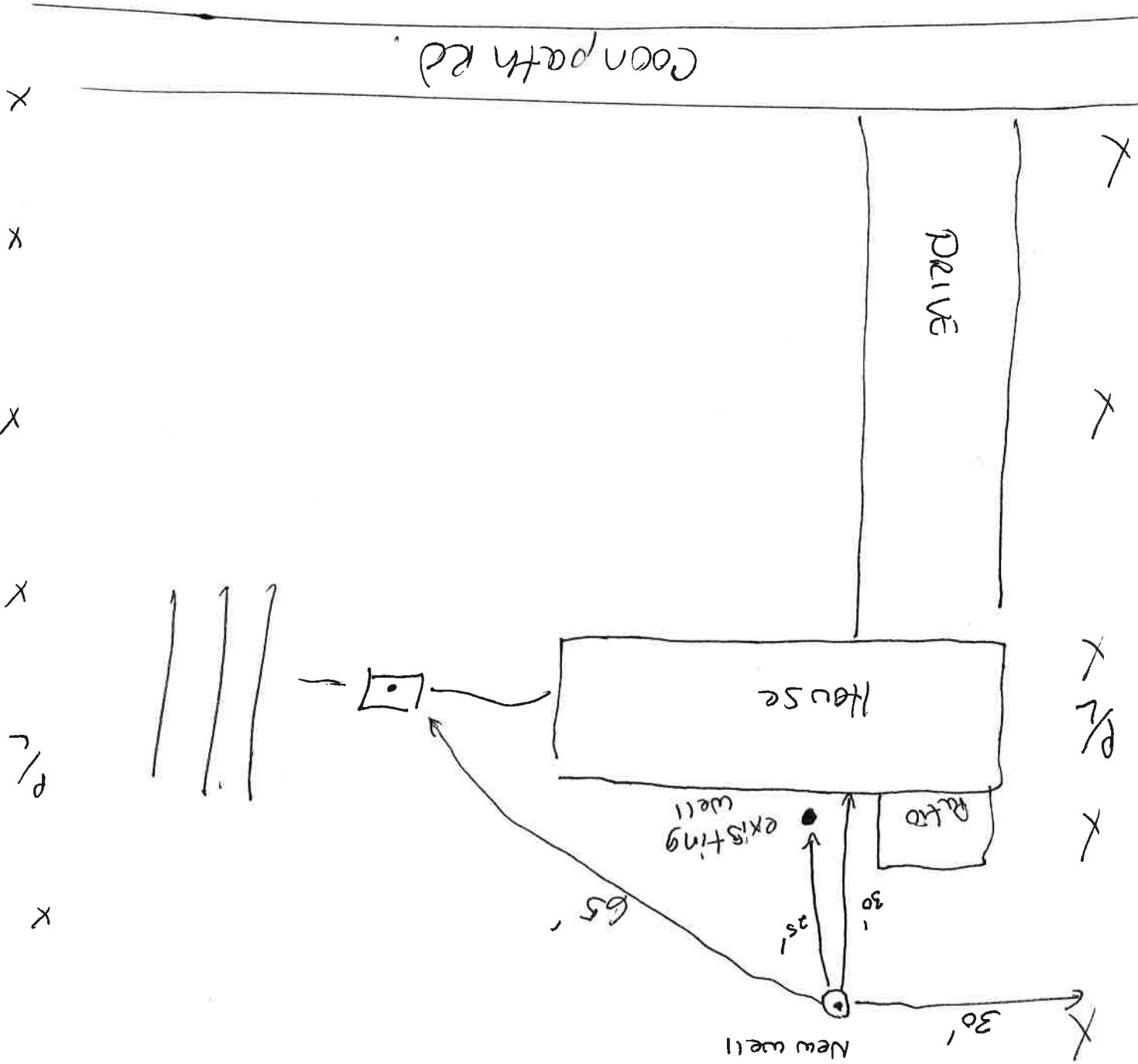
Permit Extension

Approved by

Date approved

SEE COMMENTS ON BACK.

394270



RECEIVED
 AUG 28 2009
 By