

Stark County General Health District **B** 44404  
**SEWAGE DISPOSAL SYSTEM INSTALLATION and OPERATIONAL PERMIT**

A PERMIT IS HEREBY GRANTED to Pat Barrett (Owner) Same  
 to install and operate a sewage disposal system at 2167 Downing St. Pike Twp.

TREATMENT SYSTEM 2 - 1,000 gallon septic tanks in series,  
followed by 2 - 7'w x 20' L subsurface filterbeds  
with an inlet pipe. Bottom of filterbeds at 6 ft  
or less - system must be located in area of test  
hole #2 - imp attached

Fee \$ 90.00

This permit issued only on the basis that within 6 months after sanitary sewer becomes accessible to these premises, this permit is void, and those premises shall be connected to the sanitary sewer.

CAUTION: Storm and Footer Drains Are Not Permitted to Drain to Sewage System.

SEPARATE SUMP PUMPS REQUIRED.

All Permits Void One Year From Date of Issue. All work must be performed by an installer registered with the Stark County Health Department.

PERMIT ISSUED FOR: NEW  EX

BUILDING TYPE: SI

WATER SUPPLY: Municipal

FOR 2 Bedrooms

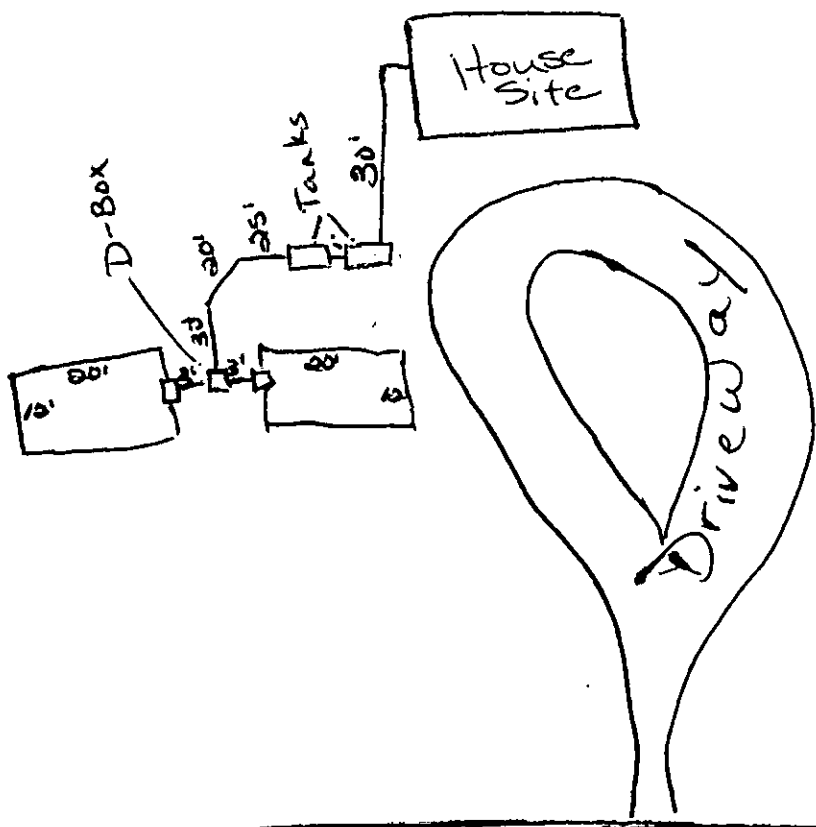
All work to be done in accordance with State and Stark County Health requirements. All Work must be inspected before covering. SEWAGE APPROVAL MEANS THAT THE SYSTEM APPEARS TO BE PROPERLY CONSTRUCTED BASED ON CONDITIONS OF APPLICATION AND PERMIT. THIS APPROVAL DOES NOT ASSURE THAT THE SYSTEM WILL FUNCTION OR BE MAINTAINED. ADDITIONAL FACILITIES WILL BE REQUIRED UPON ORDER OF THE STARK COUNTY HEALTH DEPARTMENT SHOULD THIS FACILITY FAIL TO CONFIRM TO THE REQUIREMENTS OF THE STARK COUNTY SANITARY CODE.

RECOMMEND THAT SEPTIC TANKS BE CLEANED EVERY TWO (2) YEARS BY A LICENSED SANITARY SERVICE CO.

ISSUED BY J. Shelly (CND) DATE 5-6-94

NOTE: Call for Inspection Before 9:30 A.M. 438-0990

APPROVED BY J. Fied DATE 9-1-94



Stark County General Health District

**B** 44404

# SEWAGE DISPOSAL SYSTEM INSTALLATION and OPERATIONAL PERMIT

A PERMIT IS HEREBY GRANTED to Pat Barrett (Owner) Same

to install and operate a sewage disposal system at <sup>2167</sup>~~2125~~-2190 Downing St. Pike Twp.

TREATMENT SYSTEM 2 - 1,000 gallon septic tanks in series,  
followed by 2 - 12'w x 20' h subsurface filterbeds  
with no outlet pipe. Bottom of filterbeds at 6 ft.  
or less - system must be located in area of test  
Note #2 - map attached

Fee \$90.00

This permit issued only on the basis that within 6 months after sanitary sewer becomes accessible to these premises, this permit is void, and those premises shall be connected to the sanitary sewer.

CAUTION: Storm and Footer Drains Are Not Permitted to Drain to Sewage System.  
SEPARATE SUMP PUMPS REQUIRED.

All Permits Void One Year From Date of Issue. All work must be performed by an installer registered with the Stark County Health Department.

PERMIT ISSUED FOR: NEW EX  
BUILDING TYPE: S.F.  
WATER SUPPLY: Municipal  
FOR 2 Bedrooms

All work to be done in accordance with State and Stark County Health requirements. All Work must be inspected before covering. SEWAGE APPROVAL MEANS THAT THE SYSTEM APPEARS TO BE PROPERLY CONSTRUCTED BASED ON CONDITIONS OF APPLICATION AND PERMIT. THIS APPROVAL DOES NOT ASSURE THAT THE SYSTEM WILL FUNCTION OR BE MAINTAINED. ADDITIONAL FACILITIES WILL BE REQUIRED UPON ORDER OF THE STARK COUNTY HEALTH DEPARTMENT SHOULD THIS FACILITY FAIL TO CONFIRM TO THE REQUIREMENTS OF THE STARK COUNTY SANITARY CODE.

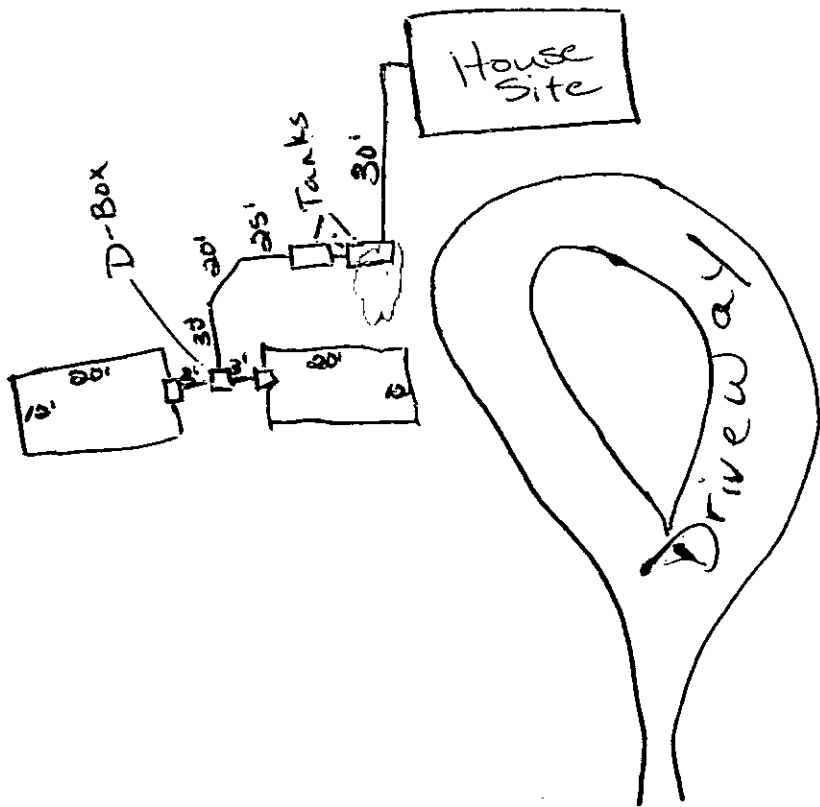
RECOMMEND THAT SEPTIC TANKS BE CLEANED EVERY TWO (2) YEARS BY A LICENSED SANITARY SERVICE CO.

ISSUED BY D Shelly (CWD) DATE 5-6-94

NOTE: Call for Inspection Before 9:30 A.M. 438-0990

APPROVED BY T. Field DATE 9-1-94

493-2904



TEMPORARY RANGE <sup>2167</sup>~~213-2190~~  
HOUSE NO. \_\_\_\_\_ STREET DOWNING ST SW

SITE INSPECTION MADE BY: \_\_\_\_\_ DATE: \_\_\_\_\_

BASED UPON SITE INSPECTION AND SOIL REPORT, THIS SITE IS APPROVED  \_\_\_\_\_ REJ.

SANITARIANS COMMENTS: \_\_\_\_\_  
TWP. PIKE SEC. # NE 20 ALLOTMENT —  
LOT # — METES & BOUNDS YES LOT SIZE — ACREAGE 3.8468  
APPLICANTS NAME PAT BARNETT PHONE 484 5262  
ADDRESS 2610 HAVT ST SW EAST SPARTA DATE 20 APR 94 NO. BEDROOMS 2

DATE	ADDITIONAL INFORMATION

PLOT PLAN APPROVED: \_\_\_\_\_ DATE: 5-5-94 SANITARIANS INITIALS: J.W.B.

BOARD OF HEALTH ACTION: \_\_\_\_\_  
INSTALL THE FOLLOWING SEWAGE DISPOSAL SYSTEM ① 1,000 gal. septic tanks in series, followed by ② 12'w x 20'l subsurface filterbeds with no outlet pipe. Bottom of filterbeds at 6 ft or less - system must be located in AREA OF TEST HOLE # 2 MAP ATTACHED

EVALUATION DATE: \_\_\_\_\_ EVALUATION BY: \_\_\_\_\_

THE SOILS ON THIS SITE, BASED UPON THE SOIL ANALYSIS MEET THE REQUIREMENTS OF THE STARK COUNTY CODE. YES  NO

SEASONAL PERCHED WATER TABLE AT \_\_\_\_\_ NORMAL GROUND WATER AT APPARENT \_\_\_\_\_ SLOWLY AND VERY SLOWLY PERMEABLE MATERIALS BELOW \_\_\_\_\_ DEPTH.

SLOPE OF \_\_\_\_\_ % SUBJECT TO PONDING OR FLOODING \_\_\_\_\_

BEDROCK AT APPARENT \_\_\_\_\_ DEPTH \_\_\_\_\_ TYPE \_\_\_\_\_

IF USED, DISTRIBUTION LINES SHOULD BE AT \_\_\_\_\_ DEPTH \_\_\_\_\_

COMMENTS ON DRAINAGEWAYS \_\_\_\_\_

THE SOILS ON THIS PROPERTY HAVE BEEN EVALUATED AS: \_\_\_\_\_

990

2500  
3

657  
89  
92  
460

657  
657  
710:755  
870:180  
954:1910  
1114:1439

38.00 A

1013.4  
DOWNING ST.

C 276

N 82° 05' E 630.91

Survey needed

3534:419  
3405:500  
3478:564  
3436:110  
3710:755  
2870:180  
3754:1910  
4114:1439

65.70 A

S 5° 06' E 1891.70

2580:185  
2785:520  
3001:667  
3295:688

J. & C. Blend

Survey needed

40.00 A

2250  
2279  
11-9-17

Stamps  
Surveying  
Lead  
Selling

2250  
3-28-61

1056  
330  
3507:582:530  
2156  
2208:240  
2152  
1056

SEMI-TRAILER

2195  
528.99' 540'

2455  
2400

Sol. Bi

3050'  
TR  
BILGATE  
AVENUE

225

3.94886

330

# APPLICATION / PERMIT FOR PRIVATE WATER SYSTEM

Permit #	#1612
Health District	Fee - 122.50

**CHECK ONE ITEM IN EACH BOX:**

<input checked="" type="checkbox"/> New installation	Water System Will Serve:	<input checked="" type="checkbox"/> Well	<input type="checkbox"/> Spring
<input 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	PAT BARNETT		Phone No.	484-5262	
Mailing Address	2610 HAUT ST. S.W.	City	EAST SPARTA OH	Zip	44626
Location of Property	2167 DOWNING ST SW, EAST SPARTA OH				
Street Address			Township	PIKE	
Name of Applicant	PAT BARNETT		Phone No.	484 5262	
Address	2610 HAUT ST SW EAST SPARTA OH 44626				

**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	Pat Barnett	Date	5/12/94
-----------------------	-------------	------	---------

Site Plan	<p>Indicate distances between water source and the following existing or proposed items:</p> <ul style="list-style-type: none"> <li>_____ Public roadway</li> <li>_____ Driveway</li> <li>_____ Property lines</li> <li>_____ Easements</li> <li>_____ Sewer lines</li> <li>_____ Sewage disposal system</li> <li>_____ Other possible sources of contamination (i.e. buried fuel tank, manure pile, ditches etc.)</li> </ul>	<ul style="list-style-type: none"> <li>_____ Buildings</li> <li>_____ House</li> <li>_____ Barn</li> <li>_____ Outbuilding</li> </ul>
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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 Administrative Code.

**DO NOT WRITE BELOW THIS LINE**

Permit Approved by	<i>T. Fiegl</i>	Date	5-16-94
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**Note:** Not valid without official audit number.

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



**PRIVATE WATER SYSTEM  
ADMINISTRATIVE SUMMARY  
(Health Department Use Only)**

<b>I. Completion Forms</b>	
Date Received 7-14-94	Well Log From: Mid-America
Date Received 7-14-94	Completion Form From: Mid-America
<b>II. Inspection</b>	
<input checked="" type="checkbox"/> Water Sample Collection Date 10-18-94 Kitchen Sink T.F.:	
Results T.C. Positive T.C. NEGATIVE 4-11-95 Mark Mitchell	
<b>III.</b> <input checked="" type="checkbox"/> System Inspected By: <i>Mark Mitchell</i>	Date 10-18-94
<input checked="" type="checkbox"/> System Approved By: <i>Mark Mitchell</i>	Date 4-14-95
<input type="checkbox"/> System Disapproved By:	Date
Reasons:	
<b>IV. Comments</b>	
10-18-94 K.S. T.F.: T.C. Positive - CF and Copy mailed 10-24-94 - Lab #1962 Rescheduled for 10-31-94	
10-31-94 K.S. T.F. T.C. Positive - CF and copy mailed 11-3-94 - Rescheduled for 11-14-94 Lab #2089	
11-15-94 K.S. KM. Pos - 2C Positive - Copy & CF mailed 11-22-94 - Rescheduled for week of 11-28-94 Lab #2274	

2167 Downing St. SW



# STARK COUNTY HEALTH DEPARTMENT

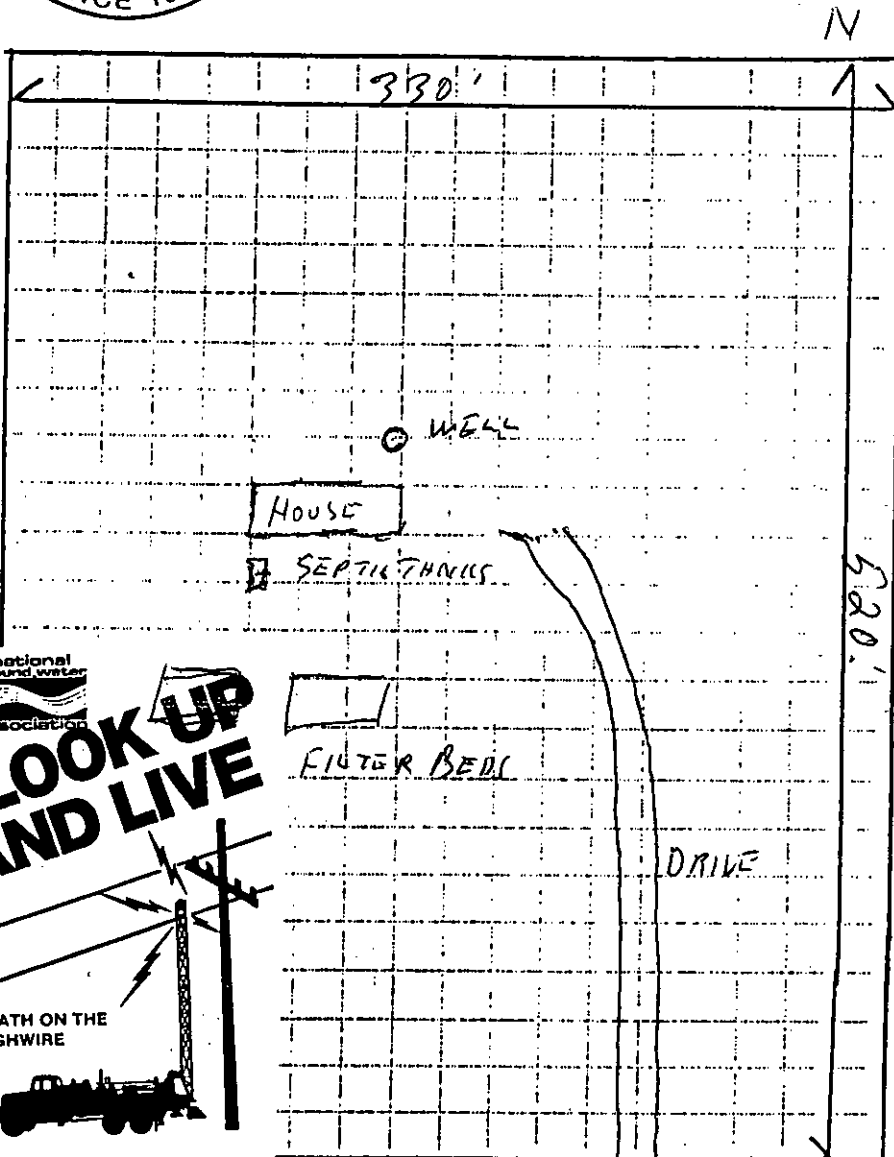
3951 Convenience Circle, N.W. • Canton, Ohio 44718-2660 • (216) 493-9904

WILLIAM J. FRANKS, M.P.H.  
Health Commissioner

GRANT A. MASON, JR., M.D.  
Medical Director

JAMES RECCHIO, JR.  
President - Board of Health

**BOARD MEMBERS:**  
GENE BARNHART  
MRS. AGNES YOUNG  
MRS. KAY DUPLIN  
BLAIR ZIMMERMAN  
DONALD WIBBERLEY  
RICHARD J. REICHERT, M.D.



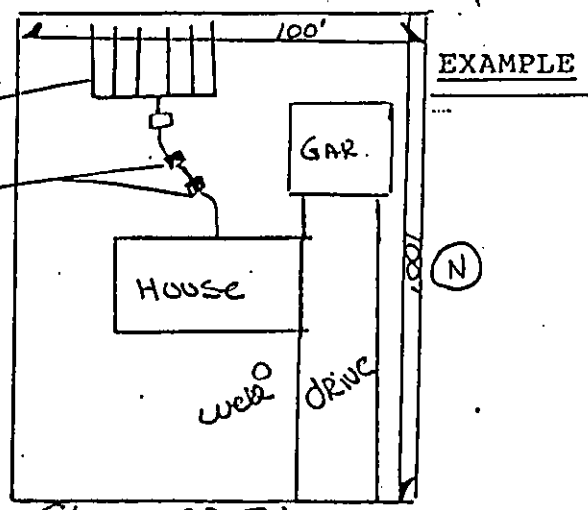
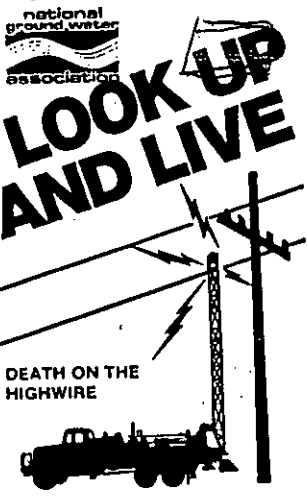
- 200' Distance to house
- 200'+ Distance to ~~leach~~ <sup>Filter Beds</sup> lines
- 180' Distance to septic tanks
- 275' Distance to Public road
- 50'+ DISTANCE TO SEWAGE LINES
- 50'+ Distance to driveway

- 100' Closest property line
- N/A Distance to garage and outbuildings
- N/A Distance to barns, or other contaminants

Neighbors addresses, if any.

- Closest on Right
- 2195 Closest on Left
- Directly behind
- Across the street

(these are as if you were standing in front of the lot, on the roadway)



PLEASE MAKE YOUR DRAWING TO SCALE.

CONSIDER THE DARKENED EDGE LINES TO BE THE PROPERTY LINES. (Indicate north and south)

PRIVATE WATER SYSTEM  
CONTRACTOR/INSTALLER  
COMPLETION FORM

Permit # 1612

This form must be completed and returned to the health department prior to final approval of the private water system. This form is required according to Ohio Revised Code 3701.34 and 3701.44; and Ohio Administrative Code 3701-28-03.

Owner PAT BARNETT

Mailing address 2610 HAUT ST. S.W.

City EAST SPARTA OH

Zip 44626

Location of property 2167 DOWNING ST S.W

Township PIKE

Contractor/Installer J.D. Swiney

Registration # 1620

Company name MID AMERICA REC. SER. INC

Address Box 391

WAYNESBURT OH 44688

Phone # 216-866-3384

Date of completion 6-24-94

**PUMP**  
Pump To Be Installed By  
owner

Type pump \_\_\_\_\_

Capacity (GPM) \_\_\_\_\_

Depth of pump setting or intake \_\_\_\_\_

Installer \_\_\_\_\_

Registration # \_\_\_\_\_

**WELL**

Pitless device (check and complete applicable section)

Adapter:

Manufacturer DICKENS

Depth below grade 3'

Method of cutting casing hole Drill

Method of attaching casing extension (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

Preassembled unit:

Manufacturer \_\_\_\_\_

Depth below grade \_\_\_\_\_

Method of attachment \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECEIVED

JUL 14 1994

ARB'd.....

**DISINFECTION EQUIPMENT**

**CISTERN/HAULED WATER STORAGE**

Type disinfectant \_\_\_\_\_

Construction details:

Disinfection equipment:

Tank(s):

Method \_\_\_\_\_

Manufacturer \_\_\_\_\_

Points at which disinfectant is added \_\_\_\_\_

Type of construction \_\_\_\_\_

Material \_\_\_\_\_

Tank size (gallons) \_\_\_\_\_

Size of manhole \_\_\_\_\_

Post disinfection holding tank:

Material \_\_\_\_\_

Roof washer/Filtering device:

Size (gallons) \_\_\_\_\_

Manufacturer \_\_\_\_\_

Estimated retention time \_\_\_\_\_

Number \_\_\_\_\_

Installer \_\_\_\_\_

Size/Capacity \_\_\_\_\_

Registration # \_\_\_\_\_

Roof catchment area (sq. ft.) \_\_\_\_\_

Overflow discharge point \_\_\_\_\_

**POND**

**SPRING**

Construction details:

Construction details:

Maximum depth \_\_\_\_\_

Manufacturer of spring box \_\_\_\_\_

Average depth \_\_\_\_\_

Material \_\_\_\_\_

Surface area \_\_\_\_\_

Spring box size (gallons) \_\_\_\_\_

Capacity (in gallons) \_\_\_\_\_

Type aquifer (i.e. fractured rock, sand & gravel)

Total watershed (acre) \_\_\_\_\_

Suspended intake:

Diversion ditch:

Type \_\_\_\_\_

Distance from spring \_\_\_\_\_

Depth below water surface \_\_\_\_\_

Drain discharge point \_\_\_\_\_

Filter type \_\_\_\_\_

Overflow discharge point \_\_\_\_\_

Water storage tank size (gallons) \_\_\_\_\_

# WELL LOG AND DRILLING REPORT

798476

DNR 7802.94  
TYPE OR USE PEN  
SELF TRANSCRIBING  
PRESS HARD

Ohio Department of Natural Resources  
Division of Water, 1939 Fountain Square Drive  
Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 1612

COUNTY STARK TOWNSHIP 1/1/10 SECTION/LOT No. \_\_\_\_\_  
(Circle One)

OWNER/BUILDER PAT 1391 WEST PROPERTY ADDRESS 2167 Downing St LESTERSPORT  
(Circle One or Both) First Last (Address of well location) Number Street City

LOCATION OF PROPERTY 3/4 mile west of Route 57 on North Side 44026  
Zip Code + 4

### CONSTRUCTION DETAILS

**CASING** (Length below grade) Borehole Diameter 7 7/8 in. **GROUT**

Diameter 5' in. Length 100 ft. Wall Thickness .265 in. Material polyethylene Volume used 13

Diameter \_\_\_\_\_ in. Length \_\_\_\_\_ ft. Wall Thickness \_\_\_\_\_ in. Method of installation Dry

Type:  Steel  Galv.  PVC  Other \_\_\_\_\_ Depth: placed from 40 ft. to Surface ft.

Joints:  Threaded  Welded  Solvent  Other CERTALOCK **GRAVEL PACK (Filter Pack)**

Liner: Length \_\_\_\_\_ Type \_\_\_\_\_ Wall Thickness \_\_\_\_\_ in. Depth: placed from \_\_\_\_\_ ft. to \_\_\_\_\_ ft. Material \_\_\_\_\_ Volume used \_\_\_\_\_

**SCREEN** Pitless Device  Adapter  Preassembled unit

Type (wire wrapped, louvered, etc.) \_\_\_\_\_ Material \_\_\_\_\_ Use of Well Single Family

Length \_\_\_\_\_ ft. Diameter \_\_\_\_\_ in.  Rotary  Cable  Augered  Driven  Dug  Other \_\_\_\_\_

Set between \_\_\_\_\_ ft. and \_\_\_\_\_ ft. Slot \_\_\_\_\_ Date of Completion 6-21-94

### WELL LOG\*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.  
Show color, texture, hardness, and formation:  
sandstone, shale, limestone, gravel, clay, sand, etc.

	From	To
<u>Fill shale, clay, lime, etc.</u>	<u>0</u>	<u>25</u>
<u>Dark brown shale</u>	<u>25</u>	<u>40</u>
<u>Dark shale</u>	<u>40</u>	<u>45</u>
<u>Clay</u>	<u>45</u>	<u>50</u>
<u>Dark shale water</u>	<u>50</u>	<u>51</u>
<u>Limestone</u>	<u>51</u>	<u>51</u>
<u>Dark brown shale</u>	<u>51</u>	<u>56</u>
<u>Limestone</u>	<u>56</u>	<u>58</u>
<u>Light grey shale water</u>	<u>58</u>	<u>70</u>
<u>Limestone</u>	<u>70</u>	<u>75</u>
<u>Light grey shale water</u>	<u>75</u>	<u>100</u>

### WELL TEST

Bailing  Pumping\*  Other \_\_\_\_\_

Test rate 8.5 gpm Duration of test 1 hrs.

Drawdown 1 ft.

Measured from:  Top of casing  ground level  Other \_\_\_\_\_

Static Level (depth to water) 39 ft. Date: 6-21-94

Quality (clear, cloudy, taste, odor) clear, 5 PM, 15 PM

7 AM

\*(Attach a copy of the pumping test record, per section 1521.05, ORC)

### PUMP

Type of pump \_\_\_\_\_ Capacity \_\_\_\_\_ gpm

Pump set at \_\_\_\_\_ ft.

Pump installed by \_\_\_\_\_

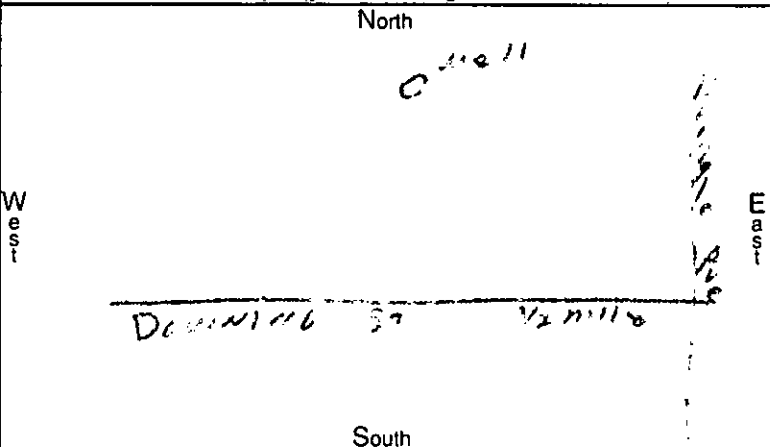
### WELL LOCATION

Location of well in State Plane coordinates, if available:  
Zone \_\_\_\_\_ x \_\_\_\_\_ y \_\_\_\_\_

Elevation of well \_\_\_\_\_ ft./m. Datum plain:  NAD27  NAD83

Source of coordinates:  GPS  Survey  Other \_\_\_\_\_

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks.



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JUL 14 1994

And.....

(If additional space is needed to complete well log, use next consecutively numbered form.) I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm 12113 American Services Inc. Signed [Signature]

Address Box 371 Date 6-27-94

City, State, Zip Washington OH 44680 ODH Registration Number 1000

MN # 1

Microbiological Drinking Water Sample Identification Sheet  
Laboratory Name Canton Certification # 755

Pat Barnett  
Water Supply Name

Stark  
County

4-10-95 4-11-95  
Date Collected MN

10:45 AM  
Time Collected

Mark Nichol  
Signature of Sample Collector

KITCHEN SINK  
Sample Tap ID

2167 Downing East Sparta  
Address of Sample Tap

34-6002718W  
Tax ID#

East Sparta  
City

484-5262  
Phone #

Completely fill out use ballpoint pen or pencil

**Sample Classification**

Routine  Repeat  Special  
If repeat last sample# 2274

Public  Private

Distribution System

Raw  Plant Tap

Surface  Ground

**Person to Receive Results**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

**Verification**

LTB		BGB	
24	48	24	4

**Laboratory Results**

**Test Used**

Membrane Filter   
MMO-MUG

**Total Coliform Results**

Positive	
Positive/CG	
Positive/HBC	
Negative	X
Neg/CG INVALID	
Neg/HBC INVALID	

Sample # 780

Date 4-12-95

Rec'd Time 10:45a

Rec'd Date 4-13-95

Rep't

Analyst J. Ames

- Not Analyzed
- Too Old
- Leaked in Transit
- Broken in Transit
- Residual Chlorine Less Than 100ml
- Incomplete Info
- Lab Accident

Comments

**Agency to Receive Results**

STARK COUNTY HEALTH DEPARTMENT  
Name

3951 CONVENIENCE CIRCLE N.W.  
Address

CANTON, OH 44718  
City, State

Zip \_\_\_\_\_

**OUT                      OUT                      OUT**

TWP. Pike      OWNERS NAME PAT BARNETT

RESIDENTIAL       COMMERCIAL

CITY WATER       NEW WELL       EXISTING WELL       OTHER: \_\_\_\_\_

NEW BUILDING       EXISTING BUILDING       REPAIR       REPLACEMENT

SINGLE       DUPLEX       TRIPLEX       TRAILER       MODULAR       OTHER

NO. BEDROOMS: 2      LOT SIZE: FRONTAGE \_\_\_\_\_      DEPTH \_\_\_\_\_      ACREAGE 3.8488

COMMENTS: \_\_\_\_\_

2123-2170 Downing  
2167

**APPLICATION FEE** PPD \$45.00

**THIS IS NOT A PERMIT**

I hereby submit this application to install a sewage or water system for the above property owner to conform with the requirements of the Stark County Sanitary Code. A sewage or water permit must be obtained before actual installation is begun. No part of the sewage or water system may be covered until the work has been inspected and approved.

APPLICANTS SIGNATURE: Pat Barnett

ADDRESS: 2610 Hautst SW

PHONE: 484-5262

COMMENTS: \_\_\_\_\_

DATE  APPLYING 4-20-94

REJECTED

VARIANCE GRANTED

OFF LOT DISCHARGE

SEWAGE FEE PAID

BY WHOM Barnett

PERMIT NO. 344404

WATER PERMIT ISSUED

\*APPLICANT MUST ARRANGE FOR SOIL ANALYSIS  
\*A PLOT PLAN MUST BE FURNISHED BY APPLICANT BEFORE PERMIT CAN BE ISSUED

\*APPLICANT MUST FLAG ALL PROPERTY CORNERS AND POST HOUSE NUMBER ON A 12" X 18" SIGN IN A LOCATION EASILY VISIBLE FROM THE STREET.

HOLD HARMLESS AGREEMENT

1. (I) (We) the undersigned hereby declare that (I) (we) (am) (are) the (purchasers) (owners) of real property known as:

\_\_\_\_\_ House Number and Street

said property being transferred to (me) (us) by a deed dated \_\_\_\_\_ said deed being recorded in the Stark County Deed Records at Vol. \_\_\_\_\_ Page \_\_\_\_\_.

2. (I) (We) the grantee(s) herein further affirm that (I) (we) have been notified by the Stark County Board of Health that the conditions of the site and/or the soils on the site are such that limited sewage system life may be expected.

3. In consideration for permission from the Stark County Board of Health to install a sewage disposal system on the above named property, (I) (we) hereby agree and promise that (I) (we) will hold harmless and indemnify the Stark County Board of Health, the Stark County Health Department and/or any and all members of said Board and/or said Department, including all employees and/or agents thereof, from any and all damages which might be caused directly or indirectly by the malfunction or failure of the said sewage disposal system.

Date: \_\_\_\_\_ Grantee \_\_\_\_\_

Witness: \_\_\_\_\_ Grantee \_\_\_\_\_

On Behalf Of The Stark County Board of Health and Health Department

PERMIT NO. \_\_\_\_\_

RECORDED EASEMENT

VOL. \_\_\_\_\_

PG. NO. \_\_\_\_\_

DEED RESTRICTION

VOL. \_\_\_\_\_

PG. NO. \_\_\_\_\_

FINAL APPROVAL   
T. Fiegel  
9-1-94

PERMIT CHANGED

8-3-94

— REMINDER —

Water Well Permit No. 1612 was issued for

PAT BARNETT-- 2167 COWNING STREET SW EAST SPARTA

NAME

ADDRESS

on MAY 16, 1994 To date, we have not received

DATE

a request for a water sample. Please call the Health Department at 493-9904 to make arrangements to have your water tested. Samples are collected on Monday or Tuesday of each week. There is a \$20.00 fee / fee prepaid.

4845262

JAMES R. BAUDER, INC.  
Soils - Geology Consultant  
6106 Armistice Avenue N.W.  
Canton, Ohio 44718  
FAX (216) 499-1127  
(216) 499-1688

Site: 2123-2190 Downing Street S.W.  
Location: NE 1/4, NE 1/4 Section 20  
Pike Township, Stark County, Ohio  
Field: 04/08/94, Cloudy, cool, damp soils

Test Holes 1 & 2

Excavator: Dick Zaleski

Test Hole 1 - Well drained Strip Mine Spoil

DEPTH FT.	MATERIAL DESCRIPTION	UNIFIED	PERMEABILITY/Est. In/Hr	Min/In
0.0 - 1.0	Dk. gray & brown channery L, 30-40% shaley coarse fragment, v. porous.	ML&GM	4.0-6.0	15- 10
<u>1.0 - 1.5</u>	Dk. gray & brown L, w/40-60% shaley coarse fragment, v. porous.	ML,GM	3.0-5.+	20- 12
1.5 - 7.+	Gray & lt. brown SiC w/10-30 % shaley coarse fragment, dense.	CL,GC	0.4-.05	150-1200

Depth to upper probable seasonal, perched soil water table below 18" Depth to normal ground water table +18'  
Depth to bedrock exceeds 10'  
Slope is to the north and is typically within the range of 9-12%

Test Hole 2 - Well drained Strip Mine Spoil

DEPTH FT.	MATERIAL DESCRIPTION	UNIFIED	PERMEABILITY/Est. In/Hr	Min/In
0.0 - 0.5	Gray shaley SiL, v. friable.	ML	1.0-2.0	30- 60
<u>0.5 - 1.0</u>	Dk. gray & brown channery L, 30-40% shaley coarse fragment, m. porous..	ML&GM	1.0-2.0	30- 60
1.0 - 2.5	Gray & lt. brown SiC w/10-30 % shaley coarse fragment, dense.	CL,GC	0.4-.05	150-1200
<u>2.5 - 7.+</u>	Dk. gray & brown L, w/40-60% shaley coarse fragment, v. porous.	ML,GM	3.0-5.+	20- 12

Depth to upper probable seasonal, perched soil water table 12"  
Depth to normal ground water table +18'  
Depth to bedrock exceeds 10'  
Slope is to the north and is typically within the range of 1-3%

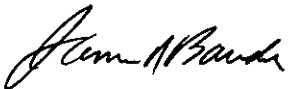
Test Hole 3 - Well drained Strip Mine Spoil

DEPTH FT.	MATERIAL DESCRIPTION	UNIFIED	PERMEABILITY/Est. In/Hr	Min/In
0.0 - 1.2	Dk. gray & brown channery L, 30-40% shaley coarse fragment, v. porous..	ML&GM	4.0-6.0	15- 10
<u>1.2 - 3.0</u>	Dk. gray & brown L, w/40-60% shaley coarse fragment, v. porous.	ML,GM	5.0-6.+	12- 10
3.0 - 7.+	Gray & lt. brown SiCL w/10-20 % shaley coarse fragment, dense.	CL,GC	0.5-.05	120-1200

Depth to upper probable seasonal, perched soil water table below 36" Depth to normal ground water table +18'  
Depth to bedrock exceeds 10'  
Slope is to the north and is typically within the range of 9-12%

NOTE; The slope has been graded down since the topographic coverage was determined. Multiple on-site measurements showed the slopes to be: 9-12%

JAMES R. BAUDER, INC.



nene20pk.stm/septic6

