STARK COUNTY HEALTH DEPT OPERATION / ADDITION EVALUATION

3951 CONVENIENCE CIRCLE NW CANTON, OHIO 44718 PHONE 330-493-9904 FAX 330-493-9920

APPLICANT / OWNER

ADDRESS

CITY ZIP

TOWNSHIP

CONTACT PHONE/CELL

CONTRACTOR / BUILDER PHONE (If applicable)

↓ OFFICE USE ONLY ↓

( ) SANITARY SEWER ( ) SEPTIC SYSTEM

( ) RECORDS AVAILABLE ( ) NO RECORDS

PAYMENT

( ) $60.00 OPERATION INSPECTION

( ) NO PAYMENT NEEDED, WELL ONLY

( ) NO PAYMENT NEEDED

DATE PAID

REASON - PLEASE CHECK ONE

( ) ADDITION EVALUATION

( ) O/M INSPECTION

( ) HOME REFINANCE

( ) NUISANCE

( ) SUBDIVISION INSPECTION

( ) OWNER REQUEST

( ) ADDITION EVALUATION - WATER WELL ONLY

( ) REPAIR OF SYSTEM

( ) OTHER

STATUS - PLEASE CHECK ONE

( ) FIELD LOCATED COMPONENTS - OK

( ) IN OFFICE RECORD REVIEW - OK

( ) NO RECORDS COMPONENTS UNKNOWN - OK

( ) NO NUISANCE - RECOMMENDATIONS

( ) NUISANCE-CORRECTION NEEDED

( ) RECORDS AVAILABLE; FIELD INSP - OK

( ) REPAIR COMPLETED

( ) REPAIR IN PROGRESS

DESCRIPTION OF IMPROVEMENT(S)

( ) LIVING SPACE ( ) GARAGE

( ) OUT-BUILDING ( ) POOL

( ) DECK ( ) PORCH

( ) SHED ( ) PROPERTY SPLIT

( ) OTHER

SIZE AND DESCRIPTION:

↓ OFFICE USE ONLY ↓

SEWAGE SYSTEM COMPONENTS - PRIMARY

NUMBER OF SEPTIC TANKS	TOTAL CAPACITY
X	

SEWAGE SYSTEM COMPONENTS - SECONDARY

ADDITIONAL PRETREATMENT PRIOR TO DISPOSAL

( )YES ( )NO (Mfg. Aerobic)

TYPE OF AEROBIC (IF APPLICABLE)

ADDITIONAL COMPONENTS

( ) APPROVED AERATION FILTER

( ) OTHER SECONDARY TREATMENT

( ) MOUNDED SAND FILTER

( ) SUBSURFACE SAND FILTER

SIZE OF ABOVE

SEWAGE SYSTEM COMPONENTS - DISPOSAL

DISPOSAL TYPE

SQ. FT.	LENGTH	WIDTH	DEPTH

DISCHARGE TO

OTHER DEVICES

( ) Pumps (Y or N) ( ) Drains type

( ) Pump Type ↓ ( ) Min. Drain Depth

( ) Grinder Or Effluent ( ) Drain Pump (Y or N)

( ) Time dosing (Y or N) ( )Pump Tank (Y or N)

( ) Pressure dosing Yor N)

( ) Demand Dosing Y or N

( ) Gravity Only

↓ OFFICE USE ONLY ↓

SATISFACTORY

( ) Proposed addition or split will not interfere with location of septic system, future replacement area, or water well. In addition, septic system is functioning satisfactory at the time of inspection. (If the septic system malfunctions in the future it will need repaired or replaced.)

UNSATISFACTORY

( ) Proposed addition or split interfers with the septic system or water well. You must obtain a variance from the Board of Health or relocate/alter the addition to meet code requirements.

( ) Septic system has failed, it will need repaired or replaced. Contact the Stark County Health Department to make arrangements for lot evaluation (330) 493-9904. Once the property has been evaluated, a septic permit may be obtained.

FURTHER ACTIONS, APPROVED TO CONTINUE

( ) NECESSARY CORRECTIONS MADE

( ) VARIANCE GRANTED

( ) PROMISSORY LETTER RECEIVED, PERMIT ISSUED.

FURTHER ACTIONS, ADDITION OR SPLIT DENIED

( ) ADDITION OR SPLIT WILL INTERFERE WITH SEPTIC SYSTEM OR WATER WELL LOCATION/OPERATION

( ) VARIANCE DENIED

COMMENTS

SANITARIAN DATE