

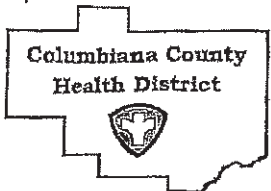
WPCLF 2023-24

Group	Address	Street	Township	System Type	Funding	Homeowner
#3	754	Cartwright Street	ELC	NPDES	100%	0%
	2245	Lee Street	Liverpool	NPDES	85%	15%
	16457	SR 267	St Clair	NPDES	50%	50%

Group	Address	Street	Township	System Type	Funding	Homeowner
#4	856	Park Blvd	ELC	Sewer	85%	15%
	11061	SR 644	Hanover	Sewer	100%	0%

Group	Address	Street	Township	System Type	Funding	Homeowner
#5	46598	Sidehill Rd.	St. Clair	NPDES	85%	15%
	36067	SR 30	Center	Test Holes	100%	0%
	36369	Hunter Camp	Center	Test Holes	50%	50%
	47316	Pancake Clarkson	Middleton	Test Holes	85%	15%

WPCLF-2022-23



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org

☐ Application for Site Review Fee: \$285 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Both Fee: \$880

Site Address: 754 CARTWRIGHT ST. Parcel #: 37-05925.000 Township: IN CITY

Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: 2

Applicant's Name: SONDRA NEWLUN Mailing Address: 754 CARTWRIGHT ST. EAST LIVERPOOL

City: EAST LIVERPOOL State: OHIO Zip: 43928-1285 Date: APRIL 21, 2022

Contact Name: SONDRA NEWLUN Contact Phone: 330-386-6068

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches ILR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: Very small lot

THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.

- ☐ APPROVED- Adequate length/width is available for a Sewage Treatment System.
- ☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see comments for additional needed information.
- ☒ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OEPA for approval of an off-lot discharging system.
- ☐ DISAPPROVED- This property is not suitable for a Sewage Treatment System.

Site Evaluated By: [Signature] Date: 06/02/22

Our Vision: "A safe community of healthy people"



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432

Phone: 330-424-0272 – **General Fax:** 330-424-1733 – **Nursing Fax:** 330-424-1843

Email: cchd@columbiana-health.org **Web:** www.columbiana-health.org

June 2, 2022

**Sondra Newlun
754 Cartwright St.
East Liverpool, OH 43920**

Re: 754 Cartwright St. East Liverpool, OH 43920; Liverpool Twp.

In accordance with OAC 3701-29, the site review indicates that the above referenced property **cannot** support a soil-based household sewage treatment system and a treatment system that discharges to waters of the state must be considered. The local health district cannot issue an installation permit for this type of system until after you have received authorization for the discharge from the Ohio Environmental Protection Agency (Ohio EPA) In order to receive this authorization, you must:

- 1. Complete the highlighted portion of and sign the enclosed Notice of Intent,**
- 2. Submit the completed Notice of Intent along with a copy of this letter, the enclosed septic presite evaluation and enclose aerial map of your property.**
- 3. Pay the application fee of \$200. Checks to be made payable to "Treasurer, State of Ohio".**

Please submit these items to the following address:

Ohio Environmental Protection Agency
Office of Fiscal Administration
P.O. Box 1049
Columbus, Ohio 43216-1049

If you have any further questions please contact Anthony Nosko at Ohio EPA (614) 644-1987

Sincerely,

Kevin Summerville
Sanitarian
Environmental Health

WPCLF-2022-23



Ohio Environmental Protection Agency

Division of Surface Water - Notice of Intent (NOI) For Initial Coverage Under Ohio Environmental Protection Agency General Permit for Household Sewage Treatment Systems (HSTS)

(Please read the accompanying instructions before completing this form.)

Submission of this NOI is a notice that the party identified in Section I of this form (the applicant) intends to be authorized by Ohio EPA's HSTS general permit to discharge wastewater into a surface water. The applicant will be responsible for complying with the terms and conditions of the HSTS general permit once authorization is granted. Please complete all information as explained in the attached instructions. Forms transmitted by fax will not be accepted. A \$200 check or money order made payable to "Treasurer, State of Ohio" must accompany this form in order to process the application.

Part 1 of 2 - Homeowner Information (to be completed by the homeowner)

I. Homeowner Information/Mailing Address

Homeowner Name: Sondra Newlun

Mailing (Homeowner) Address: 754 Cartwright St.
City: East Liverpool

Mail Address:

State: OH

Phone:

Zip Code: 43920

Property Location Information (If different than above)
Property Address: [Click here to enter text.](#)

City: [Click here to enter text.](#)

State: [Click here to enter text.](#)

State: Ohio

Zip Code: [Click here.](#)

General Permit OHK000003 Household Sewage Treatment System Information
Household Sewage Treatment System is for:
☒ Replacement of Failed Existing System or ☐ New Home Construction

Local Health Department Review Checklist Form been completed
Included with this Notice of Intent (NOI)?
Answered "No" to the above question, **STOP**: The NOI is considered incomplete and CANNOT be processed to Ohio EPA.

Yes x No ☐ *

II. Applicant Information

Amount:

Check:

For Ohio EPA Use Only

Check ID (OFA):

Rev ID:

ORG #:

DOC #:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. I am aware that I am responsible for gathering the information submitted, to the best of my knowledge and belief, true, accurate, and complete. I am aware that I am responsible for submitting false information, including the possibility of fine and imprisonment for knowing

Name:

Signature:

Title:

Date:

LOCAL HEALTH DEPARTMENT HOUSEHOLD SEWAGE TREATMENT SYSTEM REVIEW CHECKLIST FORM

Part 2 of 2- Local Health Department Information (to be completed by health department)

I. Property Information

Homeowner Name: Sondra Newlun_ Property Address: 754 Cartwright St. East Liverpool, OH 43920

II. Health Department Information

Local Health Department Name: _Columbiana County_ Contact Person: _Kevin Summerville

Local Health Department Contact Person E-mail Address: _ksummerville@columbiana-health.org_ Phone: 330-424-0272

III. Property Review

A. Receiving Stream or MS4: _Unnamed tributary to Dry Run

B. Discharge Location Point: _Pipe that runs through backyard

C. For all New, Updated or Replacement Systems (Answer All)

- Are sewers available or accessible?

(Property line is located within 400 feet of sewers)

Yes ☐* No ☒

- Was the lot created after January 1, 2007?

Yes ☐* No ☒

D. For Select New Systems When Soil Absorption Not Feasible (Answer All)

- Is the receiving stream defined as outstanding state waters, superior high quality waters or outstanding national resource waters, other than Lake Erie under OAC 3745-1-05 or to direct tributaries within 1 mile of these waters?

Yes ☐* No ☐

- Is the proposed discharge to waters of the state with a watershed drainage area of less than or equal to 5 square miles at the point of discharge?

Yes ☐* No ☐

- Is the proposed discharge to an MS4 not meeting standards established in the MS4 program's Illicit discharge and elimination plan?

Yes ☐* No ☐ N/A ☐

E. Soils and Site Review

- Has a Site evaluation been conducted?

Yes ☒ No ☐

- Has a Soil evaluation been conducted?

Yes ☐ No ☒

F. Soils and On-Site System Evaluation (Answer All)

- Is the Site suitable for a septic tank or pre-treatment to gravity, Low Pressure Pipe or engineered drainage with soil absorption?

Yes ☐* No ☒

- Is the Site suitable for a septic tank or pretreatment to mound?

Yes ☐* No ☒

- Is the Site suitable for a septic tank or pretreatment to drip distribution?

Yes ☐* No ☒

- Is the Site suitable for system designs that have been approved by the Director of Health under a Special Device Approval and the Homeowner agreed to utilize these technologies?

Yes ☐* No ☒

- Is there adjacent property owned by the homeowner suitable for supporting an on-site system and Homeowner agreed to utilize the adjacent property?

Yes ☐* No ☒

* If you answered "Yes" to any of the questions in section C, D, or F, **STOP**: The project cannot be recommended for approval.

Comments/Explanations: Small lot no room for on lot replacement

Additional documentation is provided in an attachment

Yes ☒ No ☐

Local Health Department Personnel Name: Kevin Summerville

Title: Sanitarian

Local Health Department Personnel Signature: *Kevin Summerville*

Date: 06/02/22

WINN K 2022-



WPC 11-2023 24



Columbiana County Health District

P.O. Box 309 - 7560 State Route 45 - Lisbon, Ohio 44432
Phone: 330 424 0272 - General Fax: 330 424 1733 - Nursing Fax: 330 424 1843
Email: cchd@columbianahealth.org Web: www.columbianahealth.org



☐ Application for a Soil Evaluation Fee: \$595

Site Address: 2245 Lee Street Parcel # 36-00086-001 Township Liverpool
Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: 3
Applicant's Name: Kaitlyn Talbott Mailing Address: 2245 Lee Street
City: East Liverpool State: Ohio Zip: 43920 Date: 1-17-2023
Contact Name: Kaitlyn Talbott Contact Phone: 330-843-0716

FOR HEALTH DEPARTMENT USE ONLY

Soil Data: Soil Evaluator: _____ Date: _____ Test Hole(s): _____
Primary Treatment
Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____
Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System
Secondary Treatment
Slope: _____ % Infiltrative Distance: _____ inches LLR: _____ LLR: _____ Table Location: _____
Estimated Flow: _____ GPD Minimum Sq Ft. of Absorptive Area: _____ Minimum Length: _____
Depth to limiting layer: _____ Type: _____ Required VSD: _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

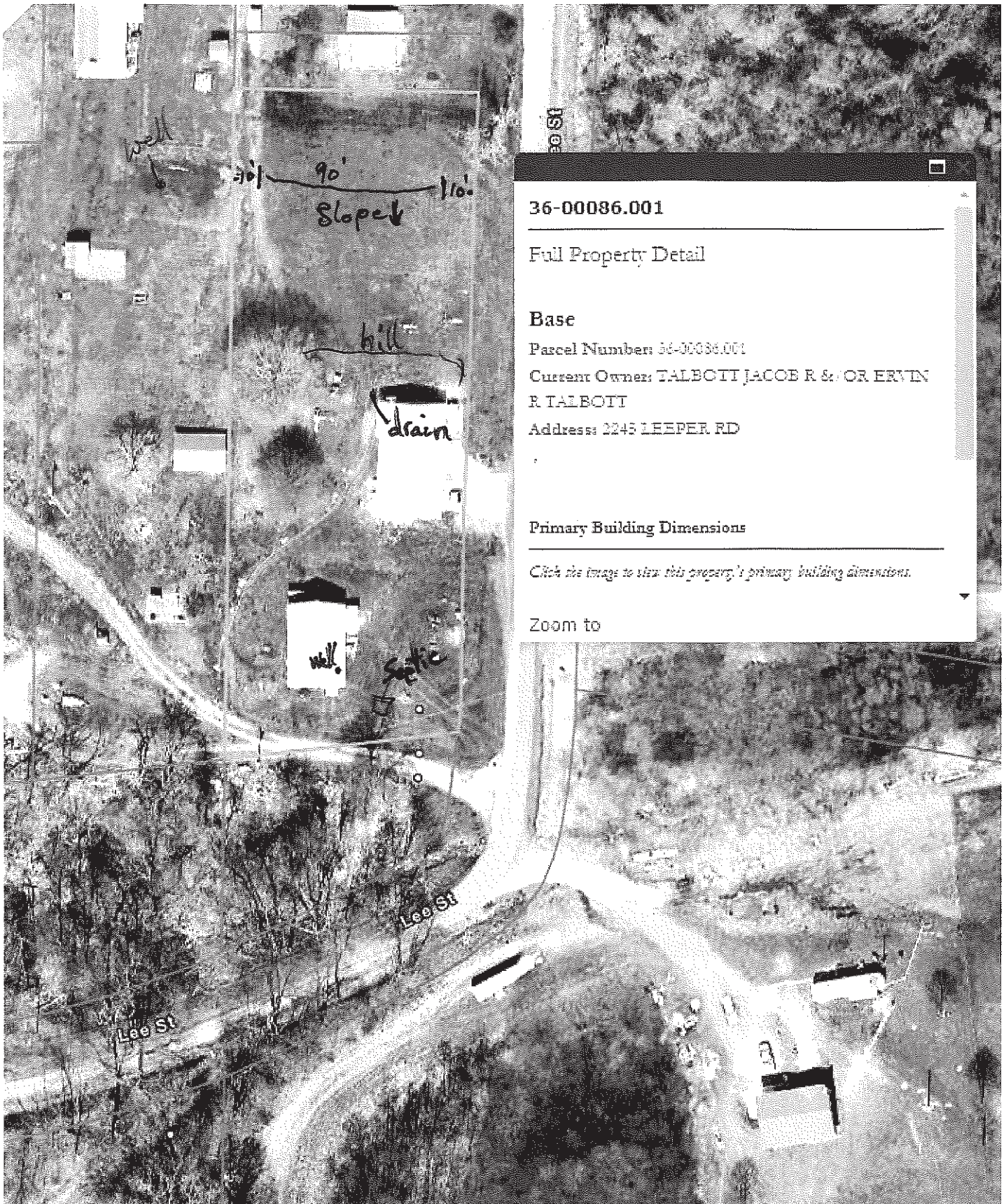
Comments: Length on contour available 90'. Additionally
home would have to be sized for 4 or 5
bedroom. Ground soggy & soil on web soil
Survey indicated possible seasonal H₂O &
restrictive layers (fragipan)

THIS IS NOT A PERMIT TO INSTALL. NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.

- ☐ **APPROVED**- Adequate length/width is available for a Sewage Treatment System
- ☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see comments for additional needed information.
- ☒ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OH-PA for approval of an off-lot discharging system
- ☐ **DISAPPROVED**- This property is not suitable for a Sewage Treatment System.

Site Evaluated By: Lori Swaffle Date: 05/02/23

Our Vision: "A safe community of healthy people"



36-00036.001

Full Property Detail

Base

Parcel Number: 36-00036.001

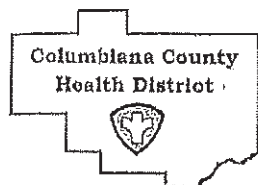
Current Owner: TALBOTT JACOB R & /OR ERVIN
R TALBOTT

Address: 2245 LEEPER RD

Primary Building Dimensions

[Click the image to view this property's primary building dimensions.](#)

Zoom to



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org

☐ Application for Site Review Fee: \$285 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Both Fee: \$880

Site Address: 16457 St Rt 267 Parcel #: _____ Township: St. Clair

Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: 6

Applicant's Name: Isaac Campbell Mailing Address: 16457 St Rt 267

City: E. Liverpool State: OH Zip: 43920 Date: 11/29/2021

Contact Name: _____ Contact Phone: 330-708-9264

FOR HEALTH DEPARTMENT USE ONLY 330-708-9364

Soil Data Soil Evaluator: Laura Fawcett Date: 09/08/22 Test Hole(s): 1

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal ☒ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: 0-4 % Infiltrative Distance: 8-12 inches ILR: 0.4/0.6 LLR: 2.4 Table Location: 23

Estimated Flow: 720 GPD Minimum Sq.Ft. of Absorptive Area: 1,800/1,200 Minimum Length: 300

Depth to limiting layer: 8" Type: Seasonal H₂O Required VSD: 6"

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: Sewer ends at Glenmoor Presbyterian Church
225-250 ft up the rd - sewer line is on other
side of 267. Sewer not accessible

THIS IS NOT A PERMIT TO INSTALL. NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.

- ☐ **APPROVED**- Adequate length/width is available for a Sewage Treatment System.
- ☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see comments for additional needed information.
- ☒ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OBPA for approval of an off-lot discharging system.
- ☐ **DISAPPROVED**- This property is not suitable for a Sewage Treatment System.

Site Evaluated By: Kate Smith Date: 11/21/22

Our Vision: "A safe community of healthy people"

County: Columbiana
 Township / Sec.: St. Clair Township
 Property Address/Location: 16457 SR 267
E. Liverpool, OH 43920
 Applicant Name: Isaac Campbell
 Address: _____

Land Use / Vegetation: yard

Landform: ridges

Position on Landform: _____

Percent Slope: 0-4%

Shape of Slope: _____

Date: 9/8/22

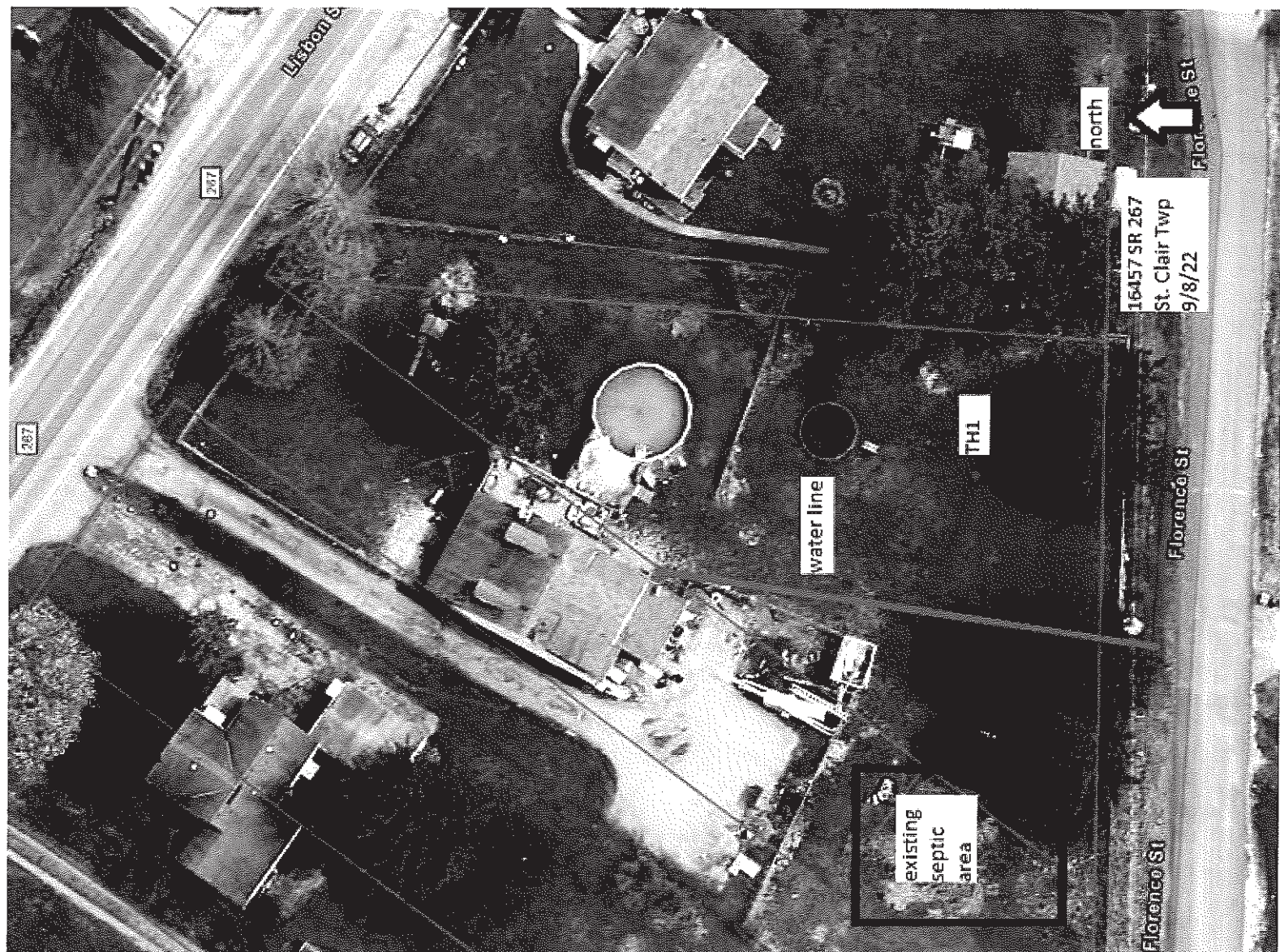
Certification Stamp or Certification #:

Signature:

phone#: 330-424-0372

RS/RESH# 3274

Note : The evaluation should include a complete site plan or site drawing.





Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432

Phone: 330-424-0272 - **General Fax:** 330-424-1733 - **Nursing Fax:** 330-424-1843

Email: cchd@columbiana-health.org **Web:** www.columbiana-health.org

November 21, 2022

**Isaac Campbell
16457 SR 267
East Liverpool, OH 43920**

Re: 16457 SR 267 East Liverpool, OH 43920; St. Clair Twp.

In accordance with OAC 3701-29, the site review indicates that the above referenced property **cannot** support a soil-based household sewage treatment system and a treatment system that discharges to waters of the state must be considered. The local health district cannot issue an installation permit for this type of system until after you have received authorization for the discharge from the Ohio Environmental Protection Agency (Ohio EPA) In order to receive this authorization, you must:


- 1. Complete the highlighted portion of and sign the enclosed Notice of Intent,**
- 2. Submit the completed Notice of Intent along with a copy of this letter, the enclosed septic presite evaluation and enclose aerial map of your property.**
- 3. Pay the application fee of \$200. Checks to be made payable to "Treasurer, State of Ohio".**

Please submit these items to the following address:

Ohio Environmental Protection Agency
Office of Fiscal Administration
P.O. Box 1049
Columbus, Ohio 43216-1049

If you have any further questions please contact Anthony Nosko at Ohio EPA (614) 644-1987

Sincerely,


Kevin Summerville
REHS
Environmental Health

WPCLF 2023-24



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org



☒ Application for Site Review Fee: \$300 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Both Fees: \$895
Site Address: 856 Park Blvd. W., E. Liverpool, OH Parcel #: 37-00841.000 Township: East Liverpool
Lot Number/Subdivision Name: _____ Lot Size: 2.25 acres No. of Bedrooms: 4
Applicant's Name: John A. Viscoglosi II Mailing Address: 856 Park Blvd. W.
City: East Liverpool State: Ohio Zip: 43920 Date: 1-17-2023
Contact Name: John A. Viscoglosi II Contact Phone: (614) 309-9618

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: N/A Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches ILR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

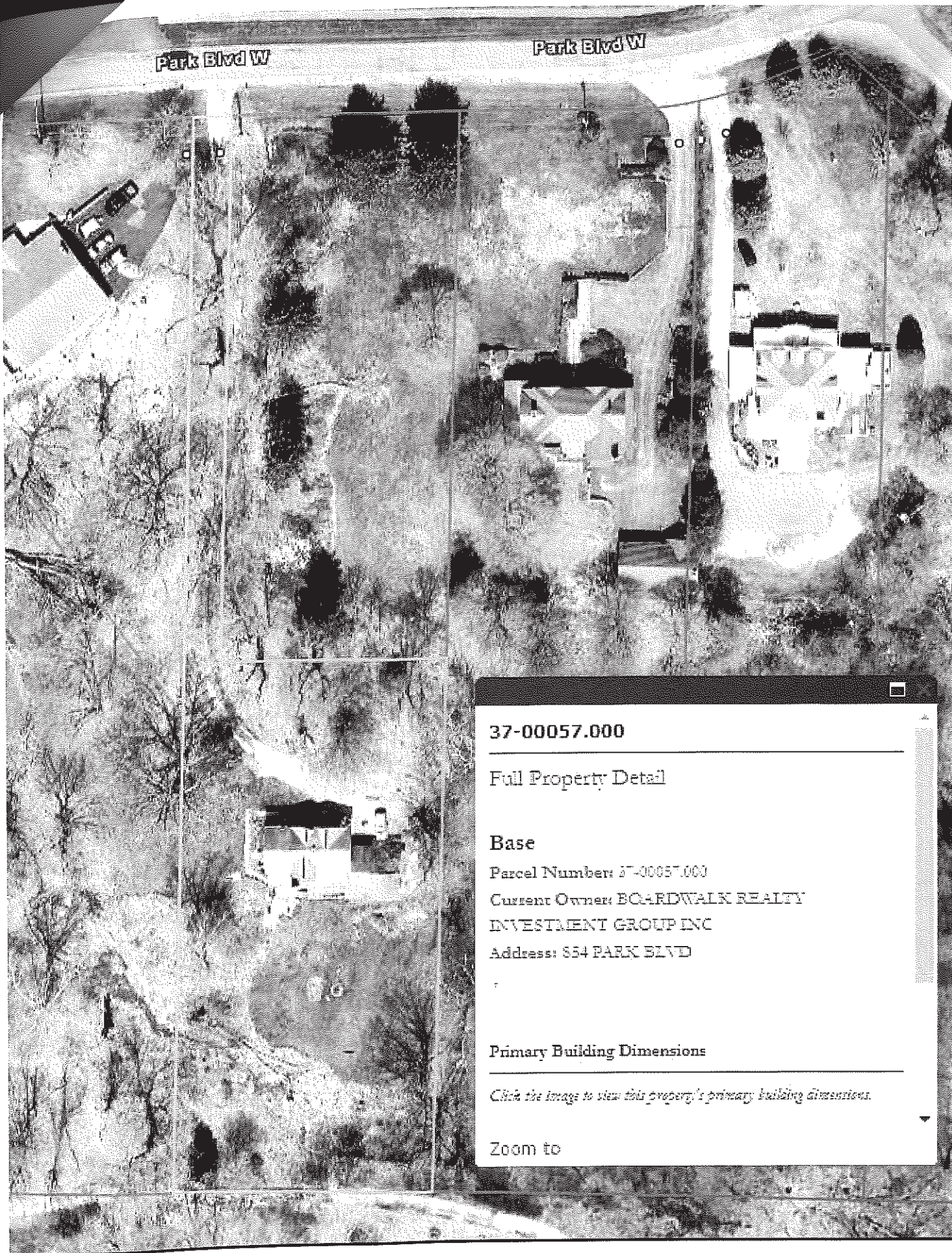
Comments: Public Sewer is available & home
will connect into it

THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.

- ☐ **APPROVED-** Adequate length/width is available for a Sewage Treatment System.
- ☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see comments for additional needed information.
- ☐ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OEPA for approval of an off-lot discharging system.
- ☒ **DISAPPROVED-** This property is not suitable for a Sewage Treatment System.

Site Evaluated By: [Signature] Date: 01/04/23

Our Vision: "A safe community of healthy people"



37-00057.000

Full Property Detail

Base

Parcel Number: 37-00057.000

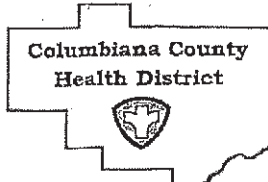
Current Owner: BOARDWALK REALTY
INVESTMENT GROUP INC

Address: 654 PARK BLVD

Primary Building Dimensions

Click the image to view this property's primary building dimensions.

Zoom to



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org

WPCLF
23-24

☐ Application for Site Review Fee: \$285 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Both Fee: \$880

Site Address: 11061 SP 644 Parcel #: 2700050.000 Township: Hk

Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: 2

Applicant's Name: Rick Smalley Mailing Address: same

City: _____ State: _____ Zip: _____ Date: _____

Contact Name: Rick Smalley Contact Phone: 330-771-0244

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: ☐ 1000gal ☐ 1500gal ☐ 2000gal ☐ 2500gal ☐ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: _____

Property must connect to Sanitary sewer.
Clear water inspection is required along with
abandonment permit + pumping report

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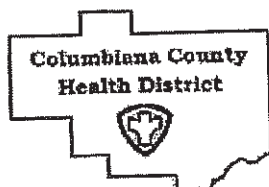
☐ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OEPA for approval of an off-lot discharging system.

☐ **DISAPPROVED-** This property is not suitable for a Sewage Treatment System.

Site Evaluated By: [Signature] Date: 2/9/24

Our Vision: "A safe community of healthy people"

WPCLF 2023-24



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org



~~Application for Site Review Fee: \$295~~ ☐ Application for a Soil Evaluation Fee: \$595 ~~Del. Fee: \$385~~ *St. Clair*
Site Address: 46598 Sidehill Rd. Parcel #: 6107116000 Township: COLUMBIANA
Lot Number/Subdivision Name: _____ Lot Size: 1/2 A. No. of Bedrooms: 3
Applicant's Name: Pamela M. Cooper Mailing Address: 46598 Sidehill Rd.
City: East Liverpool State: Oh. Zip: 43920 Date: _____
Contact Name: Pam Cooper Contact Phone: 330-383-0841

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches IIR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: System has failed 2X to where owner has sewage in basement & filed insurance claims. All plumbing goes to septic. No room on site for replacement

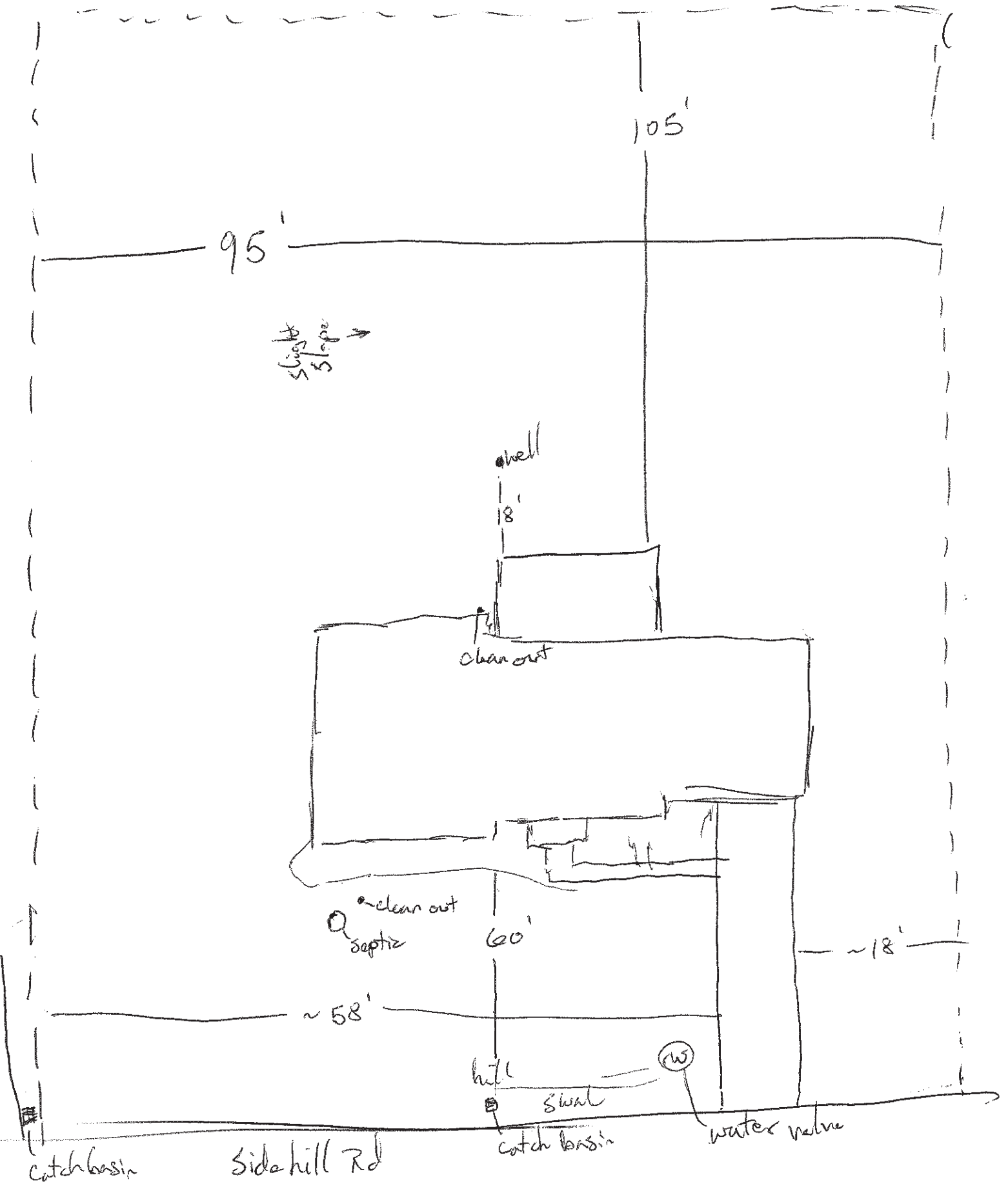
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- ☐ **DISAPPROVED-** This property is not suitable for a Sewage Treatment System.

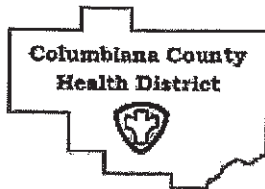
Site Evaluated By: [Signature] Date: 05/03/23

Our Vision: "A safe community of healthy people"

46598 Sidehill



WPCLF 2023-24



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org



☒ Application for Site Review Fee: \$295 ☐ Application for a Soil Evaluation Fee: \$595 ☒ Both Fees: \$890

Site Address: 316067 State Route 30 Parcel #: _____ Township: Center

Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: _____

Applicant's Name: Vanessa MacDonald Address: 316067 State Route 30

City: Lisbon State: Ohio Zip: 44432 Date: 1-17-2023

Contact Name: Vanessa MacDonald Contact Phone: 330-853-9882

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches IIR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: *Need soil evaluation -> appears to be room for potential soil-absorption based system on eastern part of property.

THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.

- ☐ **APPROVED-** Adequate length/width is available for a Sewage Treatment System.
- ☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see comments for additional needed information.
- ☐ Based on the information submitted, this lot is not suitable for an on-lot Sewage Treatment System. NPDES permit is required from the OEPA for approval of an off-lot discharging system.
- ☐ **DISAPPROVED-** This property is not suitable for a Sewage Treatment System.

Site Evaluated By: _____ Date: _____

Our Vision: "A safe community of healthy people"

36067 SR30



WPCLE 2023-24



Columbiana County Health District

P.O. Box 309 -- 7360 State Route 45 -- Lisbon, Ohio 44432
Phone: 330-424-0272 -- General Fax: 330-424-1733 -- Nursing Fax: 330-424-1843
Email: cchd@columbiana-health.org Web: www.columbiana-health.org



☒ Application for Site Review Fee: \$295 ☐ Application for a Soil Evaluation Fee: \$595 ☒ Both Fees: \$890

Site Address: 36369 HUNTER Camp Rd Parcel #: 08-01478.000 Township: CENTER TWP 08

Lot Number/Subdivision Name: Residential Lot Size: 4.09000 No. of Bedrooms: 3

Applicant's Name: Carol A Schreffler Mailing Address: 36369 HUNTER Camp Rd, LISBON, OH 44432

City: LISBON State: Oh Zip: 44432 Date: 01 23 23

Contact Name: Carol A Schreffler Contact Phone: 330 831 5988

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches ILR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: * Needs test holes - SW 8/4/23

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- ☐ **DISAPPROVED-** This property is not suitable for a Sewage Treatment System.

Site Evaluated By: _____ Date: _____

Our Vision: "A safe community of healthy people"

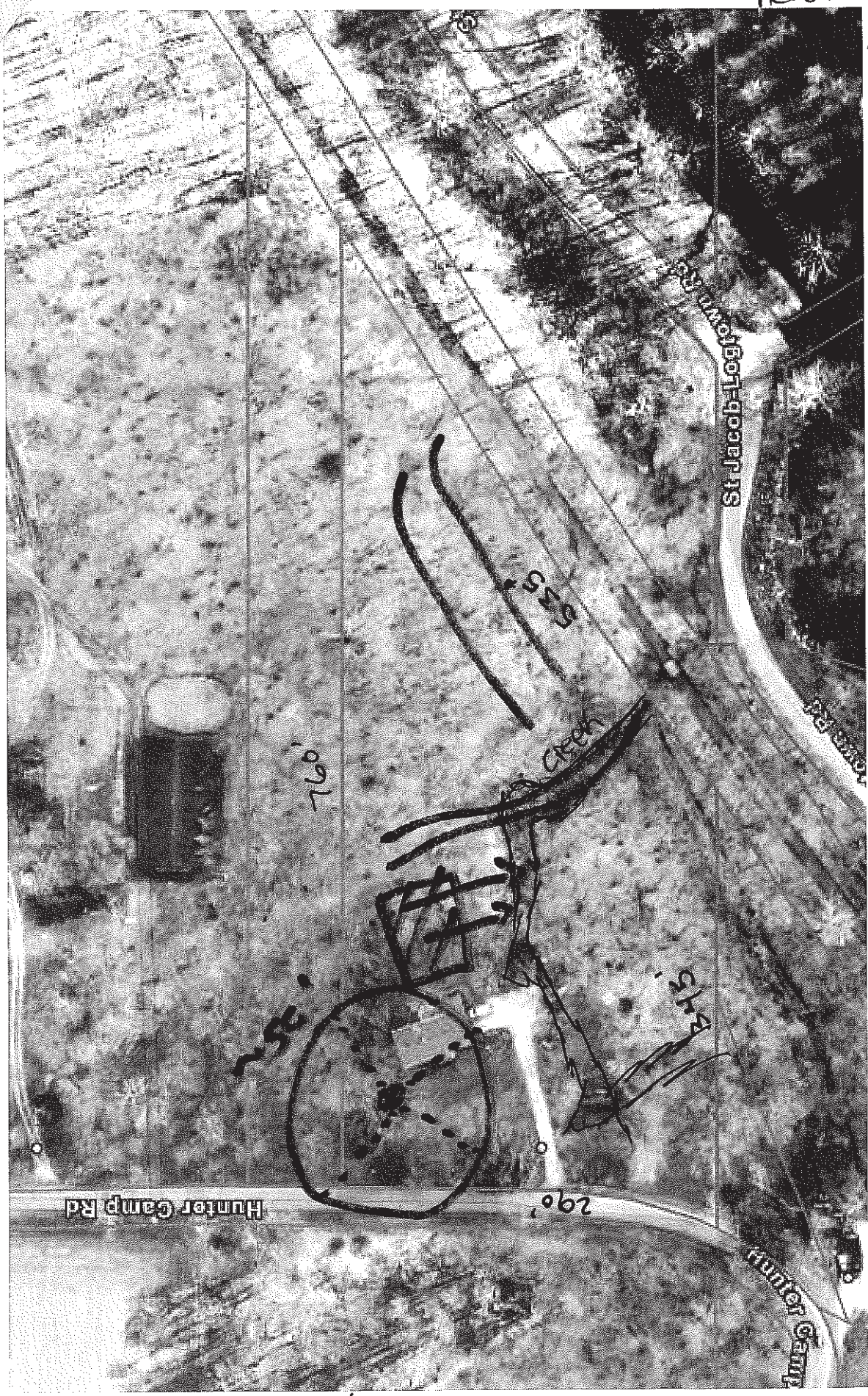
36369 Hunter Camp

needs up

3,831.

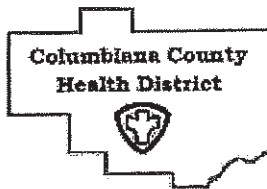
5968

(cell)



36369 Hunter Camp

WACLF 2023-24



Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
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☒ Application for Site Review Fee: \$325 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Soil Fee: \$894

Site Address: 47316 Pancake Clarkson Rd Parcel #: _____ Township: Middletown

Lot Number/Subdivision Name: _____ Lot Size: _____ No. of Bedrooms: 2

Applicant's Name: Nicole Pyles Mailing Address: 47316 pancake Clarkson Rd

City: Rogers State: OH Zip: 44455 Date: 11/29/23

Contact Name: Nicole Pyles Contact Phone: 330 708 1205

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: _____ Date: _____ Test Hole(s): _____

Primary Treatment

Septic Tank total volume required: _____ 1000gal _____ 1500gal _____ 2000gal _____ 2500gal _____ other: _____

Pretreatment Unit: ☐ 1ft depth credit ☐ 2ft depth credit ☐ NPDES System

Secondary Treatment

Slope: _____ % Infiltrative Distance: _____ inches ILR: _____ LLR: _____ Table Location: _____

Estimated Flow: _____ GPD Minimum Sq.Ft. of Absorptive Area: _____ Minimum Length: _____

Depth to limiting layer _____ Type _____ Required VSD _____

Drain

☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: _____ ☐ Diversion Swale

Comments: Needs soils

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Site Evaluated By: _____ Date: _____

Our Vision: "A safe community of healthy people"

47316 Parcate Clarkson

