WPCLF 2023-24

Group		Street	Township	System Type	Funding	Homeowner
#3		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	, ,,	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%

Columbiana County Health District

WPCLF 2022-

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: <u>754 CARTWRIGHT ST.</u> Parcel #: <u>37-05925,600 Township</u> : <u>1N C17</u> Y
Lot Number/Subdivision Name: Lot Size: No. of Bedrooms: 2
Applicant's Name: SON DRA NEWLLY Mailing Address: 754 CARTWRIGHT ST. FAST LIVERIAL
City: EAST LIVERPOOL State: 6HIA Zip: 43928-1285 Date: APRIL 21 OHIO
Contact Name: 50 NDRA NEWAUN Contact Phone: 330-386-6068 2022 43920-
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:
Prefreatment Unit:
Secondary Treatment
Slope: % Infiltrative Distance: inches ILR: LLR: Table Location:
Estimated Flow: . GPD Minimum Sq.Ft. of Absorptive Area: Minimum Leneth:
Depth to limiting layer Type Required VSD
<u>Drain</u>
☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: ☐ Diversion Swale
Comments: Very Juan Cot
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.
T APPROVED Adequate Involvenials in a 2011 C
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: John San Date: 06/02/22



Columbiana County Health District

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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





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

responsible for complying with the terms and conditions of the HSTS general permit once authorization is granted.

(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 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) domeowner Name: Sondra Newlun **lailing (Homeowner) Address:** 754 Cartwright St. ity: East Liverpool nail Address: State: _OH Property Location Information (If different than above) Zip Code: 43920 Phone: perty Address: <u>Click here to enter text.</u> Click here to enter text. ty: Click here to enter text. State: Ohio eneral Permit OHK000003 Household Sewage Treatment System Information Zip Code: Click here. x Replacement of Failed Existing System or ☐ New Home Construction Local Health Department Review Checklist Form been completed answered "No" to the above question, <u>STOP</u>: The NOI is considered incomplete and CANNOT be ount: For Ohio EPA Use Only Check ID (OFA): eck: Rev ID: _ r penalty of law that this document and all attachments were prepared under my direction or supervision in ith a system designed to assure that qualified personnel properly gather and evaluate the information submitted. inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the e information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that ficant penalties for submitting false information, including the possibility of fine and imprisonment for knowing Tîtle: 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	by nealth	departr	nent)
Homeowner Name: Sondra Newlun Property Address: 754 Co. 1. 1.	<u> </u>		
II. Health Department Information	verpool, OH	43920	
Local Health Department Name: Columbiana County Contact B			
Local Health Department Contact Person E-mail Address: ksummerville@columbi	ımmerville		
III. Property Review	iana-health.c	rg Þ	hone:
A. Receiving Stream or MS4: Unamed tributants B.		30-424	
B. Discharge Location Point: Pipe that runs through backvard C. For all New, Updated or Replacement S.		107	1021
C. For all New, Updated or Replacement Systems (Answer All) • Are sewers available or accessible?			
	_		
(Property line is located within 400 feet of sewers) • Was the lot created after January 1, 2007?	Yes□*	No x	
D. For Solo-4 N.			
D. For Select New Systems When Soil Absorption Not Feasible (Answer All) • Is the receiving stream defined as outstand.	Yes □*	No x	
Is the receiving stream defined as outstanding state waters, superior high quality waters or outstanding national resource.			
quality waters or outstanding national resource waters, other than Lake Erie	Yes □*	MolT	
• Is the proposed discharge to waters?		No□	
area of less than or equal to 5 agrees. It	Yes⊡*	N - (=)	
• Is the proposed discharge to an Mark	103	No□	
the MS4 program's Illicit discharge and elimination plan?	Yes⊡*	N. (***)	
-: constant site Keview	i cs 🗀 "	No□	N/A
Has a Site evaluation been conducted?			
Has a Soil evaluation been conducted?	Yes x	No□	
. Soils and On-Site System Evaluation (A.	Yes□	No x	
to the Site Suitable for a sentic table			
Pipe or engineered drainage with soil absorption?	Voc		
to the one suitable for a sentic tonk and the	Yes⊡*	No x	
 Is the Site suitable for a septic tank or pretreatment to mound? Is the Site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs that he is the site suitable for system designs the site system designs the system designs the site system designs the system	Yes⊡*		
Is the Site suitable for system designs that have been approved by the Director of Health under a Special Davise A present the system of	Yes □*	No x	
Director of Health under a Special Device Approval and the Homeowner agreed to utilize these technologies?	162[]	No x	
agreed to utilize these technologies? • Is there adjacent property.	Yes⊡*	N.Y	
Is there adjacent property owned by the homeowner suitable for supporting an on-site system and Homeowner agreed to utilize the	162[]"	No x	
	Yee []*	NI	
f you answered "Yes" to any of the questions in section C, D, or F, <u>STOP</u> : The proj		No x	
mments/Explanations: Small let	ect cannot l	ре	
mments/Explanations: Small lot no room for on lot replacement			
·			
ditional documentation is			
ditional documentation is provided in an attachment	Yes x		
CISUITEI Name: Kovin Comment		No 🗆	
Time Cont.			-
al Health Department Personnel Signature: Date:	ian		- 1



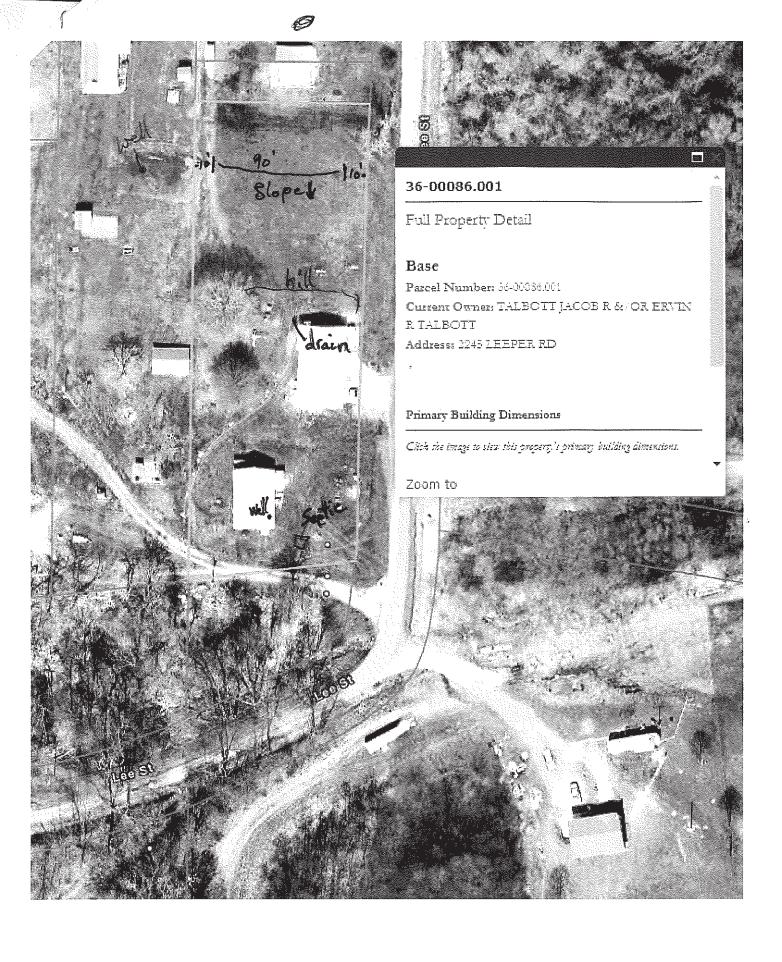
WPCLI DON'S 24



Columbiana County Health District
PO Box 309 - 7360 State Route 45 - Lisbon, Chia 44432
Phone: 330 424 0272 - General Fax: 339-424 1733 - Naming Fax: 339 424 1843 Email conditioniumbians health org Web www.columbiana health.org



SIL Address 2245 Lee Street Perceit 36-0086-00/ownship LIVERPOU
No of Budgages 2
Let Namber Subdivision Name. Lot Size No. of Bedinome. 3
Applewer's Name Kaitlyn Talbott Mailing Address 3345 Lee Street
CITY EUST INPUNDO State ONIC Zp 43920 Date: 1-11/300=
Contact Name Kaltyn Talbott Contact Phone: 330-843-0774
FOR HEALTH DEPARTMENT USE ONLY
Soil Data Soil Evaluator Date Lest Hole(s)
Beirnary Trachmon!
Scotic Tons total viduoic required. 1000gal 1500gal 2000gal 2500gal other:
Preuestment Unut
Secondary Treatment
Stope: h Infiltrative Distance inches ILR: Table Location: Minimum Length:
Stope: A more and the Minimum Sq Ft. of Absorptive Area Minimum Length: 1 stone-ted Flow GPD Minimum Sq Ft. of Absorptive Area Propried VSD
Depth to lumning layer Type Required VSD
Drain Thirarcian Smale
□ Inceptor □ Curtain □ Engineered Drain Depth: □ Diversion Swale
Commens Lent on contour available 90. Additionally
badroom. Groved soggy of soil on web soil Survey indicates possible Seasonal Hzo of
Survey indicates possible Seasonal #20 +
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. NPDLS permit is required from the OhPA for approval of an off-lot discharging system
☐ DISAPPROVED. This property is not suitable for a Sewage Treatment System.
Site Evaluated By Ani Sunfle Date: 05/02/23



WPC4F 2022-23



Columbiana County Health District

F.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. Claur
Lot Number/Subdivision Name: Lot Size: No. of Bedrooms:
Applicant's Name: 1500C Comphi/Mailing Address: 16457 St Rt 267
City: 7. Liverpool State: 0H zip: 43920 Date: 11:29.2021
Contact Name: Contact Phone: 330-708-7264
FOR HEALTH DEPARTMENT USE ONLY 330-708-9364
Soll Data Soil Evaluator: Laura Faus Date: 09/02/22 Test Hole(s):
Primary Treatment
Septic Tank total volume required: 1000gal 1500gal 2000gal 2500gal other:
Pretreatment Unit:
Secondary Treatment
Slope: 0-4 % Infiltrative Distance: 2-/2 inches ILR: 0.4/0.6 LLR: 7.4 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 Season #20 Required VSD 6"
<u>Drain</u>
☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: ☐ Diversion Swale
Comments: Sewer ends at Glenmoor Presbyterian Church
225-250 ft up the rd- Swer line, is on other
Side of 267. Sever not accessible
THE TO MAKE A DISSUITE THE PROPERTY AND DESCRIPTION OF THE PRO
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 sultable for a Sewage Treatment System.
Site Evaluated By: Date: 11/21/22
1 / William II

Our Vision: "A safe community of healthy people"

M\Environmental\Sewage\Forms\2018 Site Review App.doc

Site and Soil Evaluation for Sewage Treatment and Dispersal

	RS/RESH# 3274		Other Soil Features						
	Certification Stamp or Certification #: Signature: Phone#: 330-424-0272		Type (shape) Consistence	sbk fr sbk fr					
	Certification S Signature: Phone#:	Estimating Soil Permeability	ructure	E 8					
vard ridges 0-4%	9/8/22 Laura Fauss	Estimatin	c. Approx. % Fragments			Remarks / Risk Factors:			
Land Use / Vegetation: Landform: Position on Landform: Percent Slope: Shape of Slope:	Date: 9/8/22 Evaluator: Laura		ns Class	2 sc					
ip 43920	7180 Probe	Estimating Soil Saturation Munsell Color (hue, value, chroma) Redoximorphic Features	Concentrations Depletions	10YR 6/		Descriptive Notes			site drawing.
County: Columbiana hip / Sec.: St. Clair Township ss/Location: 16457 SR 267 E. Liverpool, OH 43920 ut Name: Isaac Campbell Address:	Phone #: Lot #: sst Hole #: -ongitude: 40.662094, -81.617180 Method: X Pit Auger		Matrix Color 10YR 4/2	10YR 6/4		Depth to (in.) 8"	n/a n/a	n/a	slude a complete site plan or
County: Township / Sec.: Property Address/Location: Applicant Name: Address:	Phone #: Lot #: Test Hole #: Latitude/Longitude: Method:	Soil Profile	orizon 0-8	8-35		Limiting Conditions Perched Seasonal Water Table Apparent Water Table	Highly Permeable Material Bedrock	Kestrictive Layer	Note: The evaluation should include a complete site plan or site drawing.





Columbiana County Health District

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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 JUND-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 - Rursing Fax: 330-424-1843 Email: ccha@cohumbiana-health.org Web: www.cohumbiana-health.org



Site Address: 856 Park Blvd. W. E. Liverpool, off Parcel #: 37-00842.000 Township: City Set 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: 1-17-20
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: 1-17-202
Applicant's Name: John A. Viscoglos, II Mailing Address: 856 Park Blvd. W. City: East Liverpool State: Ohio Zip: 43920 Date: 1-17-20
City: East Liverpool State: Ohio Zip: 43920 Date: 1-17-20
Daw. 1
Contact Name: John A. Viscoglosi II Contact Phone: (614) 309-9618
FOR HEALTH DEPARTMENT USE ONLY
Soil Data Soil Evaluator: Date: Test Hole(s):
Primary Treatment
Septic Tank total volume required:1000gal1500gal2500gal2500galother:
Pretreatment Unit:
Secondary Treatment
Slope: % Infiltrative Distance: inches II.R: 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 Sover 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.
I Committee by state of the sta
Site Evaluated By: Date: OHOH/23



Columbiana County Health District

Columbiana County Health District

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

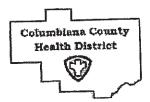
Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843 Email: cchd@columbiana-health.org Web: www.columbiana-health.org

☐ Application for Site Review Fee: \$285 ☐ Application for a Soil Evaluation Fee: \$595 ☐ Both Fee: \$880
Site Address: 1061 SR 644 Parcel #: 2700050. Orownship: Hz
Lot Number/Subdivision Name: Lot Size: No. of Bedrooms: Z
Applicant's Name: Rock Smalley Mailing Address: Same
City: Zip: Date:
City: State: Zip: Date: Contact Name: BLK SYMNlky 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:
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: Disperty must convert to Sanitary Server. Clear unter inspection is required along with
abandonut femit + pumping report
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"

M\Environmental\Sewage\Forms\2018 Site Review App.doc

WPCLF 2023-24



Columbiana County Health District

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Phone: 330-424-0272 - General Fax: 330-424-1733 - Norsing Fax: 330-424-1843 Email: cchd@columbiana-health.org Web: www.columbiana-health.org



Application for a Soil Evaluation Fee: \$595 Tolk to 1880 St. Clips
Parcel #: 6/07/1600 Township COUMDIANA
Lot Size: 1 No. of Bedrooms:
Ambigant's Name Lane Id W Cook of Mailing Address: 76598 Stackill Ca.
State: Oh Zip: 43470 Date:
Contact Name: Para Cooper Contact Phone: 330-383-084/
FOR HEALTH DEPARTMENT USE ONLY
Soil Data Soil Evaluator: Date: Test Hole(s):
- 1 PD - 1
Specific Trank total volume required: 1000gal 1500gal 2000gal 2500gal otner:
Pretreatment Unit:
Secondary Treatment Table Location:
Secondary Treatment Slope:% Infiltrative Distance:inches ILR:LLR:Table Location: Estimated Flow:GPD Minimum Sq.Ft. of Absorptive Area:Minimum Length: Pageing VSD
Depth to limiting layer Type Required VSD
Depth to limiting layer 1 ype
Drain ☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth: ☐ Diversion Swale
Inceptor Curtain Changingered Diam Depth.
Comments: System has bacted ZX to where owner has sounge
in base next of filed insurance claims All plushing goes
to septic . No coon on site for coplecement
THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN
THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ESSUED CATALOGUE. PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS SUBMITTED, IF APPLICABLE.
7. 11. For a Service Treatment System
☐ 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
www.mate.for.odditional needed information.
Provides 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:

46598 Sidehill 105 chan out Q relear out Saptiz 60 swal cotch lorsin Cotch basin water value Sidahill Rd

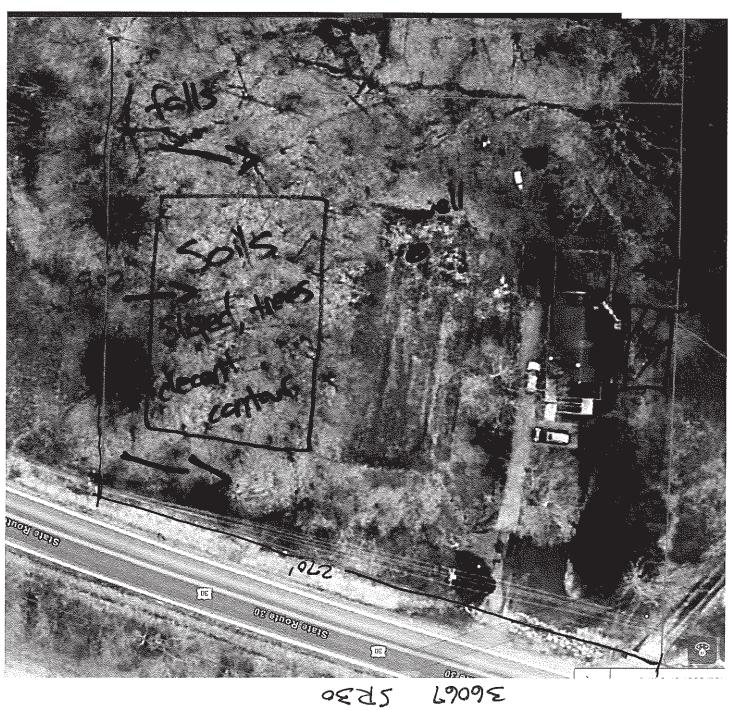
WACLF 2023-24



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@cohumbiana-health.org Web; www.cohumbiana-health.org



Application for a Soil	Evaluation Fee: \$595	
Site Address: 3/e0/e7 5tate Route3/	7 Parcel #:	_ Township:
Lot Number/Subdivision Name: Lot S. Applicant's Name: Allessa Macdows Address	ss: 3100107, State	Drite 31)
City: LIShow State: OHIO		
Contact Name: VANESSON MAR DONALD	Contact Phone: 330-	-85-7-988
FOR HEALTH DEPARTMENT		
Soil Data Soil Evaluator:	Date:Ter	st Hole(s):
Primary Treatment		, J
Septic Tank total volume required:1000gal1500gal	2000gal2500gal	other:
Pretreatment Unit:	☐ NPDES System	-
Secondary Treatment		
Slope: % Infiltrative Distance: inches ILR:	LLR: Ta	ble Location:
Estimated Flow: GPD Minimum Sq.Ft. of Absorptive Area	: Minin	πm Lenoth
Depth to limiting layer Type	Required VSD)
Drain	· ·	
☐ Inceptor ☐ Curtain ☐ Engineered Drain Depth:	☐ Diversion Swale	:
1 /		
Comments: * Need Soil evaluation -> cpps	sas de de voca	n tel
potential soil-absorption based st	•	
Kichel M.		
TOTAL AND A DEDUCATION OF THE PARTY OF THE P		
THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE PLAN, HOUSE PLANS AND A TAX MAP OF THE PROPERTY IS	ISSUED UNTIL AN APPR SUBMITTED, IF APPLICA	OVED DESIGN ABLE.
☐ APPROVED- Adequate length/width is available for a Sewage Tr	eatment System.	
☐ Based on the information submitted, it cannot be determined if the comments for additional needed information.		reatment System, see
☐ Based on the information submitted, this lot is not suitable for an or required from the OEPA for approval of an off-lot discharging sys	n-Iot Sewage Treatment System.	tem. NPDES permit is
☐ DISAPPROVED- This property is not suitable for a Sewage Treat	ment System.	
Site Evaluated By:Da	ate:	



WPCLE 2020-24



Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lishon, 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



Lot Number/Subdivision Name: Resident 19 Lot Size: N.09000 No. of Bedrooms: 3 Applicant's Name: Carp A Schreff or Mailing Address: 3669 Nowier Camp Rol Liston, Organization State: 0 Zip: U4432 Date: 01 23 23 Contact Name: Caro A Schreff or Contact Phone: 330 83 5988 FOR HEALTH DEPARTMENT USE ONLY Soil Data Soil Evaluator: Date: Test Hole(s): Primary Treatment Soptic Tank total volume required: 1000gal 1500gal 2000gal 2500gal other: Pretreatment Unit: 11ft depth credit 12ft depth credit 1NPDES 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: 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, see	Application for a Soil Evaluation Fee: \$595
Lot Number/Subdivision Name: Resident 19 Lot Size: M. 09000 No. of Bedrooms: 3 Applicant's Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, On One of Bedrooms: 3 Applicant's Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, On One of Bedrooms: 3 Contact Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, One of Bedrooms: 3 Contact Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, One of Bedrooms: 3 Contact Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, One of Bedrooms: 3 Contact Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, One of Bedrooms: 3 Contact Name: Carp A Schreff or Mailing Address: 3669 Number Camp Rol Liston, One of State Of Its State On Its State On Its State On Its Hole(s): 20 Primary Treatment Soil Data Soil Evaluator: Date: Test Hole(s): 2000gal of ther: 2000gal of th	Site Address: 36369 HUNTER Camp BO Parcel #: 08-01478,000 Township: CENTER TWP OR
Applicant's Name: Caro A Schreff or Mailing Address: 3/3/69 Nowier Camp Rol Liston, Organia: City:	Lot Number/Subdivision Name: Residential Lot Size: 4.09000 No. of Bedrooms: 3
FOR HEALTH DEPARTMENT USE ONLY Soft Data Soil Evaluator:	
FOR HEALTH DEPARTMENT USE ONLY Soft Data Soil Evaluator:	City: 1530N State: 01 Zip: 44432 Date: 01 23 23
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 1ft depth credit 1st myPDES 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: 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, see	Contact Name: Carol A Schreffler Contact Phone: 330 831 5988
Primary Treatment Septic Tank total volume required: 1000gal 1500gal 2000gal 2500gal other: Pretreatment Unit: If depth credit If 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	FOR HEALTH DEPARTMENT USE ONLY
Septic Tank total volume required:1000gal1500gal2500galother:	Soil Data Soil Evaluator: Date: Test Hole(s):
Pretreatment Unit:	Primary Treatment
Secondary Treatment Slope: % Infiltrative Distance: inches ILR: LLR: Table Location: Estimated Flow: GPD	Septic Tank total volume required: 1000gal 1500gal 2000gal 2500gal other:
Slope:% Infiltrative Distance:inches ILR: LLR: Table Location: Estimated Flow: GPD	Pretreatment Unit:
Estimated Flow: GPD Minimum Sq.Ft. of Absorptive Area: Minimum Length: Depth to limiting layer Type Required VSD Prain	Secondary Treatment
Drain Inceptor Curtain Engineered Drain Depth: Diversion Swale	Slope: % Infiltrative Distance:inches ILR: LLR: Table Location:
Drain Inceptor Curtain Engineered Drain Depth: Diversion Swale Comments: Words Swale	Estimated Flow: GPD Minimum Sq.Ft. of Absorptive Area: Minimum Length:
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☐ 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	THIS IS NOT A PERMIT TO INSTALL: NO PERMIT WILL BE ISSUED UNTIL AN APPROVED DESIGN PLAN HOUSE PLANS AND A TAY MAD OF THE PROPERTY IS SUBMITTED. IF ADDITIONED.
☐ Based on the information submitted, it cannot be determined if the lot is suitable for a Sewage Treatment System, see	TEAN, 1000E LEANS ATTA MAY OF THE FROTEKTT IS SODIVILLIED, IC ATTACABLE,
	☐ 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.	☐ DISAPPROVED- This property is not suitable for a Sewage Treatment System.
Site Evaluated By: Date:	Site Evaluated By: Date:

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36369 Hunter Capp

WACLF 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@columbians-health.org Web: www.cckumbians-health.org



Application for a Soil Evaluation Fee: \$595
Site Address: 47316 Pancake Clarkson Rd Parcel #: Township: Middletow
Lot Number/Subdivision Name: Lot Size: No. of Bedrooms: 2
Applicant's Name: Nicole Pules Mailing Address: 47311 perceke Clerkson Rd
City: ROCETS State: OH Zip: 44455 Date: 1/29/23
City: Rogers State: OH Zip: U4H55 Date: 1/29/23 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 2000gal 2500gal other:
Pretreatment Unit:
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: Comments: Weeks Soils
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.
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☐ DISAPPROVED- This property is not suitable for a Sewage Treatment System.
Site Evaluated By: Date:

47316 Pancate Clartson