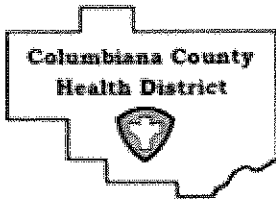


WPCLF 2025-26

Group	Address	Street	Township	System Type	Funding	Homeowner
#5	1706	SR 344	Perry	Soil Absorption	85%	15%
	4055	SR 164	Fairfield	THs	50%	50%



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



Awarded 2022

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

Site Address: 1706 ST RT 344, Salem, OH 44460 Parcel #: _____ Township: pe

Lot Number/Subdivision Name: _____ Lot Size: 5.2 A No. of Bedrooms: 3

Applicant's Name: Douglas Kozar Mailing Address: SAME

City: _____ State: _____ Zip: _____ Date: 5/10/2023

Contact Name: Wendy Kozar Contact Phone: (330) 429-0484

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: Kevin Summerville Date: 11/27/24 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: 0.6/0.8 LLR: 2.7 Table Location: 19

Estimated Flow: 360 GPD Minimum Sq.Ft. of Absorptive Area: 600²/430² Minimum Length: 134'

Depth to limiting layer 16"/25" Type seasonal h₂O/restrictive layer Required VSD 6"/18"

Drain

Inceptor Curtain Engineered Drain Depth: _____ Diversion Swale

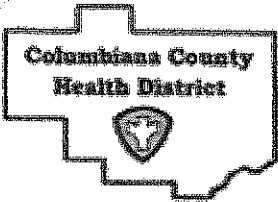
Comments: *Needs test holes - SW
*The deepest any trench may be set is 4" deep (18" from restrictive).
* If traditional leaching will be used, an additional 25%
must be added to the minimum square footage.

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: 12/27/24

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: ccshd@columbiana-health.org Web: www.columbiana-health.org



Awarded 2022

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

Site Address: 1706 ST RT 344, Salem, OH 44460 Parcel #: _____ Township: pe

Lot Number/Subdivision Name: _____ Lot Size: 5.2 A No. of Bedrooms: 3

Applicant's Name: Douglas Kozar Mailing Address: SAME

City: _____ State: _____ Zip: _____ Date: 5/10/2023

Contact Name: Wendy Kozar Contact Phone: (330) 429-0484

FOR HEALTH DEPARTMENT USE ONLY

Soil Data Soil Evaluator: Kevin Sommerville Date: 11/27/24 Test Hole(s): 2

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: 0.6/0.8 LLR: 2.7 Table Location: 19

Estimated Flow: 360 GPD Minimum Sq.Ft. of Absorptive Area: 600²/450² Minimum Length: 134'

Depth to limiting layer 21"/29" Type Seasonal H₂O/restrictive layer Required VSD 6"/18"

Drain

Inceptor Curtain Engineered Drain Depth: _____ Diversion Swale

Comments: * Needs test holes - SW
* The deepest any trench may be set is 11" (18" away from restrictive).
* If traditional leaching will be used, an additional 25% must be added to the minimum square footage.

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: 12/27/24

Our Vision: "A safe community of healthy people"

Register | Login

- Home
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- Owner Search
- Parcel Number Search
- Sales Search
- Quick Search
- Tax Estimator

- Dog Tags
- Unclaimed Funds
- Financial Information
- Forms
- Sheriff's Forfeited Land Sale
- Real Property Information
- CAUV
- Links
- Online Help

1706 SR 344

50-00157.000

Print

General Info | Tax | History | Distribution | Levy | Tax Estimator

Property Information

Parcel ID	50-00157.000	Property Address:	1706 SR 344
Owner Name	KOZAR DOUGLAS R &/OR WENDY C	Tax Payer Address:	CORELOGIC 3001 HACKBERRY RD IRVING TX 75063 USA
Owner Address	1706 SR 344 SALEM OH 44460		
Tax District	50 PERRY TWP-SALEM CSD		
School District	1508 SALEM CSD		
Neighborhood	11601 PERRY TOWNSHIP		
Use Code	510 One Family Dwelling		
Acres	5.22200		
Description			
3 15 8 NM PT NW 1/4 275.35' SR 344 5.222AC			

Print All

		Current Value		Recent Transfer	
Board of Revision	N	Mkt Land Value	\$50,100	Account Number	50-000X8.0890
Homestead/Disability	N	CAUV	\$0	# Parcels	1
2.5% Reduction	Y	Mkt Impr Value	\$58,200	Deed Type	EX-EXEMPT
Divided Property	N	Total	\$108,300	Amount	\$0
New Construction	N	Current Tax		Sale Date	4/1/2005
Foreclosure	N	Annual Tax *	\$1,592.44	Conveyance	0
Other Assessments	N	Paid **	\$796.22	Deed #	689
Front Ft.	0	Delq	\$0.00		
Notes					

<< Previous Card Card 1 of 1 Next Card >>

Dwelling Information					
Sq Ft Finished	1296	Room Count	5	Fireplace Stacks	0
1st Floor Area	1296	Story Height	1	Fireplace Openings	0
Upper Floor Area	0	# Bedrooms	2	Year Built	1930
Half Story Area	0	Full Baths	1	Year Remodeled	1990
Attic Area	0	Half Baths	0	Grade	90
Finished Basement	0	Heating	Forced Air	Style	Single Fam
Basement Type	Pt Basement	Air Cond	None	Ext Walls	Fr

Land							
Land Type	Acres	Square Ft.	Actual Frontage	Eff. Frontage	Depth	No Of Units	
R2Balance Resid, Land 3 - 5.999	4.03200	0	.00000	.00000		0	\$:
RDRoadway	.19000	0	.00000	.00000		0	\$:
HSHome Site	1.00000	0	.00000	.00000		0	\$:

CAUV Land

No CAUV Land On This Property

Card - 1

Improvements						
IMPR Type	Description	Area	Length	Width	Year Built	Value
Addition	1 Story Fr Addition	100 SQ FT				\$11,760
Addition	1 Story Fr Addition	80 SQ FT				\$11,760



**Rural Community
Assistance Partnership**



April 17, 2023

Douglas Kozar
1706 State Route 344
Salem, OH 44460

Dear Douglas,

Thank you for your interest in the Columbiana County Septic Program. After reviewing your application, income, and ownership eligibility on behalf of the Columbiana County Health Department, we have determined you to be eligible for the Septic Program.

Based on your income and program requirements, it will be your responsibility to contribute the following amount toward the completion of the project:

- No contribution required based on income below 100% of the federal poverty guidelines.
- 15% of the total project costs based on income between 100-200% of the federal poverty guidelines.
- 50% of the total project costs based on income between 200-300% of the federal poverty guidelines.

We will be forwarding your application to the Columbiana County Health Department so they can finish the process for the Septic System Program.

If you have any questions, please feel free to contact Lori Barnes at 330-424-0272, Extension 111.

Thank you for your participation in this program.

Sincerely,



Cindy Brookes
Sr. Rural Development Specialist
Great Lakes Community Action Partnership
Rural Community Assistance Program


RCAP • Tiffin Office Location • Ph: (419) 397-2648 • E: CABROOKES@glcap.org • www.gllcap.org

The Rural Community Assistance Partnership (RCAP) is administered by Great Lakes Community Action Partnership

Site and Soil Evaluation for Sewage Treatment and Dispersal

County: Columbiana
 Township / Sec.: Perry
 Property Address/Location: 1706 SR 344
Salem, OH 44460
 Applicant Name: Douglas Kozar
 Address: 1706 SR 344
Salem, OH 44460
 Phone #: _____
 Lot #: 50-00157.000
 Test Hole #: 1
 Latitude/Longitude: 40.885869, -80.834979
 Method: Pit Auger Probe

Land Use / Vegetation: Grass
 Landform: Till Plains
 Position on Landform: _____
 Percent Slope: 0.4%
 Shape of Slope: _____
 Date: 11/27/24
 Evaluator: Kevin Summerville

Certification Stamp or Certification #: _____
 Signature:  Kevin Summerville
 Phone#: 330-424-0272

Soil Profile	Estimating Soil Saturation				Estimating Soil Permeability				Other Soil Features																									
	Horizon	Depth (inches)	Matrix Color	Redoximorphic Features	Texture		Structure			Consistence																								
					Approx. % Clay	Approx. % Fragments	Grade	Size			Type (shape)																							
A1	0-7"	10YR 3/4				0-5	2	m	sbk	fr																								
B1	7-16"	10YR 5/6				10-15	2	m	sbk	fr																								
C1	16-25"	10YR 5/6				0-5	2	m	sbk	fr																								
C2	25-42"	10YR 4/6				10-15	2	m	abk	fi																								
C3	42-57"	10YR 5/6				10-15	2	m	abk	fr																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Limiting Conditions</th> <th>Depth to (in.)</th> <th>Descriptive Notes</th> <th>Remarks / Risk Factors:</th> </tr> </thead> <tbody> <tr> <td>Perched Seasonal Water Table</td> <td>16"</td> <td></td> <td></td> </tr> <tr> <td>Apparent Water Table</td> <td>n/a</td> <td></td> <td></td> </tr> <tr> <td>Highly Permeable Material</td> <td>n/a</td> <td></td> <td></td> </tr> <tr> <td>Bedrock</td> <td>n/a</td> <td></td> <td></td> </tr> <tr> <td>Restrictive Layer</td> <td>25"</td> <td></td> <td></td> </tr> </tbody> </table>											Limiting Conditions	Depth to (in.)	Descriptive Notes	Remarks / Risk Factors:	Perched Seasonal Water Table	16"			Apparent Water Table	n/a			Highly Permeable Material	n/a			Bedrock	n/a			Restrictive Layer	25"		
Limiting Conditions	Depth to (in.)	Descriptive Notes	Remarks / Risk Factors:																															
Perched Seasonal Water Table	16"																																	
Apparent Water Table	n/a																																	
Highly Permeable Material	n/a																																	
Bedrock	n/a																																	
Restrictive Layer	25"																																	

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

Site and Soil Evaluation for Sewage Treatment and Dispersal

County: Columbiana
 Township / Sec.: Perry
 Property Address/Location: 1706 SR 344
 Applicant Name: Salem, OH 44460
 Address: Douglas Kozar
1706 SR 344
Salem, OH 44460
 Phone #: _____
 Lot #: 50-00157.000
 Test Hole #: 2
 Latitude/Longitude: 40.886109, -80.834063
 Method: Pit Auger Probe

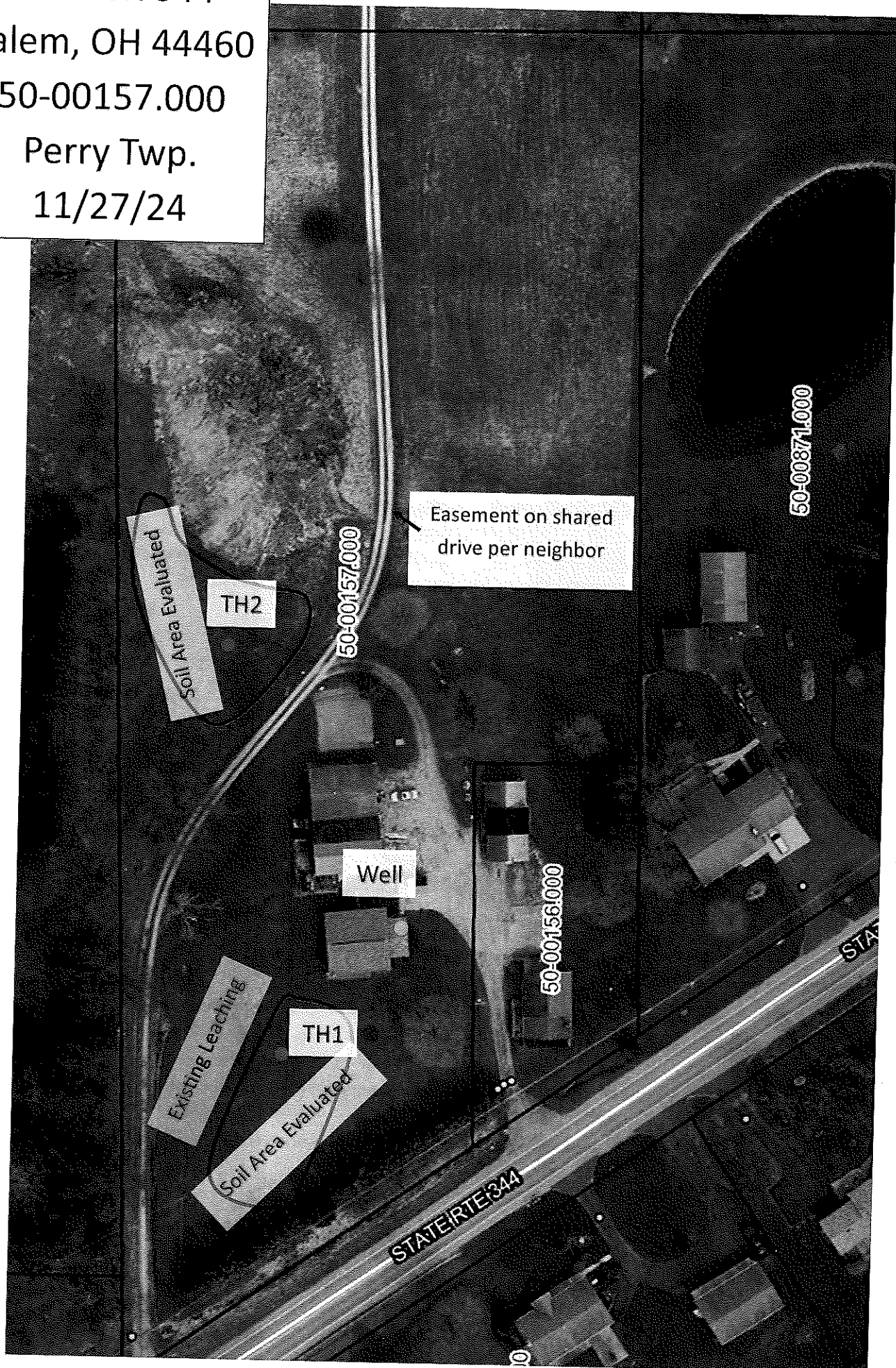
Land Use / Vegetation: Grass
 Landform: Till Plains
 Position on Landform: _____
 Percent Slope: 0-4%
 Shape of Slope: _____
 Date: 11/27/24
 Evaluator: Kevin Summerville

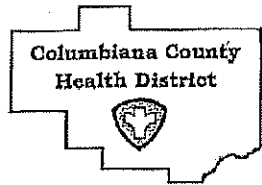
Certification Stamp or Certification #: _____
 Signature: *Kevin Summerville* RS/REHS.#3800
 Phone#: 330-424-0272

Soil Profile	Estimating Soil Saturation				Estimating Soil Permeability				Other Soil Features			
	Depth (inches)	Matrix Color	Redoximorphic Features		Texture		Structure					
			Concentrations	Depletions	Approx. % Clay	Approx. % Fragments	Grade	Size		Type (shape)	Consistence	
A1	0-14"	10YR 4/4			I		0-5	2	m	sbk	fr	
B1	14-21"	10YR 6/6			sil		0-5	2	m	abk	fr	
C1	21-29"	10YR 5/8			sil		0-5	2	m	sbk	fi	
C2	29-44"	10YR 4/6			sicl		15-20	2	m	abk	v fi	
C3	44-58"	10YR 4/4			sicl		20-25	2	m	abk	v fi	
Limiting Conditions										Remarks / Risk Factors:		
Perched Seasonal Water Table		Depth to (in.)		Descriptive Notes								
Apparent Water Table		21"										
Highly Permeable Material		n/a										
Bedrock		n/a										
Restrictive Layer		29"										

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

1706 SR 344
Salem, OH 44460
50-00157.000
Perry Twp.
11/27/24





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

WPCLF 26

REC'D MAR 18 2022

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

Site Address: 4055 SR 164 Parcel #: 1601910a1 Township: Fairfield

Lot Number/Subdivision Name: _____ Lot Size: 7.69 AC No. of Bedrooms: 4

Applicant's Name: Keith Gingerich Mailing Address: 4055 SR 164

City: Leetonia State: OH Zip: 44431 Date: 3/11/20

Contact Name: Keith Gingerich Contact Phone: 330-507-8146

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: _____

system discharging - plumbing ok - need 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.

- 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: 1/13/20

Our Vision: "A safe community of healthy people"

4055 SR 164

16.001

[General Info](#)
[Tax](#)
[History](#)
[Distribution](#)
[Levy](#)
[Tax Estimator](#)

Property Information

Parcel ID	16-01910.001	Property Address:	4055 SR 164
Owner Name	GINGERICH KEITH &/OR DOLORES	Tax Payer Address:	GINGERICH KEITH L &/OR 4055 SR 164 LEETONIA OH 44431 USA
Owner Address	4055 SR 164 LEETONIA OH 44431		
Tax District	16 FAIRFIELD TWP-CRESTVIEW LSD		
School District	1503 CRESTVIEW LSD (COLUMBIANA CO.)		
Neighborhood	10501 FAIRFIELD TWP GEN		
Use Code	510 One Family Dwelling		
Acres	7.69600		
Description			
2 12 30 PT NW 1/4 SR 164 7.696 AC			

		Current Value		Recent Transfer	
Board of Revision	N	Mkt Land Value	\$61,200	Account Number	16-00X30.044000
Homestead/Disability	N	CAUV	\$0	# Parcels	1
2.5% Reduction	Y	Mkt Impr Value	\$72,200	Deed Type	EX-EXEMPT
Divided Property	N	Total	\$133,400	Amount	\$0
New Construction	N	Current Tax		Sale Date	11/19/2015
Foreclosure	N	Annual Tax *	\$1,636.30	Conveyance	
Other Assessments	N	Paid **	\$1,636.30	Deed #	1827
Front Ft.	0	Delq	\$0.00		

<< Previous Card Card 1 of 1 Next Card >>

Dwelling Information

Sq Ft Finished	2072	Room Count	8	Fireplace(s)	1
1st Floor Area	972	Story Height	2	Year Built	1901
Upper Floor Area	972	# Bedrooms	4	Year Remodeled	0
Half Story Area	0	Full Baths	3	Grade	110
Attic Area	0	Half Baths	0	Style	Single Fam
Finished Basement	0	Heating	Propane	Ext Walls	Fr
Basement Type	Full Basement	Air Cond	None		

Land

Land Type	Acres	Square Ft.	Actual Frontage	Eff. Frontage	Depth	No Of Units	Value
RDRoadway	.29500	0	.00000	.00000		0	\$0
R3Balance Resid. Land 6 - 9.999	6.40100	0	.00000	.00000		0	\$31,210
HSHome Site	1.00000	0	.00000	.00000		0	\$30,000

CAUV Land

No CAUV Land On This Property

Legal Disclaimer

Card - 1

Improvements

IMPR Type	Description	Area	Length	Width	Year Built
Addition	1 Story Fr Addition	128 SQ FT			

Columbiana County, OH Web Map



1/5/2026, 10:31:52 AM

Statewide LBRS Address Points

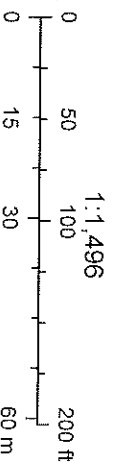
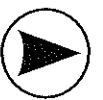
RoadCenterlines

Labels

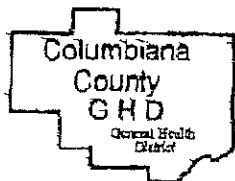


County Boundary

World_Hillshade



Sources: Esri, Vantor, Airbus DS, USGS, NGA, NASA, CGIAR, N Robinson, NCEAS, NLS, OS, NMA, Geodatasysteem, Rijkswaterstaat, GSA, Geoland,



P.O. Box 309 • 7360 State Route 45 • Usbon, Ohio 44432 • (330) 424-0272
FAX (330) 424-1733

Robert D. Morahead, M.S., M.Ed.
Health Commissioner

DATE PUMPED:

Nov. 15, 2006

HOMEOWNER:

Stella Yacher

ADDRESS:

4055 State Route 164

TOWNSHIP:

Fairfield

NO. OF BEDROOMS

TYPE OF TANK(S)

SEPTIC
 AERATION
 HOLDING

CONDITION OF MOTOR

WORKING
 NOT WORKING
 MISSING

NUMBER OF TANK(S)-SIZE

500
 750
 1000
 1250
 1500
 OTHER

TANK CONSTRUCTED OF

BRICK
 METAL
 CONCRETE
 BELL TILE
 PLASTIC
 OTHER

CONDITION OF TANK(S)

GOOD
 FAIR
 POOR

CONDITION OF BAFFLES

INTACT
 MISSING

TOTAL GALLONS PUMPED

RUNBACK FROM SECONDARY SYSTEM INTO TANK

YES
 NO

SEPTAGE HAULER NAME

Brakaker & Sons

REG #

ADDRESS

2945 Lower Elkton Rd

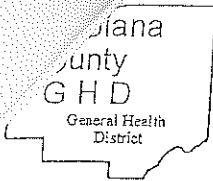
SIGNATURE

Dwain Yacher

DATE Nov. 15, 2006

DISPOSAL LOCATION

Elkton



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272
FAX (330) 424-1733

INSPECTION CERTIFICATE

Robert D. Morehead, M.S., M.Ed.
Health Commissioner

EVALUATION OF EXISTING HOME SEWAGE SYSTEM AND WATER SUPPLY

PROPERTY ADDRESS:
Stella Yacher
4055 S.R. 164
Leetonia OH 44431
TOWNSHIP: Fairfield

Bacteriological Water Test
Home Sewage System Evaluation
Both
Tax Parcel ID# 16 01910000

THE OPINION GIVEN MAY BE RENDERED WITHOUT KNOWLEDGE OF SOME OF THE INDIVIDUAL PARTS OF THE HOME SEWAGE AND WATER SYSTEMS AND APPLIES ONLY TO THE DATE AND TIME THE OPINION IS MADE. THEREFORE, THIS OPINION DOES NOT GUARANTEE THE FUTURE PERFORMANCE OF EITHER THE HOME SEWAGE OR WATER SYSTEMS; FUTURE SYSTEM PERFORMANCE(S) WILL DEPEND UPON USAGE AND/OR MAINTENANCE.

Sewage System (Check Appropriate Box) Water Supply Evaluation Only (See Reverse Side)

1. Primary Treatment: Two 1,000 gallon One 1,000 gallon Less than 1,000 gallon
 One Tank of Unknown Capacity Other: _____

Distance from well 48 feet. Not Applicable, Publicly-owned community water supply

2. Secondary Treatment:
 Lateral Lines _____ feet long total. Aeration System
 Leach (dry) well _____ gallons total. Leach bed _____ feet total area.
 Unknown leach device Other: _____

Distance from well 748 feet. Not Applicable, Publicly-owned community water supply

3. General factors- sewage: At the time of inspection the property was:
 Occupied Vacant How long? NA weeks, months/years
System installation date: NA (if known from records) Permit # NA
 Record of system available. No record found for this system.

4. Comments concerning this system: It is known that any system may fail at any time.
 Contrast dye placed in all plumbing fixtures appeared in the septic tank(s) as expected. No contrast dye was observed surfacing on the day of inspection or at day two or longer.
All bathroom wastewater discharges to system Yes No Undetermined
Kitchen wastewater discharges to system Yes No Undetermined
Laundry wastewater discharges to system Yes No Undetermined
Based on the above observations A PLUMBING INSPECTION IS REQUIRED Yes No

i. From Health Department records and observations, it is my opinion that this home sewage system:
 No nuisance is observed. System accepted on a performance basis; however, see (4) above.
 System is malfunctioning and requires repair.
 "HOLD HARMLESS" AGREEMENT included with this report. (Copy of agreement to follow.)
 Waiver of inspection signed by all involved parties and included with this report.
 Based on the above observations, a PLUMBING PERMIT IS REQUIRED
 Based on the above observations a SEPTIC SYSTEM REPAIR/INSTALLATION PERMIT IS REQUIRED

INSPECTOR: Justin Magness DATE: 11-20-06

Location of requested inspection: See Reverse Side 4055 S.R. 164 Leetonia, OH 43021

- 1. Publicly-owned community water supply: Yes [] No
- The following information applies to Privately-owned Water Supply Systems ONLY
- 2. Privately-owned water: Well construction date: NA Well Log # NA
- Source consists of:
 - [] Drilled Well [] Exposed Casing Size Casing? NA inches
 - [] Driven Well [] Buried Casing Outside Foundation
 - [] Dug Well Well Pit [] Inside Foundation
 - [] Spring [] Cistern [] Other
- 3. Water Sample Collected From: Kitchen Tap [] Bathroom Sink [] Utility Sink [] Holding tank
 Bathtub Other: _____

Water Sample Results: Sample # 9464, Date Collected: 11-15-06 Total Coliform Negative
or Total Coliform Positive [] Escherichia coli results: [] Positive [] Negative

The Total Coliform Microbiological analysis of the water sample taken from the property sited in this report was reported as **NEGATIVE**, which indicates the absence of total coliform bacteria in the subject sample. This does not guarantee the future absence of total coliform bacteria in the water source.

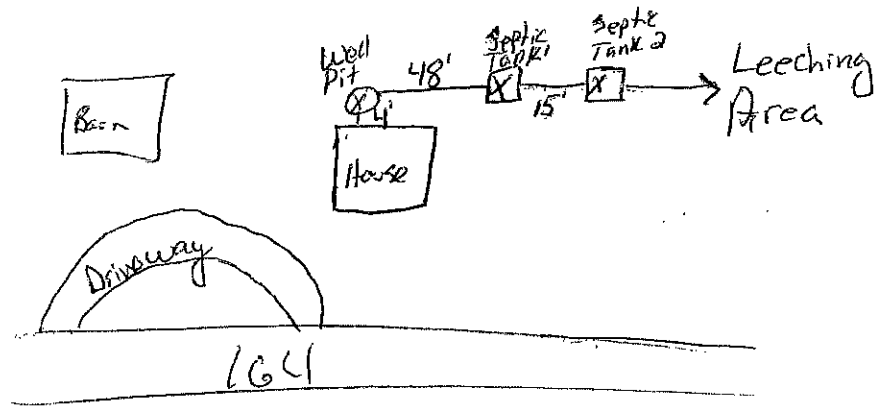
[] The Total Coliform Microbiological analysis of the water sample taken from the property sites in this report was reported as **POSITIVE**. Therefore it is determined that this water is unsafe for drinking and certain domestic purposes unless the water is boiled before using. Please see attached letter.

4. Does water system meet present code requirement?:
Yes [] No Unknown []

This report does not assess the overall quantity, chemical or microbiologic conditions of the water at the subject site. See (5) below.

5. Inspector comments: As of January 1, 2000, rules for Private Water Systems have changed making most wells installed before this date out-of code.

Drawing Below Shows Dwelling, Septic System, Water Supply, Etc.



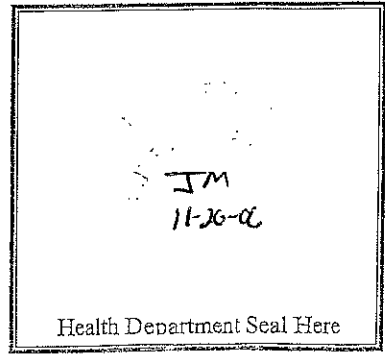
Health Department Records Found and Consulted: See Specifics in Narrative

[] Home Sewage System Permit(s) [] Previous Evaluations

[] Previous Complaints [] Pumper Report [] Well Log

INSPECTOR: Justin Prosser DATE: 11-20-06
Columbiana County General Health District

(Revised 08/16/06)





February 10, 2026

Keith Gingerich
4055 St. Rt. 164
Leetonia, OH 44431

Dear Keith,

Thank you for your interest in the Columbiana County Septic Program. After reviewing your application, income, and ownership eligibility on behalf of the Columbiana County Health Department, we have determined you to be eligible for the Septic Program.

Based on your income and program requirements, it will be your responsibility to contribute the following amount toward the completion of the project:

- No contribution required based on income below 100% of the federal poverty guidelines.
- 15% of the total project costs based on income between 100-200% of the federal poverty guidelines.
- 50% of the total project costs based on income between 200-300% of the federal poverty guidelines.

We will be forwarding your application to the Columbiana County Health Department so they can finish the process for the Septic System Program.

If you have any questions, please feel free to contact Laura Fauss at 330-424-0272.

Thank you for your participation in this program.

Sincerely,

A handwritten signature in cursive script that reads "Cindy Brookes".

Cindy Brookes
Sr. Rural Development Specialist

P.O. Box 590 1-800-775-9767 www.glcap.org

127 S. Front St.
Fremont, Ohio 43420

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