



Stark County Health Department
STS Inspection Form

HSTS
SFOSTS _____
GWRS _____



Public Health
Prevent. Promote. Protect.

Address: 2196 17th St SW

Township: Massillon City

NPDES: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> NPDES Date: _____ NPDES Permit: _____ Permit Type: N <input checked="" type="checkbox"/> R <input type="checkbox"/> V <input type="checkbox"/> A <input type="checkbox"/>	12 Month Inspection Date: _____ Status: _____ LAT: _____ LONG: _____ Sticker #: _____ Counter: _____
Aerobic: Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Aerobic Type: <u>800 Jet</u> SFOSTS: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Installation Date: <u>12/16/25</u> System Description #: <u>4</u> STS Type: <u>Soil Absorption</u> / NPDES / Tank Replace	
Primary Treatment: Septic Tank / <u>Trash Trap</u> Tank Capacity: <u>500 GPD</u> Discharge: Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Soil Depth Credit Used: 6" / 1' / <u>2</u> / None Fail Safe: Pump Lock / Telemetry / <u>None</u>	
Distribution Type: <u>Full Soil</u> Sqft: <u>800</u> Length: <u>100'</u> Pump Y <input checked="" type="checkbox"/> N <input type="checkbox"/> UV Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Registered Installer Name: <u>2 Cousins Construction & Exc.</u> Final Approval Date: <u>12/29/25</u>	

START-UP: If the STS is equipped with a pump, record start-up readings.

Pump Make and Model:	Counter / Flow Meter:
Run-time:	Water Level Start: _____ Water Level Stop: _____ Tank Gall./In: _____
Time To Pressurize:	Calculated Dose Volume: _____ Calculated Flow Rate: _____

ELEVATIONS: Sufficient elevation readings should be taken to verify that system components were properly installed.

Benchmark Location: <u>Aerator Vent Cap</u>		Benchmark Elevation: <u>3'7 1/2"</u>	Building Sewer: <u>4'4"</u>
Tank 1 Inlet: <u>5'7 1/2"</u>	Tank 1 Top @ Inlet: <u>5'</u>	Line # <u>1</u> Start: <u>3'10"</u>	Line # <u>1</u> End: <u>3'10"</u>
Tank 1 Outlet: <u>6' 1/2"</u>	Tank 1 Top @ Outlet: <u>5' 3/4"</u>	Line # <u>2</u> Start: <u>4'3"</u>	Line # <u>2</u> End: <u>4'3 3/4"</u>
Tank 2 Inlet: <u>6' 3/4"</u>	Tank 2 Top @ Inlet: <u>5' 3/4"</u>	Line # <u>3</u> Start: <u>4'5 1/2"</u>	Line # <u>3</u> End: <u>4'6"</u>
Tank 2 Outlet: <u>5'9 3/4"</u>	Tank 2 Top @ Outlet: <u>5' 1 1/4"</u>	Line # <u>4</u> Start: <u>4'10"</u>	Line # <u>4</u> End: <u>4'11"</u>
Pump tank Bottom:	Pump Line Out: <u>5'9 3/4"</u>	Drain @ Top Pt.:	Drain @ Outlet Pt.: <u>5'7 3/4"</u>
Other Component:	Elevation:	NPDES Off-Lot Discharge Point:	or n/a
Other Component:	Elevation:	Other Component:	Elevation:

Based on elevation readings, were components installed at proper elevations / depths? YES or NO
 Was system installed in accordance with design plan and in compliance with the code? YES or NO (See back for more details.)
 If applicable, was abandonment form submitted? YES or NO or n/a (If not, form must be submitted for approval.)
 Was an as-built record submitted at the time of inspection? YES or NO (If not, as-built must be submitted for approval.)

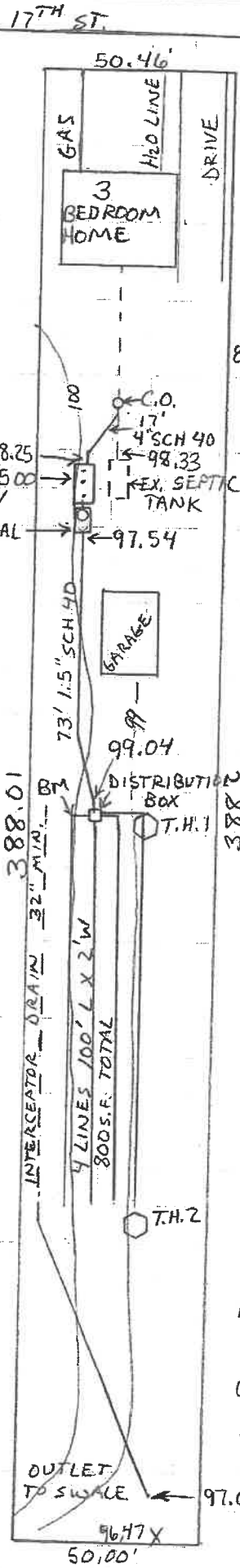
PARTIAL APPROVAL(S), Initial and Date: _____

COMMENTS: The laser was moved to shoot the trench elevations. The BM for the trench elevation is 3'2 1/2" and shot off the top of the D-Box.

FINAL APPROVAL, Sanitarian Signature: U. Novelli Date: 12/29/25

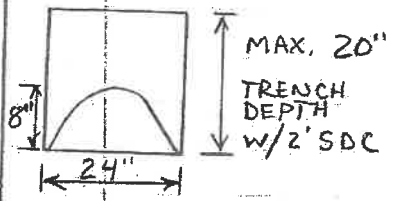
Parcel # 2196 17TH ST SW 614724 MASSILLON, STARK CO. SCALE 1" = 40'

DESIGNER: HARBAUGH EARTHMOVING CO. INSTALLER: JIM SIMS 12-6-25



360 GPD HLR=3.0 ILR=0.6
 $360 \div 0.6 = 600 \text{ S.F. } \times 1.25 = 750 \text{ S.F. MIN.}$
 $360 \div 3.0 = 120$ 17% LENGTH DEDUCTION USED
 REPLACEMENT SEPTIC
 BM=100.00

TRENCH DETAIL



EXISTING SEPTIC TANK
 TO BE PUMPED, CRUSHED,
 AND FILLED

APPROVED
 12/9/25

INFILTRATOR

BOTTOM OF TRENCH

LINE 1	98.57
2	98.33
3	98.25
4	98.25

SEPTIC COMPONENTS

- JET 500 ATU
- UV LIGHT
- 500 GAL LIFT TANK
- 17' 4" SCH 40
- 1 CLEAN OUT
- 73' 1.5" SCH 40
- 1 DISTRIBUTION BOX
- INSPECTION PORT ON EACH LEACH LINE

AS BUILT
 RECEIVED 12/29/25

O&M

PUMP JET TANK EVERY 2-3 YRS. (SERVICE JET BEFORE PUMPING)
 REST 1 LINE EACH YEAR
 LIDS MUST BE 2" ABOVE GRADE
 FILL IN SETTLED AREAS AROUND TANKS

OWNER WILL HAVE ELECTRIC ACCESS TO O&M
 REQUIREMENTS.

Don Harbaugh

Receipt # 2099422

Permit # 50930882

Local Health District STARK COUNTY HEALTH DEPARTMENT
7235 WHIPPLE AVE NW, SUITE B
NORTH CANTON, OHIO, OH 44720

Permit To Install or Alter a Sewage Treatment System

The issuance of this permit confirms that all requirements of OAC rule 3701-29-09(B) are complete as documented below.

Site Review Application, associated fees, and the following:

- Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by Board of Health, state why: _____
- Completed STS Design, in accordance with OAC rule 3701-29-10 Estimated System Cost: \$23000.00
- If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C)

Application for Permit and associated fees

Proof of registration with the Ohio EPA Class V injection well program N/A

This sewage treatment system permit is being issued to:

Owner's or Designate Representative's Name (printed) CHRISTOPHER SCHULER	Township MASSILLON CITY
Property Street Address, City, OH (location of the installation, replacement or alteration) 2196 17 ST SW, MASSILLON, OH	

STS Contractor(s) performing the work.

1	Company Name: 2 COUSINS CONSTRUCTION & EXCAVATING LLC	Installer Registration #: 201
	Company Address: 11344 ORRVILLE ST NW, MASSILLON, OH 44647	
2	Company Name:	Installer Registration #:
	Company Address:	

Notice to the Owner and STS Contractor:

- * The installation, replacement or alteration shall comply with the approved site review, any conditions of this permit, and any conditions of a product approval, the design, and Chapter 3701-29 of the Administrative Code.
- * The owner of the STS and/or an authorized agent shall be responsible for all coordination between the local health district, designer, soil evaluator, installer, and Ohio EPA, if applicable.
- * The protection of the sewage treatment system area is required prior to, during, and after construction.
- * This installation, replacement or alteration permit may be revoked by the board of health prior to its expiration if a change in site conditions, the quality of the work, or if other conditions arise that are not in compliance with Chapter 3701-29 of the Administrative Code.
- * This permit is valid for one(1) year from the date issued by the Board of Health.

Sewage Treatment System Permit Requirements Installation Replacement Alteration

Sewage Treatment System:

1. Soil Absorption 2. NPDES System 3. Non-NPDES System 4. Tank Replacement

Gray Water Recycling System:

1. Type 1 2. Type 2 3. Type 3 4. Type 4

System Description

1. <input type="checkbox"/> Septic tank to shallow leach lines	2. <input type="checkbox"/> Pretreatment to shallow leach lines	3. <input type="checkbox"/> Septic tank to 18"-30" leach lines
4. <input checked="" type="checkbox"/> Pretreatment to 18"-30" leach lines	5. <input type="checkbox"/> Septic tank to sand mound	6. <input type="checkbox"/> Pretreatment to sand mound
7. <input type="checkbox"/> Septic tank to drip distribution	8. <input type="checkbox"/> Pretreatment to drip distribution	9. <input type="checkbox"/> NPDES System
10. <input type="checkbox"/> Other	11. <input type="checkbox"/> Septic Tank to LPP	12. <input type="checkbox"/> Pretreatment to LPP
13. <input type="checkbox"/> Spray Irrigation	14. <input type="checkbox"/> Privy or Holding tank	15. <input type="checkbox"/> Sand Lined Systems

Soil Depth Credit (if applicable)

1. One foot credit allowed 2. Two foot credit allowed 3. Six inch credit allowed

Was a variance granted by the Board of Health prior to this permit being issued? Yes No

Date Approved (If Yes): _____ Variance requested for OAC 3701-29 - _____

Comments:

PROPERTY OWNER or DESIGNATE REPRESENTATIVE SIGNATURE (if applicable) 	DATE OF SIGNATURE: 12/15/25
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THIS PERMIT IS VALID ONE(1) YEAR FROM THE DATE ISSUED.

DATE ISSUED 12/15/2025	PERMIT ISSUED BY (RS or SIT only) CHRISTOPHER NOVELLI	
	SIGNATURE 	
PERMIT EXTENSION		
Approved By	Date Approved	Date Expires

