Stark County General Health District **B 41918**

SEWAGE DISPOSAL SYSTEM INSTALLATION and OPERATIONAL PERMIT

A PERMIT IS HEREBY GRANTED to Harvey Wander (Owner) Same

to install and operate a sewage disposal system at 2870 Fairmont SW Perry Twp.

TREATMENT SYSTEM 2 1000 gal septic tanks in series and a 750 sq ft subsurface filter bed, set to alternate. Outlet to stream on property. Do not connect any other dwellings to this system.

Fee $ 40.00

This permit issued only on the basis that within 6 months after sanitary sewer becomes accessible to these premises, this permit is void, and those premises shall be connected to the sanitary sewer.

CAUTION: Storm and Footer Drains Are Not Permitted to Drain to Sewage System.

SEPARATE SUMP PUMPS REQUIRED.

All Permits Void One Year From Date of Issue. All work must be performed by an installer registered with the Stark County Health Department.

PERMIT ISSUED FOR: NEW ✓ EX

BUILDING TYPE: SF

WATER SUPPLY: EX WELL

FOR 3 Bedrooms

All work to be done in accordance with State and Stark County Health requirements. All Work must be inspected before covering. SEWAGE APPROVAL MEANS THAT THE SYSTEM APPEARS TO BE PROPERLY CONSTRUCTED BASED ON CONDITIONS OF APPLICATION AND PERMIT. THIS APPROVAL DOES NOT ASSURE THAT THE SYSTEM WILL FUNCTION OR BE MAINTAINED. ADDITIONAL FACILITIES WILL BE REQUIRED UPON ORDER OF THE STARK COUNTY HEALTH DEPARTMENT SHOULD THIS FACILITY FAIL TO CONFIRM TO THE REQUIREMENTS OF THE STARK COUNTY SANITARY CODE.

RECOMMEND THAT SEPTIC TANKS BE CLEANED EVERY TWO (2) YEARS BY A LICENSED SANITARY SERVICE CO.

ISSUED BY J. Skelly (per MT) DATE 1/3/90

NOTE: Call for Inspection Before 9:30 A.M. 438-0990

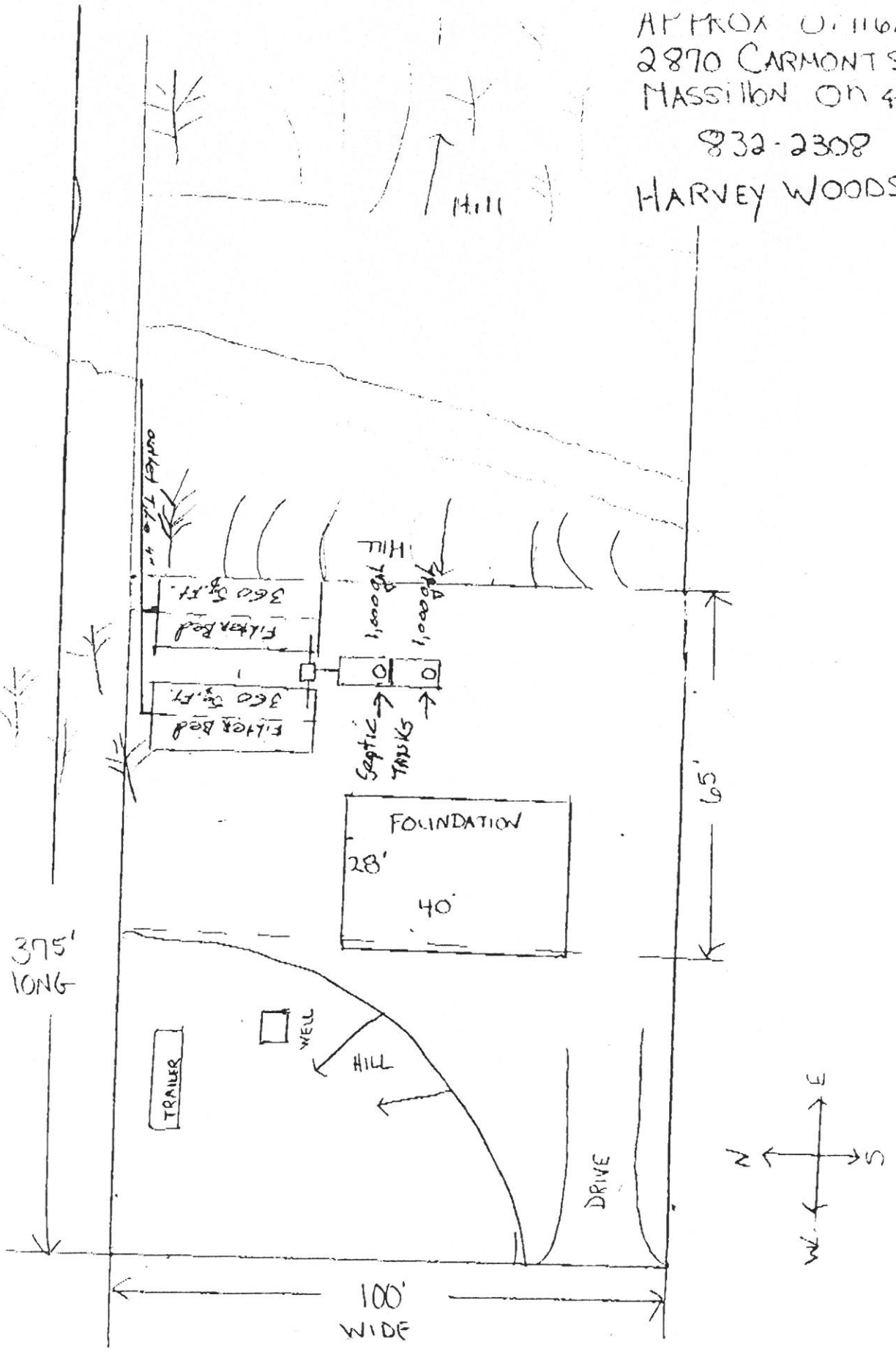
APPROVED BY J. DiPietro w/Greg K. DATE 6-12-90

Owner wishes to Remove Existing Mobile Home and build A new Home using the Existing Septic System.

We (Stark Co. Health Dept.) have no objection to using the existing Septic for a Single Family 3 Bedroom Home, only.

3-17-95 J.W. Skelly

APPROX 0.116 ACRE
2870 CARMONT ST S
MASSILLON OH 4464
832-2308
HARVEY WOODS



WELL LOG AND DRILLING REPORT

732452

TYPE OR USE PEN SELF TRANSCRIBING PRESS HARD

Ohio Department of Natural Resources, Divison of Water
1939 Fountain Square Drive, Columbus, Ohio 43224 Phone (614) 265-6739

Permit Number 214

COUNTY Stark TOWNSHIP Perry SECTION/LOT No. 24 (CIRCLE ONE)

OWNER/BUILDER (CIRCLE ONE OR BOTH) Harvey Woods PROPERTY ADDRESS 2870 Carmont SW (ADDRESS OF WELL LOCATION)

LOCATION OF PROPERTY 2870 Carmont SW Massillon, Ohio 44646

CONSTRUCTION DETAILS

CASING

Borehole Diameter 7 7/8 in

1 Diameter 5" in. Length 28 ft. Wall Thickness ___ in.

2 Diameter ___ in. Length ___ ft. Wall Thickness ___ in.

Type: 1/2 Steel 1/2 Galv. 1/2 PVC (X) 1/2 Other ___

Joints: 1/2 Threaded 1/2 Welded 1/2 Solvent (X) 1/2 Other ___

Liner: Length ___ Type ___ Wall Thickness ___ in.

SCREEN

Type (wire wrapped, louvered, etc.) ___ Material ___

Length ___ ft. Diameter ___ in.

Set between ___ ft. and ___ ft. Slot ___

GROUT

Material Bonseal Volume used 5 Bags

Method of installation Pouring

Depth: placed from 0 ft. to 90 ft.

GRAVEL PACK (Filter Pack)

Material ___ Volume used ___

Method of installation ___

Depth: placed from ___ ft. to ___ ft.

Pitless Device ☑ Adapter ☐ Preassembled unit

Use of Well ___

☑ Rotary ☐ Cable ☐ Augered ☐ Driven ☐ Dug ☐ Other ___

Date of Completion March 26, 1992

WELL LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.

Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
Sand, Clay and Gravel	0	27
Shale and Gravel	27	55
Grey Shale	55	60
Sandy Grey Shale	60	75
Grey Sandstone	75	90
Black Packer	90	100
Grey Sandstone	100	115
Grey Sandstone Shale	115	160
Grey Sandstone	160	185
Grey Sandstone with oil streaks	185	200
Black Packer	200	235
Grey Sandstone	235	242
Sandy Grey Shale	242	255
Grey Shale	255	262
Till	262	265
Black Packer	265	272
Brown Sandstone	272	300

*If additional space is needed to complete well log, use next consecutively numbered form.

WELL TEST

☐ Bailing ☑ Pumping* ☐ Other ___

Test rate 8 gpm Duration of test 1 hrs

Drawdown 20 ft.

Measured from: ☑ top of casing ☐ ground level ☐ Other ___

Static Level (depth to water) 60 ft. Date 3-26-92

Quality (clear, cloudy, taste, odor) ___

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

PUMP

Type of pump Sub Capacity 7 gpm

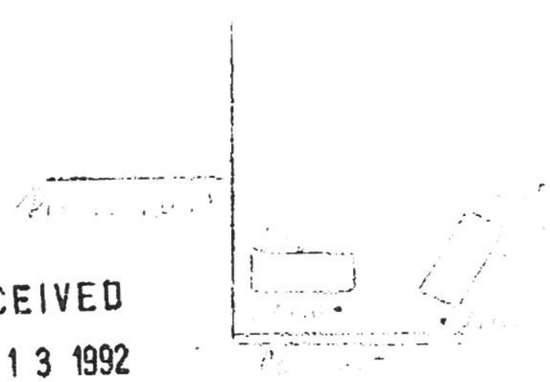
Pump set at 200 ft.

Pump installed by Tim

SKETCH SHOWING WELL LOCATION

Show distances well lies from numbered state highways, street intersections, county roads, etc.

N

W  E

RECEIVED
APR 13 1992
Ans'd............

S

DNR 7802.90

Drilling Firm Kamph Plumbing and Heating

Signed Dale E Kamph

Address 12720 Lincoln Street W.

Date 3-26-92

City, State, Zip Massillon, Ohio 44647

ODH Registration Number #924

Completion of this form is required by section 1521.05 Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

PRIVATE WATER SYSTEM

ADMINISTRATIVE SUMMARY
(Health Department Use Only)

I. Completion Forms

Date Received	
4/13	Well Log From: Kamph
4/13	Completion Form From:

II. Inspection

☑ Water Sample Collection Date 05-11-93 Kitchen Sink - Neg.

Results:

☑ System Inspected By: George J. Dran Date 05-11-93

III. ☑ System Approved By: George J. Dran Date 05-24-93

☐ System Disapproved By: Date

Reasons:

IV. Comments

PRIVATE WATER SYSTEM CONTRACTOR/INSTALLER COMPLETION FORM

Permit # 214

This form must be completed and returned to the health department prior to final approval of the private water system. This form is required according to Ohio Revised Code 3701.34 and 3701.44; and Ohio Administrative Code 3701-28-03.

Owner Harvey Woods

Mailing address 2870 Carmont SW

City Massillon, Ohio Zip 44646

Location of property Same as above

Township Perry/ Section 24

Contractor/Installer Les Kamph Registration # 924

Company name Kamph Plumbing and Heating

Address 12720 Lincoln Street W.

Massillon, Ohio 44647 Phone # 833-0355

Date of completion March 26, 1992

PUMP

Type pump Sub

Capacity (GPM) 7

Depth of pump setting or intake 200

Installer Les

Registration # 924

RECEIVED
APR 13 1992
Ans'd.....

WELL

Pitless device (check and complete applicable section)

☑ Adapter:

Manufacturer Dickow

Depth below grade 3'-6"

Method of cutting casing hole hole saw

Method of attaching casing extension (if applicable)

☐ Preassembled unit.

Manufacturer

Depth below grade

Method of attachment