

STARK COUNTY HEALTH DEPT OPERATION / ADDITION EVALUATION

3951 CONVENIENCE CIRCLE NW CANTON, OHIO 44718 PHONE 330-493-9904 FAX 330-493-9920

NAME	<input type="checkbox"/> \$60.00 OPERATION INSPECTION	OFFICE USE ONLY
	<input type="checkbox"/> \$150.00 HOME LOAN	
ADDRESS	DATE PAID	
CITY ZIP	CHECK NUMBER	
TOWNSHIP	<input type="checkbox"/> LIVING SPACE <input type="checkbox"/> GARAGE	<input type="checkbox"/> Proposed addition will not interfere with location of septic system, future replacement area, or water well. In addition, septic system is functioning satisfactory at the time of inspection. (If the septic system malfunctions in the future it will need repaired or replaced.)
	<input type="checkbox"/> OUT-BUILDING <input type="checkbox"/> POOL	
PHONE/CELL	<input type="checkbox"/> DECK <input type="checkbox"/> PORCH	UNSATISFACTORY
	<input type="checkbox"/> OTHER: SIZE AND DESCRIPTION:	<input type="checkbox"/> Proposed addition is too close to the septic system or to the septic system or well. You must obtain a variance from the Board of Health or relocate/alter the addition to meet code requirements.
OFFICE USE ONLY	OFFICE USE ONLY	
REASON - PLEASE CHECK ONE	PRIMARY	<input type="checkbox"/> Septic system has failed, it will need repaired or replaced. Contact the Stark County Health Department to make arrangements for lot evaluation (330) 493-9904. Once the property has been evaluated, a septic permit may be obtained.
<input type="checkbox"/> ADDITION EVALUATION	NUMBER OF SEPTIC TANKS TOTAL CAPACITY	
<input type="checkbox"/> FINAL SEPTIC INSPECTION	X	
<input type="checkbox"/> HOME LOAN CERTIFICATION	AS SPECIFIED	FURTHER ACTIONS, APPROVED TO CONTINUE
<input type="checkbox"/> NUISANCE	SECONDARY	<input type="checkbox"/> NECESSARY CORRECTIONS MADE <input type="checkbox"/> VARIANCE GRANTED <input type="checkbox"/> PROMISSORY LETTER RECEIVED, PERMIT ISSUED.
<input type="checkbox"/> O/M INSPECTION	ADDITIONAL PRETREATMENT PRIOR TO DISPOSAL	
<input type="checkbox"/> OWNER REQUEST	<input type="checkbox"/> YES <input type="checkbox"/> NO (Mfg. Aerobic)	FURTHER ACTIONS, ADDITION DENIED
<input type="checkbox"/> REAL ESTATE TRANSFER	TYPE OF AEROBIC (IF APPLICABLE)	
<input type="checkbox"/> REPAIR OF SYSTEM	ADDITIONAL COMPONENTS	<input type="checkbox"/> ADDITION WILL INTERFERE WITH SEPTIC SYSTEM, LOCATION, OR OPERATION <input type="checkbox"/> VARIANCE DENIED
<input type="checkbox"/> ROUTINE	<input type="checkbox"/> APPROVED AERATION FILTER	
<input type="checkbox"/> SP INSPECTION	<input type="checkbox"/> OTHER SECONDARY TREATMENT	COMMENTS
<input type="checkbox"/> SUBDIVISION INSPECTION	<input type="checkbox"/> MOUNDED SAND FILTER	
<input type="checkbox"/> SURVEY	<input type="checkbox"/> SUBSURFACE SAND FILTER	
<input type="checkbox"/> WATERSEWAGE CONT	SIZE OF ABOVE	
STATUS - PLEASE CHECK ONE	TERTIARY	
<input type="checkbox"/> FIELD LOCATED COMPONENTS - OK	<input type="checkbox"/> Pumps (Y or N) <input type="checkbox"/> Drains type	
<input type="checkbox"/> IN OFFICE RECORD REVIEW - OK	<input type="checkbox"/> Pump Type ↓ <input type="checkbox"/> Min. Drain Depth	
<input type="checkbox"/> NO RECORDS COMPONENTS UNKNOWN - OK	<input type="checkbox"/> Grinder Or Effluent <input type="checkbox"/> Drain Pump (Y or N)	
<input type="checkbox"/> NO NUISANCE - NO RECOMENDATIONS	<input type="checkbox"/> Time dosing (Y or N) <input type="checkbox"/> Pump Tank (Y or N)	
<input type="checkbox"/> NO NUISANCE - RECOMMENDATIONS	<input type="checkbox"/> Pressure dosing Yor N)	
<input type="checkbox"/> NUISANCE - RECOMMENDATION	<input type="checkbox"/> Demand Dosing Y or N	
<input type="checkbox"/> ORDERS TO CORRECT	<input type="checkbox"/> Gravity Only	
<input type="checkbox"/> NUISANCE-CORRECTION NEEDED	DISPOSAL	
<input type="checkbox"/> RECORDS AVAILABLE; FIELD INSP - OK	DISPOSAL TYPE	
<input type="checkbox"/> REPAIR COMPLETED		
<input type="checkbox"/> REPAIR IN PROGRESS	SQ. FT. LENGTH WIDTH DEPTH	
DATE	DISCHARGE TO	
SANITARIAN		