

**STARK COUNTY HEALTH DEPT OPERATION / ADDITION EVALUATION**

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

<b>APPLICANT / OWNER</b>	<b>DESCRIPTION OF IMPROVEMENT(S)</b>		<b>↓ OFFICE USE ONLY ↓</b>			
<b>ADDRESS</b>	<input type="checkbox"/> LIVING SPACE	<input type="checkbox"/> GARAGE	<b>SATISFACTORY</b>			
	<input type="checkbox"/> OUT-BUILDING	<input type="checkbox"/> POOL				
<b>CITY</b> <b>ZIP</b>	<input type="checkbox"/> DECK	<input type="checkbox"/> PORCH	<input type="checkbox"/> Proposed addition or split 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"/> SHED	<input type="checkbox"/> PROPERTY SPLIT				
<b>TOWNSHIP</b>	<input type="checkbox"/> OTHER		<b>UNSATISFACTORY</b>			
<b>CONTACT PHONE/CELL</b>	<b>SIZE AND DESCRIPTION:</b>		<input type="checkbox"/> Proposed addition or split interferes with the septic system or water well. You must obtain a variance from the Board of Health or relocate/alter the addition to meet code requirements.			
	<b>↓ OFFICE USE ONLY ↓</b>					
<b>CONTRACTOR / BUILDER PHONE (If applicable)</b>	<b>SEWAGE SYSTEM COMPONENTS - PRIMARY</b>		<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.			
	NUMBER OF SEPTIC TANKS X	TOTAL CAPACITY				
<b>↓ OFFICE USE ONLY ↓</b>	<b>SEWAGE SYSTEM COMPONENTS - SECONDARY</b>		<b>FURTHER ACTIONS, APPROVED TO CONTINUE</b>			
<input type="checkbox"/> SANITARY SEWER <input type="checkbox"/> SEPTIC SYSTEM	<b>ADDITIONAL PRETREATMENT PRIOR TO DISPOSAL</b>		<input type="checkbox"/> NECESSARY CORRECTIONS MADE			
<input type="checkbox"/> RECORDS AVAILABLE <input type="checkbox"/> NO RECORDS	<input type="checkbox"/> YES <input type="checkbox"/> NO (Mfg. Aerobic)		<input type="checkbox"/> VARIANCE GRANTED			
<b>PAYMENT</b>	TYPE OF AEROBIC (IF APPLICABLE)		<input type="checkbox"/> PROMISSORY LETTER RECEIVED, PERMIT ISSUED.			
<input type="checkbox"/> \$60.00 OPERATION INSPECTION	<b>ADDITIONAL COMPONENTS</b>		<b>FURTHER ACTIONS, ADDITION OR SPLIT DENIED</b>			
<input type="checkbox"/> NO PAYMENT NEEDED, WELL ONLY			<input type="checkbox"/> APPROVED AERATION FILTER	<input type="checkbox"/> ADDITION OR SPLIT WILL INTERFERE WITH SEPTIC SYSTEM OR WATER WELL LOCATION/OPERATION		
<input type="checkbox"/> NO PAYMENT NEEDED	<input type="checkbox"/> OTHER SECONDARY TREATMENT	<input type="checkbox"/> VARIANCE DENIED				
<b>DATE PAID</b>	<input type="checkbox"/> MOUNDED SAND FILTER		<b>COMMENTS</b>			
<b>REASON - PLEASE CHECK ONE</b>	<input type="checkbox"/> SUBSURFACE SAND FILTER					
<input type="checkbox"/> ADDITION EVALUATION	SIZE OF ABOVE					
<input type="checkbox"/> O/M INSPECTION	<b>SEWAGE SYSTEM COMPONENTS - DISPOSAL</b>					
<input type="checkbox"/> HOME REFINANCE	<b>DISPOSAL TYPE</b>					
<input type="checkbox"/> NUISANCE	SQ. FT.	LENGTH			WIDTH	DEPTH
<input type="checkbox"/> SUBDIVISION INSPECTION	<b>DISCHARGE TO</b>					
<input type="checkbox"/> OWNER REQUEST	<b>OTHER DEVICES</b>					
<input type="checkbox"/> ADDITION EVALUATION - WATER WELL ONLY	<input type="checkbox"/> Pumps (Y or N)				<input type="checkbox"/> Drains type	
<input type="checkbox"/> REPAIR OF SYSTEM	<input type="checkbox"/> Pump Type ↓				<input type="checkbox"/> Min. Drain Depth	
<input type="checkbox"/> OTHER	<input type="checkbox"/> Grinder Or Effluent		<input type="checkbox"/> Drain Pump (Y or N)			
<b>STATUS - PLEASE CHECK ONE</b>	<input type="checkbox"/> Time dosing (Y or N)		<input type="checkbox"/> Pump Tank (Y or N)			
<input type="checkbox"/> FIELD LOCATED COMPONENTS - OK	<input type="checkbox"/> Pressure dosing Yor N)		<b>SANITARIAN</b> <b>DATE</b>			
<input type="checkbox"/> IN OFFICE RECORD REVIEW - OK	<input type="checkbox"/> Demand Dosing Y or N					
<input type="checkbox"/> NO RECORDS COMPONENTS UNKNOWN - OK	<input type="checkbox"/> Gravity Only					
<input type="checkbox"/> NO NUISANCE - RECOMMENDATIONS						
<input type="checkbox"/> NUISANCE-CORRECTION NEEDED						
<input type="checkbox"/> RECORDS AVAILABLE; FIELD INSP - OK						
<input type="checkbox"/> REPAIR COMPLETED						
<input type="checkbox"/> REPAIR IN PROGRESS						