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1 2

SEWAGE DATA REPORTING FORM

Wood Co.

HEALTH DISTRICT

Webster Twp.

Mark C. Vandivier 9052 Devil's Hole

NAME

ADDRESS

ADDRESS CODE

TELEPHONE NO.

LOCATION

ACTIVITY

- Site Inspection.....  17
- Construction Inspection...  18
- Final Inspection.....  19
- Operational Inspection...  20
- Nuisance Investigation...  21
- Other Agency Request.....  22
- Board of Health Hearing...  23
- Adjudication.....  24
- Consultation.....  25
- Installation Permit.....  26
- Operational Permit.....  27
- Installer Registration...  28
- Septic Tank Cleaner  
Registration.....  29
- Variance.....  30
- Subdivision Review.....  31
- Training.....  32

PRETREATMENT

- Trash Trap.....  33
- Comminutor.....  34
- Other.....  35

TYPE SYSTEM - PRIMARY

- Septic Tank.....  36
- Aeration Unit.....  37
- Privy.....  38
- Vault.....  39
- Other.....  40

TYPE SYSTEM - SECONDARY

- Leaching Tile Field.....  41
- Leaching Bed.....  42
- Leaching Pit.....  43
- Surface Sand Filter.....  44
- Subsurface Sand Filter...  45
- Other. ~~Evapotranspiration~~.....  46

TERTIARY TREATMENT

- Chlorination.....  47
- Other.....  48

EFFLUENT DISCHARGE

- Stream.....  49
- Roadside Ditch.....  50
- Storm Sewer.....  51
- Collector Tile.....  52
- Surface.....  53
- Other.....  54
- None.....  55

ACTION

- Approved. ~~Except Trees~~.....  56
- Disapproved.....  57
- Orders Issued.....  58
- Referred to Board of  
Health.....  59
- Referred to Court.....  60
- Unjustified.....  61
- Extension.....  62

PREMISE USE

- Semi-Public.....  63
- Mobile Home.....  64
- Single Family.....  65
- Multiple Family.....  66

SITE INSPECTION  67  
OTHER  68

CONSTRUCTION INSPECTION  78

FINAL INSPECTION  88

TIME (IN QUARTER HOURS)

ON SITE ACTIVITY

69 70 71

DRIVING

72 73 74

ADMINISTRATION

75 76 77

TIME (IN QUARTER HOURS)

ON SITE ACTIVITY

79 80 81

DRIVING

82 83 84

ADMINISTRATION

85 86 87

TIME (IN QUARTER HOURS)

ON SITE ACTIVITY

89 90 91

DRIVING

92 93 94

ADMINISTRATION

95 96 97

COMPLIANCE DATE  
(IF ORDERS ARE ISSUED)

MO DAY  
     
98 99 100 101

MILEAGE

102 103 104

NEXT OPERATIONAL  
INSPECTION DATE

MO DAY YEAR  
      
105 106 107 108 109 110

COMMENTS OR SUGGESTIONS:

Trees have not yet been installed on this system.

DATE MO DAY YEAR  
       
111 112 113 114 115 116

Steve Wingfield  
SANITARIAN    
117 118

0 4  
1 2

SEWAGE DATA REPORTING FORM

Wood County 8 7 0 0  
HEALTH DISTRICT 3 4 5 6

Mark Vandivier Devils Hole Rd 0 6 0  
NAME ADDRESS ADDRESS CODE TELEPHONE NO. LOCATION 12 13 14 15 16

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**OTHER**  68

**CONSTRUCTION INSPECTION**  78

**FINAL INSPECTION**  88

**TIME (IN QUARTER HOURS)**

<b>ON SITE ACTIVITY</b>	<input type="checkbox"/> 69 <input type="checkbox"/> 70 <input type="checkbox"/> 71	<b>ON SITE ACTIVITY</b>	<input type="checkbox"/> 79 <input type="checkbox"/> 80 <input type="checkbox"/> 81	<b>ON SITE ACTIVITY</b>	<input type="checkbox"/> 89 <input type="checkbox"/> 90 <input type="checkbox"/> 91
<b>DRIVING</b>	<input type="checkbox"/> 72 <input type="checkbox"/> 73 <input type="checkbox"/> 74	<b>DRIVING</b>	<input type="checkbox"/> 82 <input type="checkbox"/> 83 <input type="checkbox"/> 84	<b>DRIVING</b>	<input type="checkbox"/> 92 <input type="checkbox"/> 93 <input type="checkbox"/> 94
<b>ADMINISTRATION</b>	<input type="checkbox"/> 75 <input type="checkbox"/> 76 <input type="checkbox"/> 77	<b>ADMINISTRATION</b>	<input type="checkbox"/> 85 <input type="checkbox"/> 86 <input type="checkbox"/> 87	<b>ADMINISTRATION</b>	<input type="checkbox"/> 95 <input type="checkbox"/> 96 <input type="checkbox"/> 97

**COMPLIANCE DATE (IF ORDERS ARE ISSUED)** MO DAY 98 99 100 101

**MILEAGE** 102 103 104 16

**NEXT OPERATIONAL INSPECTION DATE** MO DAY YEAR 105 106 107 108 109 110

**COMMENTS OR SUGGESTIONS:** Aeration unit is operational - aerator and dosing pump are functioning properly. Box at the end of the 100' trench is dry - Inspection port is clean and clear - No trees on system as yet -

**DATE** MO DAY YEAR 0 9 3 1 2 5  
111 112 113 114 115 116

Al Kilbarger 21  
SANITARIAN 117 118

NAME *Mark C. Vandivier*

Registration Number

Reg. Issued (Date)

Fee

*9052*  
North side of Devils Hole Rd between  
STREET ADDRESS *Carter & Anderson Rd.*

*PP 554*  
*DP 434*

*10/9/74*  
*11/1/74*

*25.00*  
*25.00*

CITY STATE ZIP CODE  
*Bowling Green Ohio 43402*

STATE ZIP CO

PUMP INSTALLERS

APPLICATION RECEIVED - DATE

Depth of Well -

APPLICATION RECEIVED - DATE

Depth of Water -

Depth of Pump Setting -

APPROVED, DISAPPROVED, REVOKED

Galvanize or Plastic Pipe -

APPROVED, DISAPPROVED, REVOKED

BY

Kind of Pump -

Size of Pump -

BY

WOOD COUNTY HEALTH DEPARTMENT  
JAMES A. COY, M.P.H.,  
ACTING HEALTH COMMISSIONER

Kind of Pitless Adaptor -

WOOD COUNTY HEALTH DEPARTMENT  
JAMES A. COY, M.P.H.,  
ACTING HEALTH COMMISSIONER

Chlorinate Well -

*W. Vandivier*

1. NAME <i>Mark C. Vandiver</i>	5. CITY, VILLAGE OR TOWNSHIP <i>Webster</i>
2. RESPONSIBLE PERSON <i>Mark C. Vandiver</i>	6. ADDRESS OF RESPONSIBLE PERSON <i>P.O. Box 174 Dunbridge, Ohio</i>
3. SANITARIAN	4. DATE OF INSPECTION <i>9057</i>
7. TYPE <i>Aeration Unit Loading</i>	
8. FINDINGS AND RECOMMENDATIONS  <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <p style="font-size: 24px; border: 2px solid green; border-radius: 50%; padding: 10px; display: inline-block;">005937</p> </div> <div style="width: 55%;"> <p><i>Chambers 100 ft. escape - trench with 16 pine trees and perimeter drainage. Two inspection before backfilling.</i></p> <p><i>* Located on N. side Devils Hole Rd. between Anderson + Carter Roads.</i></p> </div> </div>	
I hereby make application for a permit to install a sewage disposal system in accordance with the rules and regulations of the Wood County Board of Health. The work or construction for which the permit was issued shall be performed within one year.	
Signature <i>Mark C. Vandiver</i>	

*Webster zoning # 15-7H*  
*Recorded: Vol 506*  
*Page 282*

*150' TRENCH To be*  
*Elevated 6'*  
*PERIMETER - is 26" deep.*