

# Sewage System Addition Evaluation



7235 Whipple Ave NW Suite B • North Canton, OH 44720 • Phone (330) 493-9904 • Fax (330) 493-9920 • www.starkhealth.org

PROPERTY ADDRESS: \_\_\_\_\_ TOWNSHIP: \_\_\_\_\_  
 CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ OWNER: \_\_\_\_\_  
 PERSON RESPONSIBLE FOR ACCESS & TITLE: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 When completed, would you like this form e-mailed?    **Y**    **N** E-MAIL TO: \_\_\_\_\_

Is home connected to sanitary sewer?	<b>Y</b>	<b>N</b>	Is home connected to municipal water?	<b>Y</b>	<b>N</b>
Has the septic system been inspected by the Health Department within the past year? <b>Y</b> <b>N</b> If yes, check which type below:					
Type of Improvements to be made:	Addition Evaluation	Property Transfer	Property Split	New Installation	
	Living Space	Bedrooms	Bathroom(s)	Pool	
	Shed	Deck/Porch	Property Split	Out-building	
Will excavation OR grading be necessary? <b>Y</b> <b>N</b> If yes, please describe:					
Size and description of addition: _____					
_____					
_____					
<i>A diagram of the improvements must accompany this form. Minimally show the house, addition(s), driveway, well, and septic tank location with dimensions.</i>					
<ul style="list-style-type: none"> <li>• Current layout of property can be obtained from the Stark County Auditor's Website—<a href="http://starkcountyohio.gov/auditor">http://starkcountyohio.gov/auditor</a>.</li> <li>• Septic and water well records can be obtained from <a href="http://www.starkhealth.org">www.starkhealth.org</a>.</li> <li>• Submit completed form to <a href="mailto:online@starkhealth.org">online@starkhealth.org</a></li> </ul>					

<u>Health Department Use Only</u>		
Field located components	Unable to locate some components	In office records review
<p><b>SATISFACTORY</b>, date: _____ Based on the information provided by the applicant, the proposed addition or split will not interfere with the location of the septic system, future replacement area, or water well.</p> <p><b>UNSATISFACTORY</b>, date: _____ The proposed addition or split interferes with the septic system, future replacement area, or water well. The proposal must be relocated/altered or a variance must be obtained from the Board of Health.</p> <p><b>UNSATISFACTORY</b>, date: _____ The septic system has failed inspection. It will need to be repaired or replaced. Contact the Health Department to make arrangements for an site evaluation.</p> <p><b>FURTHER ACTIONS TAKEN, NOW SATISFACTORY</b>, date: _____</p>		
COMMENTS: _____		
_____		
_____		
_____		
_____		
Sanitarian Signature: _____ Date: _____		

# Addition Evaluation Diagram

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INCLUDE: NORTH ARROW, HOME, DRIVEWAY, SEPTIC TANK, WATER WELL/ WATER LINE, DIMENSIONS

<b>DISTANCES</b>	
ADDITION TO WATER WELL	
ADDITION TO SEPTIC TANK	
<b>ADDITION DISTANCE TO OTHER SEPTIC COMPONENTS, if known</b>	
COMPONENT: _____	
COMPONENT: _____	
COMPONENT: _____	