

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

705 Oakwood Street  
Suite 208  
Ravenna, OH 44266  
Web: [www.co.portage.oh.us/dept/healthdepartment](http://www.co.portage.oh.us/dept/healthdepartment)

Phone: 330-296-9919  
Fax: 330-297-3597  
Email: [pchd@portageco.com](mailto:pchd@portageco.com)



## CLEAR WATER INSPECTION FORM

DATE: 1/3/2014 PERMIT NO.: 14-11  
FEE PAID: \$45.00

Alfred L. & Margaret A. Siegfried (330) 620-2323  
OWNER'S NAME OWNER'S PHONE NUMBER

88 Howe Rd., Kent, OH 44240  
OWNER'S COMPLETE ADDRESS:

88 Howe Rd., Kent, OH 44240  
ADDRESS TO BE INSPECTED

Brimfield  
TOWNSHIP:

J. Rhoades, Trustee (330) 673-5250  
APPLICANT'S NAME APPLICANT'S PHONE NUMBER

INSPECTED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DISAPPROVED: \_\_\_\_\_

REMARKS: \_\_\_\_\_

# Data For Parcel 04-019-00-00-015-000

## Base Data

<b>Parcel:</b>	04-019-00-00-015-000
<b>Owner:</b>	SIEGFRIED MARGARET A & ALFRED L (J&S)
<b>Address:</b>	88 HOWE



[+] Map this property.

## Tax Mailing Address

<b>Tax Mailing Name:</b>	SIEGFRIED MARGARET A &
<b>Address:</b>	88 EAST HOWE RD
<b>City State Zip:</b>	KENT OH 44240

## Owner Address

<b>Owner Name:</b>	SIEGFRIED MARGARET A &
<b>Address:</b>	88 E HOWE RD
<b>City State Zip:</b>	KENT OH 44240

## Geographic

<b>City:</b>	UNINCORPORATED
<b>Township:</b>	BRIMFIELD TOWNSHIP
<b>School District:</b>	FIELD L.S.D.

## Legal

<b>Legal Acres:</b>	0.4591	<b>Homestead Reduction:</b>	YES
<b>Legal Description:</b>	RHOADESDALE PARK ESTATES LOT 3 F 100	<b>2.5% Reduction:</b>	YES
<b>Land Use:</b>	510 - SINGLE FAMILY DWLG	<b>Foreclosure:</b>	NO
<b>Neighborhood:</b>	27000	<b>Board of Revision:</b>	NO
<b>Number Of Cards:</b>	1	<b>New Construction:</b>	NO
<b>Annual Tax (Does not include delinquencies.):</b>	\$1,748.40	<b>Divided Property:</b>	NO
<b>Map Number:</b>		<b>Routing Number:</b>	

Report Discrepancy

GIS parcel shapefile last updated 10/25/2011 11:04:16 PM.  
 CAMA database last updated 10/26/2011 3:44:37 AM.

**Kevin Watson**

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**From:** Kevin Watson  
**Sent:** Friday, October 28, 2011 8:17 AM  
**To:** John Evans  
**Subject:** RE: sewer availability question...

Excellent. Thanks John.

Yeah, after sending the email, Tom told me about the neighbor lady, and yes he did tell her that her only option was to connect to the sewer at the corner, due to the EPA guidelines for not approving NPDES systems if sewer is within 400'. And so, for this guy, to approve a home addition, it'd be the same story. As far as the develop project... basically just the rumblings of an inten at this point?

Thanks again, John. Have a great weekend.

Sincerely,  
Kevin J. Watson, R.S.  
[kwatson@portageco.com](mailto:kwatson@portageco.com)

**From:** John Evans  
**Sent:** Thursday, October 27, 2011 11:59 AM  
**To:** Kevin Watson  
**Subject:** RE: sewer availability question...

Kevin,

Better yet, I can show you the sewer map, find attachment.

I have seen this gentleman already and he wants to add on a bedroom and bathroom to his house. I have also seen his divorcir neighbor lady at 98 Howe who has a failing system and I believe the HD told her to connect to the sewer. As you can see, the sewer is currently at the intersection of Howe and Estes Drive. It would have to be extended up the road to catch these 2 people. A road bore may be necessary on this which adds to the cost. The north side of Howe already has sewer through their back yards.

The other part of this story is that a potential developer is considering sewer there, but we have not seen any proof of that.

Hope this helps.

**John G. Evans**  
Portage County Water Resources  
Ph: 330-298-2071  
Fax: 330-297-3689  
*Mail:* 449 South Meridian Street  
P.O. Box 1217  
Ravenna, OH 44266-1217  
*Location:* 8116 Infirmary Road  
Ravenna, OH 44266

**From:** Kevin Watson  
**Sent:** Thursday, October 27, 2011 9:58 AM  
**To:** John Evans  
**Subject:** sewer availability question...

Hey John,

Could you please check into the status of any potential sewer availability for an address for me (even if it'd have to be through a neighbor easement, or boring under the road and connecting into a possible force main)??

The address is 88 E. Howe Rd., Brimfield Township, parcel #04-019-00-00-015-000.

Based on the 208 maps, this area on the south side of Howe appears to be in the orange, but across Howe Rd. the north side seems to be yellow/sewered?

The owner is considering a future addition, and it doesn't appear an upgrade of the sewage system would be possible (and we have no indication of current failure), so I was wanting to find out if he may have the option somehow somewhere to pursue sewer, before I get back to him to advise.

Thanks John. I'll look forward to your reply.

Sincerely,

Kevin J. Watson, R.S.

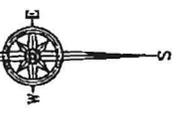
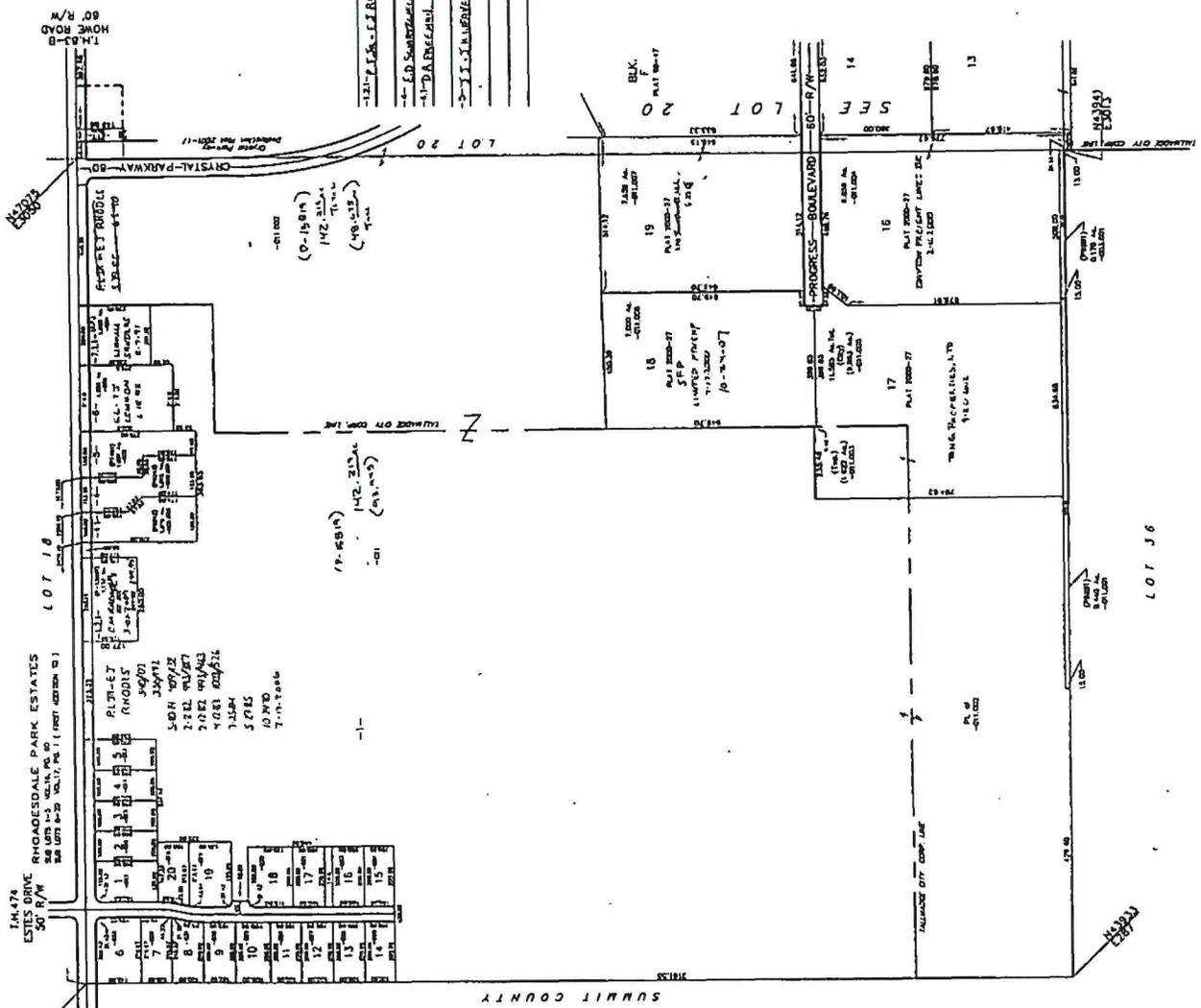
[watson@portageco.com](mailto:watson@portageco.com)



CITY OF TALLAHASSEE  
 49-019-00-00-000.000  
 04-019-00-00-000.000  
 BRIMFIELD TWP.



RHODESDALE PARK ESTATES	
1	R. VITABASIA
2	R. D. ESTERLANDER
3	M. A. B. BUCKLEY
4	M. J. J. RHOADS
5	M. J. J. RHOADS
6	M. J. J. RHOADS
7	M. J. J. RHOADS
8	M. J. J. RHOADS
9	M. J. J. RHOADS
10	M. J. J. RHOADS
11	M. J. J. RHOADS
12	M. J. J. RHOADS
13	M. J. J. RHOADS
14	M. J. J. RHOADS
15	M. J. J. RHOADS
16	M. J. J. RHOADS
17	M. J. J. RHOADS
18	M. J. J. RHOADS
19	M. J. J. RHOADS
20	M. J. J. RHOADS
16A	M. J. J. RHOADS



- 121-PL-1-RHOADS 1-13
- 121-PL-1-RHOADS 1-14
- 121-PL-1-RHOADS 1-15
- 121-PL-1-RHOADS 1-16
- 121-PL-1-RHOADS 1-17
- 121-PL-1-RHOADS 1-18
- 121-PL-1-RHOADS 1-19
- 121-PL-1-RHOADS 1-20

SUMMIT COUNTY

# Portage County Health Department

## Portage County Water Resources Laboratory

Microbiological Drinking Water Sample Identification Sheet  
 Laboratory Name: Portage County Water Resources Laboratory Certification #: 546

<u>SIEGFRIED</u> Water Supply Name		Completely fill out using Ballpoint pen or pencil
<u>PORTAGE COUNTY</u>	<u>PRESSURE TANK</u> Sample Tap ID	
<u>8/24/06</u> Date Collected	<u>10:35</u> Time Collected	
<u>88 Howe Rd</u> Address of Sample Tap		
<u>Jim Danner</u> Signature of Sample Collector		<u>BRIMFIELD</u> City
<u>330-296-9919</u> Phone #		
<b>Sample Classification</b> <input type="checkbox"/> Routine <input type="checkbox"/> Repeat* <input type="checkbox"/> Special *If Repeat, last sample # _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Distribution System <input type="checkbox"/> Raw <input type="checkbox"/> Plant Tap <input type="checkbox"/> Surface <input type="checkbox"/> Ground <input type="checkbox"/>		<b>Person to Receive Results</b> Name _____ Address _____ City, State _____ Zip _____

### LABORATORY RESULTS

**Verification**

LTB		BGB	
24	48	24	48
EC			

Not Analyzed   
 Too Old   
 Leaked in Transit   
 Broken in Transit   
 Residual Chlorine   
 Less than 100ml   
 Incomplete information   
 Lab accident

**Test Used**

Membrane Filter   
 MMO - MUG

Total Coliform Results	
Positive	
Positive/CG	
Positive/HBC	
Negative	✓
Neg/CG INVALID	
Neg/HBC INVALID	

Fecal Coliform	
E. Coli	
Positive	
Negative	

Sample # 10158  
 Date Rec'd 8/24/06  
 Time Rec'd 13:15  
 Date rep't 8-25-06  
 Analyst 1496

Comments

Send Results to:

Portage County Health Dept.  
 449 S. Meridian St.  
 Ravenna, OH 44266  
 FAX: 330-297-3597

Microbiological Drinking Water Sample Identification Sheet  
 Adams Water Laboratory, Inc. Certification # 820

SIEGFRIED  
 Water Supply Name

Portage

County

PWS ID# (If Applicable)

AM  
 PM

8/9/06  
 Date Collected

2:25  
 Time Collected

88 Howe Rd.  
 Street Address

FOR LAB USE ONLY

Sample Number 63863

Date Received AUG 09 2006

Time Received 1532

Date Reported AUG 10 2006

\_\_\_\_ K. Smith

Analyst J. Moritz K. Adams

Payment \_\_\_\_\_

PO Number \_\_\_\_\_

BRIMFIELD  
 City

PRESSURE TANK  
 Sample Tap

Tom Blannan  
 Signature of Sample Collector

(330) 296-9919  
 Telephone Number

Sample Classification

- Routine  Repeat  Special  
 If repeat, last sample # \_\_\_\_\_  
 Public  Private  
 Distribution System  
 Raw  Plant Tap  
 Surface  Ground  
 \_\_\_\_\_

Agency Collecting Sample

Portage County Health Dept  
 449 South Meridian Street  
 Ravenna, OH 44266

Verification

LTB		BGB	
24	48	24	48
EC			

Laboratory Results

Test Used

- Membrane Filter  
 MMO-MUG

Fecal Coliform	<input type="checkbox"/>
E. coli	<input checked="" type="checkbox"/>
Positive	
Negative	<input checked="" type="checkbox"/>

Not Analyzed

- Too Old  
 Leaked in Transit  
 Broken in Transit  
 Residual Chlorine  
 Less Than 100ml  
 Incomplete Info  
 Lab Accident  
 \_\_\_\_\_

Total Coliform Results	
Positive	<input checked="" type="checkbox"/>
Positive/CG	
Positive/HBC	
Negative	
Neg/CG INVALID	
Neg/HBC INVALID	

Comments

**Microbiological Drinking Water Sample Identification Sheet**  
**Adams Water Laboratory, Inc. Certification # 820**

SIEGFRIED  
 Water Supply Name

Portage  
 County

7/21/06 12:05  
 Date Collected Time Collected

88 Howe Rd  
 Street Address

BRIMFIELD  
 City

Jon Brannen  
 Signature of Sample Collector

**FOR LAB USE ONLY**  
 Sample Number 63450  
 Date Received JUL 21 2006  
 Time Received 1339  
 Date Reported JUL 22 2006  
 Reported by K. Smith  
 Analyst X J. Moritz S. Adams  
 Payment \_\_\_\_\_  
 PO Number \_\_\_\_\_

OUTSIDE  
 Sample Tap

(330) 296-9919  
 Telephone Number

**Sample Classification**

Routine  Repeat  Special  
 If repeat, last sample # \_\_\_\_\_

Public  Private

Distribution System

Raw  Plant Tap  
 Surface  Ground  
 \_\_\_\_\_

**Agency Collecting Sample**

Portage County Health Dept.  
 449 South Meridian Street  
 Ravenna, OH 44266

**Verification**

LTB	BGB
24 48	24 48
EC	

**Laboratory Results**

Test Used  
 Membrane Filter  
 MMO-MUG

Fecal Coliform   
 E. coli

Positive \_\_\_\_\_  
 Negative  

**Not Analyzed**

Too Old  
 Leaked in Transit  
 Broken in Transit  
 Residual Chlorine  
 Less Than 100ml  
 Incomplete Info  
 Lab Accident  
 \_\_\_\_\_

**Total Coliform Results**

Positive	<u> </u>
Positive/CG	
Positive/HBC	
Negative	
Neg/CG INVALID	
Neg/HBC INVALID	

**Comments**

# Ohio Department of Health

## Application/Permit for a Private Water System

~~NO LAK~~  
~~RES~~

Permit #	06-144
Fee	336

**ALL ITEMS MUST BE COMPLETED**

Health District	Portage
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**CHECK ALL THAT APPLY**

<input type="checkbox"/> New Installation <input type="checkbox"/> Alterations <input type="checkbox"/> Sealing* <input checked="" type="checkbox"/> Emergency construction <input type="checkbox"/> Emergency alteration	Water System will serve: <input checked="" type="checkbox"/> Single-family dwelling <input type="checkbox"/> Multi-family dwelling* <input type="checkbox"/> Pond* <input type="checkbox"/> Building*	<input checked="" type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Storage Tank	Sealing: <input checked="" type="checkbox"/> Existing well, New installation <input type="checkbox"/> Existing well <input type="checkbox"/> Cistern/Hauled Water Storage Tank <input type="checkbox"/> Other
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\*NOTE: If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Ohio Administrative Code.

**PLEASE TYPE OR PRINT IN BALLPOINT PEN**

Owner/Applicant		Phone no.
Alan Sigfried		330-434-4464
Mailing address		
188 Howe rd		
City	State	ZIP
Brimfield	OH	
Location of property		
Aime		
Street address of property		Township
		Brimfield
Private water system contractor**		Phone no.
Anderson Drilling		655-2201
		Registration no.
		94

\*\*NOTE: The name of the Private Water Systems contractor must be provided to the local health district before the installation of the well, spring, cistern or pond per OAC 3701-28-03.

**SITE PLAN MUST BE ATTACHED TO THIS FORM**

**NOTICE TO APPLICANT:** It may be to your advantage to read the rules governing Private Water Systems, Chapter 3701-28 of the Ohio Administrative Code. This application will not be processed until the site plan is complete and this form bears the signature of the applicant and is accompanied by the appropriate fee.

I/we, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all other applicable rules.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Ohio Administrative Code.

Owner/Applicant signature	Date
	7-13-06

**DO NOT WRITE BELOW THIS LINE**

Permit approved by (Registered sanitarian signature required)	Date (Permit expires one year from this date)
	7-18-06

Variance requested <input type="checkbox"/> yes <input type="checkbox"/> no	Approved <input type="checkbox"/> yes <input type="checkbox"/> no	Date
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Permit Extension Approved by	Date approved
---------------------------------	---------------

369520

**SEE COMMENTS ON BACK.**

Note: Not valid without official Audit number attached

**Private Water System**  
**Administrative Summary**  
**HEALTH DEPARTMENT USE ONLY**

**I. Well Log**

Date received <b>7-31-06</b>	Well log submitted by	Well log no.
---------------------------------	-----------------------	--------------

**II. Completion Forms**

Date received <b>7-31-06</b>	Completion form submitted by	Registration no.
---------------------------------	------------------------------	------------------

**III. Site Inspection**

Site inspection performed by	Date(s)	Worksheet attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments		

**IV. Water Sample**

Bacteria Sample	Collected by	Date	Sample collection point	Results
Bacteria Sample One	<i>Jon Banna</i>	<i>7/31/06</i>	<i>OUTSIDE</i>	<i>+</i>
Bacteria Sample Two	<i>JB</i>	<i>8/9/06</i>	<i>PT</i>	<i>4</i>
Bacteria Sample Three	<i>JB</i>	<i>8/2/06</i>	<i>PT</i>	
Nitrate Pre-screened	<i>JB</i>	<i>7/2/06</i>	<i>OUTSIDE</i>	<i>0</i>
Nitrate Laboratory				
Comments <i>Inspection by JB</i>				

**V. System Status**

<input checked="" type="checkbox"/> System approved by <i>J. Mahel</i>	Date <i>8-29-06</i>
<input type="checkbox"/> System disapproved by	Date
Reason	

**VI. Variance**

Comments
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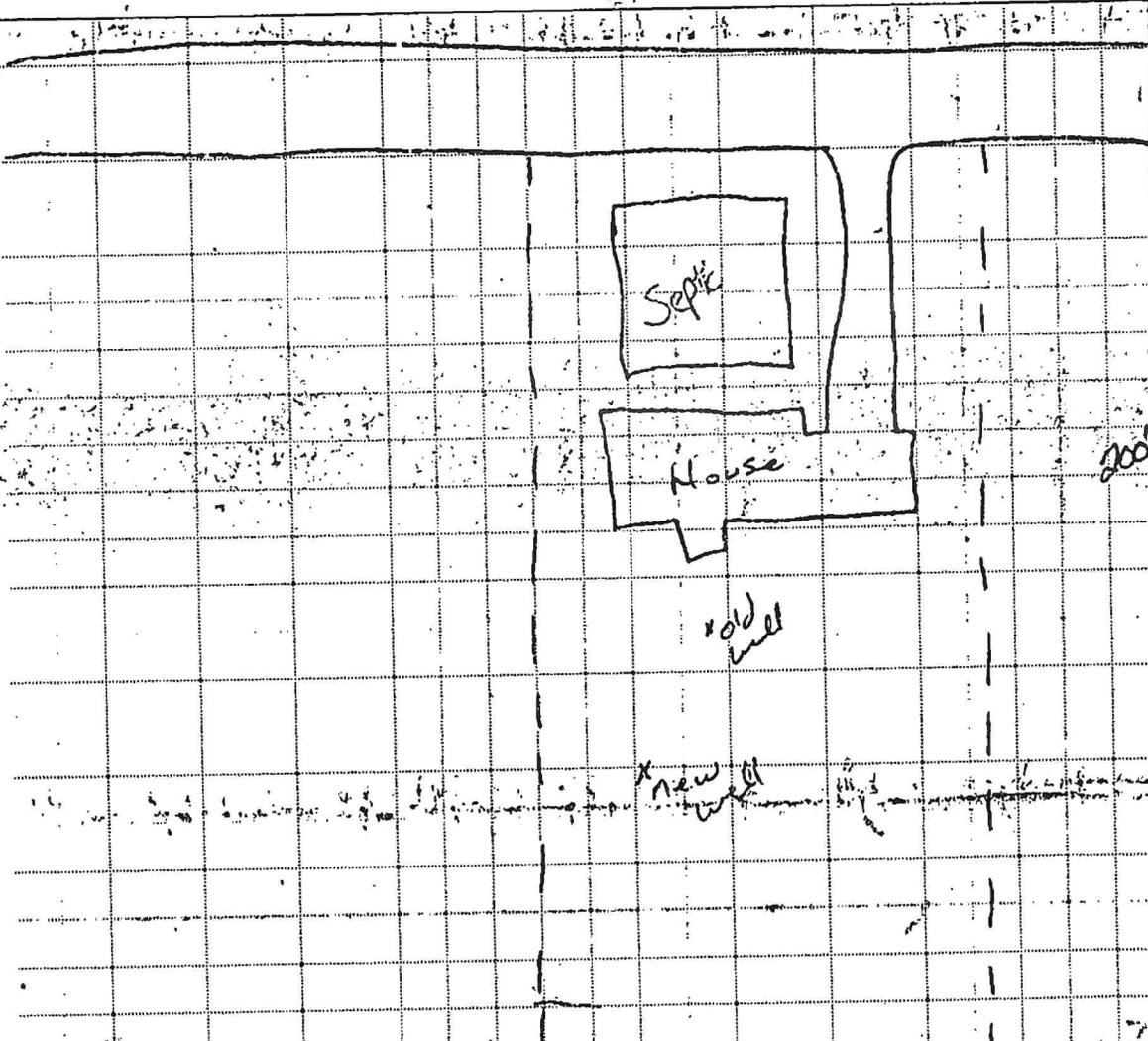
Ohio Department of Health

# Application/Permit for Private Water System Site Plan

Health district <i>Portage</i>	Permit number <i>06-144</i>
Owner/Applicant <i>Al. Sigfried</i>	
Location of property <i>88 Howe rd.</i>	
Site plan prepared by <i>Dun</i>	

Clearly indicate the location or area of the proposed or existing private water system.  
Please indicate scale and/or distance.

↑ North



Indicate distances between water source and the following existing or proposed items on the map on left. Minimum distances required by ORC 3701-28-10 are noted in parentheses.

**Check List**

- Location of PWS or Test Hole
- Road right-of-ways (25 ft)
- Existing or properly sealed water wells (10 ft)
- Above or below ground storage tanks (5-300 ft)\*
- Property lines (10 ft) *15'*
- Public roadways (25 ft) *200'*
- Driveways (5 ft) *100'*
- Easements (10 ft)
- Sewer lines (10 ft)
- Sewage disposal systems (50 ft) *100'*
- Buildings (10 ft)
- Houses (10 ft) *70'*
- Barn or feed lots (100-500 ft)\*
- Outbuildings (50 ft)
- Oil and gas wells (100 ft)
- Streams, lake, ponds and ditches (25 ft)
- Manure ponds, lagoons or piles (50-300 ft)\*
- Lot lines (10 ft)
- Land fills (1000 ft)
- Other possible sources of contamination

Comments

*New well at least 10' from the old well*

\* Please refer to OAC 3701-28-10

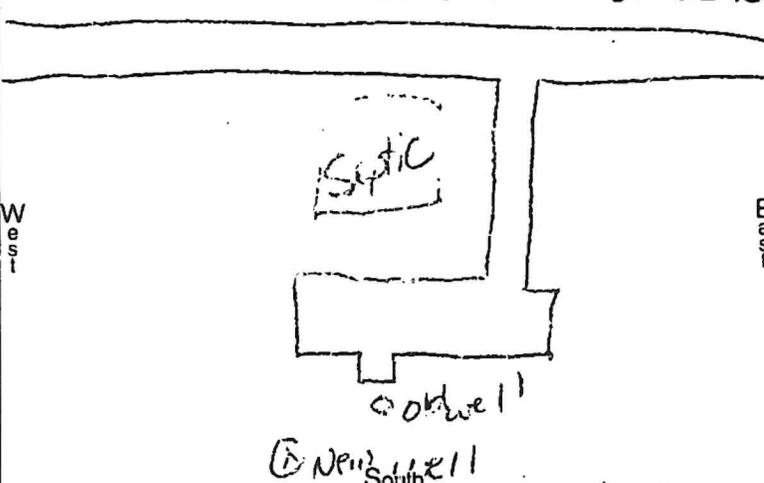
**PLEASE NOTE:** Any changes to the site plan must be approved by the local health district

# WELL LOG AND DRILLING REPORT

1004085

TYPE OR USE PEN  
SELF TRANSCRIBING  
PRESS HARD

Ohio Department of Natural Resources  
Division of Water, 2045 Morse Road  
Columbus, Ohio 43229-6605 Voice (614) 265-6740 Fax (614) 265-6767

WELL LOCATION	CONSTRUCTION DETAILS												
County <u>Portage</u> Township <u>Winnfield</u> Owner/Builder <u>Ulten Sigveid</u> <small>(Circle One or Both) First Last</small> Address of Well Location <u>88 Howe Rd</u> <small>Number Street Name</small> City <u>Winnfield</u> Zip Code <u>+4</u> Permit No. <u>06-144</u> Section/Lot No. _____ <small>(Circle One or Both)</small> Location of Well in State Plane coordinates, if available: Use of Well <u>domestic</u> N <input type="checkbox"/> X _____ +/- _____ ft. or m S <input type="checkbox"/> Y _____ +/- _____ ft. or m Elevation of Well _____ +/- _____ ft. or m Datum Plain: <input type="checkbox"/> NAD27 <input type="checkbox"/> NAD83 Elevation Source _____ Source of Coordinates: <input checked="" type="checkbox"/> GPS <input type="checkbox"/> Survey <input type="checkbox"/> Other _____	<input type="checkbox"/> Rotary <input checked="" type="checkbox"/> Cable <input type="checkbox"/> Augered <input type="checkbox"/> Driven <input type="checkbox"/> Other _____ <b>BOREHOLE/CASING</b> (measured from ground surface) 1 <input checked="" type="checkbox"/> Borehole Diameter <u>5.5</u> inches Depth <u>83</u> Casing Diameter <u>5</u> in. Length <u>32</u> ft. Thickness <u>.25</u> 2 <input type="checkbox"/> Borehole Diameter _____ inches Depth _____ Casing Diameter _____ in. Length _____ ft. Thickness _____ Casing Height Above Ground _____ Type 1 <input checked="" type="checkbox"/> Steel 1 <input type="checkbox"/> Galv. 1 <input type="checkbox"/> PVC 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____ Joints 1 <input checked="" type="checkbox"/> Threaded 1 <input type="checkbox"/> Welded 1 <input type="checkbox"/> Solvent 1 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> 2 <input type="checkbox"/> Other _____ <b>SCREEN</b> Diameter _____ Slot Size _____ Screen Length _____ ft Type _____ Material _____ Set Between _____ ft. and _____ ft <b>GRAVEL PACK</b> (Filter Pack) Material/Size _____ Volume/Weight Used _____ Method of Installation _____ Depth: Placed FROM _____ ft. TO _____ <b>GROUT</b> Material <u>portland</u> Volume/Weight Used <u>50</u> Method of Installation <u>fill</u> Depth: Placed FROM <u>0</u> ft. TO <u>30</u>												
Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: <u>40° 07' 04" N</u> Long: <u>81° 23' 43" W</u> 	<b>DRILLING LOG*</b> INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED. Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>cl. clay (sandy)</u></td> <td><u>0</u></td> <td><u>25</u></td> </tr> <tr> <td><u>Di. S.S.</u></td> <td><u>25</u></td> <td><u>40</u></td> </tr> <tr> <td><u>gr. shale</u></td> <td><u>40</u></td> <td><u>83</u></td> </tr> </tbody> </table>		From	To	<u>cl. clay (sandy)</u>	<u>0</u>	<u>25</u>	<u>Di. S.S.</u>	<u>25</u>	<u>40</u>	<u>gr. shale</u>	<u>40</u>	<u>83</u>
	From	To											
<u>cl. clay (sandy)</u>	<u>0</u>	<u>25</u>											
<u>Di. S.S.</u>	<u>25</u>	<u>40</u>											
<u>gr. shale</u>	<u>40</u>	<u>83</u>											
<b>WELL TEST*</b> Pre-Pumping Static Level <u>50</u> ft. Date <u>7/12/06</u> Measured from: <input type="checkbox"/> Top of Casing <input checked="" type="checkbox"/> Ground Level <input type="checkbox"/> Other _____ <input type="checkbox"/> Air <input checked="" type="checkbox"/> Bailing <input type="checkbox"/> Pumping* <input type="checkbox"/> Other _____ Test Rate <u>20</u> gpm Duration of Test <u>1</u> hrs. Feet of Drawdown <u>5</u> ft. Sustainable Yield <u>20</u> gpm *(Attach a copy of the pumping test record, per section 1521.05, ORC) Is Copy Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Flowing Well? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Quality <u>clear</u>	<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>RECEIVED</b></p> <p>JUL 31 2006</p> <p><b>P.C.H.D.</b></p> </div>												
<b>PUMP/PITLESS</b> Type of pump _____ Capacity _____ gpm Pump set at _____ ft. Pitless Type _____ Pump installed by _____ I hereby certify the information given is accurate and correct to the best of my knowledge. Drilling Firm <u>Winnfield Drilling &amp; Pumping, LLC</u> Address <u>PO Box 1666</u> City, State, Zip <u>Stucox OH 44224</u> Signed <u>Stan Konko</u> Date <u>7/27/06</u> ODH Registration Number <u>44</u>													
* (If more space is needed to complete drilling log, use next consecutively numbered form.) Date of Well Completion <u>7/12/06</u> Total Depth of Well <u>83</u>													

**Ohio Department of Health • Private Water Systems  
Well/Pump  
COMPLETION**

**RECEIVED**

JUL 31 2006

**P.C.H.D.**

This completion form must be completed and returned to the health district or other governing agency prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03, and must be submitted within thirty (30) days of completion of work.

System's permit number <b>06-144</b>	Date of completion <b>7/13/06</b>	County <b>Portage</b>
Owner <b>Allen Sigfreid</b>	Phone <b>330 431-4464</b>	
Mailing address <b>88 Howe Rd</b>	Township <b>Brimfield</b>	
City <b>Brimfield</b>	State <b>OH</b>	ZIP <b>44240</b>
Address of property <b>SAME</b>		
Type of system <input checked="" type="checkbox"/> Well <input type="checkbox"/> Pond <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled water storage		
Private water systems contractor <b>Anderson Drilling &amp; Pump, Inc.</b>	Phone: <b>330 655-2201</b>	Registration number <b>94</b>
Work completed—Installation of <input checked="" type="checkbox"/> Pitless adapter <input checked="" type="checkbox"/> Pump <input type="checkbox"/> Disinfection equipment <input type="checkbox"/> Other components (specify)		

<b>Installation Details</b>	<input checked="" type="checkbox"/> Pitless Adapter	<input type="checkbox"/> Pitless Unit
Manufacturer <b>Dicken</b>		
Depth below grade <b>3 Ft. / 16</b>	Style <input type="checkbox"/> Clear-way	<input checked="" type="checkbox"/> Pull-through <input type="checkbox"/> Other (specify)
Method of cutting hole in casing <b>holesaw</b>		
Method of attachment to casing <b>bolted</b>		
Method of attaching casing extension (if applicable) <b>-</b>		Final casing height above finished grade <b>12</b> inches

<b>Pump</b>	<input checked="" type="checkbox"/> Submersible	<input type="checkbox"/> Jet	<input type="checkbox"/> Hand Pump	<input type="checkbox"/> Other specify
Manufacturer <b>Goulds</b>	HP <b>3/4</b>	Capacity <b>10 GPM</b>	Depth of pump setting or intake <b>73'</b>	

**Disinfection Equipment** See reverse for details

**HEALTH DISTRICT USE ONLY**

Date received	Information complete	Approved
Comments		

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

449 South Meridian Street ~ Ravenna, Ohio 44266 ~ (330) 296-9919 ~ Fax: (330) 297-3597

## EVALUATION OF PRIVATE WATER SYSTEM PART 1 ~ TO BE COMPLETED BY APPLICANT

INSPECTION TYPE:  HOME SALE  REFINANCING ~ FINANCING:  VA  FHA  CONVENTIONAL  
INSPECTION TYPE:  WELL PERMIT  SOCIAL SERVICES  RX  NON-SPECIFIC

RESAMPLE

LOCATION FOR INSPECTION

PERSON(S) RESPONSIBLE FOR ACCESS

88 Howe Rd

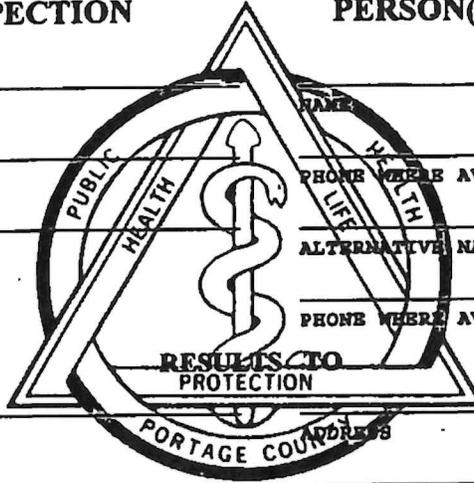
ADDRESS

Drumfield

TOWNSHIP

DEGRIED

OWNER'S NAME



PHONE WHERE AVAILABLE FROM 8-9:30AM

ALTERNATIVE NAME

PHONE WHERE AVAILABLE FROM 8-9:30AM

NAME

CITY

STATE

ZIP

PHONE

## PART 2 ~ TO BE COMPLETED BY HEALTH DEPARTMENT INSPECTOR

The inspection revealed that the above property is serviced by a:

WELL

CISTERN/HAULED WATER STORAGE

OTHER

Drilled-Casing Exposed

Design to Code

Natural Spring

Drilled-Buried Seal

Design NOT to Code

Pond

Dug Well

Comments: None

The age of the water system is: NEW years (IF KNOWN FROM RECORDS)

The bacterial sample has indicated the above water supply system to be:

TOTAL COLIFORM POSITIVE (Unsatisfactory)

TOTAL COLIFORM NEGATIVE (Satisfactory)

From Health Department records and observations, it is my opinion that this private water system is:

SATISFACTORY AT TIME OF INSPECTION

UNSATISFACTORY AT TIME OF INSPECTION

Requirements: DEFECT & RESAMPLE. CONTRACTOR MUST SUBMIT

WELL LOG & SEALING REPORT.

John Branna  
Inspector

7/24/06  
Date

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

Portage County Administration Building  
149 South Meridian, 3rd Floor  
Ravenna, Ohio 44266

Phone: Area Code 330.296.9919

Fax: Area Code 330.297.3597

E-mail: [pchd@portageco.com](mailto:pchd@portageco.com)

Web: [www.co.portage.oh.us/dept/health](http://www.co.portage.oh.us/dept/health)



**JuWayne O. Porter, R.S., M.P.H.**  
Health Commissioner

July 24, 2006

Al Siegfried  
88 Howe Road  
Kent, OH 44240

RE: 88 Howe Rd., Brimfield Township

PERMIT # 06144

Dear Homeowner:

Enclosed are the results of the analysis of the sample of water taken at your home recently. As you can see, the sample tested positive for coliform bacteria, which means it is unsafe. That is not uncommon for the first test from a new water system. Even though your water system contractor should have thoroughly cleaned and disinfected your water system when he was done, contamination from the actual construction or plumbing installation is usually the cause. You must take steps to remedy the problem for the sake of you and your family and to comply with Ohio Private Water Systems regulations.

State regulations require that all new or altered water systems must test negative (safe) before the water is used. This department is required to enforce those regulations. Therefore, we would appreciate your cooperation in resolving the problem. Please contact your water system contractor and have him again thoroughly clean and disinfect your system as required by Ohio Water System Regulations. Then send us a request for a resample. There is a \$40.00 fee to cover our costs of collecting, transporting, and having the sample tested at a private laboratory. That fee must be paid in advance of our collecting the sample. We do not collect money in the field.

If you have any questions, please feel free to contact me or anyone in our Environmental Division at (330) 296-9919.

Sincerely,

*Loyd Groves / jr*

Loyd Groves, R.S.  
Environmental Health Supervisor

LG:jr

Enclosures

cc: Well Driller

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

449 South Meridian Street ~ Ravenna, Ohio 44266 ~ (330) 296-9919 ~ Fax: (330) 297-3597

## EVALUATION OF PRIVATE WATER SYSTEM PART 1 ~ TO BE COMPLETED BY APPLICANT

INSPECTION TYPE:  HOME SALE  REFINANCING ~ FINANCING:  VA  FHA  CONVENTIONAL

INSPECTION TYPE:  WELL PERMIT  SOCIAL SERVICES  RX  NON-SPECIFIC

RESAMPLE

LOCATION FOR INSPECTION

PERSON(S) RESPONSIBLE FOR ACCESS

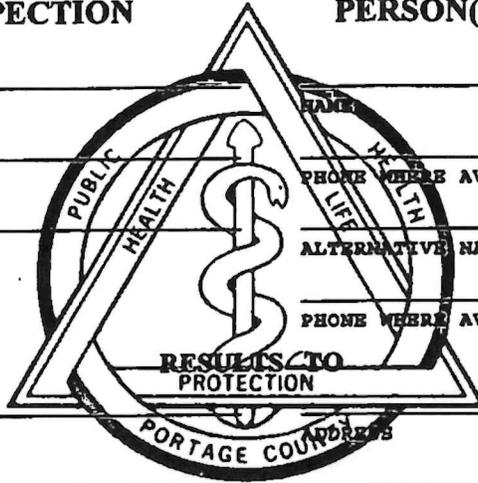
ADDRESS

885 Howe Rd  
BRIMFIELD

TOWNSHIP

LEGFRIED

OWNER'S NAME



PHONE WHERE AVAILABLE FROM 8-9:30AM

ALTERNATIVE NAME

PHONE WHERE AVAILABLE FROM 8-9:30AM

NAME

CITY

STATE

ZIP

PHONE

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WELL

CISTERN/HAULED WATER STORAGE

OTHER

Drilled-Casing Exposed

Design to Code

Natural Spring

Drilled-Buried Seal

Design NOT to Code

Pond

Dug Well

Comments: Cross-connected with old well

The age of the water system is: \_\_\_\_\_ years (if known from records)

The bacterial sample has indicated the above water supply system to be:

TOTAL COLIFORM POSITIVE (Unsatisfactory)

TOTAL COLIFORM NEGATIVE (Satisfactory)

From Health Department records and observations, it is my opinion that this private water system is:

SATISFACTORY AT TIME OF INSPECTION

UNSATISFACTORY AT TIME OF INSPECTION

Requirements: Provide backflow (approved unit) prevention device

on new system. Submit form for maintaining old well.  
Call for reinspection & water testing

Sam Damm  
Inspector

8/2/06  
Date



# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

Portage County Administration Building  
449 South Meridian, 3rd Floor  
Ravenna, Ohio 44266

Phone: Area Code 330.296.9919

Fax: Area Code 330.297.3597

E-mail: [pchd@portageco.com](mailto:pchd@portageco.com)

Web: [www.co.portage.oh.us/dept/health](http://www.co.portage.oh.us/dept/health)



DuWayne O. Porter, R.S., M.P.H.  
Health Commissioner

August 11, 2006

Al Siegfried  
88 Howe Road  
Kent, OH 44240

RE: 88 Howe Rd., Brimfield Township

PERMIT # 06144

Dear Homeowner:

Enclosed are the results of the analysis of the sample of water taken at your home recently. As you can see, the sample tested positive for coliform bacteria, which means it is unsafe. That is not uncommon for the first test from a new water system. Even though your water system contractor should have thoroughly cleaned and disinfected your water system when he was done, contamination from the actual construction or plumbing installation is usually the cause. You must take steps to remedy the problem for the sake of you and your family and to comply with Ohio Private Water Systems regulations.

State regulations require that all new or altered water systems must test negative (safe) before the water is used. This department is required to enforce those regulations. Therefore, we would appreciate your cooperation in resolving the problem. Please contact your water system contractor and have him again thoroughly clean and disinfect your system as required by Ohio Water System Regulations. Then send us a request for a resample. There is a \$40.00 fee to cover our costs of collecting, transporting, and having the sample tested at a private laboratory. That fee must be paid in advance of our collecting the sample. We do not collect money in the field.

If you have any questions, please feel free to contact me or anyone in our Environmental Division at (330) 296-9919.

Sincerely,

Loyd Groves, R.S.  
Environmental Health Director

LG:jr

Enclosures

cc: Well Driller

# PORTAGE COUNTY COMBINED GENERAL HEALTH DISTRICT

449 South Meridian Street ~ Ravenna, Ohio 44266 ~ (330) 296-9919 ~ Fax: (330) 297-3597

## EVALUATION OF PRIVATE WATER SYSTEM PART 1 ~ TO BE COMPLETED BY APPLICANT

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 RESAMPLE

LOCATION FOR INSPECTION

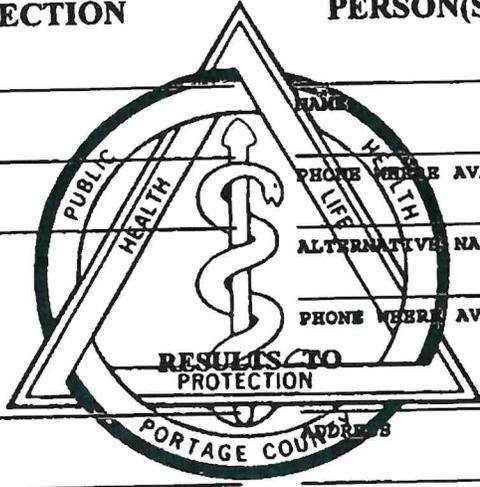
PERSON(S) RESPONSIBLE FOR ACCESS

88 Howe Rd.

ADDRESS  
Brimfield

TOWNSHIP  
DELFRIED

OWNER'S NAME



PHONE NUMBER AVAILABLE FROM 8-9:30AM

ALTERNATIVE NAME

PHONE NUMBER AVAILABLE FROM 8-9:30AM

NAME

CITY

STATE

ZIP

PHONE

## PART 2 ~ TO BE COMPLETED BY HEALTH DEPARTMENT INSPECTOR

The inspection revealed that the above property is serviced by a:

WELL

CISTERN/HAULED WATER STORAGE

OTHER

Drilled ~ Casing Exposed

Design to Code

Natural Spring

Drilled ~ Buried Seal

Design NOT to Code

Pond

Dug Well

Comments:

The age of the water system is: NEW YEARS (IF KNOWN FROM RECORDS)

The bacterial sample has indicated the above water supply system to be:

TOTAL COLIFORM POSITIVE (Unsatisfactory)

TOTAL COLIFORM NEGATIVE (Satisfactory)

From Health Department records and observations, it is my opinion that this private water system is:

SATISFACTORY AT TIME OF INSPECTION

UNSATISFACTORY AT TIME OF INSPECTION

Requirements: NONE

Tom Branna  
Inspector

8/25/06  
Date

PORTAGE COUNTY HEALTH DEPARTMENT  
449 S. Meridian St.  
Ravenna, OH 44266  
Phone: 330-296-9919/Fax: 330-297-3597

WATER SAMPLING REQUEST

Permit # 06-144 New Well  Resample  Other \_\_\_\_\_  
Foster Care \_\_\_\_\_ Fee: \_\_\_\_\_ (If applicable)  
Address 88 Howe Rd. Township Brimfield  
Owner Alfred Siegfried Owner's Phone 330-673-9139  
Owner's Work Phone \_\_\_\_\_ Owner's Fax No. \_\_\_\_\_

Sample Requested by Alfred  
Date Requested ~~7-20-06~~ <sup>8-18-06</sup> ~~7-31-06~~ Phone \_\_\_\_\_

Outside Spigot Available for Testing? Yes  No \_\_\_\_\_

Owner's Present Mailing: 88 Howe Rd.  
(Required) Kent, OH 44240

at well -  
Hydrant by  
new well  
near west  
property lin

Other's Name: \_\_\_\_\_  
(Builder, Renters, etc.)  
Other's Requested \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Other's Fax Number: \_\_\_\_\_

12/01  
\*\*\*\*\*

(For Office Use Only)

Comments: 7/21: hp L on SR  
8/21: Lm @ 9:50  
(word) f:\data\environ health\wells\sample request



## Section 204.03 Variance Application Requirements

The variance application shall contain at least the following information:

### A. Name, address and phone number of applicant(s).

1. Margaret & Alfred Siegfried  
88 Howe Road  
Kent, Ohio 44240  
(330) 931-7626

### B. Legal description of the property accompanied by a copy of the most current Portage County Tax Map showing the subject property.

1. The following property known as 88 Howe Road:
  - a. Situated in the Township of Brimfield, County of Portage and State of Ohio and otherwise known as being lot 3R of the Rhoadesdale Park Estates Replat Creating Lots 3R and 20R filed on March 31, 2014 and platted, numbered and recorded in Portage County Records, 2014-11.

### C. Description or nature of the variance requested.

1. We are requesting an area variance specifically relating to section 305.03 of the Brimfield Township Zoning Resolution. Our property located at 88 Howe road, Kent Ohio is located within the R3 zoning district in Brimfield Township requiring a minimum lot area of  $\frac{1}{2}$  acre. Prior to 2014 our property consisted of 0.459 acres, in that year we purchased a parcel which brought our lot to 0.78 acre. We are requesting the variance to bring our lot back to its original 0.459 acres in order to sell the portion purchased in 2014 to our neighbors (Patrick R. & Sarah A. Paisley @ 4680 Estes Drive) The variance would be required due to the lot being less than  $\frac{1}{2}$  acre as stated in the below section of the zoning resolution.
2. Section 305.03 Area, Yard and Height Requirements A. Minimum Lot Area: One-half ( $\frac{1}{2}$ ) acre, exclusive of road right-of-way.

### D. A fee as established by Resolution of the Township Trustees.

1. Enclosed with application



E. A list of property owners as shown on the most recent tax duplicate whose property is contiguous to or directly across the street from the subject property and the mailing addresses of those property owners.

1. Connor W. Wechter & Katie Sroufe  
78 Howe Road  
Kent, OH 44240
  
2. George M. Hodges & Susanna Merrick  
98 Howe Road  
Kent, OH 44240
  
3. Carter Jones Lumber Co.  
109 Howe Road (Jean Rastle RLU)  
Kent, OH 44240  
\* Mailing address of: 601 Tallmadge Road  
Kent, OH 44240
  
4. Eddie & Karen Miner  
114 Howe Road  
Kent, OH 44240
  
5. ARC RMAKNOH001, LLC  
212 Progress Blvd  
Kent, Ohio 44240
  
6. Patrick R. & Sarah A Paisley  
4680 Estes Drive  
Kent, OH 44240

F. Narrative statements establishing and substantiating the variance conforms to the standards established in Section 204.05. Before it may grant any variance, the Board of Zoning Appeals shall find by a preponderance of reliable, probative evidence submitted at the hearing(s), and only from such evidence, that the applicable standards set forth in this section are or will be satisfied by the proposed development or use.

1. We would like to start off by stating understand the purpose of the Brimfield Township Zoning Resolution and appreciate standards set forth. We appreciate your time and attention to the zoning in our township and the work of the Board of Zoning Appeals. We are applying for this variance in order to transfer a portion of our property to our property to our neighbor. From the best of our knowledge the R3 zoning district requiring ½ acre of minimum lot size was adopted after our neighborhood was established. The majority



of the lots in the Rhoadesdale Park Estates are in the 0.45-0.50 acre range. In the event that this variance is approved it will not substantially vary from regulations set forth in the Brimfield Township Zoning Resolution. In fact the approval of this variance will simply bring the property lines for the parcels on the south side of Howe road back in a neat orderly line just as they were prior to 2014. We see no way that this variance negatively affects the Rhoadesdale Park Estates neighborhood, the township or the community as a whole. The variance will not change the essential character of the neighborhood nor alter the adjoining properties. There will be no change in the delivery of essential government services.. The approval will make our property lines at 88 Howe road consistent to the properties on both the east and west sides of our property. The purpose of section 300 of the Brimfield Township Zoning Resolution as listed below will not substantially be affected.

2. The purpose of this section is to establish regulations promoting the public health, safety, and morals of the community by regulating the location, height, bulk, number of stories, and size of buildings and other structures, including the percentages of lot areas which may be so occupied. This section also establishes setback building lines, sizes of yards and other open space areas, as well as the density of population, the uses of buildings and other structures all in accordance with Section 519.02 of the Ohio Revised Code.

G. Nine (9) copies of any drawings that illustrate the description or nature of the requested variance, drawn at an approximate scale of not less than 1" = 100 feet.

1. Copies of the replat are included with this application. Per a phone conversation with Mrs. Jendy Miller, two copies will be sufficient.

