



CITY OF PATASKALA BOARD OF ZONING APPEALS

City Hall, Council Chambers
621 West Broad Street
Pataskala, Ohio 43062

STAFF REPORT

July 12, 2016

Variance Application VA-16-016

Applicant:	Ryan Lammers
Owner:	Ryan Lammers
Location:	110 Ashley Lane
Acreage:	4.866 acres
Zoning:	RR – Rural Residential
Request:	Requesting a variance from Section 1227.05(C)(1) of the Pataskala Code to allow for the construction of a single-family home that would fail to meet the required front yard setback.

Description of the Request:

The applicant is seeking a variance to reduce the front yard setback from the required 100 feet to 96.7 feet. A total reduction of 3.3 feet.

Staff Review:

The property contains a 2,812 square foot home currently under construction. The proposed house met the minimum front yard setback requirement when the permit was issued; however, the garage encroached into the required front yard setback following an adjustment during construction. According to the applicant, the garage would have been difficult to access; therefore the home was moved slightly. The applicant believed that the adjustment would not impact, but a survey required by the back indicated that the home encroached 3.3 feet into the required front yard setback.

Surrounding Area:

Direction	Zoning	Land Use
North	RR – Rural Residential	Vacant
East	RR – Rural Residential	Vacant
South	RR – Rural Residential	Single-family home
West	RR – Rural Residential	Single-family home

Variance Requirements:

According to Section 1211.07(1) of the Pataskala Code, the Board of Zoning appeals shall consider the following factors when determining if an area variance is warranted:

- a) *Whether the property in question will yield a reasonable return or if there can be a beneficial use of the property;*
- b) *Whether there are unique physical circumstances or conditions that prohibit the property being developed in strict conformity with the zoning regulation such that a variance is necessary to enable the reasonable use of the property;*
- c) *Whether the variance requested is substantial;*
- d) *Whether the essential character of the neighborhood would be substantially altered or the adjoining properties would suffer a substantial detriment as a result of the variance;*
- e) *Whether the variance, if granted, will substantially or permanently impair the appropriate use or development of adjacent property;*
- f) *Whether the variance, if granted, will be detrimental to the public welfare;*
- g) *Whether the variance, if granted, would adversely affect the delivery of government services;*
- h) *Whether the property owner purchased the subject property with knowledge of the zoning restriction;*
- i) *Whether the property owner's predicament can be obviated through some other method than variance;*
- j) *Whether the variance, if granted, will represent the minimum variance that will afford relief and represent the least modification possible of the requirement at issue; and,*
- k) *Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance.*

Furthermore, Section 1211.07(2) allows other factors to be considered, including comments from City staff, when determining if an area variance is warranted. The following factors from Section 1211.07(2) are applicable to Variance Application VA-16-016:

- a) *To permit any yard or setback less than the yard or setback required by the applicable regulation*
- b) *To permit the use of a lot or lots for a use otherwise prohibited solely because of the insufficient area or width of the lot or lots (it is suggested that no reduction should exceed 20% of the requirement.*
 - The proposed reduction would be 0.03 percent for the front yard setback.

Department and Agency Review

- Zoning Inspector – No comments
- Public Service – No comments
- City Engineer – See attached
- Licking County Health Department – No comments
- Police Department – No comments
- West Licking Joint Fire District – No comments

- Licking Heights Schools – No comments

Modifications:

Should the Board choose to approve the applicant's request, the following modifications may be considered:

1. The variance shall only apply to the variance as requested per the application.

Resolution:

For your convenience, the following resolution may be considered by the Board of Zoning Appeals when making a motion:

"I move to (approve/disapprove) a variance from Section 1227.05(C)(1) and 1229.05(C)(3) of the Pataskala Code for application VA-16-016 ("with the following modifications" if modifications are to be placed on the approval)."

June 17th Application DEADLINE



CITY OF PATASKALA BOARD OF ZONING APPEALS

City Hall, Council Chambers
621 West Broad Street
Pataskala, Ohio 43062

VARIANCE APPLICATION

(Pataskala Codified Ordinances Chapter 1211)

Property Information	
Address: 110 Ashley Ln	
Parcel Number: 063 - 141660 - 00.003	
Zoning: RR	Acres: 4.966
Water Supply:	
<input type="checkbox"/> City of Pataskala	<input type="checkbox"/> South West Licking <input checked="" type="checkbox"/> On Site
Wastewater Treatment:	
<input type="checkbox"/> City of Pataskala	<input type="checkbox"/> South West Licking <input checked="" type="checkbox"/> On Site

Staff Use
Application Number: VA-16-016
Fee: \$300
Filing Date: 6-14-16
Hearing Date: 7-12-16

Applicant Information		
Name: Ryan Lammers		
Address: 446 LOCKMEAD DR (Moving to above address)		
City: Pataskala	State: OH	Zip: 43062
Phone: 614 599 9394	Email: ryanlammers@att.net	

Documents
<input checked="" type="checkbox"/> Application
<input checked="" type="checkbox"/> Fee
<input checked="" type="checkbox"/> Narrative
<input checked="" type="checkbox"/> Site Plan
<input checked="" type="checkbox"/> Deed
<input checked="" type="checkbox"/> Address List
<input checked="" type="checkbox"/> Area Map

Owner Information		
Name: Ryan Lammers		
Address: 446 LOCKMEAD DR.		
City: Pataskala	State: OHIO	Zip: 43062
Phone: 614 599 9394	Email: ryanlammers@att.net	

Variance Information
Request (Include Section of Code): 1227.05(C)(1)
Describe the Project: Residential single family. Request variance for front setback. Foundation + Framing is in place. I need a setback change for the front of my garage it crosses the line by 3.5 feet. By August how my home sat on the lot I placed a small portion across the setback line. This would be an extremely costly change to make.

Documents to Submit	
Variance Application: Submit 14 copies of the variance application.	
Narrative Statement: Submit 14 copies of a narrative statement explaining the following: <ul style="list-style-type: none"> • The reason the variance is necessary • The specific reasons why the variance is justified as it pertains to Section 1211.07 of the Pataskala Code: <ol style="list-style-type: none"> a) <i>Whether the property in question will yield a reasonable return or if there can be a beneficial use of the property without the variance;</i> b) <i>Whether there are unique physical circumstances or conditions that prohibit the property from being developed in strict conformity with the zoning regulation such that a variance is necessary to enable the reasonable use of the property;</i> c) <i>Whether the variance requested is substantial;</i> d) <i>Whether the essential character of the neighborhood would be substantially altered or adjoining properties would suffer a substantial detriment as a result of the variance;</i> e) <i>Whether the variance, if granted, will substantially or permanently impair the appropriate use or development of adjacent property;</i> f) <i>Whether the variance, if granted, will be detrimental to the public welfare;</i> g) <i>Whether the variance, if granted, would adversely affect the delivery of governmental services;</i> h) <i>Whether the property owner purchased the subject property with knowledge of the zoning restriction;</i> i) <i>Whether the property owner's predicament can be obviated through some other method than variance;</i> j) <i>Whether the variance, if granted, will represent the minimum variance that will afford relief and represent the least modification possible of the requirement at issue; and,</i> k) <i>Whether the spirit and intent behind the zoning requirement would be observed and substantial justice done by granting the variance.</i> 	
Site Plan: Submit 14 copies of a site plan to scale of the subject property indicating the following: <ul style="list-style-type: none"> • All property lines and dimensions • All existing and proposed buildings and structures. • Setbacks from property lines for all existing and proposed buildings, structures and additions • Easements and rights-of-way • Driveways • Floodplain areas • Location of existing wells and septic/aerator systems. • Any other information deemed necessary for the variance request 	
Deed: Provide a copy of the deed for the property with any deed restrictions. Deeds can be obtained at www.lcounty.com/rec .	
Address List: Submit one copy of a list of all property owners and addresses of those owning property within 200 feet or two parcels from any point on the subject property line, whichever creates more property owners. This list must be in accordance with the Licking County Auditor's current tax list and must be submitted on mailing labels.	
Area Map: Submit 14 copies of an area map from the Licking County Engineer's office showing the area encompassed by the address list. Area maps can be obtained at www.lcounty.com/taxparcelviewer/default .	

Signatures	
I certify the facts, statements and information provided on and attached to this application are true and correct to the best of my knowledge. Also, I authorize City of Pataskala staff to conduct site visits and photograph the property as necessary as it pertains to this variance request.	
Applicant: 	Date: 6/12/16
Owner: 	Date: 6/12/16

I am requesting a variance for my property at 110 Ashley Lane in Erickson Farms. The variance is minor and due to a construction mistake. The Set back from the road is required to be 100 ft. Per a survey the home sits 96.7 feet from the road. Originally the home was located further to the west and turned more straight. We were keeping the home as far forward as possible to allow room for the septic system and maintain the character of the lot and neighborhood. On discussion with contractors it was established the Garage would be difficult to pull into so the home was move slightly. We believed we were still behind the 100 ft. mark by use of tape measure. Per a survey by the bank we found this to not be true. To correct this now with the home foundation poured and the framing complete, would be a very expensive proposition.

I believe the variance would in no way impact the neighbors, government services or be a detriment to public welfare. We are only requesting a minimal variance of 4 ft. to allow for home to remain where it is. To alter the home to meet the 100 ft. set back would be costly and significantly alter the quality and looks of the home. We would have to cut off framing and foundation pouring the new foundation which would not have continuous integrity.

SITE LAYOUT

PROJECT DESCRIPTION:
ERICKSON FARMS
LOT # 4 110 ASHLEY LANE

DESIGNER:
RYAN LAMMERS

DRAWINGS PROVIDED BY:

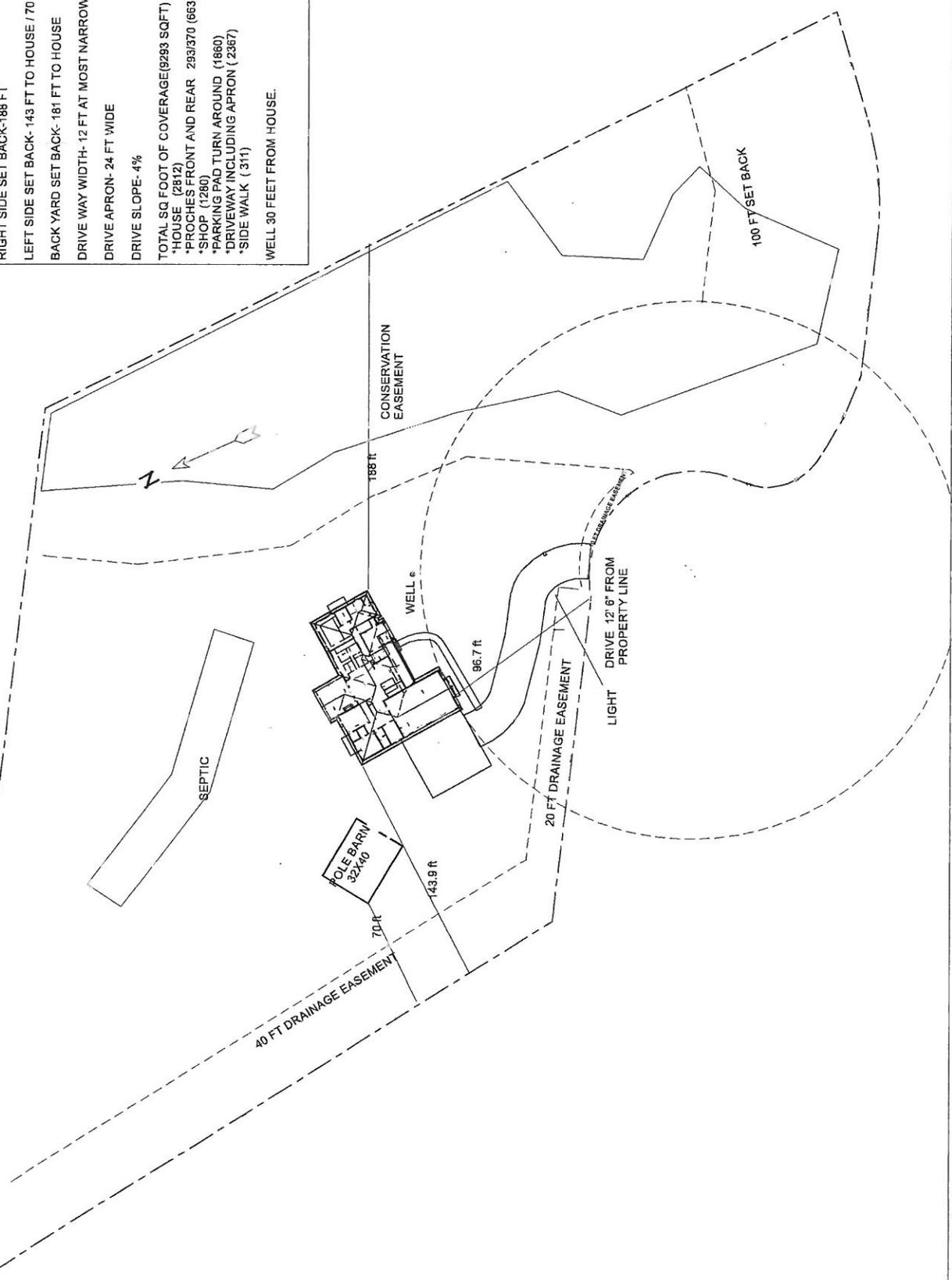
DATE:
6/13/2016

SCALE:
1/4" = 10'

SHEET:
A-2

NO.	DESCRIPTION	BY	DATE

ELEVATION AT TOP OF FOUNDATION- 1089 FT
ALL UTILITIES ARE UNDERGROUND
LOT WIDTH- 525 FT
LOT DEPTH- 575 FT
FRONT YARD SET BACK- 96.7 FT
RIGHT SIDE SET BACK- 188 FT
LEFT SIDE SET BACK- 143 FT TO HOUSE / 70 FT TO POLE BARN
BACK YARD SET BACK- 181 FT TO HOUSE
DRIVE WAY WIDTH- 12 FT AT MOST NARROW
DRIVE APRON- 24 FT WIDE
DRIVE SLOPE- 4%
TOTAL SQ FOOT OF COVERAGE(9293 SQFT)
*HOUSE (2812)
*PROCHES FRONT AND REAR 293/370 (663)
*SHOP (1280)
*PARKING PAD TURN AROUND (1860)
*DRIVEWAY INCLUDING APRON (2367)
*SIDE WALK (311)
WELL 30 FEET FROM HOUSE.



PREPARED BY:

S.A.England Surveying

Phone: 740-323-0644

P.O. Box 1770, Buckeye Lake, Ohio 43008

email: saengland@surveyohio.com

CERTIFY TO: Hayes Title Agency, Inc. & The Pataskala Banking Company

OWNER: Lammers

BUYER: Foundation Survey

Property Address: 110 Ashley Drive
Pataskala, Ohio

PROPERTY DESCRIPTION:

State of Ohio, County of Licking, City of Pataskala

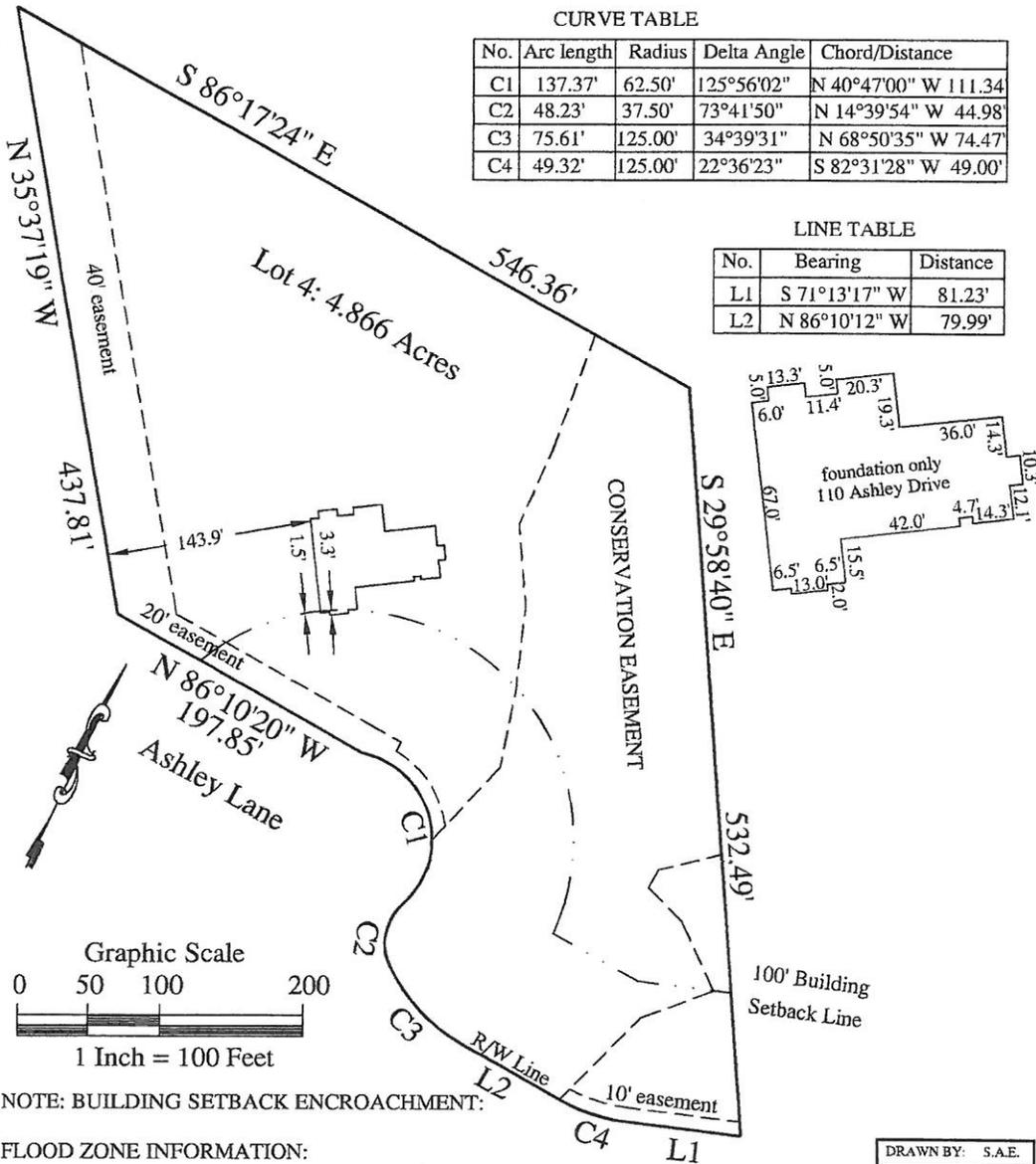
Lot 4: Erickson Farms

CURVE TABLE

No.	Arc length	Radius	Delta Angle	Chord/Distance
C1	137.37'	62.50'	125°56'02"	N 40°47'00" W 111.34'
C2	48.23'	37.50'	73°41'50"	N 14°39'54" W 44.98'
C3	75.61'	125.00'	34°39'31"	N 68°50'35" W 74.47'
C4	49.32'	125.00'	22°36'23"	S 82°31'28" W 49.00'

LINE TABLE

No.	Bearing	Distance
L1	S 71°13'17" W	81.23'
L2	N 86°10'12" W	79.99'



NOTE: BUILDING SETBACK ENCROACHMENT:

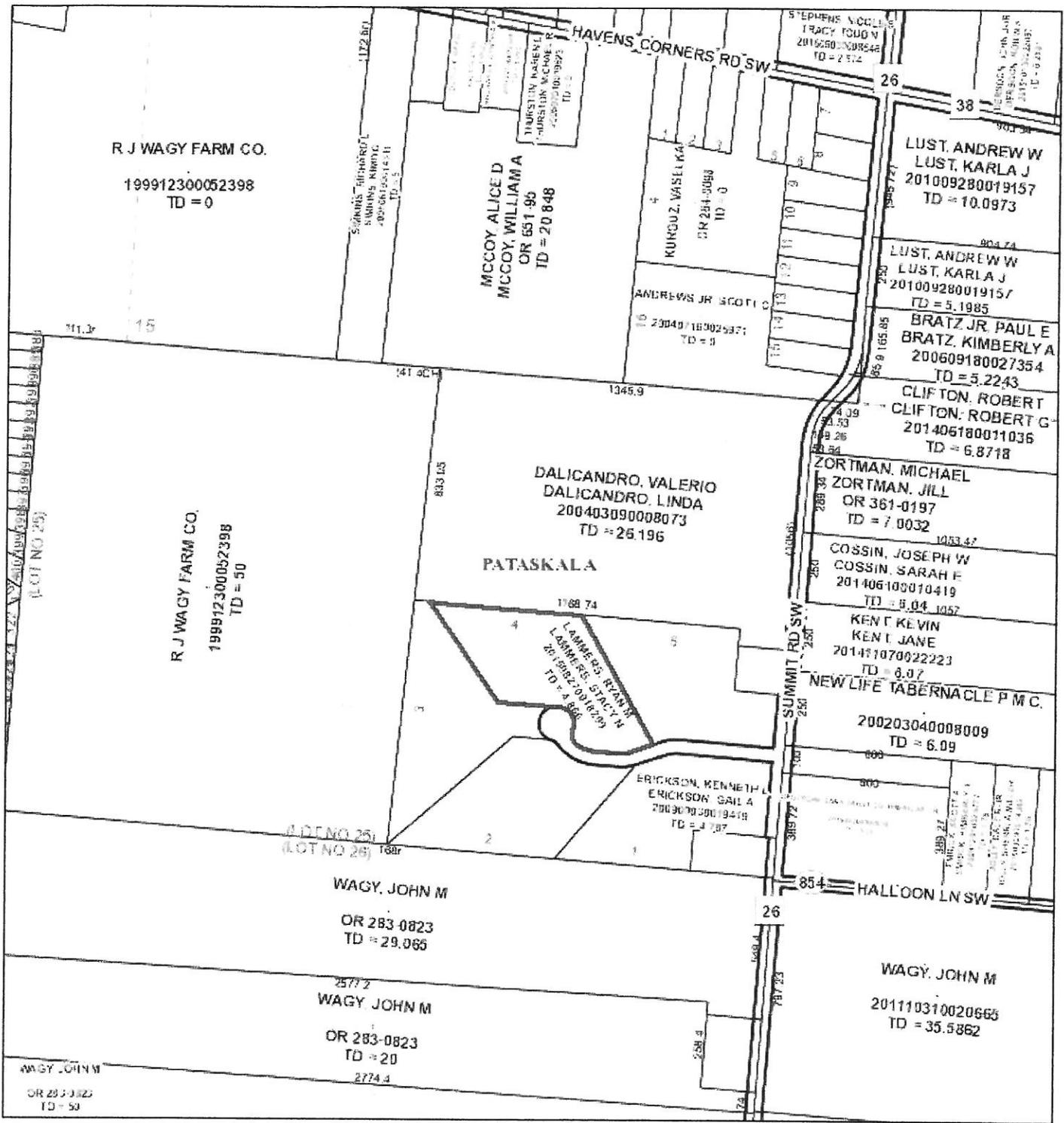
FLOOD ZONE INFORMATION:
NON-FLOOD ZONE C
COMMUNITY PANEL NO.39089C0165J
EFFECTIVE DATE: 03/16/15

DRAWN BY:	S.A.E.
CHECKED BY:	S.A.E.
JOB NO.:	152-16
DATE:	05/18/16

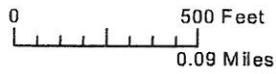
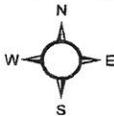
I hereby certify that this is a mortgage location survey prepared in accordance with Chapter 4733-38 of the Administrative Code, and is not a boundary survey pursuant to Chapter 4733-37 of the Administrative Code.

Dated _____

Scott A. England, P.S.
Ohio Registered Surveyor #S-7452



June 12, 2016



LICKING COUNTY TAX MAP

Application No. 16-025

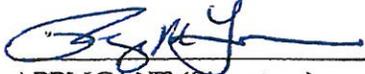
APPLICATION FOR ZONING PERMIT
CITY OF PATASKALA

Rec # 19922
CK # 552 / # 840 *oc*

The applicant shall submit a copy of this form, along with supplementary information, to the Zoning Inspector for the City of Pataskala. For further information related to the application process, please refer to Chapter 1209, Enforcement and Penalty, of the City of Pataskala Codified Ordinance. Application shall include a fee as specified by the City Ordinance.

1. Name of Applicant Ryan Lammers
 Address 446 Lockmead Dr. Pataskala Zip Code 43062
 Telephone: (Home) 614-863-9394 (Business) 614-599-9394 (Fax) _____
2. Name of Property Owner Ryan Lammers
 Address 446 LOCKMEAD DR. Pataskala Zip Code 43062
 Telephone: (Home) 614 863 9394 (Business) 614 599 9394 (Fax) _____
3. Location/Address of Property 110 ASHLEY LANE PATASKALA 43062
4. Attach Legal Description of the Property.
5. What is the Existing Zoning District? _____
6. What is the Existing Use of the Property? VACANT RESIDENTIAL
7. What is the Proposed Use of the Property? RESIDENTIAL
8. Attach plans for the property, drawn to scale, showing actual dimensions and shape of the lot(s). Dimensions and location of existing buildings, if any, and the location and dimensions of the proposed buildings or alterations. Also, show the number and dimensions of any proposed parking and/or loading spaces, and the height of proposed buildings. Show the number of proposed dwelling units, if applicable.
9. This permit shall expire and may be revoked if work has not begun within one year or the work has not been substantially completed within 30 months from the issue date (total time).

I certify that the information and facts provided on and with this application are true and correct.


 APPLICANT (Signature)

Ryan M. Lammers 3/08/16
 APPLICANT (Please Print) DATE

Action by Zoning Inspector (to be completed by the Zoning Inspector).

APPROVED **APPROVED** DISAPPROVED _____
 CONDITIONS _____
 DATE OF DECISION 03-07-2016 PERMIT EXPIRES 03-07-2017

ZONING INSPECTOR 

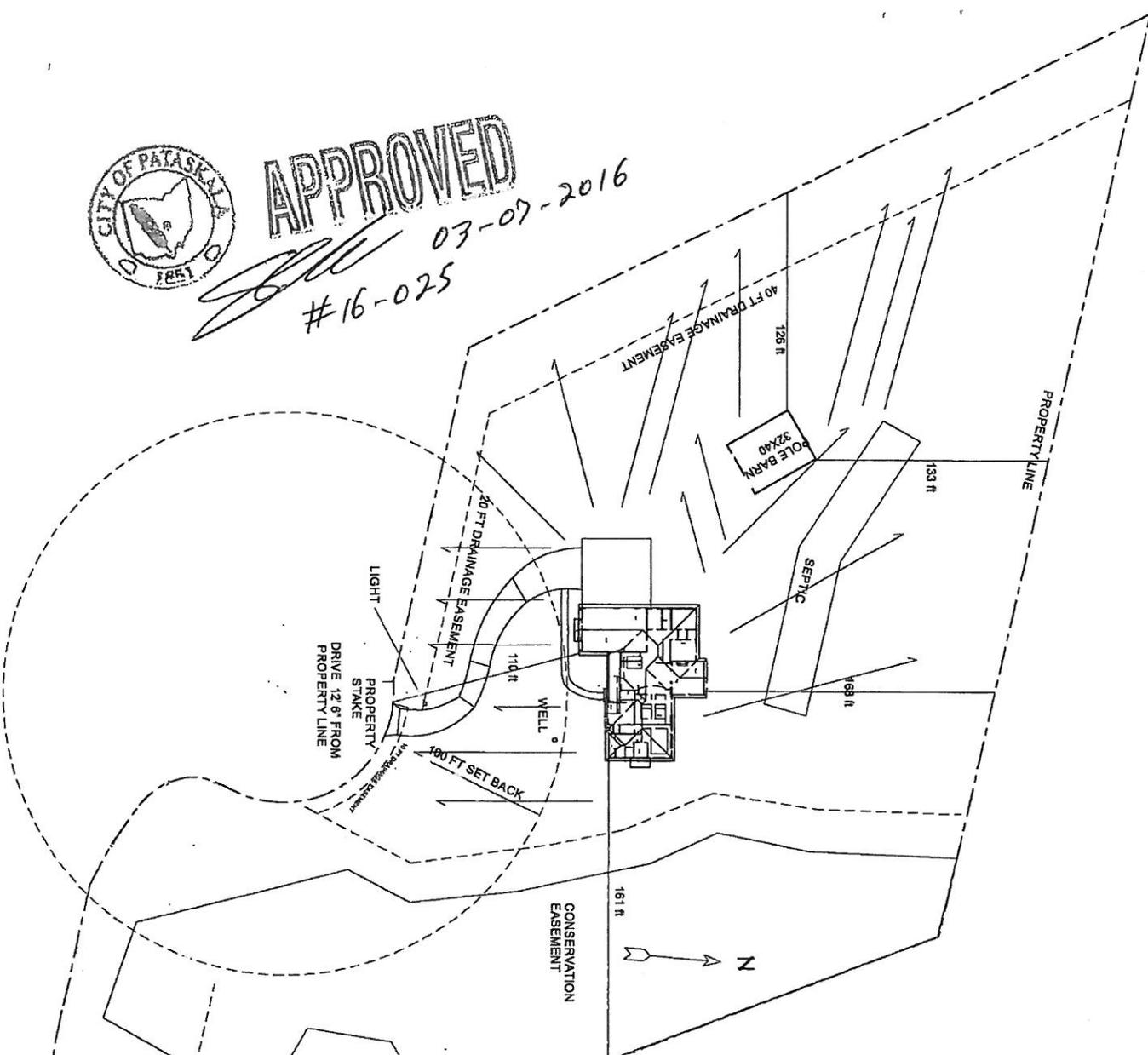
Distribution: Applicant - White Zoning Inspector - Canary

ENTERED



APPROVED

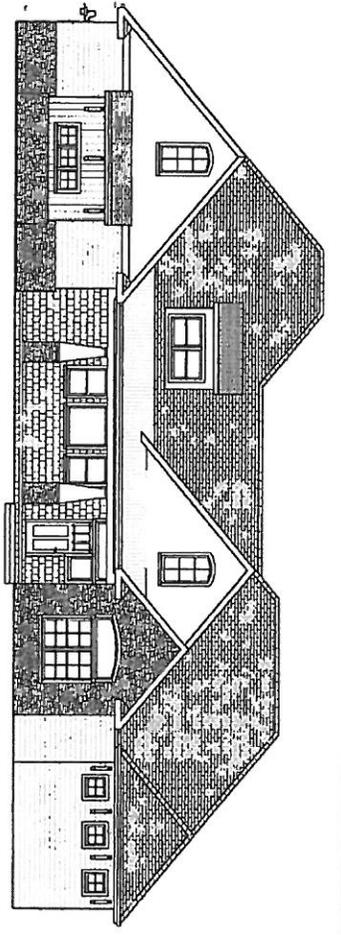
[Signature]
 03-07-2016
 #16-025



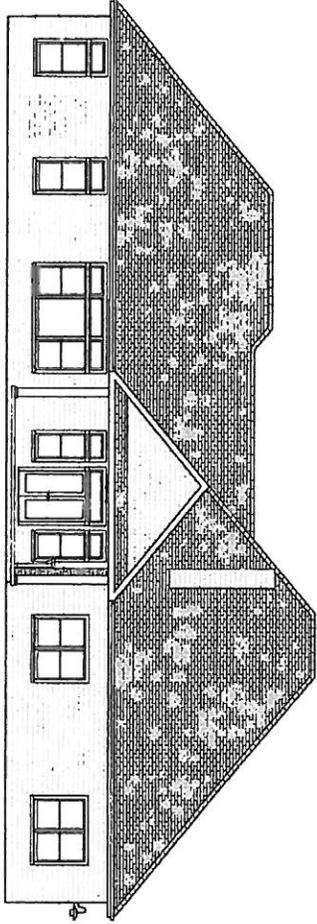
ELEVATION AT TOP OF FOUNDATION- 1089 FT
 ALL UTILITIES ARE UNDERGROUND
 LOT WIDTH- 528 FT
 LOT DEPTH- 575 FT
 FRONT YARD SET BACK- 110 FT
 RIGHT SIDE SET BACK- 161 FT
 LEFT SIDE SET BACK- 182 FT TO HOUSE / 126 FT TO POLE BARN
 BACK YARD SET BACK- 168 FT TO HOUSE / 133 FT TO SHOP
 DRIVE WAY WIDTH- 12 FT AT MOST NARROW
 DRIVE APRON- 20 FT WIDE
 DRIVE SLOPE- 4%
 TOTAL SQ FOOT OF COVERAGE (8293 SQ FT)
 -HOUSE (2812)
 -PORCHES FRONT AND REAR 293370 (683)
 -SHOP (1290)
 -PARKING PAD TURN AROUND (1860)
 -DRIVEWAY INCLUDING APRON (2357)
 -SIDE WALK (311)
 WELL 30 FEET FROM HOUSE.
 THERE WILL BE A CURTAIN DRAIN AROUND SEPTIC,
 DRAINING TO THE WEST.
 MOST ALL DRAINAGE WILL BE
 DIRECTED TO THE DRAINAGE
 EASEMENTS ON THE SOUTH AND WEST.

DRAWINGS PROVIDED BY: DESIGNER RYAN LAMMERS	PROJECT DESCRIPTION: ERICKSON FARMS LOT #4 110 ASHLEY LANE	SHEET TITLE: SITE LAYOUT	NO.	DESCRIPTION	BY	DATE

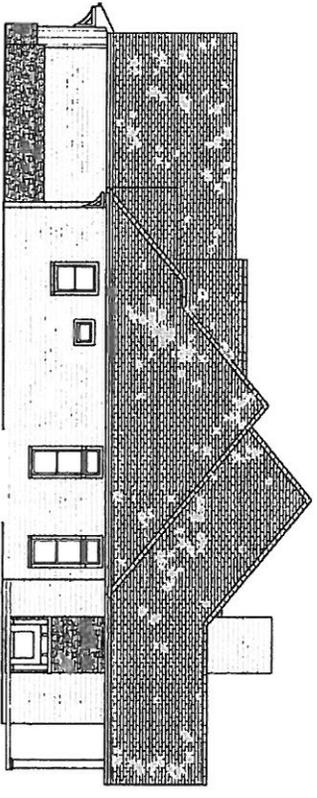
DATE: 3/4/2016
 SCALE: 1/4" = 10'
 SHEET: **A-2**



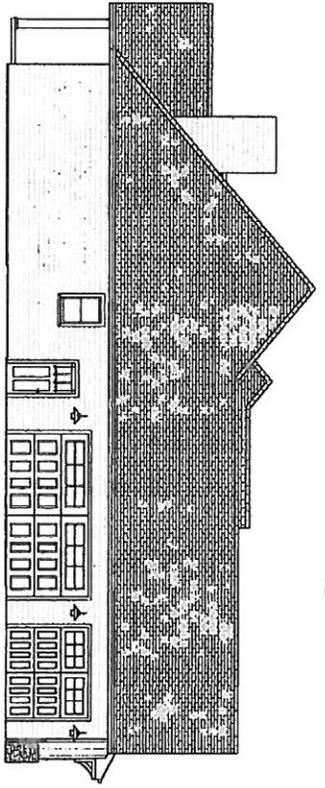
FRONT



REAR



RIGHT SIDE



LEFT SIDE

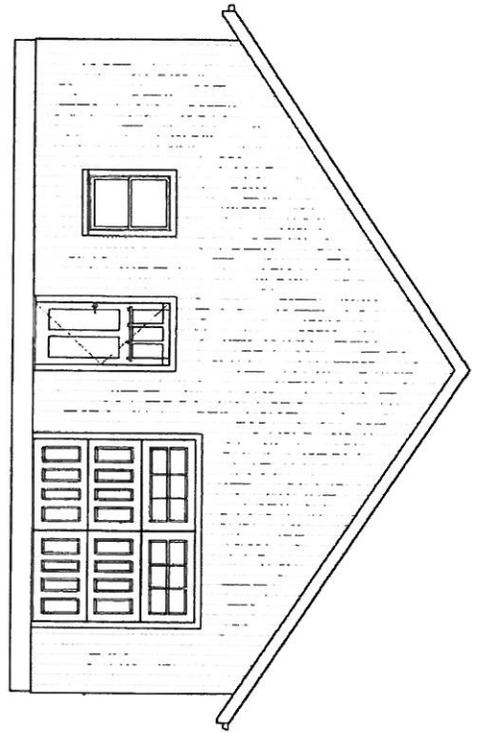
ELEVATION DETAILS
 HOUSE HEIGHT - 30' 5"
 SIDING THICKNESS - 48
 TYPE OF MATERIAL - VINYL AND STONE (FAUX)
 HOUSE SQUARE FOOTAGE - 2812 SQ. FT.
 BASEMENT SQUARE FOOTAGE - 2850



APPROVED

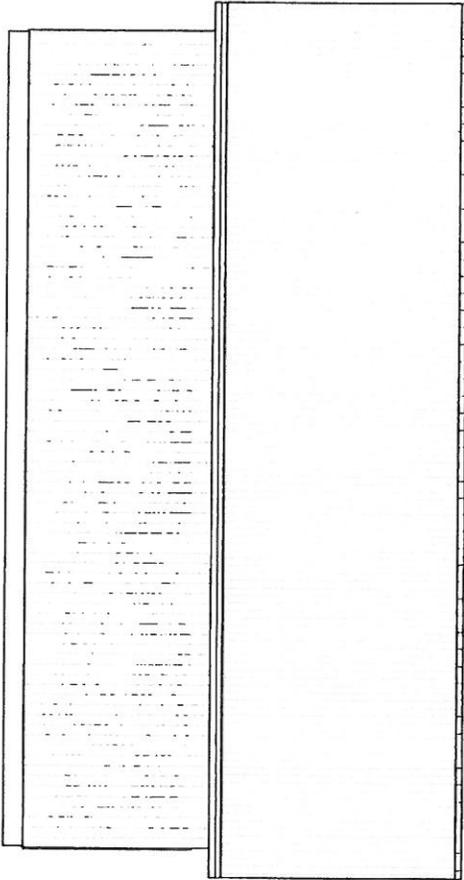
[Handwritten Signature]
 03-07-2016
 #16-025

DATE: 2/9/2016	DRAWINGS PROVIDED BY: RYAN IAMMERS	PROJECT DESCRIPTION: ERICKSON FARMS LOT #4 110 ASHLEY LANE	SHEET TITLE: ELEVATION	NO.	DESCRIPTION	BY	DATE
SCALE: 1/8"=1'							
SHEET: A-1							

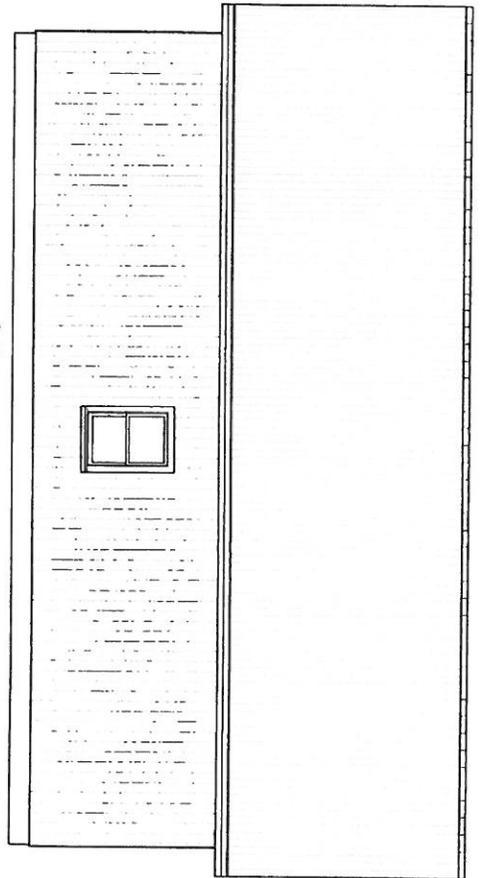


Elevation 4

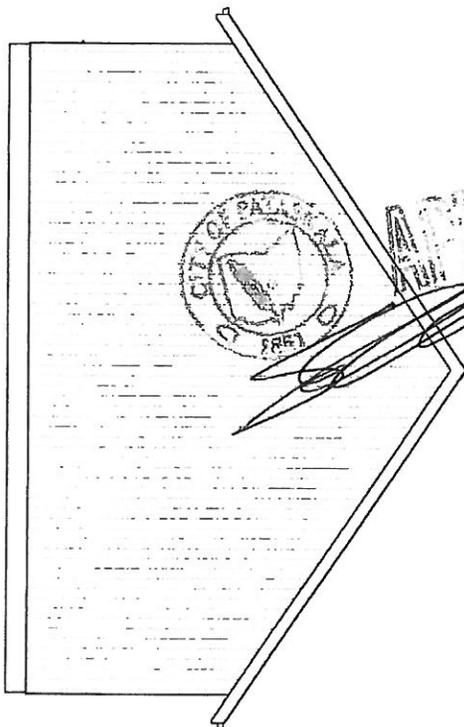
32' X 40' POLE BARN ALUMINUM SIDING
 PITCH OF ROOF 6/12
 CONCRETE SLAB 4" FLOOR
 10' FOOT WALLS
 22' 6" TOTAL HEIGHT
 1280 SQUARE FEET



Elevation 5



Elevation 2



Elevation 6

APPROVED
 03-07-2016
 #16-025



A-3	SHEET:	SCALE:	DATE:	DRAWINGS PROVIDED BY: RYAN LAMMERS	PROJECT DESCRIPTION: PROJECT ERICKSON FARMS LOT #4 110 ASHLEY LANE	SHEET TITLE: SHOP ELEVATION	NO. DESCRIPTION BY DATE		

(RL) 16-025

OnTrac Summary Information For The 2015 Tax Year



Ryan Lammers @ Att.net

Parcel Number: 063-141660-00.003

Owner: LAMMERS RYAN M & STACY N

Address: 110 ASHLEY LN PATASKALA 43062

Tax District: 063 PATASKALA LK HGHTS LSD-WLJFD

2015 Rates: 85.32000 (Full) / 74.75612 (Effective)

Land Use: 500 Residential vacant land

Class: Residential

Legal Description: LOT 4 4.866 AC ERICKSON FARMS

Mailing Address: LAMMERS RYAN M & STACY N

446 LOCKMEAD DR

PATASKALA OH 43062

Market Land Value: \$87,500

Market Improvement Value: \$

Total Market Value: \$87,500

Sale Date: 8/27/2015

Sale Amount: \$88,500.00

Deed Type: JS - JOINT SURVIVORSHIP

Conveyance Number: 2455

Valid Sale: Yes

Foreclosure: No

Homestead/Disability: No

Owner Occupied Reduction: No

On Contract: No

Tax Lien Sold: No

Ryan Lammers

614-599-9394

- health Dept - OK for well & septic

110 ASHLEY

SITE PLAN REQUIRED ITEMS:

All items listed must be on the SITE PLAN in order to receive Zoning Permit.

- Location of house and dimensions to property lines
- Plan lot coverage of structures, driveways, patios, walks and other impervious surface.
- Plan elevation at top of foundation
- Lamp Post Location (if required)
- Proposed grading of the lot
- Notation on site plan that all utilities shall be located underground.
- Improvements (patio, deck, etc.)
- List on Site Plan location of all easements (if present)
- Lot Width _____
- Lot Depth _____
- Front Yard Setback _____
- Right Side Setback _____
- Left Side Setback _____
- Back Yard Setback _____
- Number and location of trees to be planted on property (if required) _____
- Water/Sanitary Tap Locations**

Tap locations may not be in concrete or asphalt or state on plan "Will be relocated if in driveway"

If no service, letter from Licking County Health Department that property is acceptable for Well & Septic.

Driveway

- At least 10 feet wide Actual _____
- At least 3 feet from the property line Actual _____
- Less than 10 percent slope Actual _____
- Apron 3 feet wider than driveway on each side Actual _____

Sidewalks (Required if lot width is less than 100 feet)

- Width of 4 feet Actual _____
- Depth of 4 inches Actual _____
- Distance of 5 feet from back of curb Actual _____
- Outside edge at least 1 foot from right of way Actual _____

Name of Sub Division _____ Site Location Lot Number _____

Site Location Street Address _____

Building Elevations

All items listed must be on the Elevation Plan in order to receive Zoning Permit.

Front elevation _____

Side elevations (Left) _____

Side elevations (Right) _____

Rear elevation _____ Note: All four Elevations may be listed on one sheet.

House Height _____ or note on plan "**House height not to exceed 35 feet**"
(R87 and AG Zoning House Height not to exceed 40 feet)

Siding Thickness _____ (Minimum of 0.40)

Type of Material _____

House Square Footage _____

Basement Square Footage _____

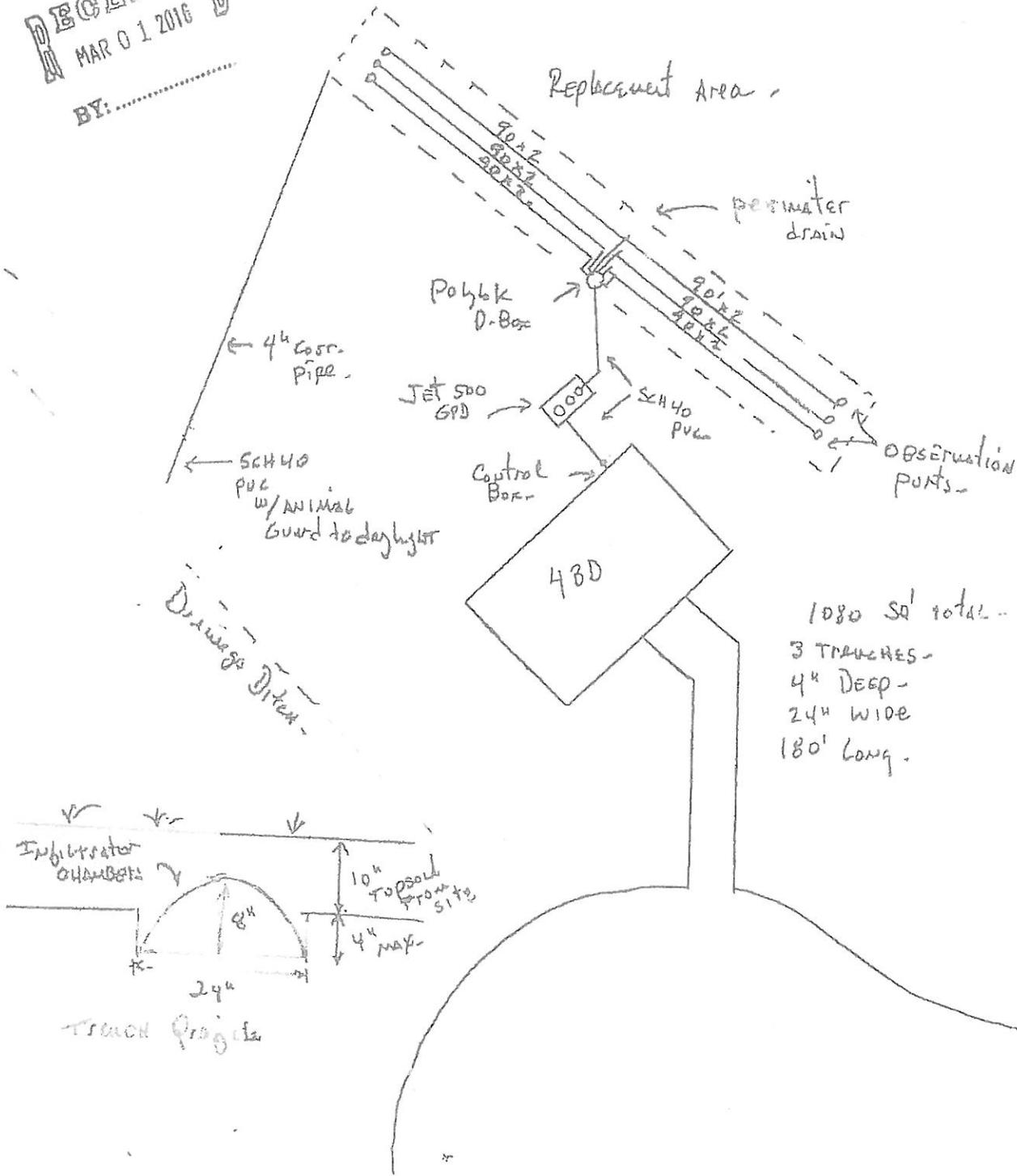
Homeowner: Ryan Lamaris
110 Ashby Ln
Pataskala OH 43062
614-599-9394

Install/Design

Jacks Saebis
274 S. 6th Newark
740-366-3255

North -

RECEIVED
MAR 01 2016
BY:



County / City
Licking

Local Fee

State Fee

Total Fee Owed

Receipt #
48626

Permit #
10915

OHIO DEPARTMENT OF HEALTH APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM

NOTE: Read the application instructions on the next page.

Complete form as directed. Form may be completed on the computer then printed or printed and completed by pen or typewriter.

CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.

Type of Work: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Alteration (includes expanding existing systems) <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Sealing Only <input type="checkbox"/> Test Well	<input type="checkbox"/> Replacement System <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Conversion to a PWS	System will Serve: <input checked="" type="checkbox"/> Single family dwelling <input type="checkbox"/> Two or Three family dwelling <input type="checkbox"/> Multiple dwelling units* (includes MHPs / Campgrounds) <input type="checkbox"/> Building*	Type of PWS or Component: <input checked="" type="checkbox"/> Well <input type="checkbox"/> Pond* <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Continuous Disinfection <input type="checkbox"/> Other _____	System being Sealed: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Pond <input type="checkbox"/> Spring
--	--	--	---	---

Public Water Supply is being connected to the residence
 Geothermal system exists or is planned for this property

*NOTE: If the private water system will serve other than a one, two, or three family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 (E) of the Ohio Administrative Code. See site plan addendums for ponds, springs, cisterns, multiple dwelling units, and buildings.

COMPLETE THE FOLLOWING INFORMATION

Property Street Address or Location (include City and Zip Code) 110 ASHLEY LANE PATASKALA OHIO 43062	Parcel # (optional) 4	Township/City/Village PATASKALA
Owner's Name Ryan Lammes	Owner Mailing Address (Street #, Street, City, State, Zip Code) 446 LODKMEAD DR. PATASKALA OHIO	Phone # 604-599-9594
<input checked="" type="checkbox"/> Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.		
Applicant's Name	Applicant Mailing Address (Street # Street City State Zip Code)	Phone #

All persons, including homeowners, performing work on a private water system must be registered with the Ohio Department of Health as required in Ohio Administrative Code Rule 3701-28-18(A). If the contractor information is not known at time of application, it must be provided prior to the commencement of work as per the requirements in Ohio Administrative Code Rule 3701-28-03(A)(1).

Private Water Systems Contractor Babst Water Well Drilling	ODH Registration # # 2357	Phone # 604-877-4844
Private Water Systems Contractor	ODH Registration #	Phone #
Private Water Systems Contractor	ODH Registration #	Phone #

MAR 02 2016

Notice to Applicant: This application will not be processed until the form bears the signature of the applicant and the date (below). This application must be accompanied by the site plan form(s) and the appropriate fee. This application is not approved until it has the date and signature of a registered sanitarian or sanitarian-in training employed by the local board of health.

I, 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 applicable rules governed by Chapter 3701-28 of the Ohio Administrative Code.

I, the undersigned, 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.

I, the undersigned, agree to contact the local health department upon completion of the private water system in order for the local health department to perform the final inspection and collect the water sample.

I, the undersigned, understand that this permit will expire one (1) year from the date approved and all work must be completed by that date.

APPLICANT'S SIGNATURE 	DATE OF SIGNATURE 03/02/16
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READ THE INSTRUCTIONS ON THE NEXT PAGE, THEN COMPLETE THE SITE PLAN FORM

Receipt # 4810210

OPERATIVES
MAR 02 2016
Permit # 20110035
Oper Permit # 1491
Permit To Install or Alter
a Sewage Treatment System

Local Health District
Licking Cty

The issuance of this permit confirms that all requirements of OAC rule 3701-29-09(B) are complete as documented below.

- Site Review Application, associated fees, and the following:
 - Completed Soil Evaluation in accordance with OAC rule 3701-29-07, If waived by the Board of Health, state why: _____
 - Completed STS Design, in accordance with OAC rule 3701-29-10 Estimated System Cost: \$ 15,900
 - If applicable, Incremental replacement plan as per OAC rule 3701-29-09 (C).
- Application for Permit and associated fees
- Proof of registration with the Ohio EPA Class V injection well program N/A

This sewage treatment system permit is being issued to:

Owner's or Designate Representative's Name (printed) Ryan Lammers	Township Pataskala
Property Street Address, City, OH (location of the installation, replacement or alteration) 110 ASHLEY LANE PATASKALA OHIO	

STS Contractor(s) performing the work.

1	Company Name: Jacks Septic	Installer Registration #: #2
	Company Address: 274 S 6TH ST NEWARK OHIO 43055	
2	Company Name:	Installer Registration #:
	Company Address:	

Notice to the Owner and STS Contractor:

- The installation, replacement or alteration shall comply with the approved site review, any conditions of this permit, and any conditions of a product approval, the design, and Chapter 3701-29 of the Administrative Code.
- The owner of the STS and/or an authorized agent shall be responsible for all coordination between the local health district, designer, soil evaluator, installer, and Ohio EPA, if applicable.
- The protection of the sewage treatment system area is required prior to, during, and after construction.
- This installation, replacement or alteration permit may be revoked by the board of health prior to its expiration if a change in site conditions, the quality of the work, or if other conditions arise that are not in compliance with Chapter 3701-29 of the Administrative Code.
- This permit is valid for one (1) year from the date issued by the Board of Health.

Sewage Treatment System Permit Requirements Installation Replacement Alteration

Sewage Treatment System:

1. Soil Adsorption 2. NPDES System 3. Non-NPDES System 4. Tank Replacement

Gray Water Recycling System:

1. Type 1 2. Type 2 3. Type 3 4. Type 4

System Description:

1. Septic tank to shallow leach lines 2. Pretreatment to shallow leach lines 3. Septic tank to 18"-30" leach lines

4. Pretreatment to 18"-30" leach lines 5. Septic tank to sand mound 6. Pretreatment to sand mound

7. Septic tank to drip distribution 8. Pretreatment to drip distribution 9. NPDES System

10. Other _____ 11. Septic Tank to LPP 12. Pretreatment to LPP

13. Spray Irrigation 14. Privy or Holding tank 15. Sand Lined Systems

Soil Depth Credit (if applicable)

1. One foot credit allowed 2. Two foot credit allowed Six inch credit allowed

Was a variance granted by the Board of Health prior to this permit being issued? Yes No

Date Approved (if Yes): _____ Variance requested for OAC 3701-29- _____

Comments: _____

PROPERTY OWNER or DESIGNATE REPRESENTATIVE SIGNATURE (if applicable) 	DATE OF SIGNATURE: 3/2/16
--	------------------------------

THIS PERMIT IS VALID ONE (1) YEAR FROM THE DATE ISSUED

DATE ISSUED 3-2-16	PERMIT ISSUED BY (RS or SIT only) CHRIS HILL RS
SIGNATURE 	
PERMIT EXTENSION	
Approved By	Date Approved
	Date Expires



Licking County Health Department
R. Joseph Ebel, R.S., M.S., M.B.A.
Health Commissioner



675 Price Road, Newark OH 43055
Environmental Health
(740) 349-6475
(740) 349-6935 fax

Sewage Treatment System Permit Administrative Summary

Owner Mailing Address (if different from Property Address)

416 LOCKMEAD DR.
Street

Paris City Ohio State 43067 Zip

614-599-9394 Phone Number RyanLammers@att.net Email

Number of Bedrooms: 4 (X 120) = 480 Gallons per day

Small Flow System: _____ Gallons per day

Design Plan Submitted: Yes No Date: 3/1/16

Office Use Only:

Permit # 2016035 Operating Permit #: 1491

Septic Tank: _____ Gallons

Aeration Treatment Unit Type: _____

Motor Installed: Yes No NA

Alarm Installed: Yes No NA Alarm Tested: Yes No NA

Effluent Filter Installed: Yes No NA Date: _____

Soil Absorption Component: _____

As Built Drawing Attached Yes No NA

Reinspection Required: Yes No NA Date: _____

Fee Paid: Yes No NA Date: _____

Installation Comments: _____

Final Approval Date: _____

Sanitarian: _____



Licking County Health Department Leaching Design Worksheet
 675 Price Rd., Newark, OH 43055. Phone (740) 349-6535 Fax (740) 349-6519 www.lickingcohealth.org

Location: 110 Ashley Lane TEST HOLE # 2
 Township/Village: Pataskala Date: 1/27/2016
 Owner: _____ Phone: _____

Boxed areas must be filled in by designer. Other fields are calculated.

1. FLOW

Number of Bedrooms: 4 (2x minimum design flow)
 HSTS Design Flow: 480 gpd
 SFOSTS Flow: 0 gpd

2. SEPTIC TANK LIQUID VOLUMES

Septic tank capacity: _____ gallons (see figure 1)
 Number of tanks/compartments: _____
 Pretreatment Device: 500 gpd ATU (Aerator) Device Manufacturer: ?

1. Septic Tank Capacity	
Number of Bedrooms	Minimum Capacity
2 or less	1000
3	1500
4 or 5	2000
SFOSTS	1000 min. (2X flow)

3. SOILS (Site evaluation data)

Restricting layer: Seasonal Water Depth to Limiting Layer: 11 inches (enter 72 if none)
 Soil Type: _____ Texture: Silt Loam - SIL
 Structure Shape: Granular Structure Grade: 3 Strong
 Hydraulic Linear Loading Rate: 2.7 gpd/ft²
 Soil (infiltration) Loading Rate: 0.8 gpd/ft²
 BOD/TSS: <25mg/L % Land Slope: 3%
 Soil depth credit basis: Fecal Coliform <10,000 (standard ATU)
 Soil depth credit (in.): 12 Soil Depth Required: 18 inches (before credits)

4. ABSORPTION AREA

Trench Media: Gravelless SHOULD BE REPLACED WITH 1/2" SPPLETS
 Trench Bottom Area: 600 ft² +25% resting area: 150
 Total Basal Area: 750 ft² minimum

5. Trench Length (Min.)

(Flow Rate/LLR): 178 feet

6. Trench Depth (2"min - 30"max)

5 inches maximum

7. Perimeter Drain

Required

LCHD requires 18" vertical separation from seasonal water table and 36" from bedrock. Soil depth credits may be used to reduce this. A minimum of 6" of in-situ pre-existing soil must be available for treatment.

Design Formula Worksheet

110 Ashley Lane

TEST HOLE # 2

Length (L) x Width (W) x Number of Lines (N) = Total Area (A)

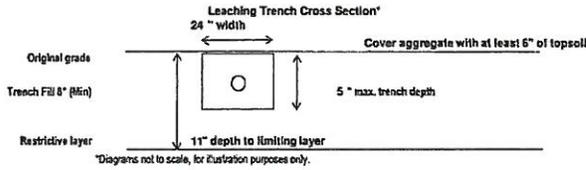
Minimum Requirements

Primary Area	600	Sq. Ft. Minimum
Resting Area	150	Sq. Ft. Minimum
Total Area	750	Sq. Ft. Minimum
Trench Length	178	Ft. Minimum

Editable Fields

(L) Length (ft.)	180		
(W) Width (in.)	24		
(N _p) Number of Lines (primary)	2	720	Primary Area Ft ²
(N _r) Number of Lines (resting)	1	360	Resting Area Ft ²
(A) Total Absorption Area	1080	750	Above(Below) Minimum Requirement

Manifold must be placed in center of trenches > 100'



Notes:

Add any comments here:

Prepared By: Chris Hill RS, REHS Date: 12/2/2016