



1843 Oakwood Avenue  
Napoleon, OH 43545

Phone: (419) 599-5545

Fax: (419) 592-6400

[www.henrycohd.org](http://www.henrycohd.org)

June 13, 2023

Ms. Rhonda Torres  
1490 Glenwood Ave  
Napoleon, Ohio 43545

Re: Replacement home for 1490 Glenwood Ave., Napoleon

Dear Ms. Torres,

Due to a fire that destroyed your home at the above address, you have requested permission to utilize the existing sewage treatment system for a replacement home. The new home is to be built where your former home was located. After completing a record search of our files, a permit and pumping report for your existing sewage treatment system were found. The pumping report from 2016 indicated the tank was still in good condition at that time. Since the property is in the city limits of Napoleon, this office also verified that the property is not currently accessible to a city sewer connection.

I visited your property and made some observations about the sewage treatment system. The existing septic tank with a round plastic lid was located. No other components of the system could be visually located. The operational condition of the system cannot be determined because it has not been in recent use. The new home will be constructed where the previous home was located. The new home will have 4 bedrooms, which is the same number of bedrooms in your previous home.

This office has no objections to utilizing the existing sewage system and no permit will be required for you to perform this work. Please contact this office when the connection from the new home to the existing sewage system is completed but not yet covered so that we can inspect the connection.

The approval to use the existing septic system in no way guarantees its future performance. If at any time in the future the sewage system creates a nuisance or otherwise fails, the existing system must be replaced. If at any time in the future the City of Napoleon makes sanitary sewer service available and accessible, you will be required to abandon the existing sewage treatment system and connect to sewer.

If you have any questions, please contact me at 419-591-3001.

Sincerely,

Dan Breitbart, REHS  
Environmental Health Specialist

EC: Chris Fisher, Bailfish Services, LLC  
Kevin Schultheis, City of Napoleon

HENRY COUNTY DISTRICT BOARD OF HEALTH  
COURT HOUSE NAPOLEON, OHIO

APPLICATION FOR PERMIT - SEWAGE DISPOSAL

I or we NORMAN KING  
Address 514 W Clinton Napoleon Ohio  
hereby apply for a permit to INSTALL  
(install or change)  
a sewage disposal system on the property located  
(privy, sewage disposal system)  
at <sup>Turn Right</sup> ~~the~~ St - ON Glenwood off, Rt #6 - 1st House past  
GAS Co - Substation. in Napoleon Township,  
and owned by MARTIN Dietrich

I agree to comply with the rules and regulations of the Board of Health of the Henry County Health District governing the installation and operation of privies, privy vaults, sewerage and sewage disposal equipment. I have received a summary of these rules and regulations and understand the provisions contained therein.

I further agree that I will call for final inspection and approval of the Health Department of this installation prior to its being covered with earth.

Date April 22, 1958 Norman C. King  
(Applicant)

The plot plan required by these rules and regulations may be prepared on the reverse side. It shall show the following:

1. Size of the lot.
2. Size, location and construction of the privy, sewage tank and sewage disposal system.
3. Size, location and construction of all sewer lines.
4. The location of all leaching devices or filters.
5. The location of all water supplies within 100 feet of any of the sewage disposal equipment.

OK 10-20-58  
J. V. Whitner

INSPECTOR'S RECORD

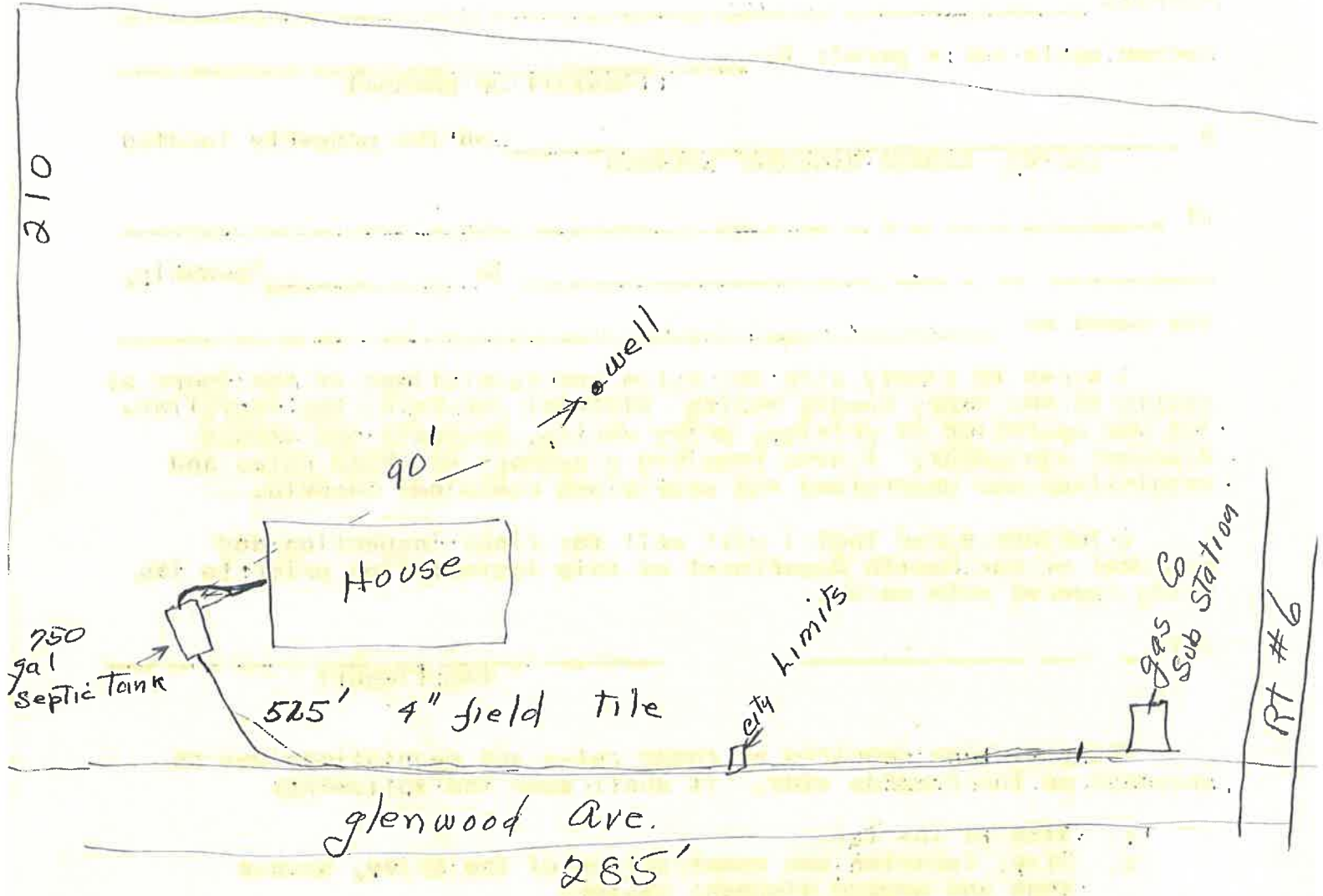
Sewage tank 750 gal S.T.  
~~Filter bed or~~ tile field 525'  
Sink drain 70 S.T.  
Laundry drain 70 S.T.  
Sewer OK

PERMIT ISSUED 4-22-58

NUMBER OF PERMIT 1752

Handwritten note: 9-10-58

210



new tile will be put in, in  
same trench as gas line.



**Ohio Department of Health**  
 Bureau of Environmental Health  
 Residential Water and Sewage Program  
 (614) 644-7551 BEH@odh.ohio.gov

# SEPTAGE PUMPING REPORT FORM

The information contained in this report reflects the observations recorded at the time the system was pumped and includes any actions completed by the registered septage hauler. This report shall not be construed as a declaration of approval or disapproval or the proper function of the system.

Pumping Date: 1-9-16	County: HENRY	Township: NAPLES N CITY
Pumping Location Address (include city & zip) 1490 Glenwood AVE NAP		
Property Owner Name: RHONDA REVIE	Phone #:	

<b>TANK PUMPING INFORMATION</b>	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial	# of Tanks: _____	Total Gallons Pumped: 750 gal.
Check all that apply. If multiple tanks, number the tanks in order beside the tank type. More than one of the same type should also be numbered in succession.			
<input checked="" type="checkbox"/> Septic _____ <input type="checkbox"/> Aeration _____ <input type="checkbox"/> Holding _____ <input type="checkbox"/> Dosing _____ <input type="checkbox"/> Privy Vault _____ <input type="checkbox"/> Portable tank _____ <input type="checkbox"/> Other _____ Type: _____ If applicable, what type Aeration tank? _____ Was the aerator motor? <input type="checkbox"/> Present <input type="checkbox"/> Missing			
Check all that apply and place the number of the tank listed above next to the material type.			
<input checked="" type="checkbox"/> Concrete _____ <input type="checkbox"/> Fiberglass _____ <input type="checkbox"/> Plastic _____ <input type="checkbox"/> Brick _____ <input type="checkbox"/> Metal _____			
Give the volume of each tank pumped:			
Tank 1 _____ gal	Tank 2 _____ gal	Tank 3 _____ gal	Tank 4 _____ gal

<b>TANK CONDITION OBSERVATIONS</b>			
Tank Condition <input checked="" type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Could not determine		If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Risers: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all		Riser located over: <input type="checkbox"/> Inlet <input type="checkbox"/> Center of Tank <input type="checkbox"/> Outlet	
Riser Lids: <input type="checkbox"/> Present <input type="checkbox"/> Absent, which tank <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all		Risers and Lids Condition: <input type="checkbox"/> Good <input type="checkbox"/> Poor	
Evidence of Leaking? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Inconclusive			
Which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all at the (check all that apply) <input type="checkbox"/> Tank <input type="checkbox"/> Riser <input type="checkbox"/> Inlet <input type="checkbox"/> Outlet <input type="checkbox"/> Inconclusive			
High Water Level at time of pumping <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not determine		If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Evidence of previous tank high water level observed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Inconclusive		If yes which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Baffle(s) and Tee(s) <input checked="" type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Not observed		If absent which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Baffle(s) or Tee(s) Condition (if observed): <input type="checkbox"/> Good <input type="checkbox"/> Poor		If Poor, which tank? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> all	
Effluent Filters <input type="checkbox"/> Present <input type="checkbox"/> Missing <input checked="" type="checkbox"/> N/A, tank older than 2007		If present, were they cleaned? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Solids Removed Type of Material: <input type="checkbox"/> Filter Media <input type="checkbox"/> Peat <input type="checkbox"/> Other: _____			
Was dewatering necessary? <input checked="" type="checkbox"/> Yes, _____ gal <input type="checkbox"/> No <input type="checkbox"/> N/A		Solid Waste Facility taken to: _____	
Did spillage occur during pumping process? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, was area properly cleaned and disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**List all Repairs, Additional Work and Comments:**

<b>Disposal Location:</b>	
<input type="checkbox"/> Waste Water Treatment Facility	Name of Facility: HENRY COWSD
<input type="checkbox"/> Land Application	Address: TWP Rd 04 McLORE

Septage Hauling Company: San a Service	Phone #: 419 439-3633	Registration #: 2
Driver/Technician Name (printed)	Driver/Technician Name (signature) G. Smith	

**YOUR TANK(S) SHOULD BE SERVICED AGAIN IN:** \_\_\_\_\_ Years \_\_\_\_\_ Months  
 REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.