Summit County Public Health
1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scph.org

BUILDING AND ZONING INSPECTION REPORT

Property Address: 980 E Nimisila Rd

City: Akron Zip: 44319 Parcel ID: 2807643

Applicant's Information:

Name: Micah Done Phone #: 406-633-3546

Email: micahdone@hotmail.com

Address (if different): N/A
City State ZipCode

Site visit date(s): 6/9/26

Based on the inspection listed above, the project is:

☒ **Approved** for the project as it has been proposed. Please see attached stamped plan.

☐ **Disapproved**. The proposed project is not capable of meeting the minimum code requirements without adversely affecting the sewage treatment system (STS), private water system (PWS), or future replacement area(s).

The conclusions rendered may be without the knowledge of some of the individual parts of the STS/PWS and applies only to the date and time the conclusion was made. Therefore, this evaluation does NOT guarantee the future performance of the system(s).

Comments:
The proposed project of a shed between the house and east property line is approved. The project appears to meet the required minimum distance to the well and septic components. The septic tanks were just pumped 6/4/26, per owner - tank levels were below operating level due to this. No distribution box to grade. Due to such recent pumping, functionality of the system is unknown, however, there was no evidence of current or prior issue in leaching area. When building shed, please remain at least 10ft from all septic components and 5ft from the well.

Inspector's Signature: Ellie Miller **Date:** 6/9/26

SUMMIT COUNTY HEALTH DEPARTMENT
1100 Graham Road Cir Stow Ohio 44224-2992 (330) 923-4891

SEWAGE SYSTEM INSPECTION REPORT

POL SUB-DIVISION: GREEN DATE PERMIT ISSUED: 08/08/96

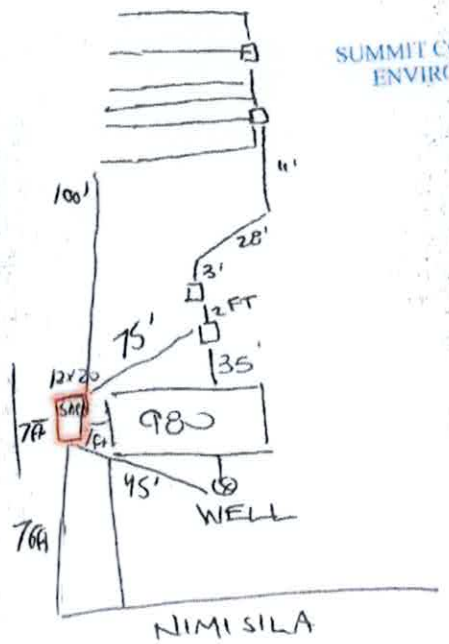
OWNER: JEFFREY S LOUIS
ADDRESS: 980 NIMISILA RD, AKRON 44319

INSTALLER: SUMMIT EXCAVATING INC. (745-4837)

RECEIVED
JUN 09 2026
SUMMIT COUNTY PUBLIC HEALTH
ENVIRONMENTAL DIVISION

SPECIFICATIONS:

NEW
__ NO FAMILIES: 1
__ SOIL TYPE:
__ VARIANCE: NO
__ EFFLUENT:
__ NO TANKS: 2
__ SIZE (GA): 1000
__ AER. TANK: NO
__ TILE FIELD
__ SIZE: 500 LINEAL FEET
__ EVAP TRENCH: NO
__ SIZE: 0 SQ FEET
__ CHLORINATOR: NO
__ LIFT PUMP:
NONDISCHARGING



SUMMIT COUNTY PUBLIC HEALTH
1867 W. Market Street Akron, OH 44313-6901
BUILDING AND ZONING APPROVAL
Ellie Miller Jun 09 2026
Inspector Date
330-812-3974
Phone Number:

APPROVED: ✓ DISAPPROVED: ___ DATE: 8/9/96

PERMIT NO: 018067

C FOSTER
INSPECTOR's SIGNATURE

THE INSPECTION OF THIS PROPERTY IS TO ASSURE THAT THE HOME SEWAGE SYSTEM COMPLIES WITH THE SUMMIT COUNTY HEALTH DEPT's ENVIRONMENTAL HEALTH CODE. THE INSPECTION OF THIS PROPERTY BY THE SUMMIT COUNTY HEALTH DEPT. IN NO WAY GUARANTEES THE PERFORMANCE OF THE HOME SEWAGE SYSTEM.

980NIMIS

#5-22125 BZ

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BUILDING AND ZONING EVALUATION APPLICATION

Parcel Information:

Property Address: 980 E Nimisila Rd

City: Green Zip: 44319 Parcel ID: 2807643

Applicant's Information:

Name: Micah Done Phone #: 406-633-3546

Email: micahdone@hotmail.com

Address (if different): _____ City State ZipCode

Property Information and Project Details:

Sewage Disposal

- ☐ Sanitary Sewer
- ☒ Septic System

Water Source

- ☐ Municipal Water
- ☒ Private Water (well, cistern, etc.)

Please select the reason for submitting the application:

Proposed Project Type	Fee
☐ **Home Addition/Remodel** Addition to existing house that increases square footage, but not the number of potential bedrooms	**$125**
☒ **Additional Property Features** Garage, shed, accessory buildings, pond, swimming pool, deck, etc.	
☐ **One Bedroom Addition** This is defined as the addition of habitable space which includes, but is not limited to: a bedroom, office, den, etc.	

Brief Project Description

Adding a shed next to our garage. A 12' x 16' shed on the east side of our property. Due to the hills in our yard we do not have another place to add a shed.

☑ The attached drawing includes the location of all septic system components and private water systems and distances, in feet, to the proposed project. 6-1

I understand that any approval or disapproval is based on the information I have provided and any change in this information may result in a voided approval. This evaluation may not be used as an assessment of the septic or private water system.

Signature of Applicant

6/1/26
Date

Received by: C. Boyd
Amount: $ 125.00
☐ Cash
☐ Credit card
☑ Check #: 138
Invoice No: #5-22125

Revised December 2024

6-1 Eff