


ROAD DEPARTMENT

SUBMITTED BY: 
GENE T. LAYNE, SUPERINTENDENT

Russell Road 2nd Quarter Report Index

Section 1: *Summary of Run Reports for 2nd Quarter*

Plow Runs.....Pages 1-5

Section 2: *Usage Reports*

Materials Usage.....Page 6

Fuel Usage.....Page 7

Section 3: *Completed Work Reports*

Township Property Work/Road Repairs.....Page 8

Road Work Report.....Pages 9-23

Cemetery Report.....Pages 24-35

Section 4: *Storm Water Management/EPA*

Storm Water Management EPA Reporting.....Pages 36-51

Section 5: *Recycling*

Recycling Report YTD

Snow Fall and Plow Runs

Russell Road Department Snowplow Run Report

Report No:	42	Date:	4/2/2016
Snow/Ice Condition:	Snow	Temperature:	31°
Type of Run:	Mains Only	Snowfall Inches:	.5"
On Road:	9:30 P.M.	Run Complete:	10:45 P.M.
Notified by Dispatch:	8:46 P.M.		

Road	Completion Time	Completion Time	Completion Time	Completion Time (P.M.)
Music East	9:40			
Music West	9:55			
Hemlock Rd & Hemlock Pt.	9:40			
Pekin	10:35			
Dines East				
Dines West				
Watt North				
Watt South				
Red Raider Entry	10:45			
Caves	10:15			
Russell Road	10:35			
Fairmount East	10:20			
Fairmount Mid	10:20			
Fairmount West	10:00			
Other: Coy	10:20			
Other: Holly Hill				
Other: Ridgewood				

Remarks:

Russell Road Department Snowplow Run Report

Report No:	43	Date:	4/3/2016
Snow/Ice Condition:	Ice	Temperature:	25°
Type of Run:	Regular	Snowfall Inches:	
On Road:	8:00 A.M.	Run Complete:	10:30 A.M.
Notified by Dispatch:	-		

Road	Completion Time	Completion Time	Completion Time	Completion Time (P.M.)
Music East				
Music West				
Hemlock Rd & Hemlock Pt.				
Pekin				
Dines East				
Dines West				
Watt North				
Watt South				
Red Raider Entry				
Caves				
Russell Road				
Fairmount East				
Fairmount Mid				
Fairmount West				
Other: Coy				
Other: Holly Hill				
Other: Ridgewood				

Remarks: Side roads only---Mains good from previous night.

Russell Road Department Snowplow Run Report

Report No:	44	Date:	4/8/2016
Snow/Ice Condition:	Snow	Temperature:	30°
Type of Run:	Regular	Snowfall Inches:	1"
On Road:	5:40 A.M.	Run Complete:	9:00 A.M.
Notified by Dispatch:	4:50 A.M.		

Road	Completion Time	Completion Time	Completion Time	Completion Time
Music East	5:35			
Music West	6:12			
Hemlock Rd & Hemlock Pt.	6:08			
Pekin	6:00			
Dines East	6:25			
Dines West	6:30			
Watt North	7:10			
Watt South	7:10			
Red Raider Entry	5:43			
Caves	6:58			
Russell Road	6:10			
Fairmount East	5:20			
Fairmount Mid	6:27			
Fairmount West	6:09			
Other: Coy	6:00			

Remarks:

Russell Road Department Snowplow Run Report

Report No:	45	Date:	4/9/2016
Snow/Ice Condition:	Snow	Temperature:	30°
Type of Run:	Regular	Snowfall Inches:	5"
On Road:	5:00 A.M.	Run Complete:	9:15 A.M.
Notified by Dispatch:	3:08 A.M.		

Road	Completion Time	Completion Time	Completion Time	Completion Time
Music East	5:15	8:38		
Music West	5:35	8:50		
Hemlock Rd & Hemlock Pt.	5:30	8:15		
Pekin	5:45	8:25		
Dines East				
Dines West	7:33			
Watt North	7:10			
Watt South	7:10			
Red Raider Entry	5:15	7:30	8:45	
Caves	6:13	8:58		
Russell Road	5:30	8:00		
Fairmount East	5:15	9:15		
Fairmount Mid	5:55	8:40		
Fairmount West	6:07	8:34		
Other: Coy	5:45			

Remarks:

Russell Road Department Snowplow Run Report

Report No:	46	Date:	4/9/2016
Snow/Ice Condition:	Cloudy	Temperature:	27°
Type of Run:	Clean-up	Snowfall Inches:	-
On Road:	9:30 A.M.	Run Complete:	11:30 A.M.
Notified by Dispatch:	-	Mains Only:	

Road	Completion Time	Completion Time	Completion Time	Completion Time
Music East	10:00			
Music West	11:30			
Hemlock Rd & Hemlock Pt.	11:15			
Pekin	10:25			
Dines East	9:45			
Dines West	11:00			
Watt North	10:30			
Watt South	10:30			
Red Raider Entry	10:45			
Caves	11:13			
Russell Road	10:15			
Fairmount East	11:15			
Fairmount Mid	9:28			
Fairmount West	9:33			
Other: Coy	10:05			

Remarks:

Usage Reports

Russell Road Department Materials Usage 2016

Month	Salt Tons	Cinders Tons	Hot Mix Tons	Crack Filler Pounds	Stone Tons	Pipe Feet	Restoration Supplies	Signs	Dead Animal Pick-up
January	390	135							
February	417								
March	90				6	20'			
April	90		9.41		52	170'			
May			63.63		48	80'			
June			136.55		12				
July									
August									
September									
November									
December									

Russell Road Fuel Report-2nd Quarter

Department	Fuel	April	May	June	2nd Quarter Total
Road	Gasoline	178	197	210	585
	Diesel	443	466	465	1374
Police	Gasoline	527	455	418	1400
	Diesel				
Fire	Gasoline	225	175	171	571
	Diesel	155	185	169	509
Zoning	Gasoline			11	11
	Diesel				0

**

Gasoline Total	930	827	810	2567
Diesel Total	598	651	634	1883

**53.93 gallons used by V.E.G.

Completed Work Reports

Township Property Work

- Install parking area at Riverview Cemetery
- Add stone to driveway and asphalt apron at Briar Hill Cemetery
- Plant trees at Administration Building and corner lot

Township Road Repairs

<i>Road</i>	<i>Type of Repair</i>
Dines	Full depth asphalt repair
Gamekeepers Trail	Full depth asphalt repair
Harmony Falls	Full depth asphalt repair
Fedeli	Full depth asphalt repair
Northwood	Full depth asphalt repair
Cypress	Full depth asphalt repair
Hunting Hills	Full depth asphalt repair
Squire	Full depth asphalt repair
Beechwood	Full depth asphalt repair
Hazelwood	Full depth asphalt repair
Watt	Replaced 6 culverts

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By Jim Date 6/16/16 Time _____

Requested From JENIFER PESKO

Name

14975 HILL DR.

Address

338-7106

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

____ Potholes ____ Plugged Culvert ____ Snow/Ice ____ Water Problem

____ Sign ____ Catch Basin ____ Berming ____ Dead Animal/Obstacle

____ Mailbox ____ Weeds/Brush/Trees ____ Guard Rail Ditch Cleaning/Pipe Sizing

Comments _____

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed JUNE 22, 2016

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By Gene Date 5/23/16 Time _____

Requested From TIM LYBARGER

Name

14355 HARTWELL

Address

802-760-8344

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at Intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

___ Potholes ___ Plugged Culvert ___ Snow/Ice ___ Water Problem

___ Sign ___ Catch Basin ___ Berming ___ Dead Animal/Obstacle

___ Mailbox ___ Weeds/Brush/Trees ___ Guard Rail Ditch Cleaning/Pipe Sizing

Comments REPLACE DRIVE PIPE 12" PLUS 30'

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed JUNE 8, 2016

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By JIM Date 5/24/16 Time _____

Requested From RICHARD

Name 8048 MUSIC

Address 440-668-0730

Phone _____

SECTION II: LOCATION OF PROBLEM

Located On/Off 8048, 8056 Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

- | | | | |
|-----------------------------------|--------------------------------------------|-------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Potholes | <input type="checkbox"/> Plugged Culvert | <input type="checkbox"/> Snow/Ice | <input type="checkbox"/> Water Problem |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Catch Basin | <input type="checkbox"/> Berming | <input type="checkbox"/> Dead Animal/Obstacle |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Weeds/Brush/Trees | <input type="checkbox"/> Guard Rail | <input checked="" type="checkbox"/> Ditch Cleaning/Pipe Sizing |

Comments _____

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed SD 6/2/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By GENE Date 5/11/16 Time _____

Requested From RESIDENT

Name 8200 CHAGRIN MILLS

Address 339-6903

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

Potholes Plugged Culvert Snow/Ice Water Problem

Sign Catch Basin Berming Dead Animal/Obstacle

Mailbox Weeds/Brush/Trees Guard Rail Ditch Cleaning/Pipe Sizing

Comments REPLACE DRIVE PIPE 12"

PLAS. CONNECT TO EXISTING PLAS.

ASPHALT DRIVE.

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed JUNE 2, 2016

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By CENE LAYNE Date 5/17/16 Time _____

Requested From KOVACH

Name

14026 WATT

Address

216-244-2218

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

____ Potholes ____ Plugged Culvert ____ Snow/Ice ____ Water Problem

____ Sign ____ Catch Basin ____ Berming ____ Dead Animal/Obstacle

____ Mailbox ____ Weeds/Brush/Trees ____ Guard Rail Ditch Cleaning/Pipe Sizing

Comments REPLACE DRIVE PIPE 12" X 30' PLUS
GRAVEL DRIVE

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 5/25/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By Gene Date 5/17/16 Time _____

Requested From TOO MALENA

Name

143336 WATT

Address

478-8997

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

___ Potholes ___ Plugged Culvert ___ Snow/Ice ___ Water Problem

___ Sign ___ Catch Basin ___ Berming ___ Dead Animal/Obstacle

___ Mailbox ___ Weeds/Brush/Trees ___ Guard Rail Ditch Cleaning/Pipe Sizing

Comments REPLACE DRIVE PIPE 10" X 20'
STEEL.

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 5/25/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By CEWE Date 5/15/16 Time 1:15 PM

Requested From RUSSELL P.D.
Name

Address

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off DALE Road

between _____ Road and _____ Road

or at intersection of MUSIC Road and _____ Road

SECTION III: NATURE OF PROBLEM

- | | | | |
|-----------------------------------|-------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Potholes | <input type="checkbox"/> Plugged Culvert | <input type="checkbox"/> Snow/Ice | <input type="checkbox"/> Water Problem |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Catch Basin | <input type="checkbox"/> Berming | <input type="checkbox"/> Dead Animal/Obstacle |
| <input type="checkbox"/> Mailbox | <input checked="" type="checkbox"/> Weeds/Brush/Trees | <input type="checkbox"/> Guard Rail | <input type="checkbox"/> Ditch Cleaning/Pipe Sizing |

Comments TREE ON ROAD

SECTION IV: CORRECTIVE ACTION

Assigned To MATT Work Completed 5/15/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By Gene Date 5/16/16 Time 12:24 pm

Requested From RUSSELL P.D.
Name

Address

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off ELDOVERIDGE Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

___ Potholes ___ Plugged Culvert ___ Snow/Ice ___ Water Problem

___ Sign ___ Catch Basin ___ Berming ___ Dead Animal/Obstacle

___ Mailbox Weeds/Brush/Trees ___ Guard Rail ___ Ditch Cleaning/Pipe Sizing

Comments TREE ON ROAD

SECTION IV: CORRECTIVE ACTION

Assigned To Jim Work Completed 5/16/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By CEBE Date 5/5/16 Time _____

Requested From _____ RESIDENT

Name _____
Address 8364 TOP RAIL

Phone _____

SECTION II: LOCATION OF PROBLEM

Located On/Off DITCH ON HITCHING POST Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

- Potholes Plugged Culvert Snow/Ice Water Problem
 Sign Catch Basin Berming Dead Animal/Obstacle
 Mailbox Weeds/Brush/Trees Guard Rail Ditch Cleaning/Pipe Sizing

Comments CLEAN CAT TAIL DITCH END OF HITCHING POST.

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 5/13/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By GENE Date APRIL Time _____

Requested From JIM ~~WILLIS~~ WILLIS

Name

14146 WATT

Address

725-7812

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

Potholes Plugged Culvert Snow/Ice Water Problem

Sign Catch Basin Berming Dead Animal/Obstacle

Mailbox Weeds/Brush/Trees Guard Rail Ditch Cleaning/Pipe Sizing

Comments REPLACE DRIVE PIPE. (COVER IS AN
ISSUE) 2-12" X 20' STEEL PIPES. DITCH
FROM OUTLET DOWN TO CROSSOVER.

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed MAY 4, 2016

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By GENE Date APR 12 Time _____

Requested From RESIDENT

Name
14335 WATT RD.

Address
330-607-4257

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

- | | | | |
|-----------------------------------|--------------------------------------------|-------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Potholes | <input type="checkbox"/> Plugged Culvert | <input type="checkbox"/> Snow/Ice | <input type="checkbox"/> Water Problem |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Catch Basin | <input type="checkbox"/> Berming | <input type="checkbox"/> Dead Animal/Obstacle |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Weeds/Brush/Trees | <input type="checkbox"/> Guard Rail | <input checked="" type="checkbox"/> Ditch Cleaning/Pipe Sizing |

Comments REPLACE DRIVE PIPES 2 - 10" X 20"
STEEL

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed MAY 2, 2016

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By Gene Date 4/18/16 Time _____

Requested From RESIDENT

Name _____
Address 8433 CHAGRIN MILLS

Phone _____

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

- | | | | |
|-----------------------------------|--------------------------------------------|-------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Potholes | <input type="checkbox"/> Plugged Culvert | <input type="checkbox"/> Snow/Ice | <input type="checkbox"/> Water Problem |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Catch Basin | <input type="checkbox"/> Berming | <input type="checkbox"/> Dead Animal/Obstacle |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Weeds/Brush/Trees | <input type="checkbox"/> Guard Rail | <input checked="" type="checkbox"/> Ditch Cleaning/Pipe Sizing |

Comments STANDING WATER EAST END OF PROPERTY.

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 4/29/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By CENE Date APRIL Time _____

Requested From JASON GRASSI

Name
14202 WATT

Address
477-3397

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

Potholes Plugged Culvert Snow/Ice Water Problem

Sign Catch Basin Berming Dead Animal/Obstacle

Mailbox Weeds/Brush/Trees Guard Rail Ditch Cleaning/Pipe Sizing

Comments REPLACE DRIVE PIPE 15" PLAS.

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 4/18/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By Gene Date 4/7/16 Time _____

Requested From RESIDENT

Name
15218 Hook Hollow

Address
773-6272

Phone

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

- | | | | |
|-----------------------------------|--------------------------------------------|-------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Potholes | <input type="checkbox"/> Plugged Culvert | <input type="checkbox"/> Snow/Ice | <input type="checkbox"/> Water Problem |
| <input type="checkbox"/> Sign | <input type="checkbox"/> Catch Basin | <input type="checkbox"/> Berming | <input type="checkbox"/> Dead Animal/Obstacle |
| <input type="checkbox"/> Mailbox | <input type="checkbox"/> Weeds/Brush/Trees | <input type="checkbox"/> Guard Rail | <input checked="" type="checkbox"/> Ditch Cleaning/Pipe Sizing |

Comments _____

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 4/14/16

RUSSELL ROAD WORK SUMMARY

SECTION I: INTAKE INFORMATION

Received By GENE Date 4/13/16 Time _____

Requested From GEORGE LOUCAS

Name
7300 CALLEY LN.
Address

Phone _____

SECTION II: LOCATION OF PROBLEM

Located On/Off SAME Road

between _____ Road and _____ Road

or at intersection of _____ Road and _____ Road

SECTION III: NATURE OF PROBLEM

- Potholes Plugged Culvert Snow/Ice Water Problem
- Sign Catch Basin Berming Dead Animal/Obstacle
- Mailbox Weeds/Brush/Trees Guard Rail Ditch Cleaning/Pipe Sizing

Comments LITTLE DITCHING AT OUTLET
REQUIRED

SECTION IV: CORRECTIVE ACTION

Assigned To _____ Work Completed 4/14/16

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 4/12/16

CEMETERY: OLD RIVERVIEW

SECTION: 71 LOT # 9 DATE OF ACTION: APRIL 12, 2016

ACTION TAKEN:

INTERMENT: ✓ DISINTERMENT: _____

RELOCATION: _____ FOUNDATION/HEADSTONE: _____

OTHER: _____

NAME OF DECEASED:

LAST: CROW FIRST: MELVIN MI: C

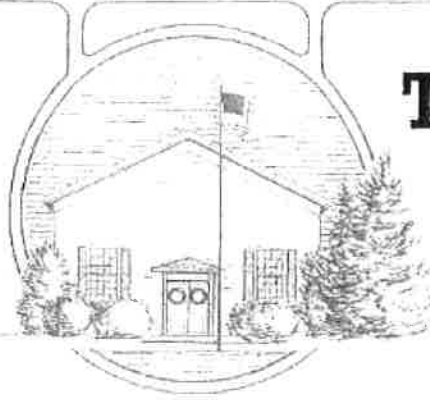
BURIAL/CREMATION: BURIAL VETERAN Y/N: _____

REMARKS: ATTACHED IS BURIAL PERMIT AND
CHECK FOR \$400.00

[Signature]
GENE T. LAYNE, SUPERINTENDENT

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 4/11/16

CEMETERY: RIVERVIEW MEMORIAL PARK

SECTION: K-15 LOT # 10-0 DATE OF ACTION: APRIL 11, 2016

ACTION TAKEN:

INTERMENT: ✓ DISINTERMENT: _____

RELOCATION: _____ FOUNDATION/HEADSTONE: _____


OTHER: _____

NAME OF DECEASED:

LAST: BARRETT FIRST: VICTORIA MI: _____

BURIAL/CREMATION: CREMATION VETERAN Y/N: _____

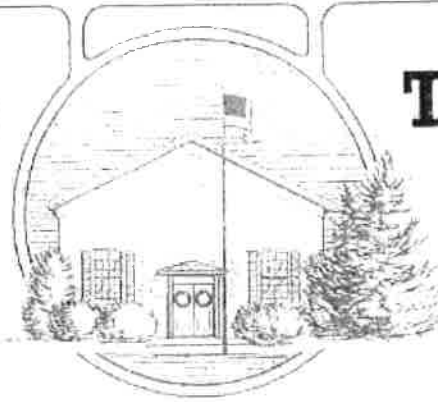
REMARKS: ATTACHED IS CERTIFICATE OF CREMATION.



GENE T. LAYNE, SUPERINTENDENT

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 5/20/16

CEMETERY: RIVERVIEW MEMORIAL PARK

SECTION: E-26 LOT # 3 DATE OF ACTION: MAY 20, 2016

ACTION TAKEN:

INTERMENT: ✓ DISINTERMENT: _____

RELOCATION: _____ FOUNDATION/HEADSTONE: _____

OTHER: _____

NAME OF DECEASED:

LAST: WHALEY FIRST: THERESA MI: _____

BURIAL/CREMATION: BURIAL VETERAN Y/N: _____

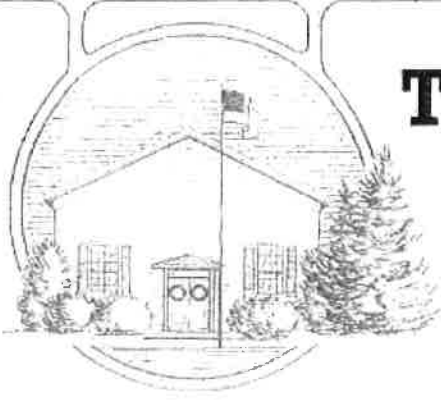
REMARKS: ATTACHED IS BURIAL PERMIT ONLY.

GENE T. LAYNE, SUPERINTENDENT

26
ROAD DEPARTMENT
(440) 338-5309

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 6/13/16

CEMETERY: RIVERVIEW MEMORIAL PARK

SECTION: K-9 LOT # 5B DATE OF ACTION: JUNE 12, 2016

ACTION TAKEN:

INTERMENT: ✓ DISINTERMENT: _____

RELOCATION: _____ FOUNDATION/HEADSTONE: _____

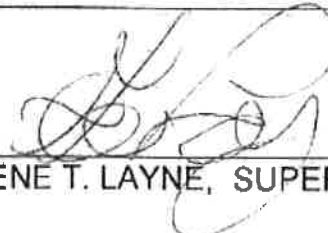
OTHER: _____

NAME OF DECEASED:

LAST: SCHNOEDER FIRST: RICHARD MI: _____

BURIAL/CREMATION: CREMATION VETERAN Y/N: Y

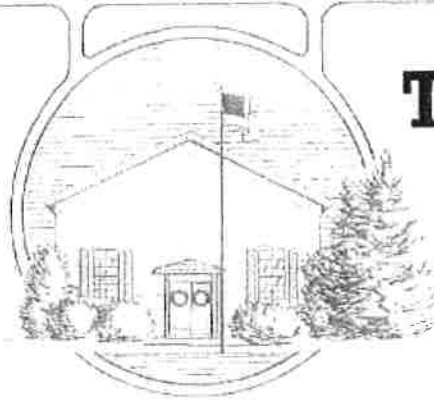
REMARKS: _____



GENE T. LAYNE, SUPERINTENDENT

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 6/20/16

CEMETERY: RIVERVIEW MEMORIAL PARK

SECTION: E-31 LOT # 7-A DATE OF ACTION: JUNE 17, 2016

ACTION TAKEN:

INTERMENT:

DISINTERMENT:

RELOCATION:

FOUNDATION/HEADSTONE:

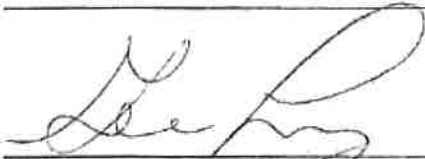
OTHER:

NAME OF DECEASED:

LAST: COHN FIRST: ROBERT MI:

BURIAL/CREMATION: CREMATION VETERAN Y/N:

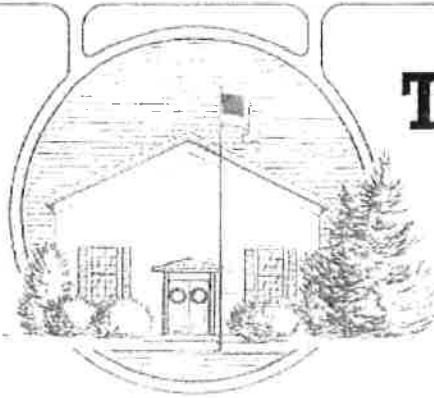
REMARKS: ATTACHED IS CERTIFICATE OF
CREMATION AND CHECK FOR \$300.00



GENE T. LAYNE, SUPERINTENDENT

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 6/20/16

CEMETERY: RIVERVIEW MEMORIAL PARK

SECTION: E-31 LOT # 8-A DATE OF ACTION: JUNE 17, 2016

ACTION TAKEN:

INTERMENT: ✓ DISINTERMENT: _____

RELOCATION: _____ FOUNDATION/HEADSTONE: _____

OTHER: _____

NAME OF DECEASED:

LAST: COHN FIRST: BARBARA MI: _____

BURIAL/CREMATION: CREMATION VETERAN Y/N: _____

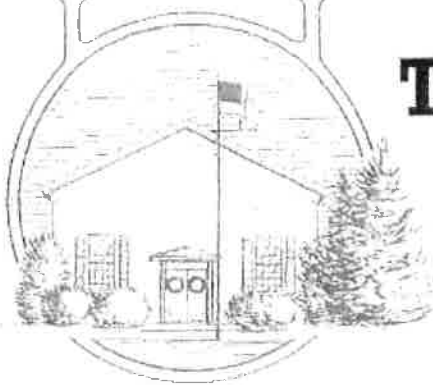
REMARKS: ATTACHED IS CERTIFICATE OF CREMATION

GENE T. LAYNE, SUPERINTENDENT

29
ROAD DEPARTMENT
(440) 338-5309

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 6/22/16

CEMETERY: RIEVERVIEW MEMORIAL PARK

SECTION: K-7 LOT # 3-0 DATE OF ACTION: JUNE 22, 2016

ACTION TAKEN:

INTERMENT: ✓

DISINTERMENT: _____

RELOCATION: _____

FOUNDATION/HEADSTONE: _____

OTHER: _____

NAME OF DECEASED:

LAST: HETRICK FIRST: MARGARET MI: _____

BURIAL/CREMATION: REMAINS VETERAN Y/N: _____

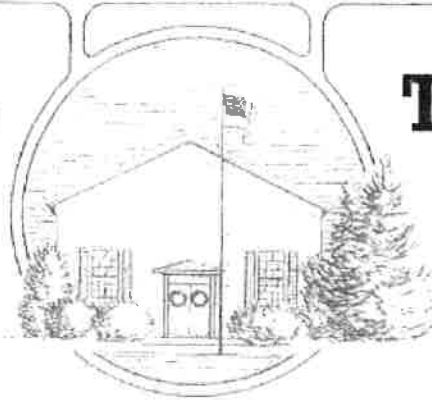
REMARKS: _____

GENE T. LAYNE, SUPERINTENDENT

30
ROAD DEPARTMENT
(440) 338-5309

RUSSELL

8501 Kinsman Road
P.O. Box 522



TOWNSHIP

Novelty, Ohio 44072

CEMETERY REPORT

TO: CLERK'S OFFICE

DATE: 6/22/16

CEMETERY: RIVERVIEW MEMORIAL PARK

SECTION: K-7 LOT # 4-A DATE OF ACTION: JUNE 22, 2016

ACTION TAKEN:

INTERMENT: ✓ DISINTERMENT: _____

RELOCATION: _____ FOUNDATION/HEADSTONE: _____


OTHER: _____

NAME OF DECEASED:

LAST: HETRICK FIRST: RICHARD MI: _____

BURIAL/CREMATION: CREMAINS VETERAN Y/N: _____

REMARKS: _____



GENE T. LAYNE, SUPERINTENDENT

Gleske

CEMETERY MONUMENT REQUEST INFORMATION

DATE OF REQUEST: 3-Mar-16

NAME: GRORGE G. GLESKE

CEMETERY: R.M.P. B.H. RIV.

SECTION/LOT: E-30 #11

TYPE OF STONE: FLUSH RAISED MONUMENT
 HEAD FOOT VETERAN MARKER
 BRONZE
 GRANITE

SIZE OF STONE: 24" Length 12" Width 3/4" Height

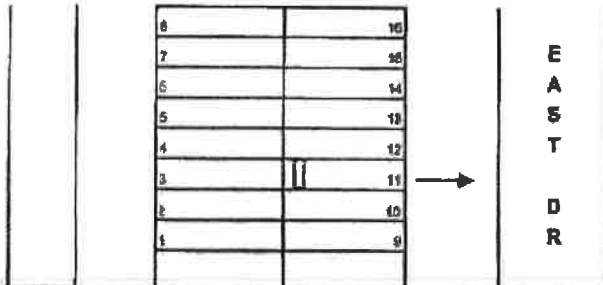
SIZE OF BASE: _____ Length _____ Width _____ Height

COST OF FOUNDATION: \$200 \$300 \$350
 \$350 \$100 VA Marker

ANTICIPATED INSTALL DATE: _____

SKETCH OF LOCATION AND ORIENTATION OF STONE:

E-30 #11



Will let you know when plaque is here.

(They also have a family stone going in.)

PLAQUE @ ADMIN.

PLEASE COMPLETE AND RETURN TO CLERK'S OFFICE:

DATE INSTALLATION COMPLETED: 3/5/16

SIGNATURE: [Signature]

Handwritten mark

CEMETERY MONUMENT REQUEST INFORMATION

DATE OF REQUEST: Feb.29, 2016

NAME: GLESKE George G. -Shirley J.

CEMETERY: R.M.P. B.H. RIV.

SECTION/LOT: E 30 # 11-12

TYPE OF STONE: FLUSH RAISED MONUMENT
 HEAD FOOT VETERAN MARKER
 BRONZE
 GRANITE

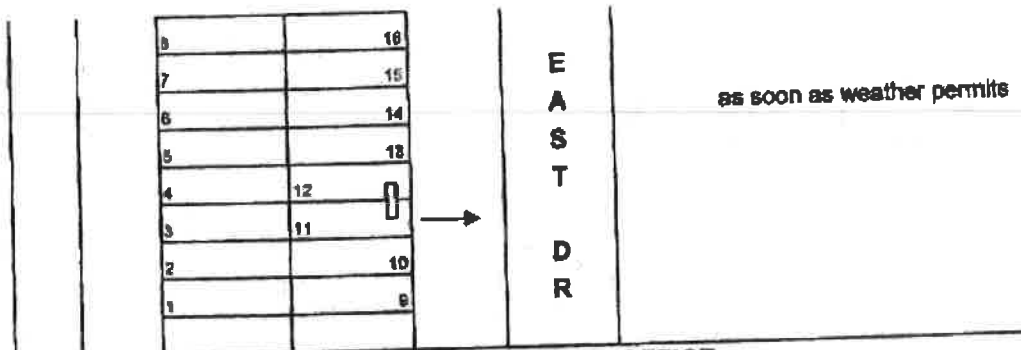
SIZE OF STONE: 48" Length 12" Width 4" Height
SIZE OF BASE: _____ Length _____ Width _____ Height

COST OF FOUNDATION: \$200 \$300 \$350
 \$100 VA Marker

ANTICIPATED INSTALL DATE: _____ *Pd*

SKETCH OF LOCATION AND ORIENTATION OF STONE:

E - 30 # 11 -12



PLEASE COMPLETE AND RETURN TO CLERK'S OFFICE:

DATE INSTALLATION COMPLETED:

SIGNATURE:

5/9/16
[Handwritten Signature]

CEMETERY MONUMENT REQUEST INFORMATION

DATE OF REQUEST: 12-Apr-16

NAME: NOVAK

CEMETERY: R.M.P. B.H. RIV.

SECTION/LOT: G - 8 # 5

TYPE OF STONE: FLUSH RAISED MONUMENT
 HEAD FOOT VETERAN MARKER

BRONZE
 GRANITE

SIZE OF STONE: 24" Length 12" Width 4" Height
SIZE OF BASE: _____ Length _____ Width _____ Height

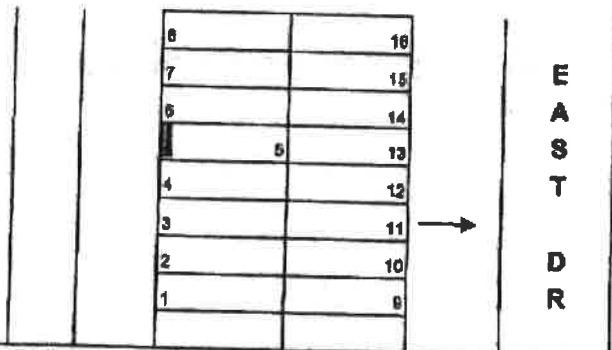
COST OF FOUNDATION: \$200 \$300 \$350
 \$350 \$100 VA Marker

*Prepaid
Pd. \$100.00*

ANTICIPATED INSTALL DATE: EARLY JUNE

SKETCH OF LOCATION AND ORIENTATION OF STONE:

K - 7 # 3 & 4



STONE IS AT THE ADMIN BUILDING

PLEASE COMPLETE AND RETURN TO CLERK'S OFFICE:

DATE INSTALLATION COMPLETED:

SIGNATURE:

5/9/16
[Signature]

CEMETERY MONUMENT REQUEST INFORMATION

DATE OF REQUEST: 12-Apr-16

NAME: MARGARET & RICHARD HETRICK

CEMETERY: R.M.P. B.H. RIV.

SECTION/LOT: K - 7 # 3 & 4

TYPE OF STONE: FLUSH RAISED MONUMENT
 HEAD FOOT VETERAN MARKER
 BRONZE
 GRANITE

SIZE OF STONE: 36" Length 8" Width 24" Height

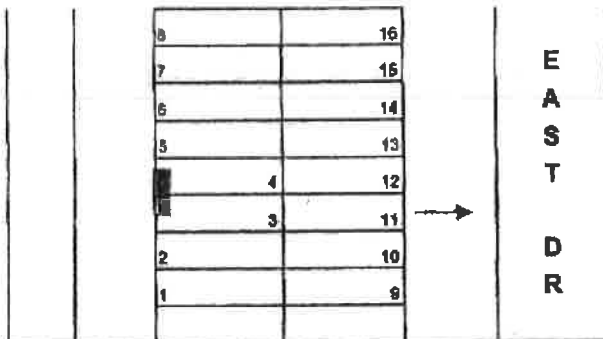
SIZE OF BASE: 48" Length 14" Width 8" Height

COST OF FOUNDATION: \$200 \$300 \$350 PAID
 \$350 \$100 VA Marker

ANTICIPATED INSTALL DATE: EARLY JUNE

SKETCH OF LOCATION AND ORIENTATION OF STONE:

K - 7 # 3 & 4




WANT STONE PLACED IN EARLY JUNE

PLEASE COMPLETE AND RETURN TO CLERK'S OFFICE:

DATE INSTALLATION COMPLETED:

SIGNATURE:

APR 23, 2016


Storm Water Management/EPA Report

• Discharge Monitoring > Submittals/Revisions > View Submissions > View Detail > View Receipt
Confirmation of submission receipt

Submission Successful! Please go to 'Submittals/Revision' or 'View Submission' page to check the submission status later.

Submission ID: 582840
Certifier's Name: gene layne
Certifier's TCP/IP address: 10.181.8.77
Date and time file was sent: 06/06/2016 11:07:28 (Based on local server time)
Date and time file was received: 06/06/2016 11:07:28 (Based on local server time)
Date and time acknowledgement was sent: 06/06/2016 11:07:29 (Based on local server time)

Ohio EPA - Dally Discharge Monitoring Report - Form 4500

SUBMISSION ID: 582840 STATUS: Original
 FACILITY: Russell Twp Service Garage PERMIT NUMBER: 31N00275*ED
 LOCATION: 15625 Chillicothe Rd STATION CODE: 003
 Chagrin Falls, OH 44022 MONITORING PERIOD : 2016-05-01 To: 2016-05-31
 COUNTY: Geauga REPORTING LAB:
 DISTRICT: NEDO ANALYST:
 NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rate	Oil and Grease, Hexane Extr Method				
PARAMETER CODE	00056	00552				
UNITS	GPD	mg/l				
FREQUENCY	1/Month	1/Month				
SAMPLING TYPE	Estimate	Grab				
2016-05-01						
2016-05-02						
2016-05-03						
2016-05-04						
2016-05-05						
2016-05-06						
2016-05-07						
2016-05-08						
2016-05-09						
2016-05-10						
2016-05-11						
2016-05-12						
2016-05-13						
2016-05-14						
2016-05-15						
2016-05-16						
2016-05-17						
2016-05-18						
2016-05-19						
2016-05-20						
2016-05-21						
2016-05-22						
2016-05-23						
2016-05-24						
2016-05-25						
2016-05-26						
2016-05-27						
2016-05-28						
2016-05-29						
2016-05-30						
2016-05-31						
Minimum						

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 582840 STATUS: Original
 FACILITY: Russell Twp Service Garage PERMIT NUMBER: 3IN00275*ED
 LOCATION: 15625 Chillicothe Rd STATION CODE: 004
 Chagrin Falls, OH 44022 MONITORING PERIOD : 2016-05-01 To: 2016-05-31
 COUNTY: Geauga REPORTING LAB:
 DISTRICT: NEDO ANALYST: NO DISCHARGE AL
 INDICATOR:

PARAMETER	Flow Rate	Oil and Grease, Hexane Extr Method				
PARAMETER CODE	00056	00552				
UNITS	GPD	mg/l				
FREQUENCY	1/Month	1/Month				
SAMPLING TYPE	Estimate	Grab				
2016-05-01						
2016-05-02						
2016-05-03						
2016-05-04						
2016-05-05						
2016-05-06						
2016-05-07						
2016-05-08						
2016-05-09						
2016-05-10						
2016-05-11						
2016-05-12						
2016-05-13						
2016-05-14						
2016-05-15						
2016-05-16						
2016-05-17						
2016-05-18						
2016-05-19						
2016-05-20						
2016-05-21						
2016-05-22						
2016-05-23						
2016-05-24						
2016-05-25						
2016-05-26						
2016-05-27						
2016-05-28						
2016-05-29						
2016-05-30						
2016-05-31						
Minimum						

Maximum							
Average							
Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time
gene layne							2016-06-06 11:06

Page 2

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 578099 STATUS: Original
 FACILITY: Russell Twp Service Garage PERMIT NUMBER: 3IN00275*ED
 LOCATION: 15625 Chillicothe Rd STATION CODE: 003
 Chagrin Falls, OH 44022 MONITORING PERIOD : ~~2016-04-01~~ To: ~~2016-04-30~~
 COUNTY: Geauga REPORTING LAB:
 DISTRICT: NEDO ANALYST:
 NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rate	Oil and Grease, Hexane Extr Method				
PARAMETER CODE	00056	00552				
UNITS	GPD	mg/l				
FREQUENCY	1/Month	1/Month				
SAMPLING TYPE	Estimate	Grab				
2016-04-01						
2016-04-02						
2016-04-03						
2016-04-04						
2016-04-05						
2016-04-06						
2016-04-07						
2016-04-08						
2016-04-09						
2016-04-10						
2016-04-11						
2016-04-12						
2016-04-13						
2016-04-14						
2016-04-15						
2016-04-16						
2016-04-17						
2016-04-18						
2016-04-19						
2016-04-20						
2016-04-21						
2016-04-22						
2016-04-23						
2016-04-24						
2016-04-25						
2016-04-26						
2016-04-27						
2016-04-28						
2016-04-29						
2016-04-30						
Minimum						
Maximum						

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 578099 STATUS: Original
 FACILITY: Russell Twp Service Garage PERMIT NUMBER: 3IN00275*ED
 LOCATION: 15625 Chillicothe Rd STATION CODE: 004
 Chagrin Falls, OH 44022 MONITORING PERIOD : 2016-04-01 To: 2016-04-30
 COUNTY: Geauga REPORTING LAB:
 DISTRICT: NEDO ANALYST:
 NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rate	Oil and Grease, Hexane Extr Method				
PARAMETER CODE	00056	00552				
UNITS	GPD	mg/l				
FREQUENCY	1/Month	1/Month				
SAMPLING TYPE	Bestimate	Grab				
2016-04-01						
2016-04-02						
2016-04-03						
2016-04-04						
2016-04-05						
2016-04-06						
2016-04-07						
2016-04-08						
2016-04-09						
2016-04-10						
2016-04-11						
2016-04-12						
2016-04-13						
2016-04-14						
2016-04-15						
2016-04-16						
2016-04-17						
2016-04-18						
2016-04-19						
2016-04-20						
2016-04-21						
2016-04-22						
2016-04-23						
2016-04-24						
2016-04-25						
2016-04-26						
2016-04-27						
2016-04-28						
2016-04-29						
2016-04-30						
Minimum						
Maximum						

Average Count							
Name of Responsible Official or Authorized Representative gene layne	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time 2016-05-11 13:05

Page 2

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Russell Twp Service Garage PERMIT NUMBER: 3IN00275*ED
 LOCATION: 15625 Chillicothe Rd MONITORING 2016-04-01 To: 2016-04-30
 Chagrin Falls, OH 44022 PERIOD :

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
--------------	----------------	----------------	------	------	---------

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 588828 STATUS: Original
 FACILITY: Russell Twp Service Garage PERMIT NUMBER: 31N00275*ED
 LOCATION: 15625 Chillicothe Rd STATION CODE: 003
 Chagrin Falls, OH 44022 MONITORING PERIOD : 2016-06-01 To: 2016-06-30
 COUNTY: Geauga REPORTING LAB:
 DISTRICT: NEDO ANALYST:
 NO DISCHARGE INDICATOR: AL

PARAMETER	Flow Rate	Oil and Grease, Hexane Extr Method				
PARAMETER CODE	00056	00552				
UNITS	GPD	mg/l				
FREQUENCY	1/Month	1/Month				
SAMPLING TYPE	Estimate	Grab				
2016-06-01						
2016-06-02						
2016-06-03						
2016-06-04						
2016-06-05						
2016-06-06						
2016-06-07						
2016-06-08						
2016-06-09						
2016-06-10						
2016-06-11						
2016-06-12						
2016-06-13						
2016-06-14						
2016-06-15						
2016-06-16						
2016-06-17						
2016-06-18						
2016-06-19						
2016-06-20						
2016-06-21						
2016-06-22						
2016-06-23						
2016-06-24						
2016-06-25						
2016-06-26						
2016-06-27						
2016-06-28						
2016-06-29						
2016-06-30						
Minimum						
Maximum						

Average Count							
gene layne	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.				Signature of Responsible Official or Authorized Representative		Submission Date/Time 2016-07-01 08:07

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

SUBMISSION ID: 588828 STATUS: Original
 FACILITY: Russell Twp Service Garage PERMIT NUMBER: 3IN00275*ED
 LOCATION: 15625 Chillicothe Rd STATION CODE: 004
 Chagrin Falls, OH 44022 MONITORING PERIOD : 2016-06-01 To: 2016-06-30
 COUNTY: Geauga REPORTING LAB:
 DISTRICT: NEDO ANALYST: NO DISCHARGE AL
 INDICATOR:

PARAMETER	Flow Rate	Oil and Grease, Hexane Extr Method				
PARAMETER CODE	00056	00552				
UNITS	GPD	mg/l				
FREQUENCY	1/Month	1/Month				
SAMPLING TYPE	Estimate	Grab				
2016-06-01						
2016-06-02						
2016-06-03						
2016-06-04						
2016-06-05						
2016-06-06						
2016-06-07						
2016-06-08						
2016-06-09						
2016-06-10						
2016-06-11						
2016-06-12						
2016-06-13						
2016-06-14						
2016-06-15						
2016-06-16						
2016-06-17						
2016-06-18						
2016-06-19						
2016-06-20						
2016-06-21						
2016-06-22						
2016-06-23						
2016-06-24						
2016-06-25						
2016-06-26						
2016-06-27						
2016-06-28						
2016-06-29						
2016-06-30						
Minimum						
Maximum						

Average Count							
Name of Responsible Official or Authorized Representative	I certify under the penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			Signature of Responsible Official or Authorized Representative			Date/Time
gene layne							2016-07-01 08:07

Ohio EPA - Daily Discharge Monitoring Report - Form 4500

FACILITY: Russell Twp Service Garage PERMIT NUMBER: 3IN00275*ED
LOCATION: 15625 Chillicothe Rd MONITORING ~~2016-06-01~~ To: 2016-06-30
Chagrin Falls, OH 44022 PERIOD :

PARAMETER COMMENTS:

Station Code	Parameter Name	Parameter Code	Date	Unit	Comment
--------------	----------------	----------------	------	------	---------



ENVIRONMENTAL SPECIALISTS, INC.

1000 Andrews Ave.
 Youngstown, Ohio 44505
 Phone: (330) 746-8174 / Toll Free (888) 331-3443
 Fax: (330) 746-8175 www.esrecycling.com



Service Document #
166497
 CI 4/18/2016

Customer Information

Name RUSSELL TOWNSHIP

Address 15625 CHILLICOTHE ROAD STATE RD 306

City/State/Zip CHAGRIN FALLS / OH / 44022

Phone 440-338-5309

U.S.E.P.A. ID# CESQG

Billing Information (if different)

Name RUSSELL TOWNSHIP

Address P.O. BOX 522

City/State/Zip NOVELTY / OH / 44072

P.O. Number _____

Sales Rep. ID Todd Pick-up Date 4-19-16

Item #	Description	Term	Unit Price	Qty	Subtotal	Tax	Total
VAC095	VAC TRUCK W/OPERATOR	52	95.00				3800.00
BW050	OILY WATER/COOLANT DISPOSAL	52	0.50	800			400.00
BS050	OILY SLUDGE	52	0.80	200			160.00
Total Payment Due Payment Received Applied To							Amount: <u>940.00</u>

1. _____ (initials) I certify that our used oil has not been mixed with listed hazardous waste as specified in 40 CFR part 261 and that it contains ≤ 1000 ppm total Halogens and no amount of PCBs.
 This certification is based on Generator Knowledge _____ Analysis Generator Status CESQG SQG LQG
 Note: Used oil containing > 1000 ppm total Halogens must have a successful rebuttal on file and attached to this service document before collecting.

Non Hazardous Waste Information and/or Bill of Lading

Transporter: Environmental Specialists, Inc., OHD000816868, Phone (888) 331-3443
Destination Facility: Environmental Specialists, Inc., 1101 Andrews Avenue, Youngstown, Ohio 44505
 OHD000816868, Phone (330) 746-8174, 24 Hour Emergency Response Phone (800) 633-8253.

Bill of Lading and Non Hazardous Waste Information	Containers		Total Quantity	Unit Wt./Vol.
	No.	Type		
Used Naphtha Solvent (High Flash Point, Not EPA or DOT Hazardous)				G
Used Oil (Not EPA or DOT Hazardous)				G
Used Antifreeze (Not EPA or DOT Hazardous)				G
Used Oil Filters (Not EPA or DOT Hazardous)				P
Used Oil and Water (Not EPA or DOT Hazardous)	1	TT	800	G
Used Oil and Debris (Not EPA or DOT Hazardous)	1	TT	200	G
Scrap Tires				P

I charge to my account the amount shown for this transaction unless payment is noted by the payment received. All invoices not paid within 30 days will be subject to an interest rate of 1-1/2% per month. (18% per annum) on unpaid invoices. In the event of default, Environmental Specialist, Inc. Shall be entitled to recover the cost of collection and reasonable attorney's fee. I certify that the materials described in the "Bill of Lading" section and/or the accompanying manifest have been properly classified, packaged and labeled according to all local, State and Federal regulations. I further agree to the terms and conditions on the reverse side.

CEENE DAYNE

Print Name

[Signature]

Customer Signature

Recycling

RUSSELL TOWNSHIP / RIVER VALLEY PAPER RECYCLING PERFORMANCE

YEAR	MONTH	WEIGHT (lbs)	TONS	PRICE/TON	AMOUNT
2016	January	39,470	19.7	\$30/\$35	\$614.36
	February	35,800	17.9	\$30	\$537.00
	March	33,050	16.5	\$30	\$495.75
	April	37,160	18.6	\$30/\$35	\$566.48
	May	45,400	22.7	\$30	\$681.00
	June	0	0.0	\$30	\$0.00
	July	0	0.0	\$30	\$0.00
	August	0	0.0	\$30	\$0.00
	September	0	0.0	\$30/\$35	\$0.00
	October	0	0.0	\$30	\$0.00
	November	0	0.0	\$30/\$35	\$0.00
	December	0	0.0	30	\$0.00
2016 TOTAL		190,880	95.4		\$2,894.59
2016 MONTHLY AVERAGES		38,176	19.1		\$578.92
GRAND TOTAL - Since Inception		1,513,370	756.7		\$22,972.64
TOTAL MONTHLY AVERAGES		45,860	22.9		\$696.14