

# TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

## Application for Evaluation Home Sewage Treatment System or Point of Sale/Real Estate Transfer

Evaluation Requested  Sewage  Water (Coliform and E.Coli)

<b>Location to be Evaluated:</b>	
Owner Name: <u>David &amp; Rachel Leggett</u>	
Address: <u>232 Pleasant Valley Rd SW</u>	
City/State/Zip Code: <u>Sugar Creek</u>	
Township: <u>Auburn</u>	Parcel ID#: <u>01-00294.002</u>
<b>Results to be Communicated and Mailed to:</b>	
Name: <u>Kate Overton - Kaufman Realty</u>	
Address:	
City/State/Zip Code:	
Township:	Parcel ID#:
Phone number: <u>330-204-9339</u>	
Email address:	

<b>Home Information:</b>	
Access to the home will be granted by: <u>lockbox</u>	
Phone number:	
Number of bedrooms: <u>3</u>	Date septic was last pumped:
Age of septic system:	
Year home was built: <u>1998</u>	Is the house occupied: <u>no</u>
Is all plumbing tied into the septic system:	

Add-Ons: (Additional fees apply) \_\_\_\_\_ Lead \_\_\_\_\_ Nitrates



897 East Iron Avenue  
Dover, Ohio 44622

PHONE (330) 343-5555  
FAX (330) 343-1601  
MAIL director@tchdnow.org  
WEB SITE www.tchdnow.org

## Point of Sale / Real Estate Transfer Acknowledgement

\*\*\* PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING \*\*\*

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Health District archives, a visual inspection of accessible components of the sewage system, and/or in the case of off-lot systems; sample test results utilizing standard methods of wastewater analysis. I also understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the system at the time of the inspection and in no way guarantees the future performance of the system.

I understand that any of the following MAY HINDER a full evaluation of the system:

1. All components (septic/aeration tanks, lift station, distribution boxes) of the system are not uncovered and clearly visible to the Environmental Health Sanitarian, as is the responsibility of the homeowner or person requesting the evaluation.
2. No access to the property and house.
3. Excessive brush, grass, or ground cover.
4. For water tests, DO NOT CHLORINATE the well two (2) weeks prior to water sample.

In addition, it is understood that if either the well or septic system is determined to be failing, the owner will be **REQUIRED** to make necessary repairs to the sewage system.

Property location: 292 Pleasant Valley Rd SW  
Twp: Auburn  
Signature of Property Owner or Requestor: [Signature]  
Date: 3-9-19

### Department Use Only

Received By: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

Receipt #: \_\_\_\_\_



**Public Health**  
Prevent. Promote. Protect.

**Tuscarawas County Health Department  
Point of Sale Inspection**

**Sewage Treatment System (STS) and/or Private Water System (PWS)**

Company: <b>GAND C INSPECTIONS</b>	<input checked="" type="checkbox"/> Private Water Contractor ODH Registration #: <b>3730</b>
Inspector Name: <b>MICHAEL CHEK R.S.</b>	<input checked="" type="checkbox"/> Registered Service Provider TCHD Registration #: <b>19-SP-01</b>
Phone Number: <b>330-407-0781</b>	
Email Address: <b>GANDCINSPECTIONS@GMAIL.COM</b>	

<b>Inspections Performed:</b>	
<input checked="" type="checkbox"/> STS Inspection	Date of Inspection: <b>3-9-20</b>
<input checked="" type="checkbox"/> PWS Inspection	Date of Inspection: <b>3-9-20</b>
<b>Water Analysis:</b>	
<input checked="" type="checkbox"/> Bacteria	
	Lead
	Nitrate

<b>Location Evaluated:</b>	
Address: <b>282 PLEASANT VALLEY</b>	
City/State/Zip Code: <b>SOARCK, OH</b>	
Township:	Parcel ID#: <b>01-00284-002</b>
<b>Results to be Communicated and Mailed to:</b>	
Name: <b>KATE @ KAUFMAN</b>	
Address:	
City/State/Zip Code:	
Township:	Parcel ID#:
Email address:	
<b>Home Information:</b>	
Number of bedrooms: <b>3</b>	Date septic was last pumped: <b>UNK</b>
Lot size: <b>5.4</b>	Age of septic system: <b>UNK</b>
Year home was built: <b>1998</b>	Is the house occupied: <b>NO</b>

The Property Has (Check all that apply):	
<input checked="" type="checkbox"/>	HSTS
<input type="checkbox"/>	Municipal Sewer
<input checked="" type="checkbox"/>	PWS
<input type="checkbox"/>	Public Water

Records Available (If available attach to report)	
<input type="checkbox"/>	HSTS Records
<input type="checkbox"/>	PWS Records

The following observations are rendered without knowledge of some of the individual parts of the system(s) being evaluated. This report only applies to the date and time the inspection is conducted and does not guarantee the future performance of the system(s) evaluated. The boxes below only represent the conclusion of the inspector. For details, please read the entire report.

Based on the information available at the time of the inspection, the HSTS:        N/A

- 1. Appears to be functioning as designed and no nuisance was observed.
- 2. Is creating a nuisance and must be brought into compliance. See comments section for additional information and contact TCHD at (330) 343-5550.
- 3. Due to vacancy, intermittent use, or lack of available water for testing purposes, the functionality of the STS cannot be determined at this time. A re-inspection is recommended once the structure is occupied for a minimum of 6 months.
- 4. The system is a discharging STS. A sample port must be installed to determine effluent quality. A re-inspection is required.
- 5. Leach wells must be abandoned and system replaced when they create a nuisance.
- 6. System falls under NPDES guidelines and therefore requires submission of application for transfer of NPDES Permit from the Ohio EPA, annual sampling, and maintenance of a service contract. Permit to be renewed on a 5 year cycle.
- 7. All of some system components unknown.
- 8. System is designed to be alternated/diverted. This must be done regularly.
- 9. Appears to have sewer available. Please contact local sewer authority to ensure sewer availability. If available, STS must be properly abandoned under permit and structure tied into sewer.

Based on the information available at the time of the inspection, the PWS: \_\_\_\_\_ N/A

1. Acceptable for the property.

2. Unacceptable for the property.

\_\_\_\_\_ Once the bacteriological acceptable sample result is received, the PWS will be considered acceptable for the property.

Inspector's Signature: \_\_\_\_\_

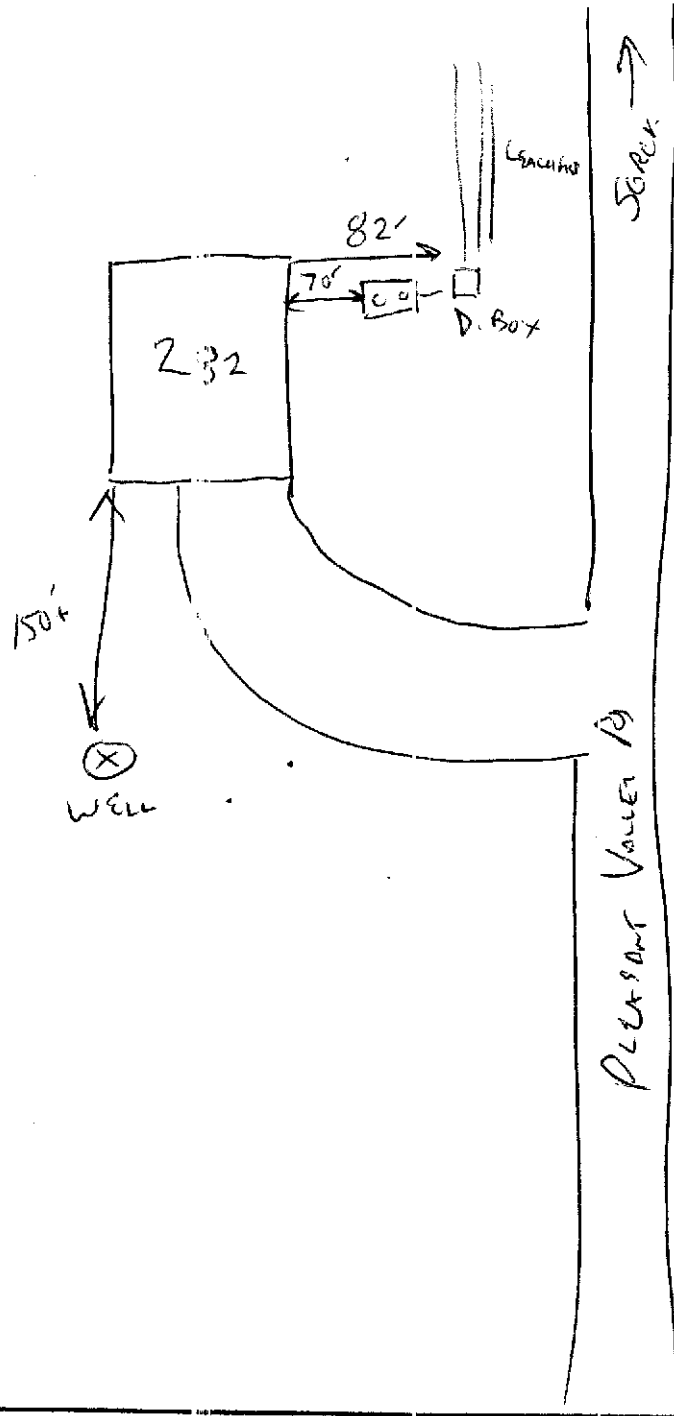
Date: 3-12-20

Property Address: 282 PLEASANT VALLEY SW

Diagram of the property, including the following:

1. Location of the house
2. Location of the PWS, STS, "city water" line and sanitary sewer line, as applicable.
3. Distances in feet between any and all of the above components as well as to the house, all property lines and any other notable features or structures on the property

\* Distances estimated



HSTS Inspection:      N/A

Property Address: 282 Pleasant Valley Rd

Year STS was installed:	<u>≈ 1998</u>
Information Provided by: (owner, Health Dept, other)	<u>AUDITOR SITE</u>
Variance issued for current system: (Y/N)	<u>UNK</u>
At the time of inspection was house occupied: (Y/N)	
If Vacant, length of vacancy:	<u>UNK</u>
Number of occupants living in the house in the last 3 months:	<u>UNK</u>

Septic Tank(s)	Tank 1 - Yes	Tank 1 - No	Tank 1 - N/A	Tank 2 - Yes	Tank 2 - No	Tank 2 - N/A
Inlets have risers to grade:		<input checked="" type="checkbox"/>				
Outlets have risers to grade:	<input checked="" type="checkbox"/>					
Outlet "T" is present:	<input checked="" type="checkbox"/>					
Baffles functioning:	<input checked="" type="checkbox"/>					

Tank 1 Size: ≈ 1500 gallons      Tank 2 Size: \_\_\_\_\_ gallons

- System has an aerator component: Yes /  No
  - If yes: Manufacturer: \_\_\_\_\_
  - System under current service contract Yes / No
- Tank(s) were last pumped: Month UNK Year \_\_\_\_\_
- Water level in tank(s) and/or aerobic treatment device before any water use: Tank 1: WORKING LEVEL  
Tank 2: \_\_\_\_\_
- Water level in tank(s) and/or aerobic treatment device after hydraulic loading: Tank 1: WORKING LEVEL  
Tank 2: \_\_\_\_\_
- Volume of water used during hydraulic loading: 180+ gallons
- System was dye tested:  Yes / No
  - If yes, the location(s) the dye was placed: BLUE - SINK RED TOILET

System Type:							
<input checked="" type="checkbox"/>	Tile Field		Spray Irrigation		Leach Well		Drip Distribution
	Dry Bed/ Leach Area		Low Pressure Pipe Field		Mound		Discharging
	Evapotranspiration		Unknown				

- System designed to alternate: Yes /  No If yes, which side is currently in use: \_\_\_\_\_
- System has a filter bed: Yes /  No If yes, the size is: \_\_\_\_\_

HSTS Inspection: (continued)

Property Address: 282 Pleasant Valley SW

Location of the observed discharge: NONE

The discharge was not observable due to: NONE

A sample of the discharge was collected: Yes / No If yes, the sample results are attached to this report

Quality / description of the observable discharge:	
<input type="checkbox"/> Clear	<input type="checkbox"/> Cloudy
<input type="checkbox"/> Septic	<input type="checkbox"/> Musty
<input type="checkbox"/> Grey	<input type="checkbox"/> Odorless
<input type="checkbox"/> Black	<input checked="" type="checkbox"/> None

Is wastewater is properly routed: Yes / No If no, see the comments below for details.

Inspection comments and additional observation:

\_\_\_\_ This STS falls under EPA guidelines and requires submission of an application for Ohio's EPA's National Pollutant Discharging Elimination (NPDES) permit. This permit will require annual sampling of the discharge as well as a service contract with a registered service provider.

\_\_\_\_ All or some of the STS components are unknown and could not be evaluated during this inspection.

\_\_\_\_ This STS is designed to be alternated or diverted. This must be performed every 6 months.

This HSTS was difficult to evaluate due to:

- \_\_\_\_ Dense overgrowth      \_\_\_\_ Snow cover      \_\_\_\_ Significant rain fall or snow melt
- \_\_\_\_ Inaccessibility      \_\_\_\_ Lack of Records
- \_\_\_\_ Other : \_\_\_\_\_

Comments: Inlet WAS COVERED BUT CLEAR WATER WAS OBSERVED @ D-BOX ENTERING LEACH FIELD

On average, a STS or septic system properly treats wastewater for about 20-25 years before needing to be replaced. Changes to the number of occupants, water usage or the rerouting of plumbing may affect the future performance of the system.



PWS:      N/A

Property Address: 282 Pleasant Valley Rd SW

Name of contractor who constructed the PWS: UNK

Year the PWS was constructed: ~ 1998

A variance was issued for the current PWS: Yes / No / Unknown

PWS Type:		
<input checked="" type="checkbox"/>	Drilled well	Spring
<input type="checkbox"/>	Driven well	Pond
<input type="checkbox"/>	Dug well	Hauled water storage
<input type="checkbox"/>	Cistern	Other:

PWS Observed to be:		
<input checked="" type="checkbox"/>	Outside the foundation	Exposed <u>15</u> inches above grade
<input type="checkbox"/>	Inside the foundation	Unable to locate
<input type="checkbox"/>	In a well pit	Other:

Type of Casing:	
<input type="checkbox"/>	Steel
<input checked="" type="checkbox"/>	Plastic
<input type="checkbox"/>	Other:

Casing length: unk feet      Casing diameter: 5 inches      Depth of well: unk feet

Well cap is:		
<input type="checkbox"/>	Vermin Proof	Non-vermin Proof
<input type="checkbox"/>	Well Seal	Unknown

Electrical Conduit is seated in the well cap:  Yes /  No / N/A

Visible signs of a non-sealed cap are observed: Yes /  No / N/A

If yes, explain: \_\_\_\_\_

Atmospheric water storage or reservoir tank(s) use: Yes /  No      If yes, # of tanks: \_\_\_\_\_

Approximate size: \_\_\_\_\_ gallons each      Location of tanks: \_\_\_\_\_

Type of pump:  submersible       Jet- location: \_\_\_\_\_

Is PWS accessible for cleaning with a drilling rig:  Yes /  No / Unknown

PWS: \_\_\_\_\_ N/A

Property Address: 282 PLEASANT VALLEY

Is the PWS accessible for chlorination:  Yes / No / Unknown

If no, the reason is: \_\_\_\_\_

Continuous disinfection is used: Yes /  No

If yes, the type is: \_\_\_\_\_ Chlorine \_\_\_\_\_ UV light \_\_\_\_\_ Other: \_\_\_\_\_

For cisterns only, roof washers are in place: Yes / No / Unknown

If yes, how many: \_\_\_\_\_

For cisterns and hauled water storage tanks, the tank(s) are water tight and protected from potential sources of contamination: Yes / No / Unknown

If no, the reason is: \_\_\_\_\_

Flow rates: (in gallons per minute)

Initial flow rate at the beginning of the inspection: 3.75

Flow rate after 35 minutes of flow: 3.75

Location of the flow rate measurement: SINKS

Pump cavitated or stopped pumping water during measurement: Yes /  No

**Water Sample Screening Results:**

Chlorine: N/D parts per million

Nitrate: N/D parts per million

Lead: Hours since water was last used: UNK

Sample collected: \_\_\_\_\_ at first draw or  after purging system

Sample Type:	Date:	Location of Sample:	Lab Result:	Conclusion (Acceptable / Unacceptable)
GRAB	3-9-20	OUTSIDE	15-0	ACCEPTABLE

PWS: \_\_\_\_\_ N/A

Property Address: 282 Pleasant Valley SW

Acceptable Drinking Water Contamination Limits:  
Total Coliform: 4.0 CFU/100mL  
E. Coli: 0.0 CFU/100ML  
Lead: 15.0 ug/L  
Nitrate: 10.0 mg/L  
Nitrite: 1.0 mg/L

Inspection comments and additional observations: Well AT Bend  
IN DRIVE 150' FROM HOME - OK

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Division of Drinking and Ground Waters

Central District Office
50 W Town St
Columbus Ohio 43215
(614) 728-3778 FAX (614) 728-0160

Northwest District Office
347 North Dunbridge Road
Bowling Green, Ohio 43402
(419) 352-8461 FAX (419) 352-8468

Southwest District Office
401 East Fifth Street
Dayton, Ohio 45402-2911
(937) 285-6357 FAX (937) 285-6249

Northeast District Office
2110 East Aurora Road
Twinsburg, Ohio 44087
(330) 963-1200 FAX (330) 963-4760

Southeast District Office
2195 Front Street
Logan, Ohio 43138
(740) 385-8501 FAX (740) 385-6490

PUBLIC WATER SYSTEM INFORMATION:
PWS ID: OH
PWS Name: G & C Inspections
Facility Code: DSI
Facility Name: G & C Inspections
Address: 501 4th St NW
City, State, Zip: New Philadelphia OH 44663
County: Tusc
Sample Monitoring Point: DS000

LABORATORY INFORMATION:
Reporting Lab Name: Ream & Haager Laboratory
Reporting Lab Certification No.: 893
Lab Receipt Date:

Sample Rejection Reason:
Analysis: --Accepted --Rejected
--Invalid Sampling Point --Broken
--Exceeds Holding Time --Chlorine Present
--Excessive Head Space --Frozen Sample
--Lab Accident --Leaked in Transit
--Insufficient Sample Information
--Invalid Sampling Protocol
--Insufficient Volume

Sample Results:

Table with columns: Analyte, Absent/Negative, Present/Positive, Count, Count type, Count Unit, Analysis start date/time, Analysis end date/time, Analytical Lab ID#, Analyst #, Test Method. Rows include Total Coliform (3100), E. Coli (3014), and Fecal Coliform (3013).

Data Quality Reason:
--Instrument Failure --Requester cancelled --Water System requested
--Lab not certified --Other (Comments) --Lab Error

MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

003364

SAMPLE INFORMATION:
Lab Sample Number: 20031017
Sample Type:
[X] -- Routine (compliance)
-- Special (not for compliance)
-- Repeat (confirm positive sample compliance)
-- Confirmation (compliance)
-- Triggered (compliance)

Original Routine Positive Sample #
Sample Collection Date: 3-9-20
Sample Collection Time: 11:15
Sample Collector Name: Mike Chek
Sample Collector Phone: (330) 407-0781
Street Address and Tap Location: OUTSIDE
282 PLEASANT VALLEY
PAT KAUFMAN

Chlorine Residual: Total Free:
Comments: Plate Count

Handwritten notes in a box:
PH = 6.5
NITRATE N/D
NITRITE N/D
CHLORINE N/D
HARDNESS = 120
IRON LESS THAN .3ppm

Large handwritten 'SAFE' circled in black.