

Mahoning County Public Health

50 Westchester Drive, Youngstown, Ohio 44515 (330) 270-2855

EVALUATION OF PRIVATE WATER SYSTEM (PWS)

14631 Robinson Road
Address
Newton Falls OH 44444
City State Zip
Milton
Township

Stephanie Anthony 330 718 8307
Applicant Phone No
2865 Halloway Rd Warren, OH
Alternate Mailing
44481
PWS Driller Permit No

The opinions given may be rendered without knowledge of some of the individual parts of the private water system (PWS) and applies only to the date and time the opinion is made. Therefore, this opinion does not guarantee the future performance of the private water system being evaluated.

- 1 Septic System Sanitary Sewer
- 2 New Installation Alteration Existing RE
- 3 Publicly-owned water system
- 4 Privately-owned water system PWS Construction Date 1977
- Drilled Well Dug Well Pond Cistern Other
- 5 Does PWS meet present code requirement? Yes No
- 6 Able to locate well head? Yes No
- 7 Does the well head have a water-tight/bug proof cap? Yes No
- 8 Does the well casing extend 12 inches above ground? Yes No
- 9 Have all the fixtures been installed prior to sampling? Yes No
- 10 TREATMENT Softener Chlorinator Iron Filter
Charcoal Filter Sediment Filter UV light
Cyst Filter Reverse Osmosis Other

VERIFY ISOLATION DISTANCES		
Buildings - 10'	<input checked="" type="checkbox"/> Yes	No
Roadway - 25'	<input checked="" type="checkbox"/> Yes	No
Property lines/easements - 10'	<input checked="" type="checkbox"/> Yes	No
Sanitary sewer lines - 10'	<input checked="" type="checkbox"/> Yes	No
Sewage system - 50'	<input checked="" type="checkbox"/> Yes	No
Privy - 100'	<input checked="" type="checkbox"/> Yes	No
Surface water - 25'	<input checked="" type="checkbox"/> Yes	No
Drive - 5'	<input checked="" type="checkbox"/> Yes	No
Other		

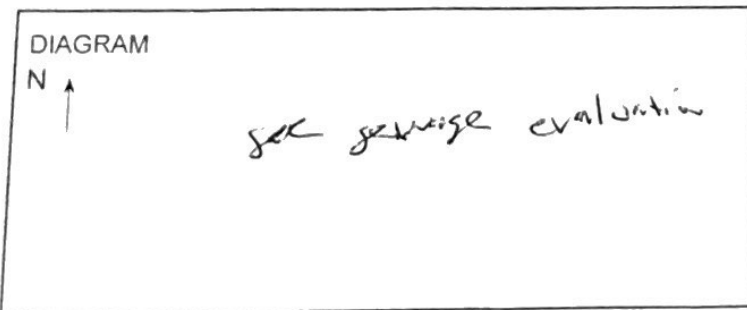
From test results and observations this private water system is is not satisfactory for the subject property. This opinion does not assess the amount or aesthetic/chemical qualities of the water.

Water Sample Information: (Bacteriological Analysis Only)

Sample #1 Date Paid 9/12/23 rcpt # 159339 Collected 9/27/23 Location Kitchen sink
Mailed 10-6-23 Safe Unsafe BOH# 949 Inspector Signature [Signature]

Sample #2 Date Paid _____ rcpt # _____ Collected _____ Location _____
Mailed _____ Safe Unsafe BOH# _____ Inspector Signature _____

Sample #3 Date Paid _____ rcpt # _____ Collected _____ Location _____
Mailed _____ Safe Unsafe BOH# _____ Inspector Signature _____



[Signature]
Inspector
10/5/2023
Date

Mahoning County Public Health

50 Westchester Drive, Youngstown, Ohio 44515 (330) 270-2855

EVALUATION OF HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS)

14631 Robinson Road
 Address
 Milton

Township

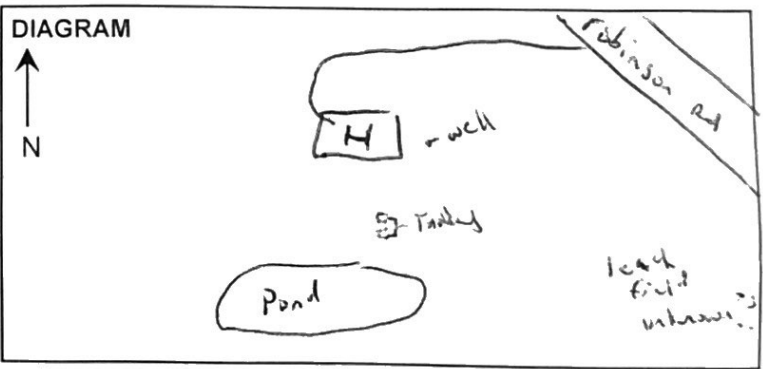
Type of system On-lot Off-Lot Holding

Number of Tank(s) - Size
 _____ 500 _____ 1000 _____ 1500
 _____ 750 1 1250 _____ Other

The opinions given may be rendered without knowledge of some of the individual parts of the HSTS and apply only to the date and time the opinion is made. Therefore, this opinion does not guarantee the future performance of the HSTS and is rendered with the expectation that the system will not be loaded beyond its original design capacity and that routine maintenance will be performed as required.

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Within 200' of sanitary sewer |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | House vacant (____) months |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tank constructed of approved material |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Aeration Type <u>Upflow - Jet</u> |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Motor operational (<u>Motor - Missing</u>) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motor approved model |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Control box operational |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Control box approved model |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Filter operational |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Disinfection unit filled/operating (<u>64'</u>) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is HSTS 50' from private water system |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Does HSTS meet present code |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Is HSTS malfunctioning/causing nuisance |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Discharge observed _____ |

Initial Inspection Date 9-27-23 (green)
 Weather Conditions 62° cloudy
 Re-inspection Dates 9/28; 9/29
 Date HSTS pumped 10/2/2023
 Number of Bedrooms/Baths 3/3
 # of People Occupying Home 0
 Date of HSTS Installation 1977
 Current Service Contract YES ~~NO~~ N/A
 Service Provider _____ Expires _____



Recommendation: _____

- | YES | NO | UNDETERMINED | |
|-------------------------------------|--------------------------|--------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All bathroom wastewater to system |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Kitchen wastewater to system |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Laundry wastewater to system |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | PLUMBING INSPECTION REQUIRED |

- No HSTS repair/replacement required at this time
- HSTS Violation(s) - See attached documents
- Annual service contract required
- Sanitary sewer connection required

Inspector [Signature]

Date 10/5/2023

Phone 270-2855 Ext. 140

The findings of this evaluation are condition dependent and changes in weather and/or usage can create different results. Should this system create a nuisance/malfunction in the future, this system must be altered or replaced to meet code at the time of the malfunction/nuisance.
 NOTE: If this Household is VACANT during the evaluation, the household sewage treatment system may not show signs of defects. Therefore, a re-inspection is recommended upon occupancy.
 Created: 9/11/11 Revised 11/16/12



Public Health
Prevent. Promote. Protect

**Mahoning County
District Board of Health**
50 Westchester Drive • Youngstown, Ohio 44515

(330) 270-2855
Laboratory Services (330) 270-2841
Tuberculosis Clinic (330) 744-4246
Nursing FAX (330) 270-2860
Environmental FAX (330) 270-2859
www.mahoninghealth.org

October 5, 2023

Stephanie Anthony
2865 Hallock Young Road
Warren, Ohio 44481

RE: 14631 Robinson Road

To Whom It May Concern:

The Mahoning County District Board of Health collected a water sample on 9/27/2023. Please find the enclosed test results for the private water system (PWS).

Your PWS sample has been determined: SAFE UNSAFE*

*If unsafe follow the procedures in the enclosed "Disinfection Fact Sheet for Drinking Water Wells"

Test Results:	
Test Performed:	
<input type="checkbox"/> Presence/Absence:	Total Coliform: <input type="checkbox"/> Negative <input type="checkbox"/> Positive
	<i>E. coli</i> : <input type="checkbox"/> Negative <input type="checkbox"/> Positive
<input checked="" type="checkbox"/> Count:	Total Coliform: <u>6</u> MPN Value
	<i>E. coli</i> <u><1</u> MPN Value

Send an \$80.00 application fee to our office prior to collection of the re-sample and our department will contact you to schedule the appointment. Please note that a minimum of forty-eight (48) hours is required before sampling to ensure that all residual chlorine or disinfectant has been removed from the system or the sample results will be invalid. If you have any questions, do not hesitate to contact our office between 8:00-9:30 a.m., Monday through Friday at 330-270-2855, option 2.

Sincerely,

Division Water Well Program



Serving Mahoning County Communities Since 1920

Mahoning County District Board of Health Microbiological Sample Report for Private Water Systems

Private Water Supply or Resident's Name		
<u>9/27</u>	<u>2:41</u>	<u>Mahoning</u>
Date Collected	Time Collected	County Where Water Supply is Located
<u>Kitchen sink</u>	<u>14631 Robinson Rd</u>	<u>Newton Falls OH 44444</u>
Sample Tap Location	Address of Sample Tap	City and Zip Code
<u>JASON SPEGLER</u>		<u>330-270-2855</u>
Name of Person Collecting Sample		Contact Phone Number

Sample Type: New Construction Replacement Alteration Other RE

Softener Yes No If Yes--Bypassed Yes No

Repeat Sample Following a Positive Repeat for Sample Number _____

Private Water Well - **No** Continuous Disinfection (Repeat Sample requires Total Coliform Count)

Private Water Systems Requiring Continuous Disinfection/ Disinfectant Residual Analyzed by Presence/Absence
 Hauled Water Tank Cistern Spring Pond Well with Continuous Disinfection

Person to Receive Results	
Name _____	
Address _____	
City State, Zip Code _____	
Phone Number _____	Fax Number _____

Agency to Receive Results	
<u>MCH</u>	
Name _____	
Address _____	
City, State, Zip Code _____	
Phone Number _____	Fax Number _____

LABORATORY FINDINGS:

Work Order No. 2309179-02

Analytical Method: Quanti-Tray Quanti-Tray 2000 MMO/MUG

Check one of the following Colilert Colilert 18 Colisure

Sample Number 919 Date Analyzed 9/27/23 Time Analyzed 1600

Analyst 1704 Date Reported 9/28/23

Presence/Absence: Total Coliform Negative Positive

E. coli Negative Positive

Quanti-Tray Count: Total Coliform MPN Value 6

E. coli MPN Value 1

Comments _____

**MAHONING COUNTY HOUSEHOLD SEWAGE TREATMENT SYSTEM
SITE EVALUATION & REQUIREMENTS**

HIST# 978 OFFICE USE ONLY SITE# 18363
Date Paid 10-6-23 Date Mailed 10-6-23

House No. 14631 Road/Street Robinson Rd Zip 44444
Township Milton Lot No. 2 Parcel # 51-086-0-008.00-4
Acreage 4.25 Lot Dimensions 297.36 X 516.1 TRA
of Bedrooms/Office/Bonus/Den 3 Water (circle): city or (well)

Application Request:

New Construction _____ Complaint Repair _____
Addition _____ Real Estate Repair 10-5-23
Replat _____ Structure Replacement 20230302
Owner Request Repair (description) _____

Applicant Stephanie Anthony Phone 330-718-8307
Address 14631 Robinson Rd City Newton Falls Zip 44444
Owner _____ Phone _____
Address 2565 Hallock Young Rd City Lordstown Zip 44481
Applicant's Signature _____

Additional Comments: _____

New HSTS Sites:
Site Approval _____
Site Disapproval _____
Site Pending _____

Existing HSTS Sites:
No Repair Required _____
Repair/Replacement Required 10-5-23
Approval _____
Pending Site _____

OK to Permit _____

ON-SITE EVALUATION RESULT

1. Soil boring # _____
2. Bedrooms 3
3. Infiltrative Loading Rate (ILR) _____
Recommend _____ ft²
Hydraulic Linear Loading Rate (HLLR) _____
Minimum length along contour _____ ft

Note: New construction must include replacement design on drawing
* No permit required to complete the following repairs.
1 Have the system serviced by a McPH registered Jet service rep.
2 Have the proper Jet motor placed in the system.
3 Have the proper Jet control box externally mounted.
4 Install pipe + lid on Jet tank trash trap.
5 Add proper vented lid to Jet retention compartment.
6 Obtain + maintain a service contract with a McPH registered Jet service rep.
7 Enrolled as a level 2 in O3m program.

Note: All designs & drawings shall conform with OAC 3701-29. Alternative designs may be submitted by a registered installer or designer knowledgeable of the STS rules.

Mark Biskup

Charlie Hoffman Septic Services

16124 W. Western Reserve Rd. Berlin Center, Ohio 44401

330-584-5466

SERVICE CONTRACT

This contract between: Stephanie Anthony and Mark Biskup of Charlie Hoffman Septic Services is binding for one year for contract dates listed below. This contract is renewable on a yearly basis.

MAIL THIS COPY TO:
MAHONING COUNTY HEALTH DEPT.
50 Westchester Dr.
Youngstown, OH 44515

- | | |
|--|--|
| <input checked="" type="checkbox"/> 2 Service Inspections Per Contract | <input type="checkbox"/> Yearly Effluent Sample (sample port must be accessible) |
| <input checked="" type="checkbox"/> Clean Aerator Filters and Shaft | <input type="checkbox"/> Pumping Septic Tank (s) |
| <input checked="" type="checkbox"/> Inspect Components of Aeration Tank
Such as : Electrical Connections, U.V. .
Chlorinator, Upflow, Belts, Aperature, etc. | <input type="checkbox"/> Other _____ |

Contract Date: November 03, 2023 thru November 03, 2024

***ANY ADDITIONAL MAINTENANCE, REPAIRS, OR PARTS INCLUDING CHLORINE TABLETS WILL BE AN ADDITIONAL COST THAT WILL BE PAID FOR BY HOMEOWNER AND WILL BE VERIFIED WITH HOME OWNER PRIOR TO BEING DONE.

Home Owner Stephanie Anthony

Location 14631 Robinson Rd. Newton Falls, OH 44444

Phone Number 330-718-8307

Home Owner Signature Stephanie Anthony Date 11-7-23

Provider Signature [Signature] Date 11-03-23

Contract will be signed by provider and submitted to Health Department and sent back to homeowner upon receipt of Payment.

PLEASE MAKE CHECKS PAYABLE TO: MARK BISKUP

Mark Biskup

Charlie Hoffman Septic Services

16124 W. Western Reserve Rd. Berlin Center, Ohio 44401

330-584-5466

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This contract between: Stephanie Anthony and Mark Biskup of Charlie Hoffman Septic Services is binding for one year for contract dates listed below. This contract is renewable on a yearly basis.

KEEP THIS COPY
FOR YOUR RECORDS

\$310⁰⁰ pd 11-7-23 CK#3508

- | | |
|---|--|
| <input checked="" type="checkbox"/> 2 Service Inspections Per Contract | <input type="checkbox"/> Yearly Effluent Sample (sample port must be accessible) |
| <input checked="" type="checkbox"/> Clean Aerator Filters and Shaft | <input type="checkbox"/> Pumping Septic Tank (s) |
| <input checked="" type="checkbox"/> Inspect Components of Aeration Tank
Such as : Electrical Connections, U.V.,
Chlorinator, Upflow, Belts, Aperage, etc. | <input type="checkbox"/> Other _____ |

Contract Date : November 03, 2023 thru November 03, 2024

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MARK BISKUP

16124 W. Western Reserve Rd.

Berlin Center, OH 44401

(330) 584-5466



CHARLIE HOFFMAN SEPTIC SERVICES

Stephanie Anthony

141631 Robinson Rd

Newton Falls Ohio 44444

DATE	DESCRIPTION	AMOUNT DUE
11-3-23	Installed new Jet motor with core Serial #SEP2301278 Externally mounted new 183 control panel on post near tank	
	Checked that everything was operating properly	

chk
#3568

TERMS BALANCE DUE UPON RECEIPT OF INVOICE FINANCE CHARGE
OF 2% PER MONTH WILL BE ASSESSED ON ANY BALANCE MORE THAN
30 DAYS OUTSTANDING
NOT RESPONSIBLE FOR DAMAGE DONE TO DRIVEWAY, SIDEWALKS
OR YARD ACCRUED DURING OUR SERVICE

TOTAL 2785⁰⁰

Thank you! PLEASE MAKE CHECKS PAYABLE TO **MARK BISKUP**