

Mahoning County Public Health

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

EVALUATION OF HOUSEHOLD SEWAGE TREATMENT SYSTEM (HSTS)

Address 13401 Old Hickory Ct

Township Beaver

Type of system: On-lot Off-Lot Holding

Number of Tank(s) - Size:
 _____ 500 _____ 1000 (2) 1500
 _____ 750 _____ 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.

Initial Inspection Date 11/4/24 *green dye*

Weather Conditions cloudy / 60s

Re-inspection Dates 11/6 11/7

Date HSTS pumped 11/8/24

Number of Bedrooms/Baths 3 bed / 3 bath

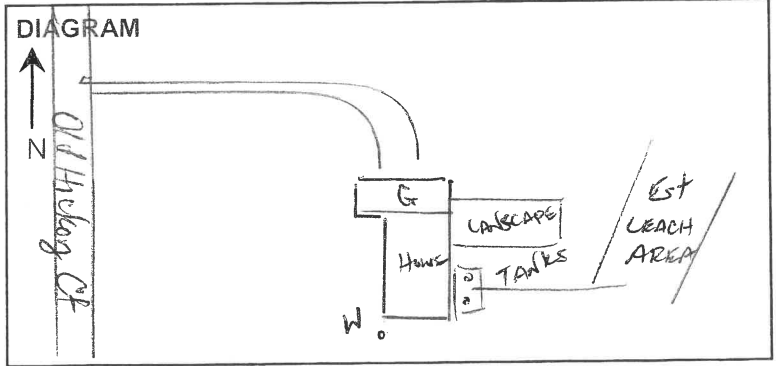
of People Occupying Home 0

Date of HSTS Installation N/A

Current Service Contract YES NO N/A

Service Provider _____ Expires _____

- | YES | NO | N/A | |
|-------------------------------------|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Within 200' of sanitary sewer |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | House vacant (<u>2</u> ^{weeks} / <u>months</u>) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Tank constructed of approved material |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Aeration Type _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motor operational |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Motor approved model |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Control box operational |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Control box approved model |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Filter operational |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Disinfection unit filled/operating |
| <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 type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Is HSTS malfunctioning/causing nuisance |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Discharge observed _____ |



Recommendation: Pump Tanks every 3 yrs to help maintain
RECOMMEND REINSPECT
DUE TO VACANCY. INCREASE PPL = INCREASE SEWAGE

No HSTS repair/replacement required at this time

HSTS Violation(s) - See attached documents

Annual service contract required

Sanitary sewer connection required

- | YES | NO | UNDETERMINED | |
|--------------------------|-------------------------------------|--------------------------|-----------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | All bathroom wastewater to system |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Kitchen wastewater to system |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Laundry wastewater to system |
- PLUMBING INSPECTION REQUIRED**
x FINISHED BSMT - CANNOT CONFIRM

Inspector [Signature] Date 11/15/24 Phone 270-2855 Ext. 106

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: 9/1/11 Revised 11/16/12

Local Health District
 Mahoning County District Board of Health
 50 Westchester Dr
 Youngstown, OH 44515
 Ph 330-270-2855 Fx 330-270-2859

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: 11/8/24	County: Mahoning	Township: N Lima
Pumping Location Address (include city & zip) 13401 Old Hickory Ct		
Name of Person making Request: Paul Bessey	<input type="checkbox"/> check if this person is the owner Basinger	Phone #: 540-6582

<input checked="" type="radio"/> Residential <input type="radio"/> Commercial	# of Tanks: 2	Total Gallons Pumped: 3000 gal
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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.

Septic Aeration Holding Dosing Privy Vault Portable tank
 Other Type: _____

If applicable, what type Aeration tank? _____ Was the aerator motor? Present Missing

Check all that apply and place the number of the tank listed above next to the material type.

Concrete Fiberglass Plastic Brick Metal

Give the volume of each tank pumped:

Tank 1 1500 gal Tank 2 1500 gal Tank 3 _____ gal Tank 4 _____ gal

Tank Condition Good Poor Could not determine If Poor, which tank? 1 2 3 4 all

Risers: Present Absent, which tank 1 2 3 4 all Riser located over: Inlet Center of Tank Outlet

Riser Lids: Present Absent, which tank 1 2 3 4 all Risers and Lids Condition: Good Poor

Evidence of Leaking? Yes Inconclusive
 Which tank? 1 2 3 4 all at the (check all that apply) Tank Riser Inlet Outlet Inconclusive

High Water Level at time of pumping Yes No Could not determine If yes which tank? 1 2 3 4 all

Evidence of previous tank high water level observed Yes Inconclusive If yes which tank? 1 2 3 4 all

Baffle(s) and Tee(s) Present Absent Not observed If absent which tank? 1 2 3 4 all

Baffle(s) or Tee(s) Condition (if observed): Good Poor If Poor, which tank? 1 2 3 4 all

Effluent Filters Present Missing N/A, tank older than 2007 If present, were they cleaned? Yes No

Other Solids Removed Type of Material: Filter Media Peat Other: _____

Was dewatering necessary? Yes, _____ gal No N/A Solid Waste Facility taken to: _____

Did spillage occur during pumping process? Yes No If yes, was area properly cleaned and disinfected? Yes No

List all Repairs, Additional Work and Comments:

Bact 20 Attn: Genevieve

Disposal Location:

Waste Water Treatment Facility Name of Facility: Mahoning

Land Application Permit #: _____ Address: _____

Driver/Technician Name (printed) Ernie	Company Phone #: 330-788-2560
Septage Hauling Company: Morris Drain Service, LLC	Registration #: MAHONING COUNTY PUBLIC HEALTH

YOUR TANK(S) IS RECOMMENDED FOR SERVICE AGAIN IN: 3 Years _____ Months

REGULAR MAINTENANCE IS NECESSARY TO PROLONG THE USEFUL LIFE OF YOUR SEWAGE TREATMENT SYSTEM.

*A copy of this report shall be provided to the Sewage Treatment System Owner and the Local Health District

SCANNED

RECEIVED



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

November 15, 2024

Doug Dennis
13401 Old Hickory Ct
North Lima, Ohio 44452

RE: 13401 Old Hickory Ct

To Whom It May Concern:

The Mahoning County District Board of Health collected a water sample on 11/4/24 . 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
<input type="checkbox"/>	<i>E.coli</i> : <input type="checkbox"/> Negative <input type="checkbox"/> Positive
<input checked="" type="checkbox"/> Count:	Total Coliform: <1 MPN Value
<input checked="" type="checkbox"/>	<i>E.coli</i> <1 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

Genevieve Bufano, RS



Serving Mahoning County Communities Since 1920

Mahoning County Public Health

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

EVALUATION OF PRIVATE WATER SYSTEM (PWS)

13401 Old Hickory Court
Address
North Lima OH 44452
City State Zip
Beaver
Township

J. Paul Basinger (330) 540-6582
Applicant Phone No.
American Real Estate Specialists 226 Boardman-Caf.
Alternate Mailing: Youngstown, OH 44512
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.

- Septic System Sanitary Sewer
- New Installation Alteration Existing
- Publicly-owned water system
- Privately-owned water system N/A
PWS Construction Date _____
 Drilled Well Dug Well Pond Cistern
- Does PWS meet present code requirement? Yes No
- Able to locate well head? Yes No
- Does the well head have a water-tight/bug proof cap? Yes No
- Does the well casing extend 12 inches above ground? Yes No
- Have all the fixtures been installed prior to sampling? Yes No
- 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 | <input type="checkbox"/> No |
| Roadway - 25' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Property lines/easements - 10' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sanitary sewer lines - 10' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sewage system - 50' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other Privy - 100' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Surface water - 25' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Drive - 5' | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> 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 10/18/24 rcpt #: 167503 Collected 11/4/24 Location 1st Elm St
Mailed 11-18-24 Safe Unsafe BOH# 1251 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 _____

DIAGRAM: * See Septic Evaluation

N ↑

Inspector [Signature]

Date 11/15/24

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

Private Water Supply or Resident's Name _____
Date Collected 11/4/24 Time Collected 1:15 County Where Water Supply is Located MAH
Sample Tap Location Kitchensink Address of Sample Tap 13401 Old Hickory Ct City and Zip Code _____
Name of Person Collecting Sample M. Blaw Contact Phone Number 330 270 2855

Sample Type: New Construction Replacement Alteration Other: X 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 SOME
Address _____
City, State, Zip Code _____
Phone Number _____ Fax Number _____

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

LABORATORY FINDINGS: Work Order No. 2411004002
Analytical Method: Quanti-Tray Quanti-Tray 2000 MMO/MUG
Check one of the following: Colilert Colilert 18 Colisure
Sample Number 1251 Date Analyzed 11/5/24 Time Analyzed 1200
Analyst J. Soubric Date Reported 11/6/24
Presence/Absence: Total Coliform _____ Negative _____ Positive _____
E Coli _____ Negative _____ Positive _____
Quanti-Tray Count: Total Coliform. MPN Value. 1
E coli. MPN Value 1
Comments _____