

Mahoning County Public Health
50 Westchester Drive, Youngstown, Ohio 44515 (330) 270-2855

EVALUATION OF PRIVATE WATER SYSTEM (PWS)

3761 EAST Calla Rd.
 Address
Poland OH 44514
 City State Zip
Springfield
 Township

J. Paul Basinger 330-540-6582
 Applicant Phone No.
2216 Boardman Canfield Rd.
 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
 PWS Construction Date _____
- Drilled Well Dug Well Pond Cistern Other
- 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 type="checkbox"/> Yes | <input checked="" 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 type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 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: _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**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 1-2-25 rcpt #: 116841e3 Collected 1/27/25 Location KITCHEN SINK
 Mailed 2/6/25 Safe Unsafe BOH# 72 Inspector Signature Amal Adonis

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:
 N ↑ see septic evaluation page

Amal Adonis
 Inspector
2/4/2025
 Date



**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) 270-2850
www.mahoninghealth.org

February 4, 2025

Bethel Church of the Brethren
3761 E Calla Rd
Poland, OH 44514

American Real Estate Specialists
226 Boardman Canfield Rd
Youngstown, OH 44512

FILE COPY

RE: 3761 E Calla Rd PWS Results

To Whom It May Concern:

The Mahoning County District Board of Health collected a water sample on 1/28/25 . 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>< 1</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
Amal Idrissi, REHS



Serving Mahoning County Communities Since 1920