

POINT OF SALE INSPECTION REPORT

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

Company: Peak Home Inspection Services
Inspector Name: Nick Filipczak/Phillip Wells
Phone Number: 888-886-3188

Private Water Contractor
• ODH Registration #: 003794
 Registered Service Provider
• SCPH Registration #: 80822

Buyer's Name: Robert Gibbs Phone Number: 234-281-7279
Property Address: 3590 Dean Drive City: Barberton Zip Code: 44203
Parcel ID: 1903654 Bedroom #: 3

Date of Inspection: 10/08/2021

The property has (mark one of each):

HSTS or Municipal Sewer
 PWS or Public Water

Inspections Performed
 STS Inspection
 PWS Inspection

Water Analyses:
 Bacteria
 Nitrate
 Lead
 Arsenic

SCPH PWS records were available: Yes No

SCPH STS records were available: Yes No

If yes, attach the records to this report.

This report only applies to the date and time the inspection is conducted and does not guarantee the future performance of the system(s) being evaluated. The boxes below only represent the conclusion of the inspector. For details and comments on the system, please be sure to read the entire report. The report is valid for 2 years from the date of the inspection for the buyer listed above.

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

- Acceptable: STS was not causing a nuisance at the time of the inspection and the house was occupied.
- Unacceptable: The gray water is not properly routed and must be connected to STS.
- Unacceptable: STS is causing a nuisance. Contact inspector listed above for further information.
- Unknown: Inspector was unable to determine if STS is causing a nuisance. See comments for details.

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

- Acceptable: PWS is acceptable for property, however please see comments.
- Unacceptable: PWS is not acceptable for property. Please see comments.
 Once an acceptable sample result is received, the PWS will be acceptable.

CONTACT SUMMIT COUNTY

Inspector's Signature: [Signature] Date: 10/9/21

Registered Contractor's Signature: [Signature] Date: 10/9/21

Form provided by:

Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436
www.scpH.org

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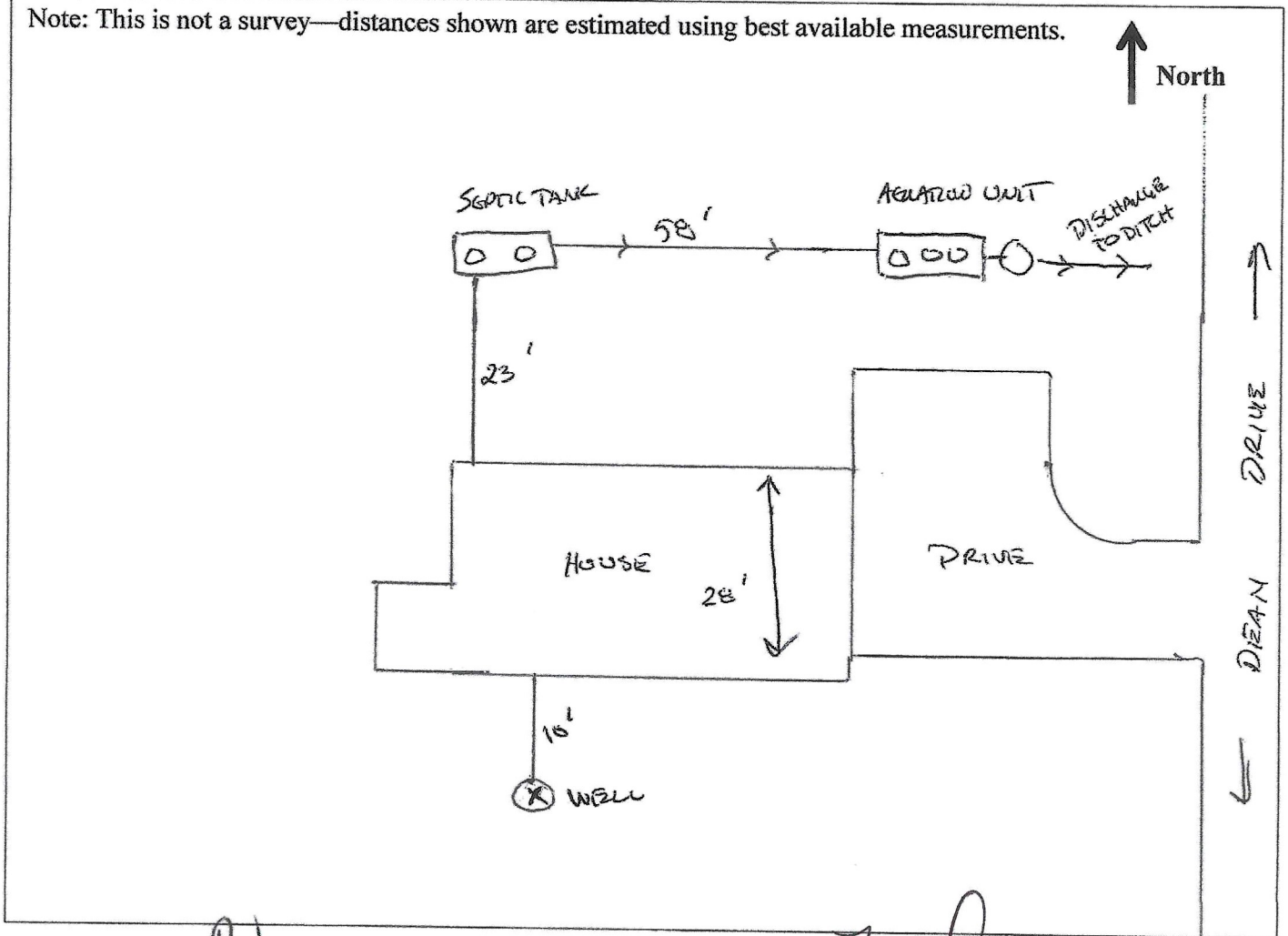
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Property Address: 3590 Dean Drive

1. Complete a diagram of the property including all observed components of the system(s)
2. Fill in the distances on the table for the applicable systems
3. Add other notable features and/or sources of contamination on property on the table

Septic to:	Distance (ft)	Well to:	Distance (ft)
House	23	House	10
Well/water line	61	Septic/sewer line	61
Property Line	Unknown	Property Line	Unknown
Road/Easements	Unknown	Road/Easements	Unknown

Note: This is not a survey—distances shown are estimated using best available measurements.



Inspector's Initials: PW Date: 10/9/21 Registered Contractor's Initials: [Signature] Date: 10/9/21
(if different than inspector)

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STS INSPECTION: N/A

Property Address: 3590 Dean Drive

Year STS was installed: _____

At inspection, house was Occupied Intermittent Vacant*

Number of occupants in last 60 days: 0 *How long house has been vacant: Unknown

System Type

<input type="checkbox"/> Tile Field	<input type="checkbox"/> Evapotranspiration	<input type="checkbox"/> Drip Distribution	<input type="checkbox"/> Unknown
<input type="checkbox"/> Leach Well	<input type="checkbox"/> Mound	<input type="checkbox"/> Low pressure pipe	
<input type="checkbox"/> Dry Bed/ Leach Area	<input type="checkbox"/> Spray Irrigation	<input type="checkbox"/> Discharging	

Septic Tank 1 <input type="checkbox"/> N/A	Volume of water used during hydraulic loading: <input type="text"/> gallons
Risers to grade (inlet) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Level in tank before water use: _____
Risers to grade (outlet) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Level in tank after water use: _____
Outlet "T" is present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Baffles are functioning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Size: _____ Gallons	
Septic Tank 2 <input type="checkbox"/> N/A	Level in tank before water use: _____
Risers to grade (inlet) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Level in tank after water use: _____
Risers to grade (outlet) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Outlet "T" is present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Baffles are functioning <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Size: _____ Gallons	
Aerator <input type="checkbox"/> N/A	Level in tank before water use: _____
Risers to grade (inlet) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Level in tank after water use: _____
Risers to grade (clarifier) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Outlet "T" is present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Manufacturer: _____	

Date tanks were last pumped: _____ Info provided by: Health Dept Owner
Wastewater properly routed: Yes No* Unknown *Please see comments
System dye tested: Yes* No *If yes, where: _____

System Designed to Discharge:
 Yes: Location: _____ Quality: Clear Cloudy Gray Black
Sample Collected: Yes No Odor: None Musty Septic
 Yes, but not observable due to: Vacancy/Intermittent Use Could not locate Other (see comments)
 No / Unknown

Inspector's Initials: PW Date: 10/9/21 Registered Contractor's Initials: JUL Date: 10/9/21
(if different than inspector)

POINT OF SALE INSPECTION REPORT

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(STS Inspection continued)

Property Address: 3590 Dean Drive

Additional comments and observations:

- This system requires the submission of a transfer application (attached) for the Ohio EPA's National Pollutant Discharge Elimination System (NPDES) permit. This permit requires annual sampling and a service contract.
- A variance was granted for this system when it was originally installed. please see attached documentation
- The HSTS is designed to be alternated or diverted. This must be performed every six months
- There were no records and some of the HSTS components could not be evaluated during the inspection

This HSTS was difficult to evaluate due to:

- Vacancy or intermittent Use (a re-inspection is recommended after 60 days of full occupancy)
- Inability to hydraulically load the system
- Snow cover/Dense overgrowth
- Rainfall/snow melt
- Inaccessibility
- Other:

Comments:

Summit County Health has condemned the STS due to nuisance complaints and failure. They have indicated that house cannot be occupied until new system is installed. No STS testing or inspection performed. Contact environmental services at health department for further information on replacement requirements.

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

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PWS INSPECTION: N/A

Property Address: 3590 Dean Drive

Year the PWS was constructed: 2003

PWS Type:

- Drilled well Cistern Pond
 Driven well Hauled water storage tank Other: _____
 Dug well Spring

Casing Location:

- Outside foundation Exposed 16 inches above grade
 Inside foundation Unable to be located
 Well pit Other (explain): _____

Casing Type:

- Steel Plastic Other (explain): _____
Casing Length: 51 feet Unknown
Casing Diameter: 5 inches Unknown
Depth of Well: 75 feet Unknown

Well Cap:

- Vermin proof Non-vermin proof Well Seal Unknown

Electrical conduit seated/sealed in well cap: Yes No N/A

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

If yes, please explain: _____

Equipment:

Atmospheric storage tanks used: Yes No

Number of tanks: _____ Approximate size: _____ Gallons

Location of Tanks: _____

Type of pump: Submersible Jet - location _____

The PWS appears to be accessible for cleaning with a drilling rig: Yes No Unknown

If no, the reason is: _____

The PWS appears to be accessible for chlorination: Yes No Unknown

If no, the reason is: _____

Continuous disinfection is used: Yes No N/A

If yes, the type is: Chlorine UV Light Other: _____

Continuous disinfection is required for cisterns, ponds, and springs

Filtration component is used Yes No N/A Unknown

If yes, the type is: Cyst Reduction Micron filter (Size): _____ Other: Softener

Filtration components designed for cyst reduction are required for springs and cisterns

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(PWS Inspection continued)

Property Address: 3590 Dean Drive

Roof washers are in place (cisterns only) Yes No Unknown N/A

If no, the reason is:
Roof washers are only required on cisterns

Cistern/ hauled water tanks appear to be watertight and protected from contamination: Yes No N/A

If no, the reason is:

Flow Rate (Initial) 7.5 gpm Flow Rate (After 30 min) 7.5 gpm Location Exterior faucet Pump drew in air/stopped Yes No

Prescreening Results

Chlorine 0 ppm Method used Poop test kit
Nitrate _____ ppm Method used _____
Hours since water was last used (Lead/Copper) _____

Maximum levels for drinking water

Total Coliform* 4.0 CFU/100mL or 4.2 MPN/100mL
E. coli: 0.0 CFU/100mL or MPN/100mL
Lead: 15.0 ug/L
Nitrate: 10.0 mg/L
Arsenic: 15.0 ug/L

*Cisterns, Hauled Water, and springs must be negative for total coliform and E.coli

Laboratory Results

Sample Type	Collection Date	Location	Result	Conclusion
Coliform/E.coli	10/8/21	Kitchen	0	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
				<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
				<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
				<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
				<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
				<input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable

SCPH recommends testing water from a PWS for bacteria annually

Inspection comments and additional observations:

- A variance was granted for this system when it was originally installed. please see attached documentation
- This PWS was difficult to evaluate due to:
- Lack of records
 - Inaccessibility
 - Unable to run water

Comments:

Recommend adding a pressure relief valve near well tank for safety sake.

Inspector's Initials: PW Date: 10/9/21 Registered Contractor's Initials: [Signature] Date: 10/9/21
(if different than inspector)

Laboratory: Adams Water Laboratory, Inc.

Ohio EPA Certification # 820

ODH Microbiological Sample Report For Private Water Systems

CIBBS
Private Water Supply or Resident's Name
10/8/21 11:30 AM Summit
Date Collected Time Collected County Water Supply is Located In
Kitchen 3590 DEAN DR. BAUBERTON 44203
Sample Tap Location Address of Sample Tap City and Zip Code
Phil Wells 330 658-7153
Name of Person Collecting Sample Contact Phone Number

Sample Type: New Construction Replacement Alteration Point of Sale Other
Softener Yes No If Yes - Bypassed Yes No
 Repeat Sample Following a Positive Repeat for Sample Number
 Private Water Well - No Continuous Disinfection (requires total coliform count for a repeat sample)
Private Water Systems Requiring Continuous Disinfection or a Disinfectant Residual - TC report presence/absence:
 Hauled Water Tank Cistern Spring Pond Well with Continuous Disinfection

Owner or Purveyor to Receive Results
Name:
Address:
City, State, Zip Code:
Phone Number: Fax Number:

Agency Collecting Sample
 Bill Results - Business ONLY
Peak Home Inspections
Name:
Address:
14953 Doylestown Road
Doylestown, OH 44230
City, State, Zip Code
330 658-7153
Phone Number Fax Number

TEST REQUIRED: MMO-MUG presence/absence MMO-MUG enumeration Membrane Filter enumeration

LABORATORY FINDINGS:
Analytical Method: Quanti-Tray Quanti-Tray 2000 MMO-MUG Membrane Filter
If Quanti-Tray or Quanti-Tray 2000 is marked, mark one of the following also:
 Collert Collert 18 Colisure
 Negative Total Coliform Positive MPN Value: 0 / 100 mL Sample Number: 166863
MF CFUs: 0 / 100 mL Date Received: OCT 08 2021
 E. coli Negative E. coli Positive MPN Value: 0 / 100 mL Time Received: 1205
Analyst Name: S. Adams K. Smith J. Moritz
Of 51 Total Wells, _____ Were Positive for Total Coliform. Of 51 Total Wells, _____ Were Positive for E. coli.
Sample Not Analyzed: _____ Date Reported: OCT 09 2021
Adams Water Laboratory, Inc. 912 East Tallmadge Avenue Akron, OH 44310 330.633.3991

All data above the dotted line MUST be filled out when the sample is submitted to the laboratory.



Water Well Log and Drilling Report

Ohio Department of Natural Resources
Division of Soil and Water
Phone: 614-265-6740 Fax: 614-265-6767

Well Log Number: 944125

[View Image of Original Well Log](#)

ORIGINAL OWNER AND LOCATION

Original Owner Name: *JEFF HERSTON*

County: *SUMMIT*

Address: *3590 DEAN RD*

City:

Location Number:

Latitude:

Township: *COVENTRY*

State: *OH*

Location Map Year:

Longitude:

Section Number:

Lot Number:

Zip Code: *44319*

Location Area:

CONSTRUCTION DETAILS

Borehole Diameter: 1: *5 in.*
2:

Borehole Depth: 1: *75 ft.*
2:

Depth to Bedrock:

Casing Diameter: 1: *5.88 in.*
2:

Casing Length: 1: *51 ft.*
2:

Casing Thickness: 1: *0.244 in.*
2:

Casing Height Above Ground: *2*

Aquifer Type: *ROCK & CLAY*

Date of Completion: *10/31/2003*

Total Depth: *75 ft.*

Well Use: *DOMESTIC*

Driller's Name: *COVENTRY WELL & PUMP SERVICE*

Screen Diameter:

Slot Size:

Screen Length:

Type:

Material:

Set Between:

Gravel Pack Material/Size:

Vol/Wt Used:

Method of Installation:

Placed:

Grout Material/Size:

Vol/Wt Used:

Method of Installation:

Placed

WELL TEST DETAILS

Static Water Level: *40 ft.*

Test Rate: *15 gpm*

Associated Reports

Drawdown: *5 ft.*

Test Duration: *1 hrs.*

COMMENTS:

WELL LOG

Formations	From	To
YELLOW ROCK & CLAY	0	18
BOULDERS	18	24
SAND & GRAVEL	24	47
SANDSTONE	47	75

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