



# MAHONING COUNTY PUBLIC HEALTH

PREVENT · PROMOTE · PROTECT

**Address**

50 Westchester Drive  
Youngstown, Ohio 44515

**Phone**

330-270-2855

**Toll Free**

(800) 873-6243

**Laboratory Services**

330-270-2841

**Website**

[www.mahoninghealth.org](http://www.mahoninghealth.org)

**Facebook & Twitter**

@mahoninghealth

**Austintown**

330-792-2397

**Boardman**

330-788-1485

**Youngstown**

234-855-1575

**Phone**

330-270-2855 ext. 136



**DELIVERY CONFIRMATION: 9405 5091 0515 6581 8804 28**

July 12, 2024

James Byce

755 Wick Avenue

Youngstown, Ohio 44505

**RE: Inconclusive Real Estate**

**10186 Main Street**

**Springfield Township**

Dear Homeowner:

This agency conducted an evaluation of the private water and household sewage treatment systems serving the above referenced dwelling and due to an incomplete evaluation you have not met the requirements of The Mahoning County General Health District's Supplement to Ohio Department of Health Ohio Administrative Code 3701-29 Section 8 (A) (2) (a) which states:

(2) The Board of Health elects to reauthorize the monitoring and assessment of STS performed upon request for real estate inspections or as part of a locally established real estate transfer programs. A current maintenance agreement does not waive this requirement.

- a. Ownership of a dwelling served by a household sewage treatment system and/or a private water system shall not be transferred, pursuant to sale or completion of land installment contract, unless the household sewage treatment system and/or private water system has been inspected within the preceding twelve (12) months by the health commissioner or his authorized representative.

Ohio Revised Code section 3718.08 states that, "No person shall violate this chapter, any rule adopted or order issued under it, or any condition of a registration or permit issued under rules adopted under it."

Ohio Revised Code section 3718.10 reads in part, "Upon finding that a person intentionally has violated this chapter, a rule adopted, or order issued under it, or any condition of a registration or permit issued under rules adopted under it, the court may assess a civil penalty of not more than one hundred dollars for each day of violation against the perso

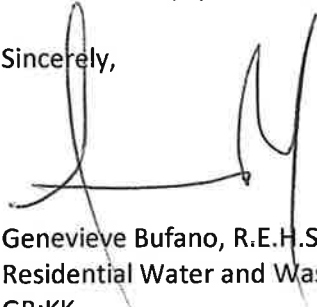
The penalty for violation of the aforementioned Rules is provided for in the ORC section 3701.99 and reads in part, "Whoever purposely violates section 3718.08 of the Revised Code shall be fined not more than one thousand dollars. Each day of violation is a separate offense."

Due to this report being labeled inconclusive you are hereby required to perform the following:

**A new application, fee and evaluation are required within 90 days of occupancy.**

If there are any questions, please contact me at 330-270-2855 ext. 106.

Sincerely,

A handwritten signature in black ink, appearing to read 'Genevieve Bufano', written over a horizontal line.

Genevieve Bufano, R.E.H.S.  
Residential Water and Wastewater Program  
GB:KK

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

**EVALUATION OF PRIVATE WATER SYSTEM (PWS)**

10186 Main Street  
Address  
New Middletown Ohio 44442  
City State Zip  
Springfield  
Township

Jeff Byce 330 747 7000  
Applicant Phone No.  
755 Wick Ave, Youngstown, OH 44505  
Alternate Mailing:  
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 \_\_\_\_\_  
☐ 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 F ☐ No running water at time of evaluation  
☐ Charcoal Filter ☐ Sediment Filter ☐ UV lig ☐ No electricity at time of evaluation  
☐ Cyst Filter ☐ Reverse Osmosis ☐ Other ☐ No pumping report submitted

**VERIFY ISOLATION DISTANCES**

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

The evaluation of the Household Sewage Treatment System and/or Private Water System is **INCONCLUSIVE** based on the following reasons:

**Water Sample Information: (Bacteriological Analysis On**

**Sample #1** Date Paid 6-28-24 rcpt #: 165543 Collected \_\_\_\_\_ Location \_\_\_\_\_  
Mailed 7-12-24 ☐ Safe ☐ Unsafe BOH# \_\_\_\_\_ Inspector 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 \_\_\_\_\_

**PROPERTY MUST BE RE-EVALUATED WITHIN  
90 DAYS OF TRANSFER**

DIAGRAM:

N ↑

Inconclusion Report

Inspector

Date

7/12/2024