

Columbiana County Health District

P.O. Box 309 - 7360 State Route 45 - Lisbon, Ohio 44432
 Phone: 330-424-0272 - General Fax: 330-424-1733 - Nursing Fax: 330-424-1843
 Email: cchd@columbiana-health.org Web: www.columbiana-health.org



Evaluation of Existing Household Sewage Treatment System

Property Address: 15315 Steubenville Pike Rd. Salineville, OH 43945
 Township: Wayne Tax Parcel ID# 75-00198-001

THE OPINION GIVEN MAY BE RENDERED WITHOUT KNOWLEDGE OF SOME OF THE INDIVIDUAL PARTS OF THE HOME SEWAGE TREATMENT SYSTEM AND APPLIES ONLY TO THE DATE AND TIME THE OPINION IS MADE. THEREFORE, THIS OPINION DOES NOT GUARANTEE THE FUTURE PERFORMANCE THE HOME SEWAGE TREATMENT SYSTEM; FUTURE SYSTEM PERFORMANCE(S) WILL DEPEND UPON USAGE AND/OR MAINTENANCE.

System installation date: 04/02/02 (from record) Permit # 5531 [] No record found

1. **Primary Treatment:** Number of Tanks: 2 Size of Tank(s): 1,000 gallons (each)

2. **Secondary Treatment:**
☒ **On-site:** Leaching Component: laterals (graveless) Size: 600 ft split field
 Leaching Component: _____ Size: _____
 Mechanical/Electrical system components: _____
 Pretreatment Make and Model: _____
 Distribution box accessible during inspection: ☒ Yes [] No [] N/A
 [] **Off-lot system:** [] NPDES system [] Discharging system pre NPDES
 Pretreatment Make and Model: _____
 Mechanical/Electrical system components: _____
 System is currently under service contract: [] Yes [] No System has current sample: [] Yes [] No
 Contract expiration date: _____ Current Service Provider: _____
 Last effluent sample taken: _____

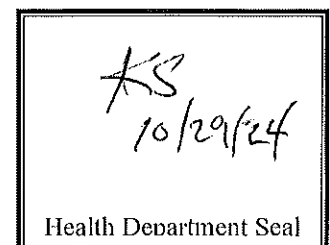
3. **General factors:** At the time of inspection the property was:
 [] Occupied ☒ Vacant How long? _____ days/weeks/months/years
☒ A limited volume of sewage was generated only on day of inspection.
 [] Pumping report : Date _____ Previous evaluation : Date _____
 Soil conditions: [] Wet [] Some moisture ☒ Dry Ground cover: [] Leaves/Tall grass [] Snow

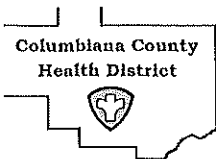
4. **Comments concerning this system:** It is known that any system may fail at any time.
☒ No contrast dye was observed. [] Contrast dye was observed surfacing on lot and/or flowing off lot.
Plumbing: The following plumbing discharges to the septic system as required:
☒ All bathroom water ☒ All kitchen water ☒ All laundry water
Not required but goes to septic: [] Clear water sump [] Water softener [] Other fixtures: _____
 Effluent level Tank 1 at start of inspection ~ 1 ft from top of: [] tank ☒ baffle [] pipe inlet side
 Effluent level Tank 2 at start of inspection ~ 8 in from top of: [] tank [] baffle [] pipe outlet side
 [] Levels in tank(s) rose _____ ☒ Levels in tank(s) remained the same
Both fields taking effluent readily

Health Department Records Found and Consulted: [] Previous Evaluations ☒ Permit [] Complaint

5. From Health Department records and observations, it is my opinion that this home sewage system:
☒ Is accepted on a performance basis, no nuisance is observed; however, see (4) above.
 [] Is creating a nuisance and/or requires repair.
 [] A PLUMBING PERMIT IS REQUIRED to abate nuisance.
 [] A SEPTIC SYSTEM INSTALLATION PERMIT IS REQUIRED to abate nuisance.
☒ "HOLD HARMLESS" AGREEMENT included with this report

INSPECTOR: Kim Smith DATE: 10/29/24





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Evaluation of Existing Private Water System

Property Address: 15315 Steubenville Pike Rd. Steubenville, OH 43945
Township: Wayne Tax Parcel ID# 75-66198.001

The following information applies to Privately-owned Water Supply Systems **ONLY**.

THE OPINION GIVEN MAY BE RENDERED WITHOUT KNOWLEDGE OF SOME OF THE INDIVIDUAL PARTS OF THE PRIVATE WATER SYSTEM AND APPLIES ONLY TO THE DATE AND TIME THE OPINION IS MADE. THEREFORE, THIS OPINION DOES NOT GUARANTEE THE FUTURE PERFORMANCE THE PRIVATE WATER SYSTEM.

Private water system construction date: 04/18/02 Well Log # 939395 [] No record found
1. Privately-owned water system: Source consists of: Drilled well
☒ Exposed Casing [] Buried Casing [] Well Pit
Casing size: 6 inches ☒ Outside Foundation [] Inside Foundation
[] Abandoned Well: Properly abandoned and sealed? Yes [] No []
[] Is there back flow prevention installed if the well is still actively used? Yes [] No []

2. Water sample: collected from: bathroom sink faucet
Water Sample Results: Lab sample # 47155 Date collected: 10/23/24

☒ **Acceptable** - The Total Coliform Microbiological analysis of the water sample taken from the property sited in this report was reported as ≤ 4.2 per 100 ml, which indicates the acceptable range of total coliform bacteria in the subject sample. This does not guarantee the future absence of total coliform bacteria in the water source.

☒ **Unacceptable** - The Total Coliform Microbiological analysis of the water sample taken from the property sites in this report was reported as > 4.2 per 100 ml. Therefore, it is determined that this water is unsafe for drinking and certain domestic purposes unless the water is boiled before using

Escherichia coli CFU results: [] Detect ☒ Non-Detect

3. [] Flow Test: Average flow: _____ gallon per minute Run Time: _____ Minutes
Test location: [] Outside Spigot [] Hydrant [] Other _____

4. Private water system components observed: ☒ Pressure tank [] Filter(s) [] Softener [] Holding Tank
[] Jet pump [] Continuous disinfection: ([] UV [] Chlorine) [] Other: _____
[] Well cap and conduit appears properly sealed and in good condition

5. Code requirement: Does water system meet present code requirement? [] Yes [] No ☒ Unknown
Does the water system need to be upgraded? (See (6) below) [] Yes [] No ☒ Unknown

This report does not assess the overall quantity, chemical or microbiologic conditions of the water at the subject site.

6. Inspector comments: As of January 1, 2020, rules for Private Water Systems have changed making most wells installed before this date out-of code. Ohio Administrative Code 3701-28-02 (A) All private water systems constructed prior to effective date of this rule shall comply with the rules in effect at the time of construction, unless otherwise required by this chapter regardless if the water system is converted to uses other than a private water system. Ohio Administrative Code 3701-28-02 (C) Well used as private water systems, constructed prior to effective date of this rule that have deteriorated to a condition that poses a public health risk to the users or the groundwater, and is in violation of any of the requirements of rule 3701-28-10 of the Ohio Administrative Code shall be improved to meet the requirements of paragraphs (N) to (R) of this rule and (P) to (Q) of 3701-28-10 OAC.

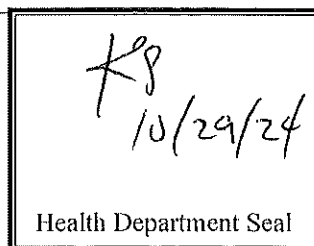
Cap in good condition, screens in, break in conduit

Health Department Records Found and Consulted:

[] Previous Evaluations [] Well Log [] Permit [] Complaints

INSPECTOR: [Signature] DATE: 10/29/24

(Revised 12/2022)



Laboratory: Leetonia Water Plant
ODH Microbiological Sample Report for Private Water Systems

John Chinelli Private Water Supply or Resident's Name	
10/23/24 Date Collected	12:02pm Time Collected
Columbiana County County Water Supply is Located In	
bathroom faucet Sample Tap Location	15315 Steubenville Pike Address of Sample Tap
Salineville, OH City and Zip Code	
330-424-0272 Contact Phone Number	
[Signature] Name of Person Collecting Sample	

Sample Type: ☐ New Construction ☐ Replacement ☐ Alteration ☒ 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
☐ Bill Results
Columbiana County General Health District
Name
P.O. Box 309
Address
Lisbon, Ohio 44432
City, State, Zip Code
330-424-0272 330-424-1733
Phone Number Fax Number

Agency to Receive Results
☐ Bill Results
Columbiana County General Health District
Name
P.O. Box 309
Address
Lisbon, Ohio 44432
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330-424-0272 330-424-1733
Phone Number Fax Number

LABORATORY FINDINGS:

Analytical Method: ☒ Quanti-Tray Colilert
☐ Quanti-Tray 2000

Sample Number: 47153 47154
8/24/24

Total Coliform

☐ Negative
☒ Positive

RAW Count: 51

MPN Value: > 200.5

E. Coli

☒ Negative
☐ Positive

RAW Count: 0

MPN Value: < 1.0

Sample Not Analyzed:

Lab Certification # 842

Analyst Number 6338

Start Date-Time 10-24-24 -- 1433

End Date-Time 10-25-24 -- 1433

Analyst Name: B. Wilson

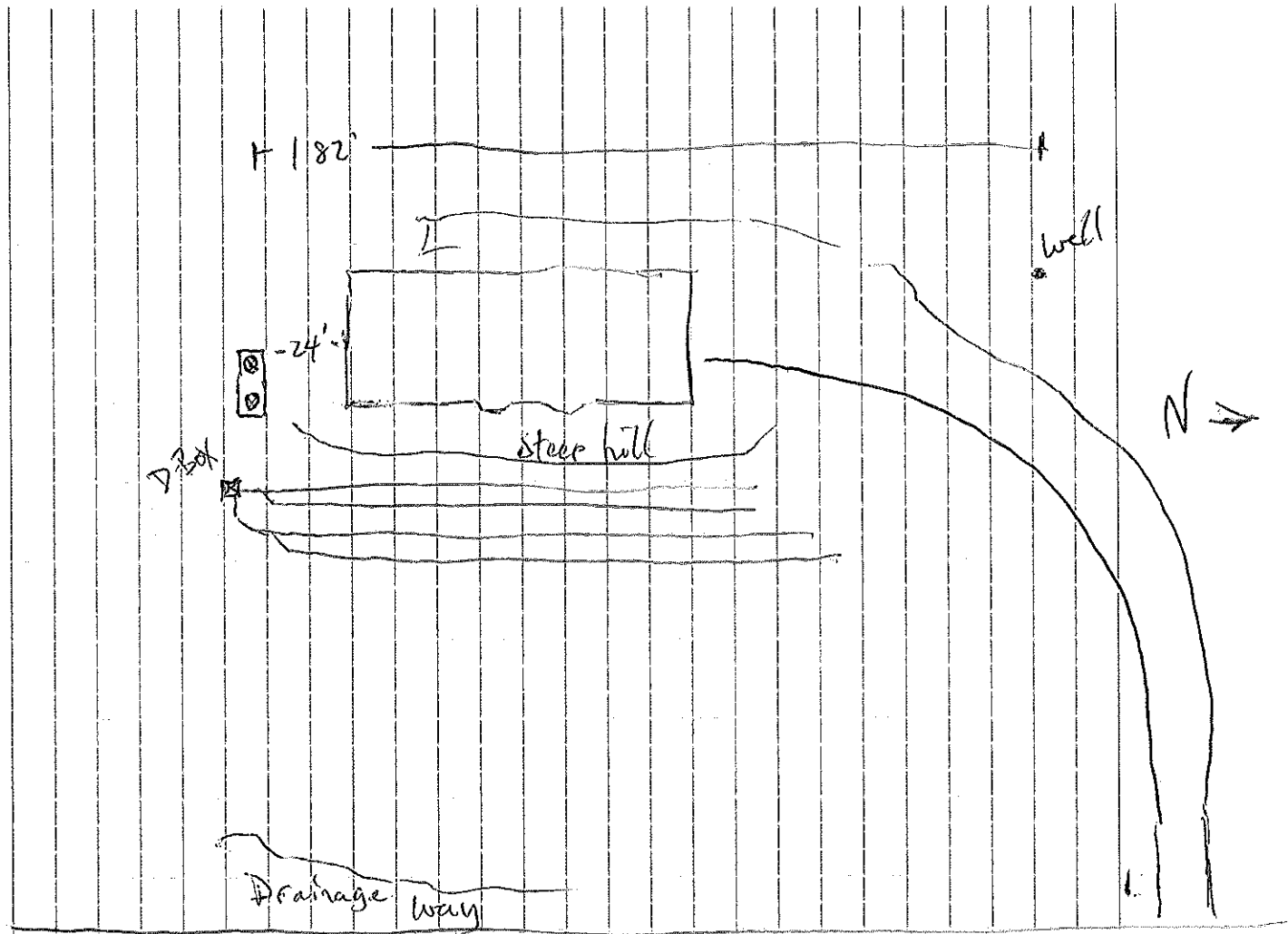
Date Reported: 10-25-2024

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

Property Evaluation Diagram

Address 15315 Steubenville Pike Rd.
 City, State Salineville, OH 43945

Township Wayne
 Date of Inspection 10/23/24



DISTANCES:

SEPTIC TANK TO
FOUNDATION

24ft

WATER SOURCE TO
FOUNDATION

78ft

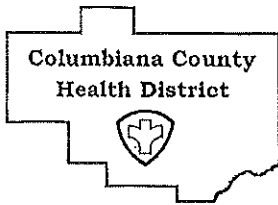
SEPTIC TANK TO
WATER SOURCE

182ft

SECONDARY TO
WATER SOURCE

750ft

OTHER DISTANCES (DRIVEWAY, POND, R/W, ETC.):



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Hold Harmless Agreement

Property Address: 15315 Steubenville Pike Rd.
Salineville, OH 43945

Township: Wayne Tax Parcel Number: 75-00198.001

An application request for the evaluation must be received with payment prior to the closing of the real estate transaction. Within ninety (90) days of the occupancy of the home, the evaluation must be completed by the Columbiana County General Health Department. The party requesting this Agreement must contact the Columbiana County General Health District for scheduling the evaluation. Any deficiencies in either the septic system, plumbing, or water well must be completed in accordance with all applicable regulations.

Due to the following conditions, a Hold Harmless Agreement is granted for this property because it was vacant at the time of inspection.

Hold Harmless: In consideration for this waiver, the party requesting the evaluation acknowledges that it is not ideal conditions to perform the septic inspection. The Columbiana County General Health District will allow the transfer of the deed, however, the party requesting the inspections agrees to hold harmless the Columbiana County General Health District and the Board of Health for any liability or problems that may arise with the septic system and/or the private water system.

Please Print: Name, address, and phone number of the party requesting the evaluation:

I (We) hereby agree to all the terms of this Agreement as evidenced by my (our) signature (s)

Signature: _____ Date: _____

.....
Columbiana County General Health District

Signature: _____ Title: _____ Date: _____