

POINT OF SALE INSPECTION REPORT

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

Company: Ascension Home Inspections LLC
Inspector Name: Jason Roberts
Phone Number: 234-206-1223

Private Water Contractor
ODH Registration #: 003774
Registered Service Provider
SCPH Registration #: 157

Buyer's Name:
Property Address: 3841 Grupe Ave
City: Akron
Zip Code: 44319
Parcel ID: 1905020
Bedroom #: 3

Date of Inspection: 5/19/2021

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.

Inspector's Signature: Jason C. Roberts Date: 5/19/21

Registered Contractor's Signature: Jason C. Roberts Date: 5/19/21

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

EXHIBIT G

POINT OF SALE INSPECTION REPORT

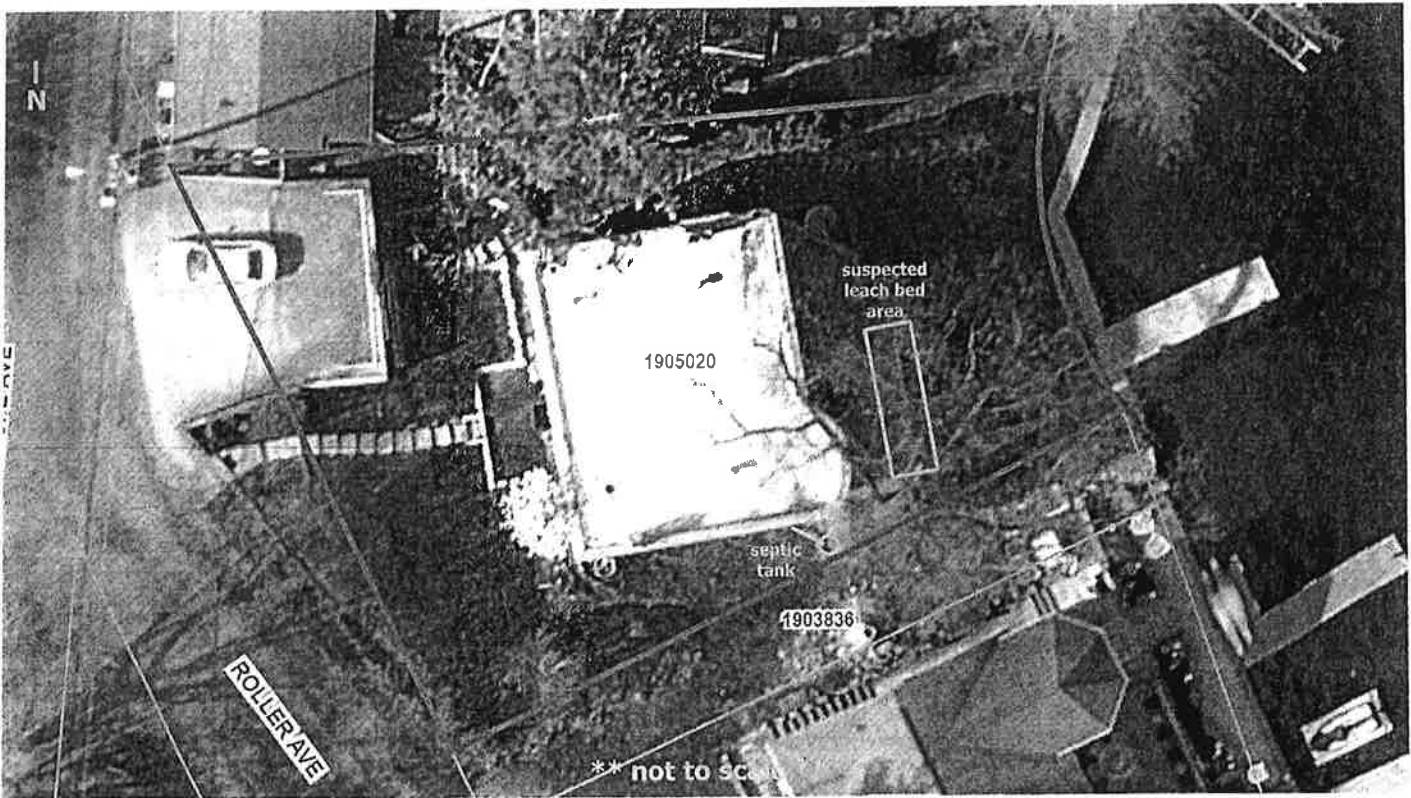
Sewage Treatment System (STS) and/or Private Water System (PWS) Inspection

Property Address: 3841 Grupe Ave

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	3'	House	inside
Well/water line	50'	Septic/sewer line	50'
Property Line	4'	Property Line	18'
Road/Easements	70'	Road/Easements	57'

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



Inspector's Initials: JCR Date: 5/19/21 Registered Contractor's Initials: _____ Date: _____
 (if different than inspector)

POINT OF SALE INSPECTION REPORT

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

STS INSPECTION: N/A

Property Address: 3841 Grupe Ave

Year STS was installed: unknown

At inspection, house was Occupied Intermittent Vacant*

Number of occupants in last 60 days: 2 *How long house has been vacant:

System Type

System type options: Tile Field, Evapotranspiration, Drip Distribution, Unknown, Leach Well, Mound, Low pressure pipe, Dry Bed/ Leach Area, Spray Irrigation, Discharging

Volume of water used during hydraulic loading: 180 gallons

Septic Tank 1 N/A

Risers to grade (inlet) Yes No Unknown
Risers to grade (outlet) Yes No Unknown
Outlet "T" is present Yes No Unknown
Baffles are functioning Yes No Unknown

Level in tank before water use: 48" to top of riser
Level in tank after water use: 39" to top of riser

Size: unknown Gallons

Septic Tank 2 N/A

Risers to grade (inlet) Yes No Unknown
Risers to grade (outlet) Yes No Unknown
Outlet "T" is present Yes No Unknown
Baffles are functioning Yes No Unknown

Level in tank before water use:
Level in tank after water use:

Size: Gallons

Aerator N/A

Risers to grade (inlet) Yes No Unknown
Risers to grade (clarifier) Yes No Unknown
Outlet "T" is present Yes No Unknown

Level in tank before water use:
Level in tank after water use:

Manufacturer:

Date tanks were last pumped: unknown Info provided by: Health Dept Owner

Wastewater properly routed: Yes No* Unknown *Please see comments

System dye tested: Yes* No *If yes, where: septic tank

System Designed to Discharge:

Quality: Clear Cloudy Gray Black
Odor: None Musty Septic
Sample Collected: Yes No
Other (see comments):

Inspector's Initials: JCR Date: 5/19/21 Registered Contractor's Initials: Date:

POINT OF SALE INSPECTION REPORT

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

(STS Inspection continued)

Property Address: 3841 Grupe Ave

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:

The septic system has a septic tank located roughly 3' from the foundation of the home and within 5' from the property line. The leaching component and location is unknown. Similar homes in the area typically have either a leach bed or a leach well(s).

At the time of the inspection, only the septic tank was accessible. The water level in the septic tank rose about 9" during hydraulic loading. The water level prior to loading was roughly 8" below the bottom of the inlet pipe, but upon completion the water level had risen to about an 1" of water above the bottom of the inlet pipe. This indicates that there is an issue after the septic tank. It is believed that the discharge pipe is either clogged or broken. There is a large tree near the outlet end of the septic tank.

It is recommended to attempt repairing the existing system at this time, as there was no evidence of surfacing or ponding water at the suspected leaching area, and no dye was observed entering into the lake. It is recommended to dig open the back end of the septic tank and run a snake through the outlet pipe to see if there is a blockage or if the pipe is damaged. If the pipe is broken, then replacing the pipe from the tank to the leach will be necessary. If repairs are unsuccessful or are not possible, then replacing the septic system may be required.

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.

Inspector's Initials: JCR Date: 5/19/21 Registered Contractor's Initials: _____ Date: _____
(if different than inspector)

POINT OF SALE INSPECTION REPORT

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

PWS INSPECTION: N/A

Property Address: 3841 Grupe Ave

Year the PWS was constructed: unknown

PWS Type:

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

Casing Location:

- Outside foundation, Inside foundation, Well pit, Exposed inches above grade, Unable to be located, Other (explain): in floor of basement; casing not above grade

Casing Type:

- Steel, Plastic, Other (explain):, Casing Length: feet, Casing Diameter: inches, Depth of Well: 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 basement, The PWS appears to be accessible for cleaning with a drilling rig: Yes, No, Unknown, The PWS appears to be accessible for chlorination: Yes, No, Unknown, Continuous disinfection is used: Yes, No, N/A, Filtration component is used: Yes, No, N/A, Unknown

Inspector's Initials: JCR Date: 5/19/21 Registered Contractor's Initials: Date:

POINT OF SALE INSPECTION REPORT

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

(PWS Inspection continued)

Property Address: 3841 Grupe Ave

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)	Flow Rate (After 30 min)	Location	Pump drew in air/stopped
<u>6</u> gpm	<u>6</u> gpm	<u>pressure tank</u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Prescreening Results

Chlorine 0 ppm Method used test strips
 Nitrate 0 ppm Method used test strips
 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
Total Coliform	5/19/21	kitchen	0.0/100mL	<input checked="" type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable
E. coli	5/19/21	kitchen	0.0/100mL	<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

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:

The water sample tested negative for coliform at this time.

The well casing is located under the floor of the basement and does not extend above grade. The type of well and the depth of the well could not be determined at this time and no records were available.

Inspector's Initials: JCR **Date:** 5/19/21 **Registered Contractor's Initials:** _____ **Date:** _____
(if different than inspector)

Microbiological Drinking Water Sample Identification Sheet

Laboratory Name: **EASTERN LAB SERVICES, LTD**
 1035 Medina Road, Suite 500
 Medina, Ohio 44256
 Phone: 330-670-7920 Fax: 330-670-7921

Certification Number: 889
 EPA Lab ID: OH01233

Ascension Home Inspections LLC		Completely fill out using ballpoint pen																								
Water Supply Name																										
<u>Summit</u>	003774	82-2591979																								
County	PWS ID # (Mandatory)	Tax ID #																								
<u>5-19-2021</u>	<u>Kitchen</u>	234-206-1223																								
Date Collected	Sample Tap ID	Phone																								
<u>10:15 AM</u>	<u>3841 Grape Ave</u>	<u>Akron OH 44319</u>																								
Time Collected	Address of Sample Tap	/ City / State / Zip																								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p style="text-align: center; margin: 0;">Signature of Sample Collector</p> <p style="font-size: 2em; margin: 0;"><i>[Signature]</i></p> </div> <div style="width: 35%; border: 1px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">Person to Receive Results</p> <p style="margin: 0;">Name <u>Jason Roberts</u></p> <p style="margin: 0;">Address <u>10945 Coal Bank Road</u> <u>Marshallville, OH 44645</u></p> <p style="margin: 0;">EMAIL: <u>AscensionInspects@gmail.com</u></p> <p style="margin: 0;">FAX: _____</p> </div> </div>																										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Sample Classification</th> </tr> <tr> <td style="padding: 2px;">Routino <input checked="" type="checkbox"/></td> <td style="padding: 2px;">Repeat <input type="checkbox"/> Special <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">If repeat, last sample # _____</td> </tr> <tr> <td style="padding: 2px;">Public <input type="checkbox"/></td> <td style="padding: 2px;">Private <input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Distribution System _____</td> </tr> <tr> <td style="padding: 2px;">Raw <input type="checkbox"/></td> <td style="padding: 2px;">Plant Tap <input type="checkbox"/> Surface <input type="checkbox"/></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ground _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Beach Waters _____</td> </tr> </table>				Sample Classification		Routino <input checked="" type="checkbox"/>	Repeat <input type="checkbox"/> Special <input type="checkbox"/>	If repeat, last sample # _____		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	Distribution System _____		Raw <input type="checkbox"/>	Plant Tap <input type="checkbox"/> Surface <input type="checkbox"/>	Ground _____		Beach Waters _____								
Sample Classification																										
Routino <input checked="" type="checkbox"/>	Repeat <input type="checkbox"/> Special <input type="checkbox"/>																									
If repeat, last sample # _____																										
Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>																									
Distribution System _____																										
Raw <input type="checkbox"/>	Plant Tap <input type="checkbox"/> Surface <input type="checkbox"/>																									
Ground _____																										
Beach Waters _____																										
HPC _____	Chlorine Residual <u>0</u>																									
Laboratory Results Test Used - MMO-MUG																										
Not Analyzed _____ Too Old _____ Leaked in Transit _____ Broken in Transit _____ Residual Chlorine _____ Less than 100 mL _____ Incomplete Information _____ Lab Accident _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">TOTAL COLIFORM RESULTS</th> </tr> <tr> <td style="padding: 2px;">POSITIVE</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">NEGATIVE</td> <td style="padding: 2px; text-align: center;"><u>X</u></td> </tr> <tr> <td style="padding: 2px;">MPN - CFU/100 mLs</td> <td style="padding: 2px; text-align: center;"><u>0.0</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Wells - New / Existing _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ponds / Lakes / Beach Waters _____</td> </tr> <tr> <th colspan="2" style="text-align: center;">E. COLI RESULTS</th> </tr> <tr> <td style="padding: 2px;">POSITIVE</td> <td style="padding: 2px;">_____</td> </tr> <tr> <td style="padding: 2px;">NEGATIVE</td> <td style="padding: 2px; text-align: center;"><u>X</u></td> </tr> <tr> <td style="padding: 2px;">MPN - CFU/100 mLs</td> <td style="padding: 2px; text-align: center;"><u>0.0</u></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Wells - New / Existing _____</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Ponds / Lakes / Beach Waters _____</td> </tr> </table>	TOTAL COLIFORM RESULTS		POSITIVE	_____	NEGATIVE	<u>X</u>	MPN - CFU/100 mLs	<u>0.0</u>	Wells - New / Existing _____		Ponds / Lakes / Beach Waters _____		E. COLI RESULTS		POSITIVE	_____	NEGATIVE	<u>X</u>	MPN - CFU/100 mLs	<u>0.0</u>	Wells - New / Existing _____		Ponds / Lakes / Beach Waters _____		Sample # <u>70274</u> Date Rec'd <u>5/19/21</u> Time Rec'd <u>11:20 AM</u> Date Rep't <u>5/20/21</u> Analyst <u>CR</u>
TOTAL COLIFORM RESULTS																										
POSITIVE	_____																									
NEGATIVE	<u>X</u>																									
MPN - CFU/100 mLs	<u>0.0</u>																									
Wells - New / Existing _____																										
Ponds / Lakes / Beach Waters _____																										
E. COLI RESULTS																										
POSITIVE	_____																									
NEGATIVE	<u>X</u>																									
MPN - CFU/100 mLs	<u>0.0</u>																									
Wells - New / Existing _____																										
Ponds / Lakes / Beach Waters _____																										
Comments: <i>PA</i> <div style="text-align: center; font-size: 2em; margin: 10px 0;"><u>C-O</u></div> <div style="text-align: center; font-size: 2em; margin: 10px 0;"><u>E-O</u></div> <div style="margin-top: 20px; font-size: 1.2em;"><u>MAY 20 2021</u></div>	Agency to Receive Results Name _____ Address _____ City _____ State _____ Zip _____ Phone _____ Fax # _____																									

