Sewage System Evaluation Certificate of Review

Stark County Health Department
7235 Whipple Ave NW Suite B North Canton, OH 44720
Phone 330-493-9904 Fax 330-493-9920
www.starkhealth.org

Address:	6323 MIDDLEBRANCH AVE NE	Parcel ID:	5202897
City:	CANTON Zip: 44721	Township:	PLAIN TOWNSHIP
Company:	Skelley Septic Services LLC	Inspector:	Ben Skelley
Inspection Date:	08/01/2026	Review #:	13964
Initial Review Date:	08/06/2026	Initial Review by:	Chris Novelli

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☐ **Acceptable**

Based on the information provided, this system is not creating a public health nuisance as defined by O.R.C. 3718.011. All interested parties should take note of the comments listed.

☐ **Acceptable But Some Functional Issues**

The information provided indicates that the system is not creating a public health nuisance as defined by O.R.C. 3718.011, but some functional issues exist. These issues will influence the system's proper operation and longevity. All interested parties should take serious note of the comments listed below.

☐ **Septic System CORRECTION REQUIRED**

It was determined that there is a problem with the sewage treatment system, and a repair/replacement/alteration is necessary. **If not addressed before closing, correction will be the buyer's responsibility.**

☐ **Plumbing CORRECTION REQUIRED**

It was determined that a plumbing problem exists which is required to be upgraded. This correction MAY require a PLUMBING PERMIT. Proof of correction must be submitted to this office. **If not addressed before closing, correction will be the buyer's responsibility.**

☐ **Incomplete Inspection**

This inspection can not be certified until the required items listed below are completed.

☑ **Further Review**

The Stark County Health Department recommends further review of the property to determine the status of the treament system.

Change in occupancy, water usage, or the required rerouting of plumbing can affect future performance of the system.

The average life expectancy of a septic system is 20-25 years.

Please note the inspector's comments on the report. The Health Department does not have a septic installation record for this property, but a septic tank of unknown volume, a lift station, and a 15 inch wide by 10 foot deep pipe that's filled and bedded in gravel were located at the time of inspection. The property owner claims that the lift station pumps up to a leach line that is over 100 feet in length and the leach line has an overflow pipe that flows to the gravel pit. During the inspection, the leach line was unable to be located by probing and no flow was observed entering the gravel pit. Since the Health Department does not have a septic permit for this property, this department cannot confirm if a leach line or other additional leaching devices are present and whether they were installed or sized properly. No nuisance was observed with the system at the time of inspection and its use can continue as long as it does not create one. Interested parties may choose to investigate the leaching device in further detail to try to determine its type, size, and functionality. It was reported that the effluent in the septic tank remained at operating level during the hydraulic load test. The presence of an outlet tee in the septic tank was unable to be determined at the time of inspection. An outlet tee keeps solids from leaving the septic tank and interested parties may choose to investigate this item in further detail. It was reported that the lift station cycled on during the inspection. Health Department records indicate 750 gallons of septage was pumped from this property on 2/13/24. Septic tanks of this size have less capacity to separate solids from liquids than current sized septic tanks and the tank should be pumped on a regular basis.

Final approval cannot be granted until all required corrections, if any, have been made.

Final Approval By: **Final Review Date:**

☐ **Acceptable**

Initial review was acceptable or corrections were made and evidence submitted to this department that this sewage treatment system is acceptable. This review is valid for six months from the date of inspection if the property is occupied or twelve months if vacant.

EXHIBIT G

STARK COUNTY HEALTH DEPARTMENT

"Striving Toward a **Healthier** Community."

RECEIVED
AUG 03 2026
BY:

Sewage System Evaluation

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Submit completed form to online@starkhealth.org

INSPECTION WAS CONDUCTED BY: Skelley Septic and Well Inspections LLC SERVICE PROVIDER #: 80

PROPERTY ADDRESS: 6323 MIDDLEBRANCH AVE PARCEL #: 5202897

CITY: Canton ZIP: 44721 TOWNSHIP: Plain

OWNER: DRAGGI JOHN M & OLGA A OWNER'S PHONE: _____

BUYER: _____ BUYER'S PHONE: _____

PERSON RESPOSIBLE FOR ACCESS & TITLE: Owner/Realtor

PHONE: _____ CELL: _____ FAX: _____

EMAIL RESULTS TO: Skelleysepticandwell@gmail.com

(or) MAIL TO: _____ ADDRESS: _____

(or) FAX TO: _____ FAX NUMBER: _____

INFO

IS HOME CONNECTED TO SANITARY SEWER? (Y / N) **SEWER AVAILABLE?** (Y / N)

PRIVATE HOME SEWAGE TREATMENT SYSTEM RECORDS AVAILABLE? (Y / N) (if yes, attach)

AGE OF HOME: 67 YRS **AGE OF SYSTEM:** _____ YRS X UNK **NUMBER OF BEDROOMS:** 3

AGE INFO FROM: _____ OWNER X HEALTH DEPT X AUDITOR _____ OTHER (see comments)

RECENT WEATHER CONDITIONS: 80 sunny

AT TIME OF INSPECTION HOUSE WAS: 2 # OCUPPIED _____ INTERMITTENT USE _____ VACANT

IF VACANT, HOW LONG? _____

COMPONENTS

PRIMARY TREATMENT: X SEPTIC TANK ____ TRASH TRAP ____ OTHER **VOLUME(S):** unknown

DATE TANK(S) LAST PUMPED: 2 years 2/13/24 **INFO SOURCE:** owner **PUMPER:** Atomic

SECONDARY TREATMENT: x N/A ____ AERATOR ____ FILTER BED **TYPE/VOLUME:** _____

IF AERATOR, SERVICE CONTRACT IS REQUIRED, PROVIDER: _____

DISPERSAL TYPE: ___LEACH LINES ___LEACH WELL ___LEACH BED ___ET ___FRENCH DRAIN ___MOUND

____DIRECT DISCHARGE X UNKNOWN ____OTHER, see comments **SIZE:** See Comments (FT / SQ FT / GAL)

OTHER DEVICES: X LIFT STATION ____ UPFLOW FILTER ____ PERIMETER/CURTAIN DRAIN ____ ZONE VALVE

____ UV LIGHT ____ RE-AERATION

ACCESS TO: SEPTIC TANK(S) (Y / N / N/A) DIVERSION BOX (Y / N / N/A)

DISTRIBUTION BOX(S) (Y / N / N/A) LEACH WELL(S) (Y / N / N/A) See Comments

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PROPERTY ADDRESS: 6323 MIDDLEBRANCH AVE **TOWNSHIP:** Plain

INSPECTION

WAS SYSTEM DYE TESTED? (Y / N) **COLOR OF DYE USED:** Yellow/Green

DIVERSION BOX— CONDITION: (SATISFACTORY / DETERIORATING / INHIBITING FLOW / COLLAPSING / NOT OBSERVED / N/A)

DISTRIBUTION BOX— CONDITION: (SATISFACTORY / DETERIORATING / INHIBITING FLOW / COLLAPSING / NOT OBSERVED / N/A)

CURTAIN DRAIN OR INTERCEPTOR DRAIN OUTLET LOCATED ? (Y / N) **DRAIN OBSTRUCTED?** (Y / N)

SYSTEM PROBED? (Y / N) **DEPTH OF COVER OVER TANK** 7 feet **LEACH TRENCH/BED DEPTH** 5 feet

EFFLUENT LEVEL IN TRENCHES INSPECTED? (Y / N / N/A / UNABLE TO LOCATE) - ***IF NO, STATE WHY IN COMMENTS***

CIRCLE ONE: (DRY / MOIST / SATURATED / SURFACING-BLEEDING) - ***NOTE ANY ABNORMALITY IN COMMENTS***

WATER LEVEL IN: ***PRE-HYDRAULIC / POST-HYDRAULIC LOADING)***

TANK (#1) (1 IN / 1 IN) - DISTANCE FROM: (RISER / TANK LID / INLET)

OUTLET TEE / OUTLET BAFFLE: (SATISFACTORY / DETERIORATING / MISSING / NOT OBSERVED) - ***DESCRIBE IN COMMENTS***

TANK (#2) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

OUTLET TEE / OUTLET BAFFLE: (SATISFACTORY / DETERIORATING / MISSING / NOT OBSERVED) - ***DESCRIBE IN COMMENTS***

****USE CAUTION**** **AEROBIC TREATMENT DEVICE** (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

LEACH WELL (#1) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

AIR SPACE MEASURED FROM LEACH WELL INLET TO WATER LEVEL _____ IN - ***DESCRIBE IF UNABLE TO DETERMINE***

LEACH WELL (#2) (_____ IN / _____ IN) - DISTANCE FROM: (RISER / TANK LID / INLET / N/A)

AIR SPACE MEASURED FROM LEACH WELL INLET TO WATER LEVEL _____ IN - ***DESCRIBE IF UNABLE TO DETERMINE***

VOLUME OF WATER USED DURING HYDRAULIC LOADING?

FLOW RATE: 6 GPM **RUN TIME:** 30 MIN 180 GALLONS

OBSERVABLE EFFLUENT DISCHARGE: ___ CLEAR ___ BLACK ___ CLOUDY ___ ODOR ___ NONE

LOCATION OF DISCHARGE, IF ANY? _____

BLACK WATER ROUTED INTO SEPTIC? (Y / N) **GRAY WATER ROUTED INTO SEPTIC?** (Y / N)

WATER SOFTENER PRESENT? (Y / N) **SOFTENER DISCHARGES TO:** (SEPTIC SYSTEM / EXTERIOR)

FOOTER DISCHARGES TO: (SEPTIC SYSTEM / EXTERIOR / UNKNOWN)

SYSTEM DIFFICULT TO EVALUATE DUE TO: (INACCESSIBLE / DENSE OVERGROWTH / RAINFALL / SNOW COVERED / OTHER / N/A)

COMMENTS CONCERNING SYSTEM: No records on file for the septic. Per seller, there is a septic tank, lift station, 1 long 100+ foot leach line, that then has an overflow into a gravel pit. On site, there was access to the inlet of the tank, and the lift station, as well as the above mentioned gravel pit. This is a 15 in HDPE pipe stood on end, with gravel ar the very bottom, and per seller, gravel around the outside of it. The overflow pipe from the leach line enters the side wall of the HDPE pipe at about 5 feet deep, and the bottom, where the gravel is, is at 10 feet deep.

During the load test, flow was constant through the tank and the lift station cycled. No flow was ever observed in the HDPE pipe/gravel pit, so it appears the leach line is currently leaching.

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THIS REPORT IS NOT COMPLETE UNTIL A SEWAGE SYSTEM EVALUATION CERTIFICATE OF REVIEW IS ATTACHED.

BASED ON AVAILABLE INFORMATION, THE HOME SEWAGE TREATMENT SYSTEM:

"NOT FUNCTIONING PROPERLY" MEANS: THE SEWAGE TREATMENT SYSTEM IS CAUSING A PUBLIC HEALTH NUISANCE AS DEFINED BY ORC 3718.011.

_____ APPEARS TO BE FUNCTIONING PROPERLY AT THE DATE AND TIME OF INSPECTION.

_____ IS **NOT** FUNCTIONING PROPERLY AT THE TIME OF INSPECTION AND MUST BE REPAIRED, REPLACED.

_____ DOES NOT APPEAR TO BE FUNCTIONING PROPERLY AND NEEDS FURTHER EVALUATION.

_____ PLUMBING IS NOT PROPERLY ROUTED IN THE SEWAGE TREATMENT SYSTEM, WHICH IS A PUBLIC HEALTH NUISANCE.

__X__ APPEARS TO BE FUNCTIONING PROPERLY, HOWEVER, SEE COMMENTS BELOW:

- __X__ AVERAGE LIFE EXPECTANCY OF A SEPTIC SYSTEM IS 20-25 YEARS.
- _____ HOME IS VACANT. THEREFORE, THE SEPTIC SYSTEM HAS NOT BEEN IN FULL USE AND MAY NOT SHOW SIGNS OF DEFECT, IF ANY, UNTIL IN FULL USE.
- _____ RECOMMEND TANK (S) TO BE PUMPED, IF NO WRITTEN RECORD IN LAST THREE (3) YEARS
- __X__ ALL OR SOME OF THE SYSTEM COMPONENTS ARE UNKNOWN
- __X__ CHANGE IN OCCUPANCY, WATER USAGE, OR THE REQUIRED REROUTING OF PLUMBING CAN AFFECT FUTURE PERFORMANCE OF THE SYSTEM.
- _____ SYSTEM DESIGNED TO BE ALTERNATED/DIVERTED. THIS MUST BE DONE REGULARLY.
- _____ ADD RISERS TO SEPTIC TANK (S) TO FACILITATE PUMPING AND SERVICING.
- _____ FOOTER WATER DOES NOT APPEAR TO BE ENTERING SYSTEM, HOWEVER, LEAKING SUMP CROCKS AND/OR BROKEN FOOTER TILES CANNOT BE DETERMINED BY VISUAL INSPECTION.
- _____ A SERVICE CONTRACT IS REQUIRED FOR THIS SEWAGE TREATMENT SYSTEM.

OTHER COMMENTS: _____

INSPECTOR'S SIGNATURE: _____ **PRINT:** Ben Skelley

INSPECTION DATE(S): 8-1-26

THIS EVALUATION ONLY APPLIES TO THE DATE AND TIME THE EVALUATION IS MADE, AND IS BASED ON A VISUAL INSPECTION ONLY. KNOWLEDGE OF THE INDIVIDUAL COMPONENTS MAY BE LIMITED. THIS EVALUATION DOES NOT GUARANTEE THE FUTURE PERFORMANCE OF THE SEWAGE TREATMENT SYSTEM.

FURTHER HEALTH DEPARTMENT RECOMMENDATIONS CAN BE FOUND ON THE CERTIFICATE OF REVIEW.

Property Evaluation Diagram

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INCLUDE: NORTH ARROW, HOME, SEPTIC SYSTEM, WATER WELL/ WATER LINE, DISTANCES, & HARDSCAPES

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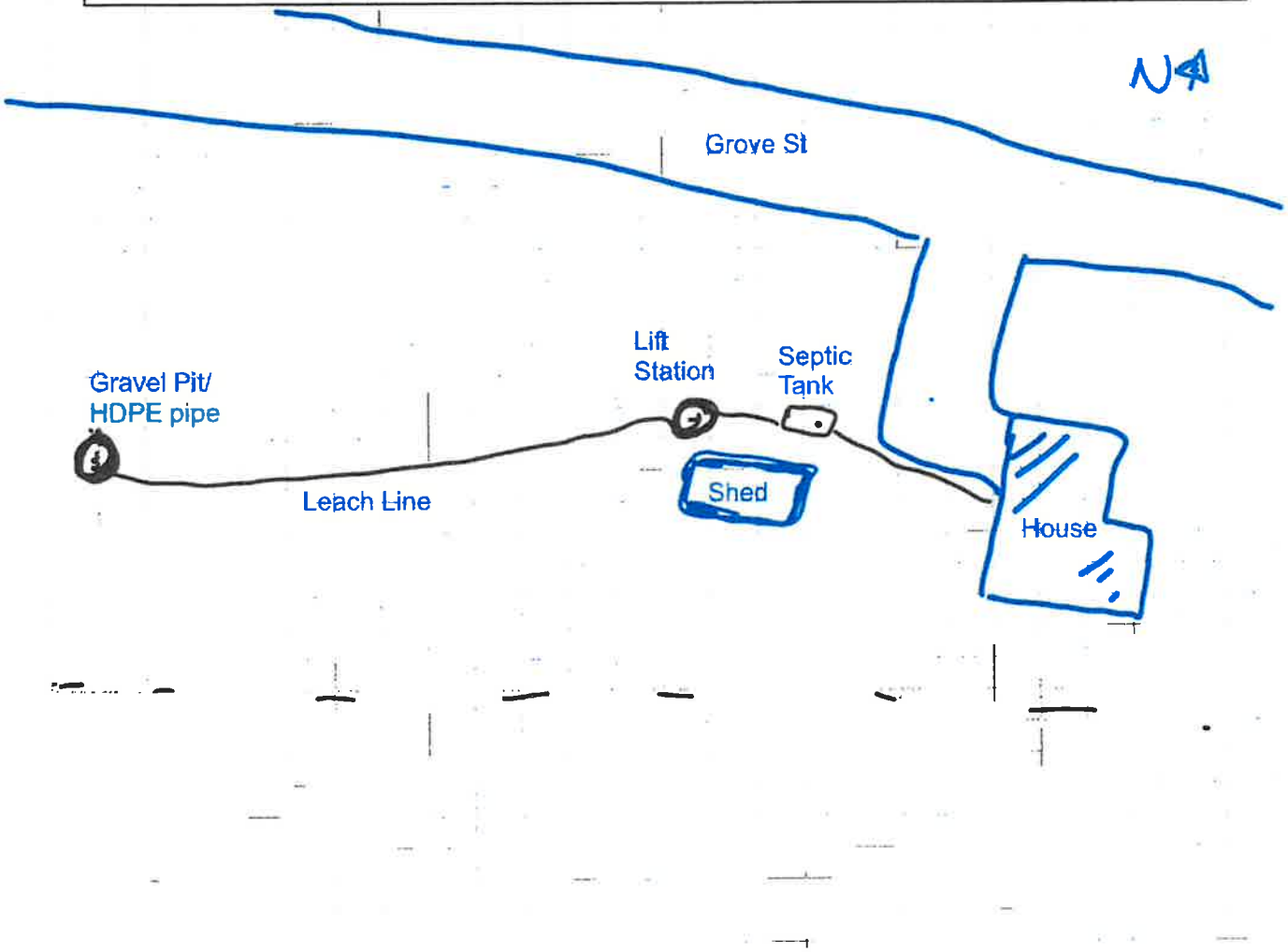

DISTANCES:	
PRIMARY TREATMENT TO FOUNDATION	43
PRIMARY TREATMENT TO DISPERSAL	100
PRIMARY TREATMENT TO WATER SOURCE	City
PRIMARY TREATMENT TO PROPERTY LINE	40
DISPERSAL TO FOUNDATION	100+
DISPERSAL TO WATER SOURCE	City
DISPERSAL TO PROPERTY LINE	25

DISTANCES (IF APPLICABLE):	
WATER SOURCE TO FOUNDATION	
WATER SOURCE TO PROPERTY LINE	

MARK N/A IF NOT APPLICABLE

DISTANCES (WHEN 100' OR LESS):	
DISPERSAL TO NEIGH-BORING WELL	
PRIMARY TREATMENT TO NEIGHBORING WELL	

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