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: 6335 MIDDLEBRANCH AVE NE
Parcel ID: 5205800
City: CANTON Zip: 44721
Township: PLAIN TOWNSHIP
Company: Skelley Septic Services LLC
Inspector: Ben Skelley
Inspection Date: 08/01/2026
Review #: 13963
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. This system consists of a 1,000 gallon septic tank, a distribution box, and 900 square feet of leach lines. 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. The distribution box was not accessible at the time of inspection. It's recommended to locate and uncover the box to determine its condition. The leach lines that were probed were reported to range from dry to moist, which indicates leaching capacity is present within them. Health Department records indicate 1,000 gallons of septage were pumped from this system on 2/9/24.

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

Final Approval By: Chris Novelli **Final Review Date:** 08/06/2026

☑ **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
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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: 6335 MIDDLEBRANCH AVE PARCEL #: 5205800

CITY: Canton ZIP: 44721 TOWNSHIP: Plain

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

BUYER: Kiko Auction 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: 59 YRS **AGE OF SYSTEM:** 59 YRS ____ UNK **NUMBER OF BEDROOMS:** 4

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):** 1000 Gallons

DATE TANK(S) LAST PUMPED: 2 years 2/9/24 **INFO SOURCE:** owner **PUMPER:** Atomic

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

IF AERATOR, SERVICE CONTRACT IS REQUIRED, PROVIDER: _____

DISPERSAL TYPE: xLEACH LINES ____ LEACH WELL ____ LEACH BED ____ ET ____ FRENCH DRAIN ____ MOUND

____ DIRECT DISCHARGE ____ UNKNOWN ____ OTHER, see comments **SIZE:** 900 (FT / (SQ FT) / GAL)

OTHER DEVICES: NA 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)

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PROPERTY ADDRESS: 6335 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** 20" **LEACH TRENCH/BED DEPTH** 20-24"

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:** 40 MIN 240 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: Access to the inlet of the septic tank, but not the outlet or dbox.
Flow was constant through the tank today, with no visible issues in the leach line area.

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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
- _____ 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: [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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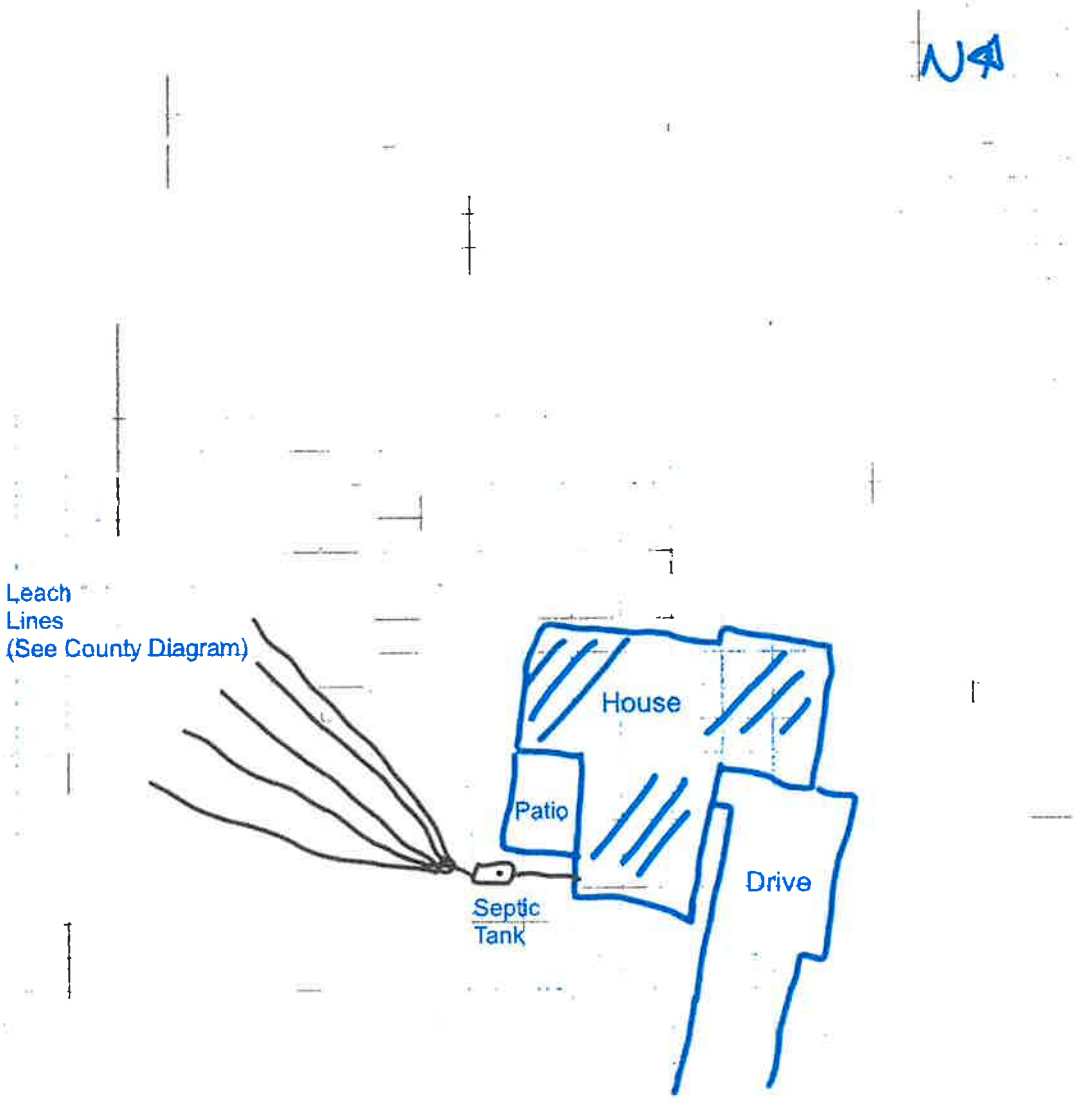

DISTANCES:	
PRIMARY TREATMENT TO FOUNDATION	23
PRIMARY TREATMENT TO DISPERSAL	5
PRIMARY TREATMENT TO WATER SOURCE	City
PRIMARY TREATMENT TO PROPERTY LINE	50
DISPERSAL TO FOUNDATION	35
DISPERSAL TO WATER SOURCE	City
DISPERSAL TO PROPERTY LINE	30

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 NEIGHBORING WELL	
PRIMARY TREATMENT TO NEIGHBORING WELL	

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