

# Sewage System Evaluation Certificate of Review

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

Address:	5041 ALABAMA AVE NW	Parcel ID:	2401428		
City:	NORTH LAWRENCE	Zip:	44666	Township:	LAWRENCE TOWNSHIP
Company:	Skelley Septic and Well	Inspector:	Ben Skelley		
Inspection Date:	01/28/2025	Review #:	12604		
Initial Review Date:	01/31/2025	Initial Review by:	Todd Ascani		

**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 treatment system.

Home is vacant. Therefore, the septic system has not been in use and may not show signs of defect, if any, until used. The average life expectancy of a septic system is 20-25 years. Recommend tank(s) to be pumped, if no written record in last three (3) years.

Please note the inspector's comments on the report. This system has two 1,000 gallon septic tanks, a distribution box and 900 square feet of leach lines. During the test, the flow through the septic tanks remained at an operating level. The presence of outlet tees in the septic tanks 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 leach lines that were probed were reported to be moist, which indicates leaching capacity is present within them but may also indicate the presence of seasonal water since the property has been vacant. The distribution box was not accessible and interested parties may choose to further investigate it to determine its condition. Health Department records indicate 2,000 gallons of septage was pumped from this system on 8/27/07 and it would be recommended to pump the tank if there is no record for pumping within the last three years. Recommend removing the water softener discharge from the septic system. Since the property has been vacant and the system has not been in use, interested parties may want to reinspect the system after it has been in full use.

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

**Final Approval By:** Todd Ascani

**Final Review Date:** 01/31/2025

**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.

## Sewage System Evaluation

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Submit completed form to [online@starkhealth.org](mailto:online@starkhealth.org)

INSPECTION WAS CONDUCTED BY: Skelley Septic and Well Inspections, LLC SERVICE PROVIDER #: 80  
 PROPERTY ADDRESS: 5041 ALABAMA AVE NW PARCEL #: 2401428  
 CITY: NORTH LAWRENCE ZIP: 44666 TOWNSHIP: LAWRENCE  
 OWNER: SCHULTZ PAULA M OWNER'S PHONE: \_\_\_\_\_  
 BUYER: Unknown-KIKO Auction BUYER'S PHONE: \_\_\_\_\_  
 PERSON RESPONSIBLE FOR ACCESS & TITLE: Owner/Realtor  
 PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL RESULTS TO: Skelleyspticandwell@gmail.com  
 (or) MAIL TO: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
 (or) FAX TO: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

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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: 47 YRS AGE OF SYSTEM: 50 YRS UNK NUMBER OF BEDROOMS: 3  
 AGE INFO FROM: \_\_\_\_\_ OWNER  HEALTH DEPT  AUDITOR \_\_\_\_\_ OTHER (see comments)  
 RECENT WEATHER CONDITIONS: 30 degrees/ snow cover  
 AT TIME OF INSPECTION HOUSE WAS: \_\_\_\_\_ # OCCUPIED \_\_\_\_\_ INTERMITTENT USE  VACANT  
 IF VACANT, HOW LONG? unknown

**PRIMARY TREATMENT:**  SEPTIC TANK \_\_\_\_\_ TRASH TRAP \_\_\_\_\_ OTHER VOLUME(S): 2-1000 gallons  
 DATE TANK(S) LAST PUMPED: unknown INFO SOURCE: \_\_\_\_\_ PUMPER: \_\_\_\_\_  
**SECONDARY TREATMENT:**  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 \_\_\_\_\_ UNKNOWN \_\_\_\_\_ OTHER, see comments SIZE: 900 ( **FT** / SQ FT / GAL )  
**OTHER DEVICES:** \_\_\_\_\_ 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: 5041 ALABAMA AVE NW TOWNSHIP: LAWRENCE

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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 24" LEACH TRENCH/BED DEPTH 30+"

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) ( 2 IN / 2 IN ) - DISTANCE FROM: ( RISER / TANK LID /  INLET )

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

TANK (#2) ( 2 IN / 2 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: 5 GPM RUN TIME: 36 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: Access to inlet of both septic tanks but not the outlets or the Dbox. Flow was constant through the system today with no visible nuisance observed in the leach line area. However, heavy snow cover present at time of inspection.

# Sewage System Evaluation

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PROPERTY ADDRESS: 5041 ALABAMA AVE NW

TOWNSHIP: LAWRENCE

**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.

  X   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.

  X   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.

  X   ADD RISERS TO SEPTIC TANK (S) TO FACILITATE PUMPING AND SERVICING.

  X   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: Recommend removing water softener discharge from the septic.

INSPECTOR'S SIGNATURE: \_\_\_\_\_



PRINT: Ben Skelley

INSPECTION DATE(S): 1/28/2025

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.**

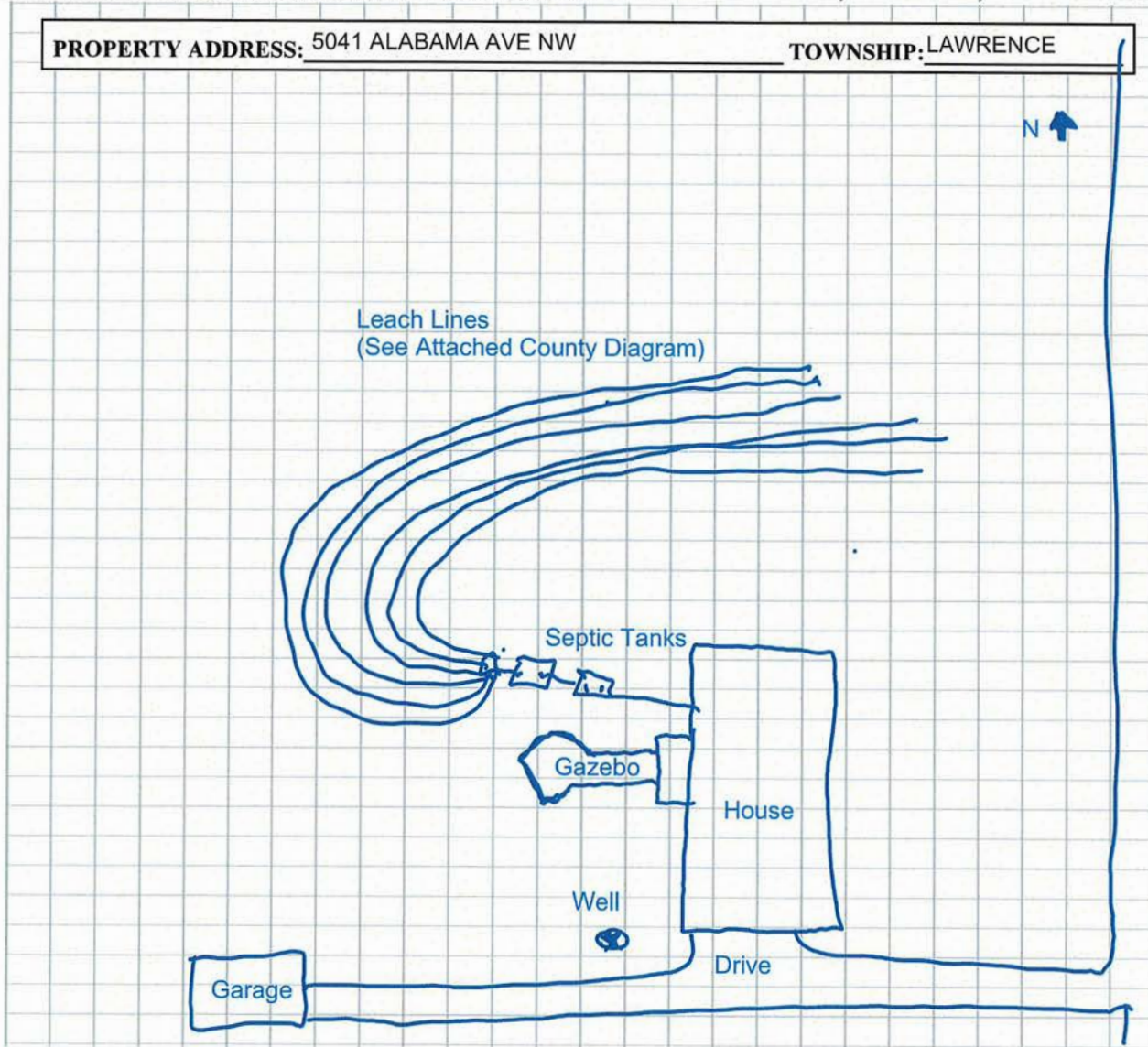
# Property Evaluation Diagram

Form provided by: Stark County Health Department

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

**PROPERTY ADDRESS:** 5041 ALABAMA AVE NW      **TOWNSHIP:** LAWRENCE



DISTANCES:	
PRIMARY TREATMENT TO FOUNDATION	21
PRIMARY TREATMENT TO DISPERSAL	10
PRIMARY TREATMENT TO WATER SOURCE	61
PRIMARY TREATMENT TO PROPERTY LINE	100
DISPERSAL TO FOUNDATION	50
DISPERSAL TO WATER SOURCE	70
DISPERSAL TO PROPERTY LINE	100

DISTANCES (IF APPLICABLE):	
WATER SOURCE TO FOUNDATION	12
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.):	

*a. m. if possible*

*Alan Rowe*  
Owner

Stark County General Health District

No. **B** 31958

DEPARTMENT OF SANITATION

CAUTION: Storm and Footer Drains Are Not Permitted to Drain to Sewage System. TWO SUMP PUMPS REQUIRED.

Fee \$           

**SEPTIC TANK AND DISPOSAL PERMIT**

OPERATIONAL PERMIT

All Permits Void One Year From Date of Issue. NOTE: Call for Inspection Before 9:30 A.M.

PERMIT IS HEREBY GRANTED to *Mr. Alan Rowe*

to install at *5041 - Alabama* *Low* Twp.

ALL PLUMBING AND SEWAGE DISPOSAL SHALL COMPLY WITH STARK COUNTY REGULATIONS. PERMITS MUST BE OBTAINED FROM STARK COUNTY HEALTH DEPARTMENT BEFORE INSTALLATION. RECOMMEND THAT SEPTIC TANKS BE CLEANED EVERY TWO (2) YEARS BY A LICENSED SANITARY SERVICE CO.

TREATMENT SYSTEM TWO (2) 1000 GALLON SEPTIC TANKS *for grading in*

IN SERIES AND 900 LINEAL FEET *in the area*

OF TWO FEET (2') WIDE LEACHING TRENCHES. *no more than 10" of cover*

ALL WORK TO BE DONE IN ACCORDANCE WITH STATE AND STARK COUNTY HEALTH REQUIREMENTS ALL WORK MUST BE INSPECTED AND APPROVED BEFORE COVERING.

IN WITNESS WHEREOF, I have hereunto set my hand this 15 day of April, 19 25

STARK COUNTY GENERAL HEALTH DISTRICT

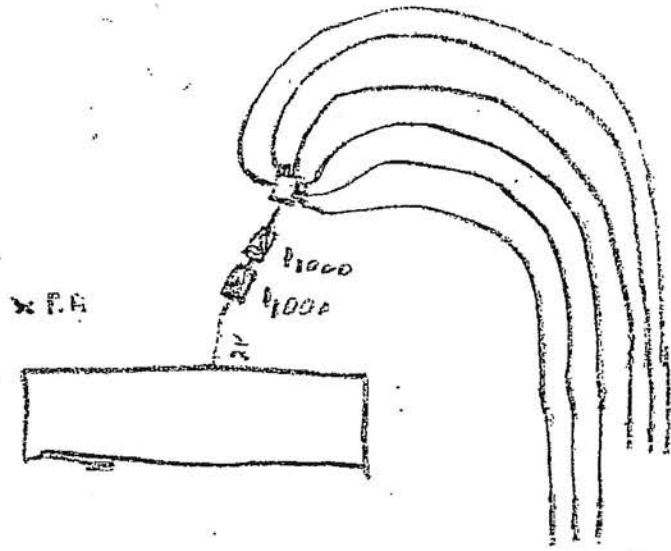
This permit issued only on the basis that within 6 months after sanitary sewer becomes accessible to these premises, this permit is void, and those premises shall be connected to the sanitary sewer.

ISSUED BY:

APPROVED:

*J. Shelby*  
Sanitarian

DATE: *4/15/25*



*ALABAMA* *10* →