



Household Sewage and/or Private Water System Evaluation Exemption Form

PROPERTY ADDRESS: _____ PARCEL I.D.: _____
CITY: _____ ZIP: _____ TOWNSHIP: _____
OWNER'S NAME: _____ OWNER'S PHONE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
OWNER'S REALTOR NAME: _____ REALTOR'S PHONE: _____
BUYER'S NAME: _____ BUYER'S PHONE: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
BUYER'S REALTOR NAME: _____ REALTOR'S PHONE: _____
YEAR OF HOME CONSTRUCTION (IF KNOWN): _____
ANTICIPATED DATE OF PROPERTY TRANSFER: _____
PROPERTY HAS: ☒ HOME SEWAGE TREATMENT SYSTEM ☐ SANITARY SEWER
☐ PRIVATE WATER SYSTEM ☐ PUBLIC WATER

REASON FOR EXEMPTION REQUEST:

- ☐ Property has had a new or replacement Private Water System and has been approved by the MCDBOH within 12 months preceding the date of property transfer.
- ☐ Property is accessible to a public water source. Provide a letter from the public water entity stating that the property is accessible for connection and a notarized statement from the buyer agreeing to connect and abandon the private water well within 45 days of transfer.
- ☒ Property has had a new or replacement HSTS and has been approved by the MCDBOH within 12 months preceding the date of property transfer.
- ☐ Property has had a point of sale evaluation conducted greater than 12 months, but less than 18 months prior to transferring and has the same occupancy, owner and usage as during the initial evaluation.
- ☐ Property will be accessible to sanitary sewer within 6 months of the date of property transfer (letter from sanitary engineers confirming such availability and a notarized statement from the buyer agreeing to connect to the sanitary sewer system within 60 days of availability must accompany this form).
- ☐ Property is accessible to sanitary sewer (letter from Mahoning County Sanitary Engineers confirming accessibility and a notarized statement from the buyer agreeing to connect to the sanitary sewer within 60 days of transfer must accompany this form).

This form must be signed by the Seller and Buyer (if available) and submitted to the MCDBOH prior to the closing of the real estate transaction.

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

Buyer(s) _____ Date: _____

Seller(s) _____ Date: _____

On Behalf of the District Board of Health Mahoning County, waiver approved.

By: _____ Title: _____ Date: _____

SUBMIT FORM TO: Mahoning County District Board of Health

50 Westchester Drive, Youngstown, OHIO 44515

PHONE (330) 270-2855 FAX (330) 270-2859 www.mahoninghealth.org

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4153 CANFIELD ROAD
STREET NAME

CANFIELD TWP.
POLITICAL SUBDIVISION

GL 16 DIV 4 CANFIELD
SUB LOT / PERMANENT PARCEL NUMBER

DEVELOPMENT

12862 08/01/2017
SITE ID# DATE RECEIVED

ANDERSON, NORMA
NAME

NEW/ALTERATION/REPLACEMENT R

DESIGNER

SUBMISSION DATE APPROVAL DATE

SOIL TYPE (in area of system)

Soil Survey Date

2017072
SEWAGE PERMIT NUMBER

CHARLIE HOFFMAN SEPTIC SERVICE
INSTALLER

1-330-584-5466 1-330-719-5513
INSTALLER'S PHONE INSTALLER'S CELL

8/2/17 8/14/17
CONST. APPROVAL FINAL APPROVAL

AUDIT 80801

3
OF BEDROOMS BUFRANO, GENEVIEVE
PERMIT ISSUED BY

CATEGORY: ON-LOT

SYSTEM TYPE: 1. SOIL ABSORPTION

SYSTEM DESC: 10. SEPTIC TANK TO LEACH

WATER SOURCE: city (wells)

LOCATION:

VARIANCE:

NPDES DATE: 1/1

PRIMARY
TANKS: 2 PRIMARY TANK (gal): 1500

TOTAL CAPACITY: 2000 gallon

AEROBIC TYPE:

RISERS: 1 PUMP CYCLE:

SEPTIC TANK MFG: Quaker City

PRIMARY TREATMENT DESCRIPTION: Tuff Tite

MANUFACTURER OF FILTER:

SERVICE FREQUENCY INTERVAL:

SECONDARY

MFG AEROBIC:

AEROBIC FILTER TYPE:

FILTER MEDIA:

FILTER TYPE:

SQ. FT. LENGTH WIDTH

SERVICE FREQUENCY INTERVAL

DISPERSAL

DISTRIBUTION TYPE: Leaky Trenches

1440 6 lines @ 120' 2" wide 18" deep
SQ. FT. LENGTH WIDTH DEPTH

DIST. DEVICE MFG:

SPLITTER BOX: GRAVELESS:

SERVICE FREQUENCY INTERVAL

OTHER DEVICES

PUMPS: DRAINS:

PUMP TYPE: DEGREES:

TIME DOSING: DRAIN PUMP:

PRESS. DOSING: PUMP TANK:

DEMAND DOSING:

GRAVITY ONLY:

DISPOSAL

DISCHARGE: CHLORINATOR:

DISCHARGE: ULTRAVIOLET:

DECHLORINATOR:

CAPACITY: 0

DISCHARGE TO:

DISCHARGE TYPE:

HOLDING

TANKS: HIGH WATER ALARM:

CAPACITY:

REASON:

O/M FREQUENCY

Inspector's Signature

35-H161-497

Contract Proposal

PITT CONTRACTING INC.

Residential Home Improvements

3478 Tall Oaks Lane

Youngstown, Ohio 44511

330-779-0360

0356

Proposal submitted to:

Norma Coe Anderson

(330)

207-4701 cell

3-14-06

Name

4153 Canfield Rd.

Phone:

Date:

Street:

Canfield, OH, 44406

Job Name

792-1053

City, State, and Zip

Job Location

Architect

Date of Plan

Job Phone

1) Overhangs (Gable) + Roof: Remove and Install new: Wood Tensile + Groove Soffit, Gable Facia Boards (18' each), 1x3 Facia, Tar paper, Shingles, Primer + Paint, Gutter (seamless), 4 individual holes in Roof and/or Shingles

2) Trellis: Repair + Replace Damaged Pieces, Prime + Paint,

3) Asphalt: Remove Debris and Broken Pieces, Fill with Cold Patch

4) Copula and Weather Vane: Install on Roof Peak, Prime + Paint

MATERIALS CHARGE = \$1110.00

LABOR CHARGE = \$1200.00

TOTAL JOB COST = \$2310.00

We propose hereby to furnish material and labor complete for the sum of: \$

Payment to be made as follows:

All material is guaranteed to be as specified. All work to completed in a workman-like manner according to standard procedures. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. All legal disputes are governed by the laws of the State of Ohio

Authorized signature: _____

Note: This proposal may be withdrawn by us if not

accepted within _____ days

Acceptance of Contract - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date of Acceptance: _____

Contractors Signature

Dennis Pitt

Customers Signature

Norma Coe Anderson

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PITT CONTRACTING INC.

Residential Home Improvements

3478 Tall Oaks Lane
 Youngstown, Ohio 44511
 330-779-0360

Proposal submitted to:

Norma Coe Anderson

3-14-06

Name

4153 Canfield Rd

Phone:

792-1053

Date:

Street:

Canfield, OH, 44406

Job Name

City, State, and Zip

Job Location

Architect

Date of Plan

Job Phone

MATERIALS: 2-2x8x18' Fasia = 35.00

5-1x3x8' Fasia = 20.00

1-roll Tar paper = 15.00

2 1/3 sq- shingles = 110.00

10-12' T+G Barn Siding = 100.00

Primer + Paint = 40.00

Nails, screws, staples, etc = 50.00

Gutter, Ends, spouts, etc = 65.00

Dumpster = 150.00

Cold Patch = 25.00 = 610.00

Weather Vane = 50.00

Cocopala = 450.00

\$1110.00**TOTAL COST OF MATERIALS**

We propose hereby to furnish material and labor complete for the sum of: \$

Payment to be made as follows:

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Authorized signature:

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Date of Acceptance: _____

Contractors Signature

Dan C. Pitt

Customers Signature