

Tuscarawas County, Ohio

Parcel: 19-00307-000

SUMMARY

Owner	KLAPPER FRANK H TRUSTEEOF THE IDA K KLAPPER REVOCABLE TRUST 128 DALE AVENUE NW STRASBURG OH 44680 USA	Taxpayer	KLAPPER FRANK H 128 DALE AVENUE NW STRASBURG OH 44680 USA
Tax District	19-FRANKLIN TWP-STRASBURG-FRANKLIN SD	Class	510-SINGLE FAMILY OWNER OCCUPIED
School District	STRASBURG-FRANK SD	Subdivision	
Location	6921 NW WINFIELD STRASBURG RD	Legal	WHOLE 47
CD Year		25.01 / 93000	Acres
Ag Year	Map # / Routing #		Sold
Sales Amount	Ag District	1482	Page
	Volume		08/14/2015
			370

CHARGE

	Prior	1st Half	2nd Half	Total
Tax	0.00	957.70	957.70	1,915.40
Special	0.00	3.00	3.00	6.00
Total	0.00	960.70	960.70	1,921.40
Paid	0.00	960.70	960.70	1,921.40
Due	0.00	0.00	0.00	0.00
Escrow				0.00

VALUE

	Appraised	Assessed
Land	27,700	9,700
Improvement	107,650	37,680
Total	135,350	47,380
CAUV	0	0
Homestead	N	
OOC	Y	
	135,350	47,380

TRANSFER HISTORY

Date	Buyer	Conveyance	Deed Type	Land Only	Sales Amount	Valid
08/14/2015	KLAPPER FRANK H TRUSTEEOF THE IDA K KLAPPER REVOCABLE TRUST	901110	AFFIDAVIT	N	\$0	N
05/17/2007	KLAPPER IDA K - TRUSTEE IDA K KLAPPER REVOCABLE TR	90669	WARRANTY DEED	N	\$0	N

LAND

Type	Dimensions	Description	Value
FR-FRONT LOT	100.000 X 150.000	Eff Front X Eff Depth	27,700

DWELLING

Card 1	Style	Stories	Rec Room Area	Finished Basement	Rooms	Bed Rooms	Other Fixtures	Heating	Cooling	Grade	Fireplace Openings	Fireplace Stacks	Living Area	Appraised Value
01-SINGLE FAMILY	Family Rooms	1.00	900	0	6	3		1	0	1961	2	1	1,458	107,650
	Dining Rooms			0	Full Baths	Half Baths	Other Fixtures	0						
	Year Built			0	Year Remodeled									

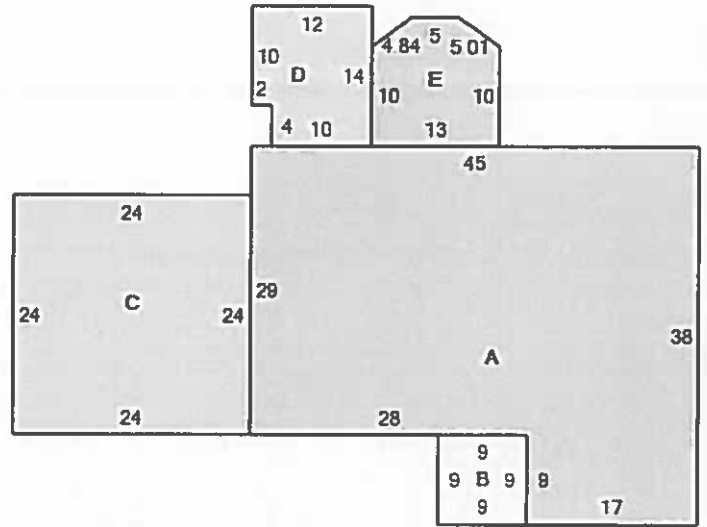
UTILITIES

Water	N	Sewer	N	Electric	N	Gas	N	Well	N	Septic	N
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SKETCH

Card 1

Name	Description	Size
A	1SB/.5B	1,458
B	OFF	81
C	2CBG	576
D	WDDK	160
E	EFP	156





November 26, 2018



STATE OF OHIO
DEPARTMENT OF COMMERCE

2013

RESIDENTIAL PROPERTY DISCLOSURE FORM

6921 Winfield Strasburg Rd NW

Purpose of Disclosure Form: This is a statement of certain conditions and information concerning the property actually known by the owner. An owner may or may not have lived at the property and unless the potential purchaser is informed in writing, the owner has no more information about the property than could be obtained by a careful inspection of the property by a potential purchaser. Unless the potential purchaser is otherwise informed, the owner has not conducted any inspection of generally inaccessible areas of the property. This form is required by Ohio Revised Code Section 5302.30.

THIS FORM IS NOT A WARRANTY OF ANY KIND BY THE OWNER OR BY ANY AGENT OR SUBAGENT REPRESENTING THE OWNER. THIS FORM IS NOT A SUBSTITUTE FOR ANY INSPECTIONS. POTENTIAL PURCHASERS ARE ENCOURAGED TO OBTAIN THEIR OWN PROFESSIONAL INSPECTION(S).

Owner's Statement: The statements contained in this form are made by the owner and are not the statements of the owner's agent or subagent. The statements contained in this form are provided by the owner only to potential purchasers in a transfer made by the owner. The statements are not for purchasers in any subsequent transfers. The information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law to be disclosed in the transfer of residential real estate.

OWNER INSTRUCTIONS

Instructions to Owner: (1) Answer ALL questions. (2) Report known conditions affecting the property. (3) Attach additional pages with your signature if additional space is needed. (4) Complete this form yourself. (5) If some items do not apply to your property, write NA (not applicable). If the item to be disclosed is not within your actual knowledge, indicate Unknown.

X
Owner's Initials JK Date _____
Owner's Initials _____ Date _____

Purchaser's Initials _____ Date _____
Purchaser's Initials _____ Date _____



STATE OF OHIO DEPARTMENT OF COMMERCE

2013

RESIDENTIAL PROPERTY DISCLOSURE FORM

Pursuant to section 5302.30 of the Revised Code and rule 1301:5-6-10 of the Administrative Code.

TO BE COMPLETED BY OWNER (Please Print)

Property Address:

6921 Winfield Strasburg Rd NW

Owners Name(s):

Frank Wagner

Date: 11-12, 2012

Owner is not occupying the property. If owner is occupying the property, since what date:

If owner is not occupying the property, since what date: + 2013

THE FOLLOWING STATEMENTS OF THE OWNER ARE BASED ON OWNER'S ACTUAL KNOWLEDGE

A) WATER SUPPLY: The source of water supply to the property is (check appropriate boxes):

- Public Water Service, Private Water Service, Private Well, Shared Well, Holding Tank, Cistern, Spring, Pond, Unknown, Other

Do you know of any current leaks, backups or other material problems with the water supply system or quality of the water? No

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household) Yes No

B) SEWER SYSTEM: The nature of the sanitary sewer system servicing the property is (check appropriate boxes):

- Public Sewer, Leach Field, Unknown, Private Sewer, Aeration Tank, Other, Septic Tank, Filtration Bed

If not a public or private sewer, date of last inspection: Inspected By:

Do you know of any previous or current leaks, backups or other material problems with the sewer system servicing the property? Yes No

Information on the operation and maintenance of the type of sewage system serving the property is available from the department of health or the board of health of the health district in which the property is located.

C) ROOF: Do you know of any previous or current leaks or other material problems with the roof or rain gutters? Yes No

NEW ROOF ± 2-3 YRS

D) WATER INTRUSION: Do you know of any previous or current water leakage, water accumulation, excess moisture or other defects to the property, including but not limited to any area below grade, basement or crawl space? Yes No

If "Yes", please describe and indicate any repairs completed:

Owner's Initials Date

Purchaser's Initials Date

Property Address 6921 Winfield Strasburg Rd NW

Do you know of any water or moisture related damage to floors, walls or ceilings as a result of flooding; moisture seepage; moisture condensation; ice damming; sewer overflow/backup; or leaking pipes, plumbing fixtures, or appliances? Yes No
If "Yes", please describe and indicate any repairs completed: _____

Have you ever had the property inspected for mold by a qualified inspector? Yes No
If "Yes", please describe and indicate whether you have an inspection report and any remediation undertaken: _____

Purchaser is advised that every home contains mold. Some people are more sensitive to mold than others. If concerned about this issue, purchaser is encouraged to have a mold inspection done by a qualified inspector.

E) STRUCTURAL COMPONENTS (FOUNDATION, BASEMENT/CRAWL SPACE, FLOORS, INTERIOR AND EXTERIOR WALLS): Do you know of any previous or current movement, shifting, deterioration, material cracks/settling (other than visible minor cracks or blemishes) or other material problems with the foundation, basement/crawl space, floors, or interior/exterior walls?
 Yes No If "Yes", please describe and indicate any repairs, alterations or modifications to control the cause or effect of any problem identified (but not longer than the past 5 years): _____

Do you know of any previous or current fire or smoke damage to the property? Yes No
If "Yes", please describe and indicate any repairs completed: _____

F) WOOD DESTROYING INSECTS/TERMITES: Do you know of any previous/current presence of any wood destroying insects/termites in or on the property or any existing damage to the property caused by wood destroying insects/termites? Yes No
If "Yes", please describe and indicate any inspection or treatment (but not longer than the past 5 years): _____

G) MECHANICAL SYSTEMS: Do you know of any previous or current problems or defects with the following existing mechanical systems? If your property does not have the mechanical system, mark N/A (Not Applicable).

	YES	NO	N/A		YES	NO	N/A
1) Electrical	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8) Water softener	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3) Central heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9) Security System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4) Central Air conditioning	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is security system leased?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) Central vacuum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6) Fireplace/chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Lawn sprinkler	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12) Other mechanical systems	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs to the mechanical system (but not longer than the past 5 years): Sprinkler hasn't been used for years

H) PRESENCE OF HAZARDOUS MATERIALS: Do you know of the previous or current presence of any of the below identified hazardous materials on the property?

	Yes	No	Unknown
1) Lead-Based Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Urea-Formaldehyde Foam Insulation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4) Radon Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a. If "Yes", indicate level of gas if known _____			
5) Other toxic or hazardous substances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe and indicate any repairs, remediation or mitigation to the property: _____

Owner's Initials AA Date _____
Owner's Initials _____ Date _____

Purchaser's Initials _____ Date _____
Purchaser's Initials _____ Date _____

Property Address 6921 Winfield Stansbury rd NW

I) UNDERGROUND STORAGE TANKS/WELLS: Do you know of any underground storage tanks (existing or removed), oil or natural gas wells (plugged or unplugged), or abandoned water wells on the property? Yes No
If "Yes", please describe: _____

Do you know of any oil, gas, or other mineral right leases on the property? Yes No

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to oil, gas, and other mineral rights. Information may be obtained from records contained within the recorder's office in the county where the property is located.

J) FLOOD PLAIN/LAKE ERIE COASTAL EROSION AREA:
Is the property located in a designated flood plain? Yes No Unknown
Is the property or any portion of the property included in a Lake Erie Coastal Erosion Area? Yes No Unknown

K) DRAINAGE/EROSION: Do you know of any previous or current flooding, drainage, settling or grading or erosion problems affecting the property? Yes No
If "Yes", please describe and indicate any repairs, modifications or alterations to the property or other attempts to control any problems (but not longer than the past 5 years): _____

L) ZONING/CODE VIOLATIONS/ASSESSMENTS/HOMEOWNERS' ASSOCIATION: Do you know of any violations of building or housing codes, zoning ordinances affecting the property or any nonconforming uses of the property? Yes No
If "Yes", please describe: _____

Is the structure on the property designated by any governmental authority as a historic building or as being located in an historic district? (NOTE: such designation may limit changes or improvements that may be made to the property). Yes No
If "Yes", please describe: _____

Do you know of any recent or proposed assessments, fees or abatements, which could affect the property? Yes No
If "Yes", please describe: _____

List any assessments paid in full (date/amount) _____
List any current assessments: _____ monthly fee _____ Length of payment (years _____ months _____)

Do you know of any recent or proposed rules or regulations of, or the payment of any fees or charges associated with this property, including but not limited to a Community Association, SID, CID, LID, etc. Yes No
If "Yes", please describe (amount) _____

M) BOUNDARY LINES/ENCROACHMENTS/SHARED DRIVEWAY/PARTY WALLS: Do you know of any of the following conditions affecting the property?

	Yes	No		Yes	No
1) Boundary Agreement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4) Shared Driveway	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2) Boundary Dispute	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5) Party Walls	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Recent Boundary Change	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6) Encroachments From or on Adjacent Property	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If the answer to any of the above questions is "Yes", please describe: _____

N) OTHER KNOWN MATERIAL DEFECTS: The following are other known material defects in or on the property: _____

For purposes of this section, material defects would include any non-observable physical condition existing on the property that could be dangerous to anyone occupying the property or any non-observable physical condition that could inhibit a person's use of the property.

Owner's Initials GA Date _____
Owner's Initials _____ Date _____

Purchaser's Initials _____ Date _____
Purchaser's Initials _____ Date _____

Property Address

6921 Winfield Strasburg Rd NW

CERTIFICATION OF OWNER

Owner certifies that the statements contained in this form are made in good faith and based on his/her actual knowledge as of the date signed by the Owner. Owner is advised that the information contained in this disclosure form does not limit the obligation of the owner to disclose an item of information that is required by any other statute or law or that may exist to preclude fraud, either by misrepresentation, concealment or nondisclosure in a transaction involving the transfer of residential real estate.

OWNER: *Frank Blagov*
OWNER: _____

DATE: _____
DATE: _____

RECEIPT AND ACKNOWLEDGEMENT OF POTENTIAL PURCHASERS

Potential purchasers are advised that the owner has no obligation to update this form but may do so according to Revised Code Section 5302.30(G). Pursuant to Ohio Revised Code Section 5302.30(K), if this form is not provided to you prior to the time you enter into a purchase contract for the property, you may rescind the purchase contract by delivering a signed and dated document of rescission to Owner or Owner's agent, provided the document of rescission is delivered prior to all three of the following dates: 1) the date of closing; 2) 30 days after the Owner accepted your offer; and 3) within 3 business days following your receipt or your agent's receipt of this form or an amendment of this form.

Owner makes no representations with respect to any offsite conditions. Purchaser should exercise whatever due diligence purchaser deems necessary with respect to offsite issues that may affect purchaser's decision to purchase the property.

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to Ohio's Sex Offender Registration and Notification Law (commonly referred to as "Megan's Law"). This law requires the local Sheriff to provide written notice to neighbors if a sex offender resides or intends to reside in the area. The notice provided by the Sheriff is a public record and is open to inspection under Ohio's Public Records Law. If concerned about this issue, purchaser assumes responsibility to obtain information from the Sheriff's office regarding the notices they have provided pursuant to Megan's Law.

Purchaser should exercise whatever due diligence purchaser deems necessary with respect to abandoned underground mines. If concerned about this issue, purchaser assumes responsibility to obtain information from the Ohio Department of Natural Resources. The Department maintains an online map of known abandoned underground mines on their website at www.dnr.state.oh.us.

I/WE ACKNOWLEDGE RECEIPT OF A COPY OF THIS DISCLOSURE FORM AND UNDERSTAND THAT THE STATEMENTS ARE MADE BASED ON THE OWNERS ACTUAL KNOWLEDGE AS OF THE DATE SIGNED BY THE OWNER.

My/Our Signature below does not constitute approval of any disclosed condition as represented herein by the owner.

PURCHASER: _____ DATE: _____

PURCHASER: _____ DATE: _____



AGENCY DISCLOSURE STATEMENT



The real estate agent who is providing you with this form is required to do so by Ohio law. You will not be bound to pay the agent or the agent's brokerage by merely signing this form. Instead, the purpose of this form is to confirm that you have been advised of the role of the agent(s) in the transaction proposed below. (For purposes of this form, the term "seller" includes a landlord and the term "buyer" includes a tenant.)

Property Address: 6921 Winfield Strasburg Rd NW

Buyer(s): _____

Seller(s): KLAPPER

I. TRANSACTION INVOLVING TWO AGENTS IN TWO DIFFERENT BROKERAGES

The buyer will be represented by _____, and _____
AGENT(S) BROKERAGE

The seller will be represented by _____, and _____
AGENT(S) BROKERAGE

II. TRANSACTION INVOLVING TWO AGENTS IN THE SAME BROKERAGE

If two agents in the real estate brokerage _____ represent both the buyer and the seller, check the following relationship that will apply:

- Agent(s) _____ work(s) for the buyer and Agent(s) _____ work(s) for the seller. Unless personally involved in the transaction, the broker and managers will be "dual agents", which is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information.
- Every agent in the brokerage represents every "client" of the brokerage. Therefore, agents _____ and _____ will be working for both the buyer and seller as "dual agents". Dual agency is explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____

III. TRANSACTION INVOLVING ONLY ONE REAL ESTATE AGENT

Agent(s) Dan WALLICK and real estate brokerage McIntire Realty will

- be "dual agents" representing both parties in this transaction in a neutral capacity. Dual agency is further explained on the back of this form. As dual agents they will maintain a neutral position in the transaction and they will protect all parties' confidential information. Unless indicated below, neither the agent(s) nor the brokerage acting as a dual agent in this transaction has a personal, family or business relationship with either the buyer or seller. *If such a relationship does exist, explain:* _____

represent only the (check one) seller or buyer in this transaction as a client. The other party is not represented and agrees to represent his/her own best interest. Any information provided the agent may be disclosed to the agent's client.

CONSENT

I (we) consent to the above relationships as we enter into this real estate transaction. If there is a dual agency in this transaction, I (we) acknowledge reading the information regarding dual agency explained on the back of this form.

BUYER/TENANT _____ DATE _____

Frank Wagner
SELLER/LANDLORD _____ DATE _____

BUYER/TENANT _____ DATE _____

SELLER/LANDLORD _____ DATE _____

Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards

Property Address 6921 Winfield Sturtevant Rd NW

Lead Warning Statement

Every purchaser of any interest in residential real property on which a residential dwelling was built prior to 1978 is notified that such property may present exposure to lead from lead-based paint that may place young children at risk of developing lead poisoning. Lead poisoning in young children may produce permanent neurological damage, including learning disabilities, reduced intelligence quotient, behavioral problems, and impaired memory. Lead poisoning also poses a particular risk to pregnant women. The seller of any interest in residential real property is required to provide the buyer with any information on lead-based paint hazards from risk assessments or inspections in the seller's possession and notify the buyer of any known lead-based paint hazards. A risk assessment or inspection for possible lead-based paint hazards is recommended prior to purchase.

Seller's Disclosure

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

(ii) Seller has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the seller (check (i) or (ii) below):

(i) Seller has provided the purchaser with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

(ii) Seller has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

Purchaser's Acknowledgment (Initial)

(c) Purchaser has received copies of all information listed above.

(d) Purchaser has received the pamphlet *Protect Your Family from Lead in Your Home*.

(e) Purchaser has (check (i) or (ii) below):

(i) received a 10-day opportunity (or mutually agreed upon period) to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards; or

(ii) waived the opportunity to conduct a risk assessment or inspection for the presence of lead-based paint and/or lead-based paint hazards.

Agent's Acknowledgment (Initial)

(f) AW Agent has informed the seller of the seller's obligations under 42 U.S.C. 4852(d) and is aware of his/her responsibility to ensure compliance.

Certification of Accuracy

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

Seller	<u>Frank Klapper</u>	Date	Seller	Date
Purchaser	<u>[Signature]</u>	Date	Purchaser	Date
Agent	<u>[Signature]</u>	Date	Agent	Date

TUSCARAWAS COUNTY GENERAL HEALTH DISTRICT

Application for Evaluation Home Sewage Treatment System or Point of Sale/Real Estate Transfer

Evaluation Requested Sewage Water (Coliform and E.Coli)

Location to be Evaluated:	
Owner Name:	IDA Klapper Rev. Tr, FRANK H. Klapper, Trustee
Address:	6921 NW Winfield Strasburg R.D
City/State/Zip Code:	Strasburg, OH 44680
Township:	Franklin Parcel ID#: 19-00307-000
Results to be Communicated and Mailed to:	
Name:	FRANK H. Klapper
Address:	128 DALE AVE NW
City/State/Zip Code:	STRASBURG, OH 44680
Township:	Franklin Parcel ID#: 19-00307-000
Phone number:	330-340-1409
Email address:	lollie.lap@yahoo.com

Home Information:	
Access to the home will be granted by:	FRANK Klapper / Jackie Biehl
Phone number:	330-340-1409
Number of bedrooms:	3 Date septic was last pumped: UNK
Age of septic system:	20 yrs
Year home was built:	1998 Is the house occupied: YES
Is all plumbing tied into the septic system:	YES

Add-Ons: (Additional fees apply) _____ Lead _____ Nitrates



Public Health
Prevent. Promote. Protect.

897 East Iron Avenue
Dover, Ohio 44622

PHONE (330) 343-5555
FAX (330) 343-1601
EMAIL director@tchdnow.org
WEB SITE www.tchdnow.org

Point of Sale / Real Estate Transfer Acknowledgement

*** PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING ***

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Health District archives, a visual inspection of accessible components of the sewage system, and/or in the case of off-lot systems; sample test results utilizing standard methods of wastewater analysis. I also understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the system at the time of the inspection and in no way guarantees the future performance of the system.

I understand that any of the following MAY HINDER a full evaluation of the system:

1. All components (septic/aeration tanks, lift station, distribution boxes) of the system are not uncovered and clearly visible to the Environmental Health Sanitarian, as is the responsibility of the homeowner or person requesting the evaluation.
2. No access to the property and house.
3. Excessive brush, grass, or ground cover.
4. For water tests, DO NOT CHLORINATE the well two (2) weeks prior to water sample.

In addition, it is understood that if either the well or septic system is determined to be failing, the owner will be REQUIRED to make necessary repairs to the sewage system.

Property location: 6921 Winfield Strasburg Rd

Twp: Franklin

Signature of Property Owner or Requestor: Frank Klappner

Date: 11/7/18

Department Use Only

Received By: _____

Date: _____

Fee Paid: _____

Receipt #: _____



Public Health
Prevent. Promote. Protect.

Tuscarawas County Health Department
Point of Sale Inspection

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

Company: G & C INSPECTIONS	<input checked="" type="checkbox"/> Private Water Contractor ODH Registration #: 3730
Inspector Name: MICHAEL CHEK	<input checked="" type="checkbox"/> Registered Service Provider TCHD Registration #: 18-SP-11
Phone Number: 330-407-0781	
Email Address: GAMCINSPECTIONS@GMAIL.COM	

Inspections Performed:	
<input checked="" type="checkbox"/> STS Inspection	Date of Inspection: 11-7-18
<input checked="" type="checkbox"/> PWS Inspection	Date of Inspection: 11-7-18
Water Analysis:	
<input checked="" type="checkbox"/> Bacteria	
	Lead
	Nitrate

11-19-18

Location Evaluated:	
Address: 6921 WINFIELD-STRAAS RD. NW	
City/State/Zip Code: STRASBURG OH	
Township: FRANKLIN	Parcel ID#: 19-00307-000
Results to be Communicated and Mailed to:	
Name: FRANK KLAPPER / JACKIE BIEHL	
Address:	
City/State/Zip Code:	
Township:	Parcel ID#:
Email address:	
Home Information:	
Number of bedrooms: 3	Date septic was last pumped: UNK
Lot size: UNDER ACRE	Age of septic system: 20 YRS
Year home was built: UNK.	Is the house occupied: YES

The Property Has (Check all that apply):	
<input checked="" type="checkbox"/>	HSTS
<input type="checkbox"/>	Municipal Sewer
<input checked="" type="checkbox"/>	PWS
<input type="checkbox"/>	Public Water

Records Available (If available attach to report)	
<input checked="" type="checkbox"/>	HSTS Records
<input type="checkbox"/>	PWS Records

The following observations are rendered without knowledge of some of the individual parts of the system(s) being evaluated. This report only applies to the date and time the inspection is conducted and does not guarantee the future performance of the system(s) evaluated. The boxes below only represent the conclusion of the inspector. For details, please read the entire report.

Based on the information available at the time of the inspection, the HSTS: _____ N/A

- _____ 1. Appears to be functioning as designed and no nuisance was observed.
- _____ 2. Is creating a nuisance and must be brought into compliance. See comments section for additional information and contact TCHD at (330) 343-5550.
- _____ 3. Due to vacancy, intermittent use, or lack of available water for testing purposes, the functionality of the STS cannot be determined at this time. A re-inspection is recommended once the structure is occupied for a minimum of 6 months.
- _____ 4. The system is a discharging STS. A sample port must be installed to determine effluent quality. A re-inspection is required.
5. Leach wells must be abandoned and system replaced when they create a nuisance.
- _____ 6. System falls under NPDES guidelines and therefore requires submission of application for transfer of NPDES Permit from the Ohio EPA, annual sampling, and maintenance of a service contract. Permit to be renewed on a 5 year cycle.
7. All of some system components unknown.
- _____ 8. System is designed to be alternated/diverted. This must be done regularly.
- _____ 9. Appears to have sewer available. Please contact local sewer authority to ensure sewer availability. If available, STS must be properly abandoned under permit and structure tied into sewer.

Based on the information available at the time of the inspection, the PWS: _____ N/A

1. Acceptable for the property.

2. Unacceptable for the property.

_____ Once the bacteriological acceptable sample result is received, the PWS will be considered acceptable for the property.

Inspector's Signature: _____



Date: 11-8-18

11-20-18

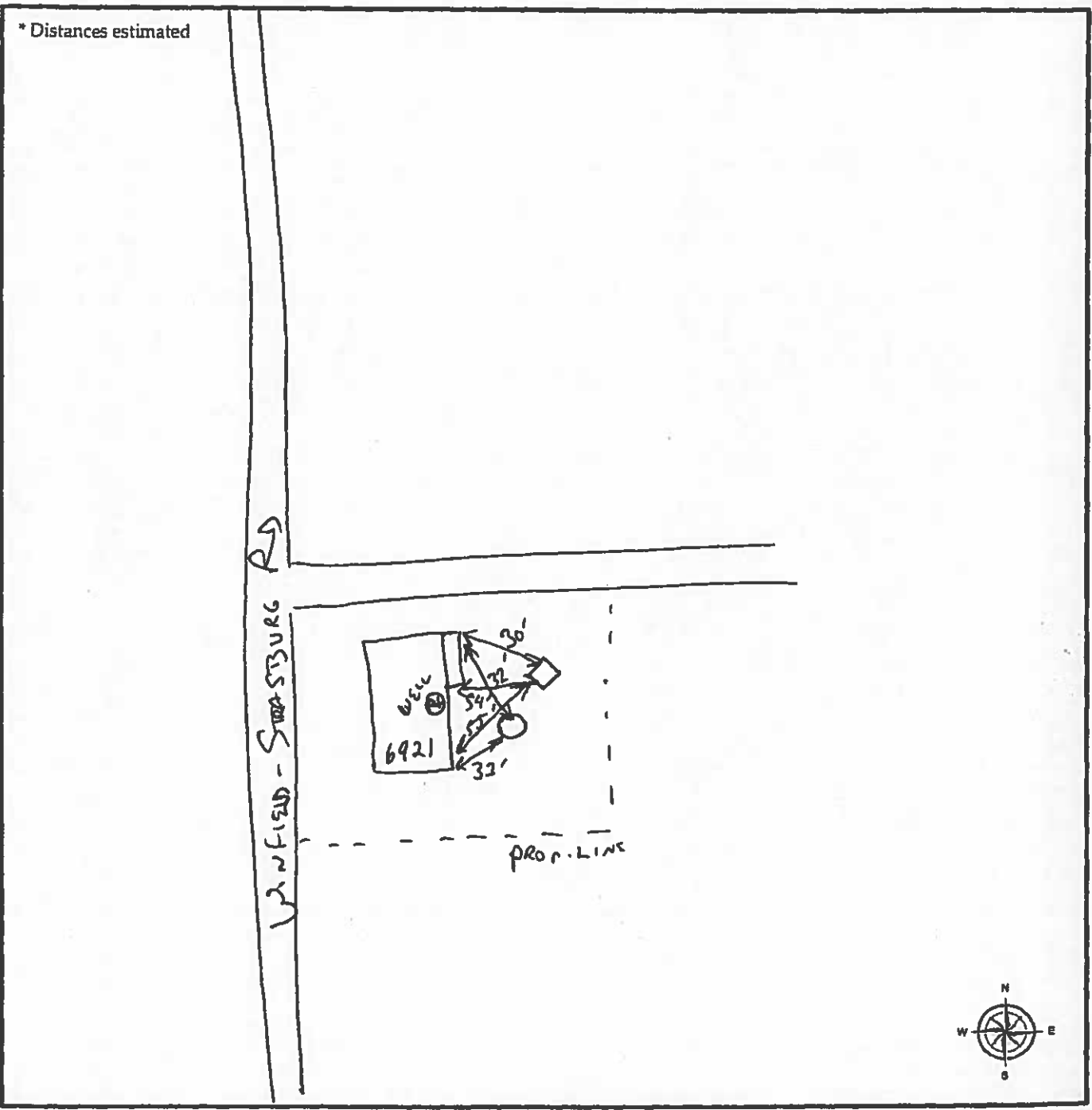
Amended

FRANKLIN

Property Address: 6921 Winfield - Strasburg Rd.

Diagram of the property, including the following:

1. Location of the house
2. Location of the PWS, STS, "city water" line and sanitary sewer line, as applicable.
3. Distances in feet between any and all of the above components as well as to the house, all property lines and any other notable features or structures on the property.



HSTS Inspection: N/A

Property Address: 6921 WINFIELD - STRASBURG RD.

Year STS was installed:	1998
Information Provided by: (owner, Health Dept, other)	HTUSE. Co. HEALTH DEPT
Variance issued for current system: (Y/N)	
At the time of inspection was house occupied: (Y/N)	
If Vacant, length of vacancy:	
Number of occupants living in the house in the last 3 months:	1

Septic Tank(s)	Tank 1 - Yes	Tank 1 - No	Tank 1 - N/A	Tank 2 - Yes	Tank 2 - No	Tank 2 - N/A
Inlets have risers to grade:	✓					
Outlets have risers to grade:		✓				
Outlet "T" is present:		UNK				
Baffles functioning:	INLET USE					

Tank 1 Size: 1500 gallons Tank 2 Size: _____ gallons

- System has an aerator component: Yes / No
 - If yes: Manufacturer: _____
 - System under current service contract Yes No
- Tank(s) were last pumped: Month UNK Year _____
- Water level in tank(s) and/or aerobic treatment device before any water use: Tank 1: WORKING LEVEL
Tank 2: _____
- Water level in tank(s) and/or aerobic treatment device after hydraulic loading: Tank 1: WORKING LEVEL
Tank 2: _____
- Volume of water used during hydraulic loading: ≈ 60 gallons
- System was dye tested: Yes / No
 - If yes, the location(s) the dye was placed: TOILET - GREY SINK - RSD

System Type:							
<input type="checkbox"/>	Tile Field	<input type="checkbox"/>	Spray Irrigation	<input checked="" type="checkbox"/>	Leach Well	<input type="checkbox"/>	Drip Distribution
<input type="checkbox"/>	Dry Bed/ Leach Area	<input type="checkbox"/>	Low Pressure Pipe Field	<input type="checkbox"/>	Mound	<input type="checkbox"/>	Discharging
<input type="checkbox"/>	Evapotranspiration	<input type="checkbox"/>	Unknown				

- System designed to alternate: Yes / No If yes, which side is currently in use: _____
- System has a filter bed: Yes / No If yes, the size is: _____

HSTS Inspection: (continued)

Property Address: 6921 WINFIELD-STRASTBURG RD. NW

Location of the observed discharge: NONE

The discharge was not observable due to: _____

A sample of the discharge was collected: Yes / No If yes, the sample results are attached to this report

Quality / description of the observable discharge:			
<input type="checkbox"/>	Clear	<input type="checkbox"/>	Cloudy
<input type="checkbox"/>	Septic	<input type="checkbox"/>	Musty
<input type="checkbox"/>	Grey	<input type="checkbox"/>	Odorless
<input type="checkbox"/>	Black	<input checked="" type="checkbox"/>	None

Is wastewater is properly routed Yes / No If no, see the comments below for details.

Inspection comments and additional observation:

_____ This STS falls under EPA guidelines and requires submission of an application for Ohio's EPA's National Pollutant Discharging Elimination (NPDES) permit. This permit will require annual sampling of the discharge as well as a service contract with a registered service provider.

All or some of the STS components are unknown and could not be evaluated during this inspection.

_____ This STS is designed to be alternated or diverted. This must be performed every 6 months.

This HSTS was difficult to evaluate due to:

_____ Dense overgrowth _____ Snow cover _____ Significant rain fall or snow melt

Inaccessibility _____ Lack of Records

_____ Other : _____

Comments: _____

On average, a STS or septic system properly treats wastewater for about 20-25 years before needing to be replaced. Changes to the number of occupants, water usage or the rerouting of plumbing may affect the future performance of the system.

PWS: _____ N/A

Property Address: 6921 WINFIELD - STRASBURG.

Name of contractor who constructed the PWS: UNK

Year the PWS was constructed: UNK

A variance was issued for the current PWS: Yes / No / Unknown

PWS Type:		
<input checked="" type="checkbox"/>	Drilled well	Spring
<input type="checkbox"/>	Driven well	Pond
<input type="checkbox"/>	Dug well	Hauled water storage
<input type="checkbox"/>	Cistern	Other:

PWS Observed to be:		
<input type="checkbox"/>	Outside the foundation	Exposed _____ inches above grade
<input checked="" type="checkbox"/>	Inside the foundation	Unable to locate
<input type="checkbox"/>	In a well pit	Other:

Type of Casing:	
<input checked="" type="checkbox"/>	Steel
<input type="checkbox"/>	Plastic
<input type="checkbox"/>	Other:

Casing length: UNK feet Casing diameter: _____ inches Depth of well: UNK feet

Well cap is:		
<input type="checkbox"/>	Vermin Proof	Non-vermin Proof
<input checked="" type="checkbox"/>	Well Seal	Unknown

Electrical Conduit is seated in the well cap: Yes / No / N/A

Visible signs of a non-sealed cap are observed: Yes / No / N/A

If yes, explain: _____

Atmospheric water storage or reservoir tank(s) use: Yes / No / If yes, # of tanks: _____

Approximate size: _____ gallons each Location of tanks: _____

Type of pump: submersible , Jet- location: _____

Is PWS accessible for cleaning with a drilling rig: Yes / No / Unknown

PWS: N/A

Property Address: 6921 W. NFIELD - STRASBURG RD. NW

Is the PWS accessible for chlorination: (Yes) / No / Unknown

If no, the reason is: _____

Continuous disinfection is used: Yes / (No)

If yes, the type is: _____ Chlorine _____ UV light _____ Other: _____

For cisterns only, roof washers are in place: Yes / No / Unknown

If yes, how many: _____

For cisterns and hauled water storage tanks, the tank(s) are water tight and protected from potential sources of contamination: Yes / No / Unknown

If no, the reason is: _____

Flow rates: (in gallons per minute)

Initial flow rate at the beginning of the inspection: 6 GPM 11-19-18 REINSPECTION

Flow rate after 35 minutes of flow: _____ 1 1/2 GPM

Location of the flow rate measurement: TUB & SINK SEE NOTES 1 1/2 GPM

Pump cavitated or stopped pumping water during measurement: Yes / No SEE NOTES SINK ONLY

Water Sample Screening Results:

Chlorine: NO DETECT parts per million

Nitrate: NO DETECT parts per million

Lead: Hours since water was last used: _____

Sample collected: _____ at first draw or X after purging system SEE NOTES

Sample Type:	Date:	Location of Sample:	Lab Result:	Conclusion (Acceptable / Unacceptable)
11-7-18	GRAB	OUTSIDE	0/0	ACCEPTABLE
11-19-18	GRAB	BATH SINK	0/0	ACCEPTABLE

PWS: N/A

Property Address:

6921 - W. N. FIELD ST - RD

Franklin Twp

Acceptable Drinking Water Contamination Limits:

Total Coliform: 4.0 CFU/100mL

E. Coli: 0.0 CFI/100ML

Lead: 15.0 ug/L

Nitrate: 10.0 mg/L

Nitrite: 1.0 mg/L

Inspection comments and additional observations: Well in Basement. 11-7-18

AFTER RUNNING WATER FOR APPROX 10 MINUTES, SEDIMENT / DISCOLORATION APPEARED @ TUB & SINK, PRESSURE DROPPED SLIGHTLY, THEN RETURNED TO NORMAL CLARITY & PRESSURE. WATER WAS TURNED OFF AFTER THIS OCCURRED 3X TO PREVENT ADDITIONAL SEDIMENT ENTERING SYSTEM. RECOMMEND THAT SYSTEM BE RE-EVALUATED AFTER ANY TYPE OF PWS WORK IS CONDUCTED.

11-19-18 BURGESS DRILLING INSTALLED A 3 GAL PER MINUTE RESTRICTOR BEFORE PRESSURE TANK TO PREVENT SEDIMENT FROM ENTERING. AFTER 35 MIN WATER PRESSURE @ KITCHEN SINK REMAINED EVEN & NO SEDIMENT WAS NOTED @ THIS TIME.



Ohio Environmental Protection Agency

Division of Drinking and Ground Waters



MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

014007

Central District Office 50 W Town St Columbus Ohio 43215 (614) 728-3778 FAX (614) 728-0160

Northwest District Office 347 North Dunbridge Road Bowling Green, Ohio 43402 (419) 352-8461 FAX (419) 352-8468

Southwest District Office 401 East Fifth Street Dayton, Ohio 45402-2911 (937) 285-6357 FAX (937) 285-6249

Northeast District Office 2110 East Aurora Road Twinsburg, Ohio 44087 (330) 963-1200 FAX (330) 963-4760

Southeast District Office 2195 Front Street Logan, Ohio 43138 (740) 385-8501 FAX (740) 385-6490

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH PWS Name: G & C Inspections Facility Code: DS1 Facility Name: G & C Inspections Address: 130 Ray Ave NE City, State, Zip: New Philadelphia OH 44663 County: Tusc Sample Monitoring Point: DS000

SAMPLE INFORMATION:

Lab Sample Number: 18110627 Sample Type: [X] Routine (compliance) [] Special (not for compliance) [] Repeat (confirm positive sample compliance) [] Confirmation (compliance) [] Triggered (compliance)

Original Routine Positive Sample #

Sample Collection Date: 11-7-18 Sample Collection Time: 2:20pm Sample Collector Name: Mike Chek Sample Collector Phone: (330) 407-0781 Street Address and Tap Location: 6921 Winfield - Streets

IDA KAPPLER

Chlorine Residual: Total Free:

Comments: Plate Count

PH 6.5-7 NITRATE NO DETECT NITRITE NO DETECT CHLORINE NO DETECT HARDNESS ≈ 240

LABORATORY INFORMATION:

Reporting Lab Name: Ream & Haager Laboratory Reporting Lab Certification No.: 893 Lab Receipt Date:

Sample Rejection Reason:

- Analysis: [] --Accepted [] -- Rejected [] --Invalid Sampling Point [] --Broken [] --Exceeds Holding Time [] --Chlorine Present [] --Excessive Head Space [] --Frozen Sample [] --Lab Accident [] --Leaked in Transit [] --Insufficient Sample Information [] --Invalid Sampling Protocol [] --Insufficient Volume

Sample Results:

Table with columns: Analyte, Absent/Negative, Present/Positive, Count, Count type, Count Unit, Analysis start date/time, Analysis end date/time, Analytical Lab ID#, Analyst #, Test Method. Rows include Total Coliform, E. Coli, and Fecal Coliform.

SAFE

Data Quality Reason:

- [] --Instrument Failure [] --Requester cancelled [] --Water System requested [] --Lab not certified [] --Other (Comments) [] --Lab Error



Division of Drinking and Ground Waters

MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

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Southeast District Office
2195 Front Street
Logan, Ohio 43138
(740) 385-8501 FAX (740) 385-6490

PUBLIC WATER SYSTEM INFORMATION:

PWS ID: OH
PWS Name: G & C Inspections
Facility Code: DS1
Facility Name: G & C Inspections
Address: 130 Ray Ave NE
City, State, Zip: New Philadelphia OH 44663
County: Tusc
Sample Monitoring Point DS000

SAMPLE INFORMATION:

Lab Sample Number: 18112210
Sample Type:
Repeat (confirm positive sample compliance)

Original Routine Positive Sample #

Sample Collection Date: 11-19-18
Sample Collection Time: 12:00 pm
Sample Collector Name: Mike Chek
Sample Collector Phone: (330) 407-0781
Street Address and Tap Location: Bath Sink

LABORATORY INFORMATION:

Reporting Lab Name: Ream & Haager Laboratory
Reporting Lab Certification No.: 893
Lab Receipt Date:

Sample Rejection Reason:

- Analysis: --Accepted -- Rejected
--Invalid Sampling Point --Broken
--Exceeds Holding Time --Chlorine Present
--Excessive Head Space --Frozen Sample
--Lab Accident --Leaked in Transit
--Insufficient Sample Information
--Invalid Sampling Protocol
--Insufficient Volume

FRANK KLAPPE
6921 WINDFELD - STRAS RD.

Chlorine Residual: Total Free:

Comments: Plate Count

Sample Results:

Table with columns: Analyte, Absent/Negative, Present/Positive, Count, Count type, Count Unit, Analysis start date/time, Analysis end date/time, Analytical Lab ID#, Analyst #, Test Method. Includes handwritten data for Total Coliform and E. Coli, and a large 'SAFE' stamp.

Data Quality Reason:

- Instrument Failure --Requester cancelled --Water System requested
--Lab not certified --Other (Comments) --Lab Error

TOLL FREE
1-800-860-8302
TELEPHONE
216-343-5550

TUSCARAWAS COUNTY
GENERAL HEALTH DISTRICT

NEW INSTALLATION - \$100.00
 ALTERATION.....- \$ 65.00

897 EAST IRON AVENUE P.O. BOX 443 DOVER, OHIO 44622
APPLICATION FOR SEWAGE DISPOSAL INSTALLATION AND OPERATIONAL PERMIT

Property Owner Frank Klapper Phone 878-5437 Date September 24, 1998
Address 6921 Winfield Road Strasburg, Ohio hereby applies for a permit
to install, alter, extend or modify a sewage disposal system located at _____
6921 Winfield Road Strasburg, Ohio
(property mailing address) (road name or No.) (city and township)

I agree to construct, install and operate the sewage disposal system in accordance with the Regulations of the Tuscarawas County, Ohio, General Health District. I understand the provisions of these rules and will call for an inspection of the completed system at least 24 hours in advance of the expected covering date.

Allen Gasser
(signature, owner or authorized agent)

(address)

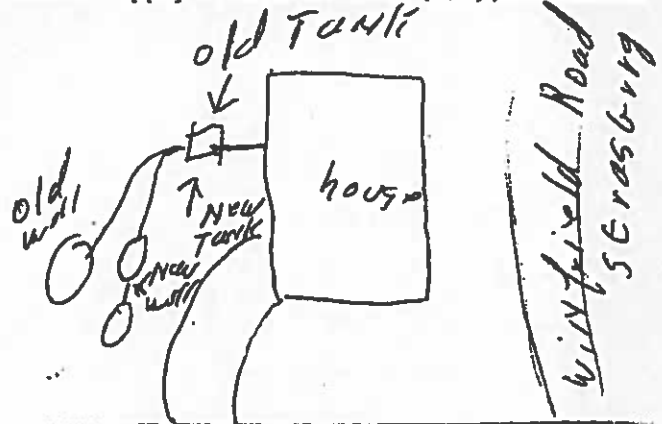
Al Gasser Excavating, Inc. 330-343-9407
(installer's name) (phone)
1308 Gasser Road N.W. Dover, Ohio
(address)

This application is for the following devices:

- Septic tank 1500 gallon
- Aeration tank _____ gallon
- Leaching lines _____ lines _____ feet each
- Surface filter _____ x _____
- Sub surface filter _____ x _____
- Leaching well _____ x _____

DRAW PLOT PLAN BELOW

Indicate lot lines, roads, driveway, buildings water supply & Reserve Area (R/A), easements.



The above sewage disposal system will serve the following:

- New single family house
- Existing house
- New mobile home
- Existing mobile home
- Other _____

List the following distance between the system and: Water supply _____ ft., nearest lot line _____ ft., easements _____ ft

OFFICE USE ONLY

Permit approved by RR
Date 9/28/98
Fee Paid 65.00
Permit Issued 9-29-98 Clerk SRA
Permit Number 201-98 A
Inspection Date 10-14-98

INSTALLATION INSPECTION

Sewage tank 1500 gallon septic
Leaching field x lineal feet
Filter _____
Leaching well (2) 6'x6' precast
Inspected by Richard Fouts

55