



Parcel: 10-02023-000

Year: 2018

SUMMARY

Deeded Name	JOSEPH GOODWIN	Taxpayer	GOODWIN JOSEPH
Owner	GOODWIN JOSEPH		1561 ST RT 39 NW
	1561 ST RT 39 NW		DOVER OH 44622
Tax District	10-DOVER TWP-DOVER CITY SD	Land Use	511-SINGLE FAMILY DWELLING - UNPLATTED 0 - 9.99 ACRES
School District	DOVER CITY SD	Subdivision	
Location	1561 NW STATE ROUTE 39	Legal	2 8 2 .945A
CD Year		41.02	Routing Number 13000
Acres	0.9450	Map Number	2/4/2010 Sales Amount 0.00
		Sold	

VALUE

District	10-DOVER TWP-DOVER CITY SD
Land Use	511-SINGLE FAMILY DWELLING - UNPLATTED 0 - 9.99 ACRES

CHARGES

Full Rate	78.970000
Effective Rate	51.811541
Qualifying Rate	46.703030

	Appraised	Assessed
Land	33,580	11,750
Improvement	128,870	45,100
Total	162,450	56,850
CAUV N	0	0
Homestead N	0	0
OOC Y	139,670	48,880
Taxable	162,450	56,850

	Prior	First	Second	Total
Tax	1,587.00	1,442.59	1,586.85	4,616.44
Special	3.63	3.30	3.64	10.57
Total	1,590.63	1,445.89	1,590.49	4,627.01
Paid	1,590.63	0.00	0.00	1,590.63
Due	0.00	1,445.89	1,590.49	3,036.38

TRANSFER HISTORY

Date	Buyer	Conveyance	Deed Type	Sales Amount	Valid
2/4/2010	HARDIN THOMAS W TRUSTEE	90126	CERTIFICATE OF TRANSFER	\$0.00	N
2/4/2010	GOODWIN JOSEPH	130	WARRANTY DEED	\$128,000.00	N
2/20/1987	BAUMBERGER LEE A	0	UNKNOWN	\$0.00	N

LAND

Type	Dimensions	Description	Value
HF-HOMESITE FRACTIONAL	0.820	Acres	33,580
RW-RIGHT OF WAY	0.125	Acres	0

DWELLING

Card 1						
Style	11-COMMERCIAL	Family Rooms	0	Heating		Y
Stories	1.00	Dining Rooms	0	Cooling		Y
Rec Room Area	0	Year Built	1975	Grade		C+5
Finished Basement	0	Year Remodeled	1989	Fireplace Openings		0
Rooms	6	Full Baths	0	Fireplace Stacks		0
Bed Rooms	3	Half Baths	1	Living Area		1,568
		Other Fixtures	3	Value		95,500

OTHER IMPROVEMENT

Card	Type	Year Built	Year Remodeled	Condition	Dimensions	Description	Size	Value
1	DFG-DETACHED FRAME GARAGE	1990		A-AVERAGE	28 X 32	Length x Width (Optional)	896	10,580
1	PORCH-PORCH OPEN FRAME	1990		A-AVERAGE	5 X 10	Length x Width (Optional)	50	490
2	CANOPY-CANOPY	1995		G-GOOD	11 X 48	Length x Width (Optional)	528	1,470
2	POLE BARN-POLE FRAMED GENERAL PURPOSE BUILDING	1989		A-AVERAGE	24 X 64	Length x Width (Optional)	1,536	19,620
2	PORCH-PORCH OPEN FRAME	1989		A-AVERAGE	8 X 20	Length x Width (Optional)	160	1,210

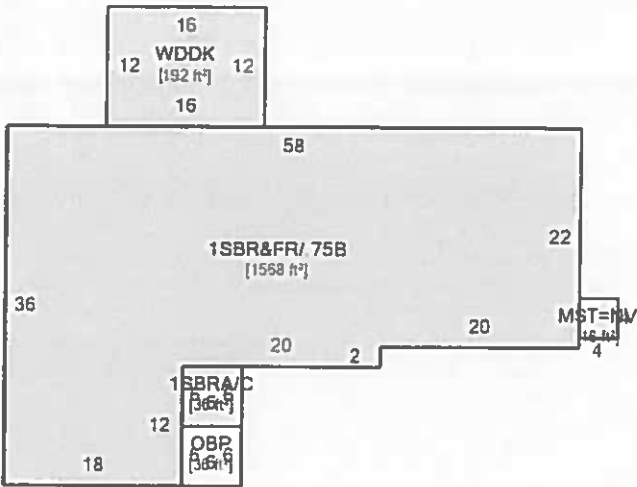
UTILITIES

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

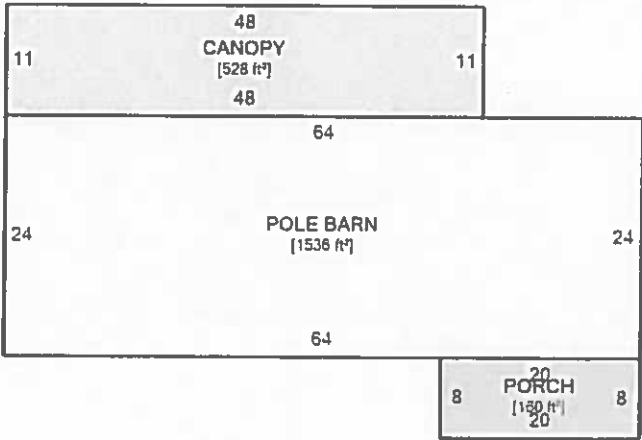
Card 1

ID	Description	Size	2	1
A	1SBR&FR/.75B	1,568		
B	OBP	36		
C	1SBRA/C	36		
D	WDDK	192		
E	MST=NV	16		
1	DFG-DETACHED FRAME GARAGE	896		
2	PORCH-PORCH OPEN FRAME	50		



Card 2

ID	Description	Size
3	PORCH-PORCH OPEN FRAME	160
4	POLE BARN-POLE FRAMED GENERAL PURPOSE BUILDING	1,536
5	CANOPY-CANOPY	528





August 1, 2019



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: 15601 St Rt 39 NW - Dover

Buyer(s): _____

Seller(s): Goodwin Estate

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 principal 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) Ryan Wallick and real estate brokerage Metairie 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

BUYER/TENANT

DATE

SELLER/LANDLORD

DATE

SELLER/LANDLORD

DATE

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

Property Address 1561 St Rt 39 NW - Denver, OH

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) ☒ 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.

<u>X John J. Goodwin</u>	<u>9/9/19</u>	_____	_____
Seller	Date	Seller	Date
<u>[Signature]</u>	<u>9/9/19</u>	_____	_____
Purchaser	Date	Purchaser	Date
<u>[Signature]</u>	<u>9/9/19</u>	_____	_____
Agent	Date	Agent	Date



G & C
INSPECTION SERVICES LLC

Residential Water & Sewage Inspection Services
Licensed - Bonded - Insured
WWW.GANDCINSPECTIONS.COM

Bill Glazer
330-340-0377

Mike Chek
330-407-0781

Evaluation Requested _____ Sewage _____ Water (Coliform and E.Coli)

Location to be Evaluated:	
Owner Name: <i>Joel Goodwin</i>	
Address: <i>1561 St Rt 39</i>	
City/State/Zip Code: <i>Dover Ohio 44622</i>	
Township: <i>Dover</i>	Parcel ID#:
Results to be Communicated and Mailed to:	
Name: <i>Ryan Wallick Altin Brucke</i>	
Address: <i>965 N Wooster Ave</i>	
City/State/Zip Code: <i>Strasbourg Ohio 44680</i>	
Township:	Parcel ID#:
Phone number: <i>330 878 0075</i>	
Email address:	

Home Information:	
Access to the home will be granted by: <i>Joel Goodwin</i>	
Phone number: <i>330 447 8913</i>	
Number of bedrooms: <i>3</i>	Date septic was last pumped:
Age of septic system:	
Year home was built:	Is the house occupied: <i>NO</i>
Is all plumbing tied into the septic system:	

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

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: 1561 St. Rt. 39

Twp: Dover

Signature of Property Owner or Requestor: 

Date: Sept 11 2019

Department Use Only

Received By: _____

Date: _____

Fee Paid: _____

Receipt #: _____



Public Health
Protect. Promote. Prevent.

Tuscarawas County Health Department
Point of Sale Inspection

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

Company: <u>GAND C INSPECTIONS</u>	<input checked="" type="checkbox"/> Private Water Contractor ODH Registration #: <u>3730</u>
Inspector Name: <u>MICHAEL CHEK R.S.</u>	<input checked="" type="checkbox"/> Registered Service Provider TCHD Registration #: <u>18-SP-01</u>
Phone Number: <u>330-407-0781</u>	
Email Address: <u>GANDCINSPECTIONS@GMAIL.COM</u>	

Inspections Performed:	
<input checked="" type="checkbox"/> STS Inspection	Date of Inspection: <u>9-11-19</u>
<input checked="" type="checkbox"/> PWS Inspection	Date of Inspection: <u>9-11-19</u>
Water Analysis:	
<input checked="" type="checkbox"/> Bacteria	
<input type="checkbox"/> Lead	
<input type="checkbox"/> Nitrate	

Location Evaluated:	
Address: <u>1561 STATE ROUTE 29 NW</u>	
City/State/Zip Code: <u>DOVER, OH 44622</u>	
Township: <u>DOVER</u>	Parcel ID#: <u>10-02023-000</u>
Results to be Communicated and Mailed to:	
Name: <u>RYAN WALLICK</u>	
Address:	
City/State/Zip Code:	
Township:	Parcel ID#:
Email address:	
Home Information:	
Number of bedrooms: <u>3</u>	Date septic was last pumped: <u>UNK.</u>
Lot size: <u>.945</u>	Age of septic system: <u>UNK.</u>
Year home was built: <u>1975</u>	Is the house occupied: <u>NO</u>

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 type="checkbox"/>	HSTS Records PENDING
<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: _____

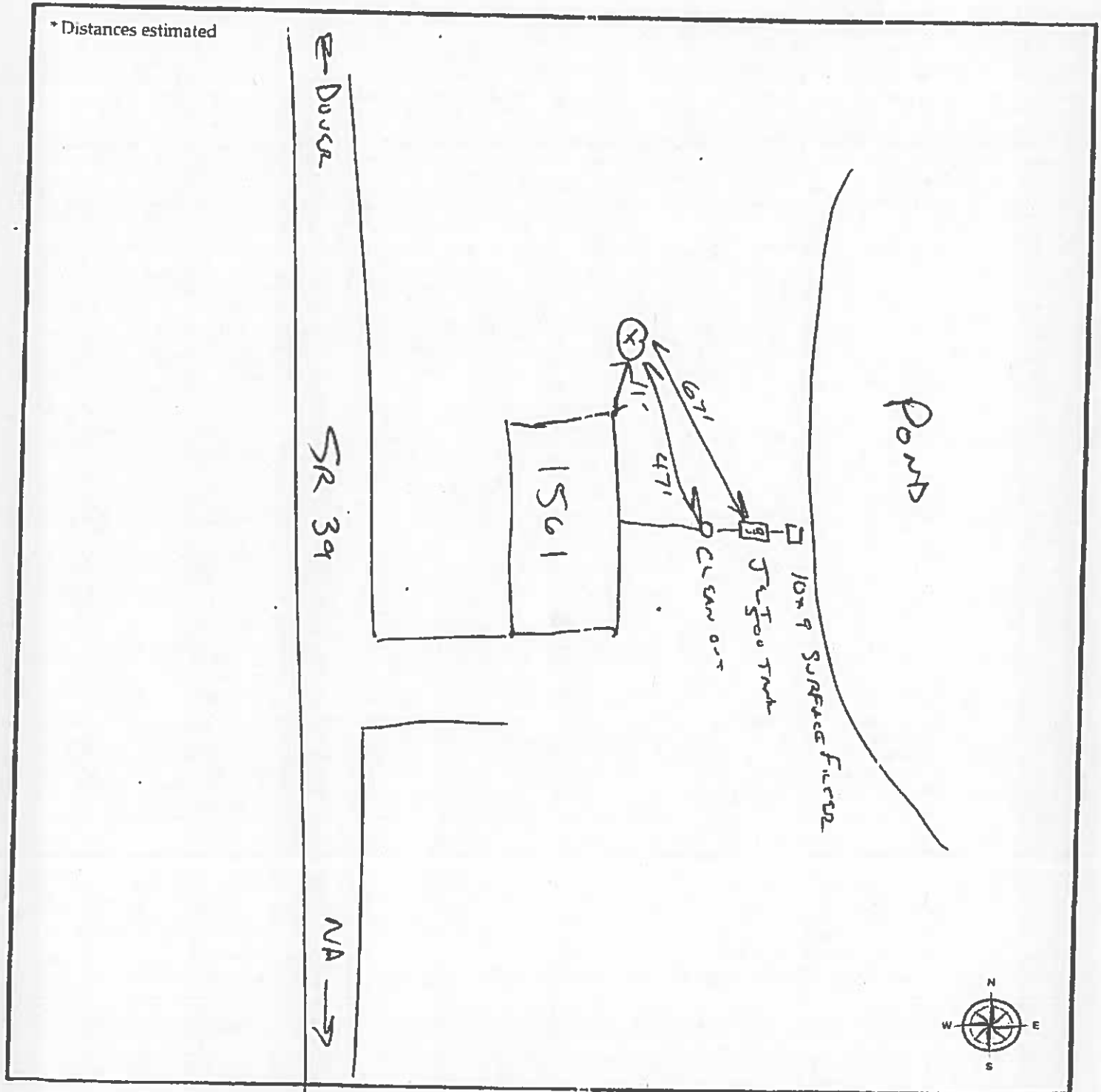
9-14-19

Property Address: 1561 SR 39 NW

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.

* Distances estimated



HSTS Inspection: N/A

Property Address: 1561 SR 39 NW

Year STS was Installed:	<u>UNK</u>
Information Provided by: (owner, Health Dept, other)	<u>UNK</u>
Variance issued for current system: (Y/N)	<u>UNK</u>
At the time of inspection was house occupied: (Y/N)	
If Vacant, length of vacancy:	<u>3 MONTH</u>
Number of occupants living in the house in the last 3 months:	<u>Ø</u>

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:		<input checked="" type="checkbox"/>				
Outlets have risers to grade:		<input checked="" type="checkbox"/>				
Outlet "T" is present:	<u>UNK</u>					
Baffles functioning:	<u>UNK</u>					

Tank 1 Size: 500 gallons/pd Tank 2 Size: _____ gallons

- System has an aerator component: Yes / No
a. If yes: Manufacturer: JES
b. System under current service contract Yes / No UNK
- Tank(s) were last pumped: Month _____ Year UNK
- 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: 180+ gallons
- System was dye tested: Yes / No
a. If yes, the location(s) the dye was placed: TOILET Rm - SINK BLUE

System Type:									
	Tile Field		Spray Irrigation			Leach Well		Drip Distribution	
	Dry Bed/ Leach Area		Low Pressure Pipe	Field		Mound		Discharging	
	Evapotranspiration		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: 10' x 9'

HSTS Inspection: (continued)

Property Address: 1561 SR 39 NW

Location of the observed discharge: POND

The discharge was not observable due to: NONE FOUND

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: 1561 SR 39 NW

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
	Driven well		Pond
	Dug well		Hauled water storage
	Cistern		Other:

PWS Observed to be:			
<input checked="" type="checkbox"/>	Outside the foundation		Exposed <u>13</u> inches above grade
	Inside the foundation		Unable to locate
	In a well pit		Other:

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

Casing length: UNK feet Casing diameter: 5 inches Depth of well: UNK feet

Well cap is:			
	Vermin Proof	<input checked="" type="checkbox"/>	Non-vermin Proof
	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: CRACK IN CAP TO BE REPAIRED.

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: 1561 SR 39 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: 4 1/2 GPM

Flow rate after 35 minutes of flow: 4 1/2 Gpm

Location of the flow rate measurement: TUB at K Sink

Pump cavitated or stopped pumping water during measurement: Yes / No

Water Sample Screening Results:

Chlorine: N/D parts per million

Nitrate: ~10 parts per million

Lead: Hours since water was last used: unk

Sample collected: _____ at first draw or ☒ after purging system

Sample Type:	Date:	Location of Sample:	Lab Result:	Conclusion (Acceptable / Unacceptable)
Grain	9-11-19	Kitchen	Ø - Ø	ACCEPTABLE

PWS: N/A

Property Address: 15 61 SR 39 NW

Acceptable Drinking Water Contamination Limits:

Total Coliform: 4.0 CFU/100mL

E. Coli: 0.0 CFU/100ML

Lead: 15.0 ug/L

Nitrate: 10.0 mg/L

Nitrite: 1.0 mg/L

Inspection comments and additional observations: CAP NEEDS SEALED,



Division of Drinking and Ground Waters

☐ 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
Lugan, Ohio 43138
(740) 385-8501 FAX (740) 385-6490

PUBLIC WATER SYSTEM INFORMATION:

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

LABORATORY INFORMATION:

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

Sample Rejection Reason:

- Analysis: ☐ - Accepted ☐ - Rejected
- | | |
|--|--|
| <input type="checkbox"/> - Invalid Sampling Point | <input type="checkbox"/> - Broken |
| <input type="checkbox"/> - Exceeds Holding Time | <input type="checkbox"/> - Chlorine Present |
| <input type="checkbox"/> - Excessive Head Space | <input type="checkbox"/> - Frozen Sample |
| <input type="checkbox"/> - Lab Accident | <input type="checkbox"/> - Leaked in Transit |
| <input type="checkbox"/> - Insufficient Sample Information | |
| <input type="checkbox"/> - Invalid Sampling Protocol | |
| <input type="checkbox"/> - Insufficient Volume | |

Sample Results:

Analyte	Absent / Negative	Present / Positive	Count	Count type	Count Unit	Analysis start date/time	Analysis end date/time	Analytical Lab ID#	Analyst #	Test Method
Total Coliform (3100)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	MPN	100mL	7.11.19	7.12.19	843	4679	
E. Coli. (3014)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	C	MPN	100mL					
Focal Coliform (3013)	<input type="checkbox"/>	<input type="checkbox"/>		MPN	100mL					

Data Quality Reason:

- | | | |
|---|--|---|
| <input type="checkbox"/> - Instrument Failure | <input type="checkbox"/> - Requester cancelled | <input type="checkbox"/> - Water System requested |
| <input type="checkbox"/> - Lab not certified | <input type="checkbox"/> - Other (Comments) | <input type="checkbox"/> - Lab Error |

MICROBIOLOGICAL SAMPLE SUBMISSION REPORT (SSR)

SAMPLE INFORMATION:

Lab Sample Number: 19091354
Sample Type:
☒ - Routine (compliance)
☐ - Special (not for compliance)
☐ - Repeat (confirm positive sample compliance)
☐ - Confirmation (compliance)
☐ - Triggered (compliance)

Original Routine Positive Sample #

Sample Collection Date: 9-11-19

Sample Collection Time: 11:40 AM

Sample Collector Name: Mike Chek

Sample Collector Phone: (330) 407-0781

Street Address and Tap Location: Kitchen

1561 SR 39 NW

Jesse Goodwin

Chlorine Residual: Total Free:

Comments: Plate Count

PH = 6.5
Nitrate NA
Nitrite NA
Chlorine NA
Hardness = 25
Iron Less: 3
SAFE