



Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901

Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436

www.scph.org

CERTIFICATE OF TRANSFER REVIEW

Point of Sale: Sewage Treatment System (STS) Evaluation

Summit County Public Health (SCPH) is issuing this certificate of transfer review based on the information provided by a registered STS service provider. This certificate verifies that SCPH has reviewed the inspection report. This certificate does not guarantee the accuracy of the inspection report or the future performance of the system. This certificate of transfer review is valid for 2 years from the date of the inspection for the buyer listed below.

Property Address: 4688 Mayfair Rd Parcel ID: 2800995

City: North Canton Zip Code: 44720 PSD: Green

Private Inspection Company: Skelley Septic & Well Inspections LLC Inspection Date: 02.25.2026

Buyer's Name: Unknown Buyer's Phone Number: Unknown

The property listed above has been inspected and may be transferred.

For specific details, see the inspection report provided by the registered STS inspector. Upon review of that report, SCPH would like to note the following:

- Substantial issues were observed during the inspection. It is REQUIRED that further action be taken. SCPH will follow up to ensure that the following issues are corrected:
 - The STS is failing and must be replaced. Contact SCPH at 330 926-5600 for more information.
 - The STS is not operating properly and must be repaired.
 - There are gray water lines not connected to the STS and must be connected immediately.
- This STS does not have the required service contract. It is required that a service contract is obtained from a registered STS contractor. SCPH will follow up to ensure a contract is submitted.**
- The functionality of the STS could not be determined. The following are RECOMMENDATIONS:
 - Recommend a re-inspection once the house is fully occupied for at least sixty days.
 - Recommend re-inspection once adequate amount of water is available.
 - Recommend installing an inspection port to view effluent quality.
- This STS has an operation permit issued by SCPH. An operation permit fact sheet is attached.
Permit expires: _____ Outstanding balance due to SCPH: \$_____
- This STS has an Ohio EPA National Pollutant Discharge Elimination System (NPDES) Permit. An application to transfer this permit is attached and must be submitted to the Ohio EPA.
- Other Comments: STS must be replaced. A Site and Soil evaluation is attached.

Private Water System (PWS) inspection:

- Per the inspector, the house uses a public water supply and there is no PWS on the property to inspect.
- A PWS inspection was not submitted by this company. A different inspector may have submitted an inspection of the PWS and a second certificate of transfer review will be issued.

SCPH Reviewer:

Name: Amanda Carr, REHS

Signature: Amanda Carr

Date Reviewed: 03 / 03 / 2026

Mailed/Faxed/E-mailed by SCPH Staff on: 03 / 03 / 26

Initials: AMC



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CERTIFICATE OF TRANSFER REVIEW Point of Sale: Private Water System (PWS) Evaluation

Summit County Public Health (SCPH) is issuing this certificate of transfer review based on the information provided by a registered PWS contractor. This certificate verifies that SCPH has reviewed the inspection report. This certificate does not guarantee the accuracy of the inspection report or the future performance of the system. This certificate of transfer review is valid for 2 years from the date of the inspection for the buyer listed below.

Property Address: 4688 Mayfair Rd Parcel ID: 2800995
City: North Canton Zip Code: 44720 PSD: Green
Private Inspection Company: Skelley Septic & Well Inspections LLC Inspection Date: 02.25.2026
Buyer's Name: Unknown Buyer's Phone Number: Unknown

The property listed above has been inspected and may be transferred.

For specific details, see the inspection report provided by the registered PWS contractor. Upon review of that report, SCPH would like to note the following:

- Substantial issues were observed during the inspection:
 - The PWS is unacceptable and corrections must be made to protect public health
 - The water sample results are not within the acceptable limits for drinking water. Recommend contacting a PWS contractor to clean/chlorinate system and re-sample.
- The results of the PWS inspection were inconclusive and SCPH recommends further review of the PWS to determine the functionality of the PWS.
- The inspection report indicates this may be a low yielding well. SCPH recommends that the buyer research how this may impact their water usage.
- There is an unused PWS on the property that must be abandoned by a PWS contractor. SCPH will follow up
- Other Comments:

Recommend re-inspection and water sample once water is available

Sewage Treatment System (STS) inspection:

- Per the inspector, the house uses a public sewer system and there is no STS on the property to inspect.
- A STS inspection was not submitted by this company. A different inspector may have submitted an inspection of the STS and a second certificate of transfer review will be issued.

SCPH Reviewer:

Name: Amanda Carr, REHS

Signature: Amanda Carr

Date Reviewed: 03 / 03 / 2026

Mailed/Faxed/E-mailed by SCPH Staff on: 03 / 03 / 26
Initials: AMC

POINT OF SALE INSPECTION REPORT

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

Company: Skelley Septic and Well Inspections, LLC
Inspector Name: Ben Skelley
Phone Number: 330-267-8485

Private Water Contractor
• ODH Registration #: 003770
 Registered Service Provider
• SCPH Registration #: 807

Buyer's Name: Unknown- Kiko Auction Phone Number: _____
Property Address: 4688 MAYFAIR RD City: North Canton Zip Code: 44720
Parcel ID: 2800995 Bedroom #: 3

Date of Inspection: 2-25-26

The property has (mark one of each):

HSTS or Municipal Sewer
 PWS or Public Water

Inspections Performed

STS Inspection
 PWS Inspection

Water Analyses:

Bacteria
 Nitrate
 Lead
 Arsenic

SCPH PWS records were available: Yes No

SCPH STS records were available: Yes No

Records can be found online at www.scph.org/water-quality

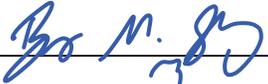
This report only applies to the date and time the inspection is conducted and does not guarantee the future performance of the system(s) being evaluated. The boxes below only represent the conclusion of the inspector. For details and comments on the system, please be sure to read the entire report. The report is valid for 2 years from the date of the inspection for the buyer listed above.

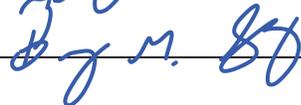
Based on the information available at the time of the inspection, the STS is: N/A

- Acceptable:** STS was not causing a nuisance at the time of the inspection and the house was occupied.
- Unacceptable:** The gray water is not properly routed and must be connected to STS.
- Unacceptable:** STS is causing a nuisance. Contact inspector listed above for further information.
- Unknown:** Inspector was unable to determine if STS is causing a nuisance. See comments for details.

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

- Acceptable:** PWS is acceptable for property, however please see comments.
- Unacceptable:** PWS is not acceptable for property. Please see comments.
 Once an acceptable sample result is received, the PWS will be acceptable.

Inspector's Signature:  Date: 2/25/26

Registered Contractor's Signature:  Date: 2/25/26

Form provided by:

Summit County Public Health

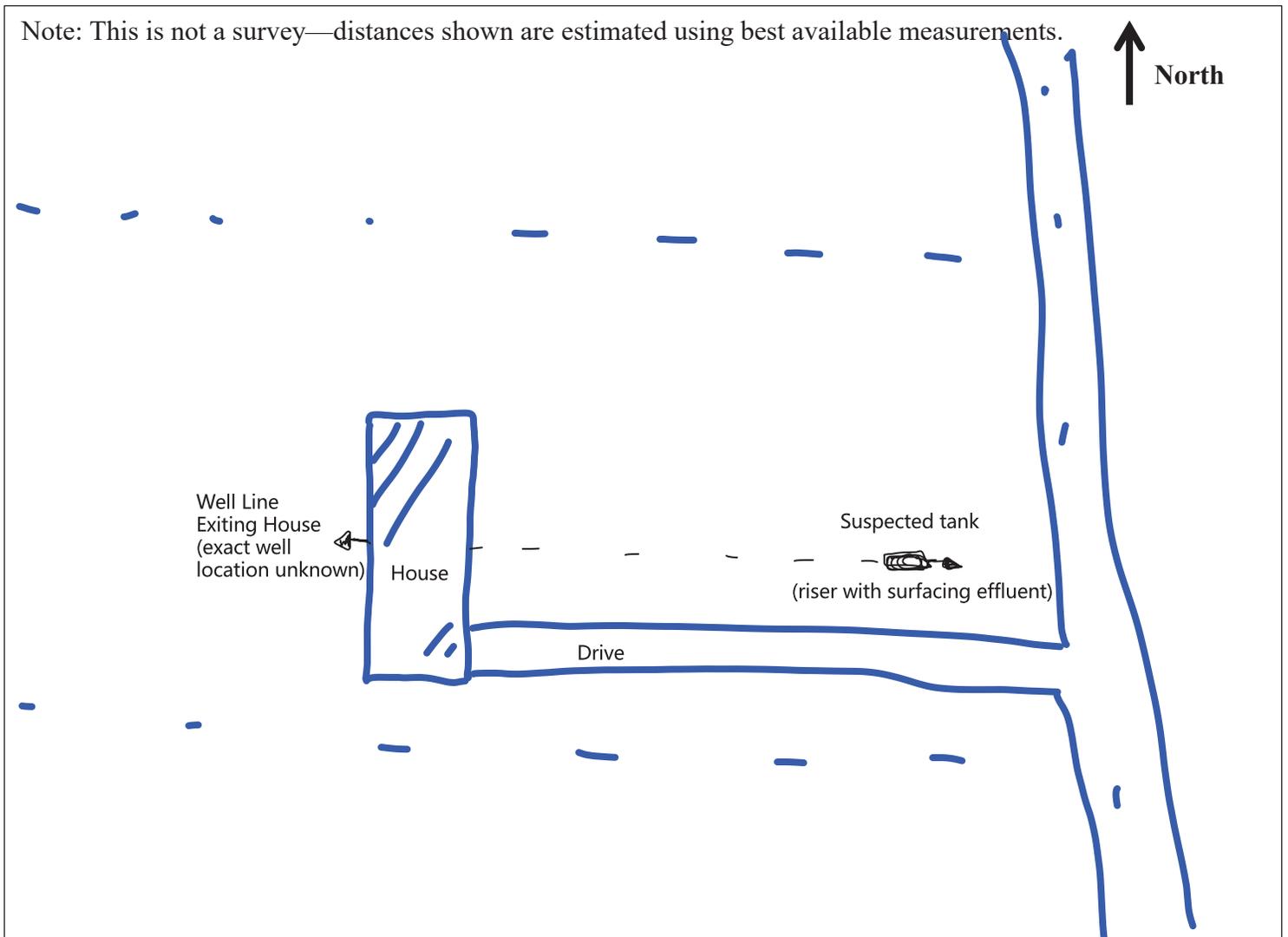
POINT OF SALE INSPECTION REPORT

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

Property Address: 4688 MAYFAIR RD

1. Complete a diagram of the property including all observed components of the system(s)
2. Fill in the distances on the table for the applicable systems
3. Add other notable features and/or sources of contamination on property on the table

| Septic to: | Distance (ft) | Well to: | Distance (ft) |
|-----------------|---------------|-------------------|---------------|
| House | 80 | House | ? |
| Well/water line | 100+ | Septic/sewer line | 100+ |
| Property Line | 25 | Property Line | ? |
| Road/Easements | 25 | Road/Easements | ? |
| | | | |
| | | | |
| | | | |



Inspector's Initials: B Date: 2/25/26 Registered Contractor's Initials: _____ Date: _____
 (if different than inspector)

POINT OF SALE INSPECTION REPORT

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

STS INSPECTION: N/A

Property Address: _____ 4688 MAYFAIR RD _____

Year STS was installed: No Record

At inspection, house was Occupied Intermittent Vacant*

Number of occupants in last 60 days: 0 *How long house has been vacant: unk

System Type

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Tile Field | <input type="checkbox"/> Evapotranspiration | <input type="checkbox"/> Drip Distribution | <input checked="" type="checkbox"/> Unknown |
| <input type="checkbox"/> Leach Well | <input type="checkbox"/> Mound | <input type="checkbox"/> Low pressure pipe | |
| <input type="checkbox"/> Dry Bed/ Leach Area | <input type="checkbox"/> Spray Irrigation | <input type="checkbox"/> Discharging | |

Volume of water used during hydraulic loading: gallons

Septic Tank 1 N/A

Risers to grade (inlet) Yes No Unknown

Risers to grade (outlet) Yes No Unknown

Outlet "T" is present Yes No Unknown

Baffles are functioning Yes No Unknown

Size: unk Gallons

Level in tank before water use:

see comments

Level in tank after water use:

see comments

Septic Tank 2 N/A

Risers to grade (inlet) Yes No Unknown

Risers to grade (outlet) Yes No Unknown

Outlet "T" is present Yes No Unknown

Baffles are functioning Yes No Unknown

Size: _____ Gallons

Level in tank before water use:

Level in tank after water use:

Aerator N/A

Risers to grade (inlet) Yes No Unknown

Risers to grade (clarifier) Yes No Unknown

Outlet "T" is present Yes No Unknown

Manufacturer: _____

Level in tank before water use:

Level in tank after water use:

Date tanks were last pumped: unk

Info provided by: Health Dept Owner

Wastewater properly routed: Yes No* Unknown *Please see comments

System dye tested: Yes* No *If yes, where: _____

Dye was discharging/surfacing: Yes No

System Designed to Discharge:

Yes: Location: _____

Quality: Clear Cloudy Gray Black

Odor: None Musty Septic

Yes, but not observable due to: Vacancy/Intermittent Could not locate Other (see comments)

No/Unknown

Inspector's Initials: VB

Date: 2-25-26

Registered Contractor's Initials: _____

Date: _____

POINT OF SALE INSPECTION REPORT

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

(STS Inspection continued)

Property Address: _____ 4688 MAYFAIR RD _____

Additional comments and observations:

- This system requires the submission of a transfer application (attached) for the Ohio EPA's National Pollutant Discharge Elimination System (NPDES) permit. This permit requires annual sampling and a service contract.
- A variance was granted for this system when it was originally installed. please see attached documentation
- The HSTS is designed to be alternated or diverted. This must be performed every six months
- There were no records and some of the HSTS components could not be evaluated during the inspection

This HSTS was difficult to evaluate due to:

- Vacancy or intermittent Use (a re-inspection is recommended after 60 days of full occupancy)
- Inability to hydraulically load the system
- Snow cover/Dense overgrowth
- Rainfall/snow melt
- Inaccessibility
- Other: See Comments

Comments:

No records on file for the septic. Water could not be run in the house to check grey water, dye test, or perform a hydraulic load, however, what appears to be the septic tank in the front yard has a riser at grade. Upon arrival, the tank was overflowing out of the riser, and marks in the yard indicate prior drainage out of the top of the riser.

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

Inspector's Initials: *W* Date: 2/25/26 Registered Contractor's Initials: _____ Date: _____
(if different than inspector)

POINT OF SALE INSPECTION REPORT

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

PWS INSPECTION: N/A

Property Address: _____ 4688 MAYFAIR RD _____

Year the PWS was constructed: _____ No record _____

PWS Type:

- Drilled well Cistern Pond
 Drive point well Hauled water storage tank Other: _____
 Dug well Spring

Casing Location:

- Outside foundation Exposed _____ inches above grade
 Inside foundation Unable to be located
 Well pit Other (explain): _____ buried _____

Casing Type:

- Steel Plastic Other (explain): _____ unknown-buried _____
Casing Length: _____ feet Unknown
Casing Diameter: _____ inches Unknown
Depth of Well: _____ feet Unknown

Well Cap:

- Vermin proof Non-vermin proof Well Seal Unknown
Electrical conduit seated/sealed in well cap: Yes No N/A
Visible signs of a non-sealed well cap observed: Yes No N/A

If yes, please explain: _____

Equipment:

Atmospheric storage tanks used: Yes No

Number of tanks: _____ Approximate size: _____ Gallons

Location of Tanks: _____

Type of pump: Submersible Jet - location _____ basement _____

The PWS appears to be accessible for cleaning with a drilling rig: Yes No Unknown

If no, the reason is: _____

The PWS appears to be accessible for chlorination: Yes No Unknown

If no, the reason is: _____

Continuous disinfection is used: Yes No N/A

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

Continuous disinfection is required for cisterns, ponds, and springs

Filtration component is used Yes No N/A Unknown

If yes, the type is: Cyst Reduction Micron filter (Size): _____ Other: _____

Filtration components designed for cyst reduction are required for springs and cisterns

Inspector's Initials: *JS* Date: 2/25/26 Registered Contractor's Initials: _____ Date: _____

POINT OF SALE INSPECTION REPORT

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

(PWS Inspection continued)

Property Address: _____ 4688 MAYFAIR RD _____

Roof washers are in place (cisterns only) Yes No Unknown N/A

If no, the reason is: _____

Roof washers are only required on cisterns

Cistern/ hauled water tanks appear to be watertight and protected from contamination: Yes No N/A

If no, the reason is: _____

| | | | |
|----------------------------|---------------------------------|-----------------|--|
| Flow Rate (Initial) | Flow Rate (After 30 min) | Location | Pump drew in air/stopped |
| _____ See _____ gpm | _____ Comments _____ gpm | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Prescreening Results

Chlorine _____ ppm Method used _____
 Nitrate _____ ppm Method used _____
 Hours since water was last used (Lead/Copper) _____

Maximum levels for drinking water

Total Coliform* 4.0 CFU/100mL or 4.2 MPN/100mL
E. coli: 0.0 CFU/100mL or MPN/100mL
 Lead: 15.0 ug/L
 Nitrate: 10.0 mg/L
 Arsenic: 15.0 ug/L

*Cisterns, Hauled Water, and springs must be negative for total coliform and E.coli

Laboratory Results

| Sample Type | Collection Date | Location | Result | Conclusion |
|----------------|-----------------|----------|--------|--|
| Total Coliform | | | | <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
| E. Coli | | | | <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
| | | | | <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
| | | | | <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |
| | | | | <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable |

SCPH recommends testing water from a PWS for bacteria annually

Inspection comments and additional observations:

A variance was granted for this system when it was originally installed. please see attached documentation

This PWS was difficult to evaluate due to:

- Lack of records
- Inaccessibility
- Unable to run water

Comments:

No records on file for the well. The well line exits the back of the house, and it appears the casing is buried. The well pump was unplugged, and the water was off in the house, so water could not be ran to do a flow test or bacteria sample. Once water can be ran, both of these should be done.

Inspector's Initials: *Y* **Date:** 2/25/26 **Registered Contractor's Initials:** _____ **Date:** _____
(if different than inspector)



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SITE &/OR SOIL EVALUATION (SSE) APPLICATION FOR A SEWAGE TREATMENT SYSTEM (STS)

Property Information:

Property Address: _____

City: _____ Zip: _____ Parcel ID: _____

Applicant's Information:

Name: _____ Phone #: _____

Email 1: _____ Email 2: _____

Address (if different): _____
City State Zip Code

Proposed Project Details:

The design of the STS for a proposed project is based, in part, on the potential occupancy of the dwelling. A bedroom is defined as any room that can practically be used as a bedroom including a home office, den, etc.

- Size and type of dwelling has not yet been determined
- One, two or three family home
-Total number of bedrooms: _____

Water Source:

- Municipal water
- Private Water System (well, cistern, etc.)

Services Requested:

Both a site and a soil evaluation option must be selected.

| Site Evaluation | Fee |
|---|----------|
| <input type="checkbox"/> Gray water recycling system: Type 1, 2, 3 or 4 | \$200.00 |
| <input type="checkbox"/> STS: Replacement | \$200.00 |
| <input type="checkbox"/> STS: New home construction -New home construction is considered any instance a new dwelling is being built that shall be served by an STS | \$525.00 |

| Soil Evaluation | Fee |
|--|-----|
| <input type="checkbox"/> STS: Replacement | \$0 |
| <input type="checkbox"/> Performed by a certified soil scientist | \$0 |

| | |
|---------------------|-----------|
| Site Evaluation Fee | \$ |
| Total Fee | \$ |

I understand the following:

- Any approval or disapproval issued by SCPH is based on the information I have provided.
- Any change to this plan, including the disturbance of the approved STS area, may result in the voiding of SCPH's approval and is subject to a fee.
- The application fee is non-refundable, regardless of the findings of this review.

SCPH use only:

| |
|--|
| Received by: _____ |
| Date: _____ |
| Amount: _____ |
| <input type="checkbox"/> Cash |
| <input type="checkbox"/> Credit Card |
| <input type="checkbox"/> Check # _____ |
| Invoice No: _____ |

Signature of Applicant: _____ Date: _____



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A Guide to the Sewage Treatment System (STS) Permitting Process

1. The Site and Soil Evaluation (SSE) is the first step to installing a STS. This includes replacement systems or when a vacant lot or proposed vacant lot must be evaluated to determine if it could support a STS. The SSE application must be submitted to SCPH with the accompanying fee.
2. SCPH will review the application and contact the applicant within 5 business days of receipt of the application to discuss the next steps. The following may be required:
 - a. Hiring a soil scientist or soil classifier certified by the soil science society of America (SSSA).
 - b. Marking of easements, utilities and property lines on site.
 - c. Clearing areas of thick vegetation, if the area needs to be and cannot be accessed.
3. Both a site evaluation and a soil evaluation must be completed to determine suitability for a STS.
4. After the site and soil evaluations are completed, the applicant will receive a report from SCPH.
5. The STS designer or installer will use the report to prepare a design plan that must be submitted to SCPH for approval. To see a list of current STS installers please go to https://scph.link/STS_Contractors or scan the code below:



6. Once the design plan is approved, an application for a STS installation permit must be submitted to SCPH.
7. After the permit has been issued, the installation of the new septic system may begin.
8. Once the work is complete, a final inspection must be performed by SCPH. Once a final inspection has been completed and a detailed drawing of the system as it was installed is submitted to SCPH, the new STS will be approved.

Site Specific Instructions:

- All specific building projects must be submitted on a topographic site improvement for review and consideration of final lot approval.
- For parcels without an assigned address:
 - Submit a request for a temporary address assignment.
 - If the parcel is in Akron, Barberton, Cuyahoga Falls, Hudson, Mogadore, Munroe Falls, Silver Lake, Stow or Tallmadge, contact the municipality directly for an address assignment.
 - Parcels in areas not listed above, contact Summit County Planning & GIS division at 330.643.8013 for an address assignment.

- For vacant lot evaluations and new home construction projects:
 - If the lot is determined to be capable of supporting a STS, only a general lot approval will be granted if a topographic site improvement plan is not submitted.
 - General lot approvals are not suitable for zoning and building permit applications.

- For lot splits of vacant land:
 - If the project can be approved, as determined by the SSE, the applicant must submit a survey completed by a registered surveyor before SCPH will grant final approval.

- For lot splits of parcels with an existing dwelling:
 - A vacant lot evaluation for any proposed new lot(s) will need to be performed.
 - A separate site and soil evaluation is also required to determine how the proposed project will affect the existing STS, the replacement area for the STS, and the water supply for the existing dwelling.
 - The SSE applications, as well as the associated fees, must be submitted to SCPH prior to the evaluations.
 - If the project can be approved, as determined by the SSEs, the applicant must submit a survey completed by a registered surveyor before SCPH will grant final approval.



Please Retain this Page for Reference