



# WATER SAMPLE DATA

PROPERTY ADDRESS: 11399 Johnstown Rd New Albany, Oh Franklin  
(STREET ADDRESS) (CITY,ST,ZIP) (COUNTY)

Property Status: vacant  Residential  Commercial

SAMPLE DATE: 06/23/2016 TIME: 1:15 SAMPLED BY: Tim Thomas

Location of water supply: Front yard Sampling Point kitchen sink

Initial Test  Retest: Date & Time \_\_\_\_\_  2<sup>nd</sup> Retest: Date & Time \_\_\_\_\_

**NOTE: Distances only available with Septic Inspection**

	<u>Yes</u>	<u>No</u>	<u>Unknown</u>
Well is 10' or more from property line (_____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well & Septic are at least 50' apart (_____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Well & Leachfield are at least 100' apart (_____)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Flow Test: Gallons per minute \_\_\_\_\_ PSI: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FOR OFFICE USE ONLY		
<input checked="" type="checkbox"/> Pitless Adapter	<input type="checkbox"/> Dug Well	<input type="checkbox"/> Spring
<input type="checkbox"/> Well Pit	<input type="checkbox"/> Cistern	<input type="checkbox"/> Chlorinator
<input type="checkbox"/> Unknown		<input type="checkbox"/> UV



**BENCHMARK  
ENVIRONMENTAL  
LABS, Inc.**

**FOR LAB USE**

Lab #: 1176  
 Received By: tt  
 Date: 06/23/2016  
 Time: 15:00  
 Date Rep't: 06/24/2016  
 Analyst: WPS *WPS*

*Certified Microbiology Lab #860*

**LABORATORY ANALYSIS REPORT**

*(Please print or type)*

**COLLECTION DATA:** *Must be completed in full or sample WILL NOT be processed.*

Sample Collector: Tim Thomas Company: Benchmark Labs  
 Sample Address: 11399 Johnstown Rd City, St, Zip: New Albany, Oh  
 County: Franklin Sample Tap ID: kitchen sink Sample Date: 06/23/2016 Sample Time: 1:15  
 Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

**TYPE OF ANALYSIS:**

- Total Coliform       Fecal Strep       Total Plate Count  
 Fecal Coliform       E. coli       Other \_\_\_\_\_

**SAMPLE CLASSIFICATION:**

- Routine     Repeat     Special

*If Repeat, Last Sample #: \_\_\_\_\_*

**WATER SOURCE:** *Indicate by checking boxes.*

- |                                              |                                                |                                                |
|----------------------------------------------|------------------------------------------------|------------------------------------------------|
| <u>Finished</u>                              | <u>Recreational</u>                            | <u>Private Well</u>                            |
| <input type="checkbox"/> Community           | <input type="checkbox"/> Beach                 | <input type="checkbox"/> Domestic              |
| <input type="checkbox"/> Non-Community       | <input type="checkbox"/> Swimming Pool         | <input type="checkbox"/> Industrial            |
| <input type="checkbox"/> Plant Tap           | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Distribution System |                                                |                                                |
| <input type="checkbox"/> Surface             |                                                |                                                |
| <input type="checkbox"/> Ground (well)       |                                                |                                                |
| <input checked="" type="checkbox"/> Private  |                                                |                                                |
| <input type="checkbox"/> Raw                 |                                                |                                                |

**REPORT RETURN ADDRESS:** *Please print clearly.*

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**NOTICE:**

**THIS FORM IS NOT FOR PUBLIC WATER SYSTEMS (PWS) QUARTERLY COMPLIANCE REPORTING.**

PWS samples require an OH EPA SSR form with required information.

**LABORATORY FINDINGS**

**RESULTS**

Chlorine \_\_\_\_\_ / mg/l  
 E. coli \_\_\_\_\_ /100 ml  
 Fecal Coliforms \_\_\_\_\_ /100 ml  
 Fecal strep \_\_\_\_\_ /100 ml  
 Hardness \_\_\_\_\_  
 Iron \_\_\_\_\_ / mg/l  
 Lead \_\_\_\_\_ / mg/l  
 Total Plate Count \_\_\_\_\_ /100 ml  
 Nitrate \_\_\_\_\_ / mg/l  
 Nitrite \_\_\_\_\_ / mg/l  
 pH \_\_\_\_\_  
 Other \_\_\_\_\_

**VERIFICATION:**

- Not Analyzed  
 Sample Too Old  
 Leaked in Transit  
 Broken in Transit  
 Residual Chlorine  
 Insufficient Sample  
 Lab Accident

**TEST USED:**

- Membrane Filter  
 MMO-MUG

**TOTAL COLIFORM (TC)**

**RESULTS:**

- TC Positive  
 E. coli Negative  
 E. coli Positive  
 TC Negative

**NOTES:**

**WATER PASSED**

# ONSITE SEWAGE DISPOSAL SYSTEM INSPECTION

*Read the Scope of the Inspection (page 2), as it is part of this report.*

INSPECTION ADDRESS: **11399 Johnstown Rd** **New Albany, Oh** Franklin

**ONSITE SEWAGE DISPOSAL SYSTEM:**

Date Inspected: <b>06/23/2016</b>	Temperature: <b>75°F</b>
Soil Conditions: <b>Wet/Standing Water</b>	Weather Conditions: <b>Overcast</b>
Laundry Discharge: <b>To The Septic</b>	Sump Discharge: <b>Unknown</b>
Dye Test Performed On: <b>Toilet</b>	Dye Test Result: <b>Negative</b>
Approximate Age of Sewage System: <b>25+ Years</b>	Property Status: <b>vacant</b>
Location of Septic System: <b>Back Yard</b>	Inspected By: <b>Tim Thomas</b>

**TYPE OF SYSTEM**

**SEWAGE SYSTEM COMPONENTS**

- |                                                 |                                       |                                                |                                                  |                                     |
|-------------------------------------------------|---------------------------------------|------------------------------------------------|--------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Aeration System        | <input type="checkbox"/> Drip System  | <input checked="" type="checkbox"/> Leachfield | <input checked="" type="checkbox"/> Risers       | <input type="checkbox"/> Filter     |
| <input checked="" type="checkbox"/> Septic Tank | <input type="checkbox"/> Mound System | <input type="checkbox"/> Distribution Box      | <input type="checkbox"/> Chlorinator             | <input type="checkbox"/> Trash Trap |
| <input type="checkbox"/> Evapotranspiration     | <input type="checkbox"/>              | <input type="checkbox"/> Curtain Drain         | <input checked="" type="checkbox"/> Lift Station | <input type="checkbox"/> Other      |
|                                                 |                                       | <input checked="" type="checkbox"/> Vents      | <input type="checkbox"/> Inspection Box          |                                     |

OFF LOT DISCHARGE? \_\_\_\_\_ / If yes, where does it discharge to? \_\_\_\_\_

- Size and/or type of tank and leach system could not be determined.
- Unknown when system was last pumped out – we recommend pumping system out if it has not pumped within the past three years.
- System was pumped out \_\_\_\_\_ years ago according to \_\_\_\_\_. (Provide proof of pumping).
- Lift Station motor** **Was Not** working at the time of the inspection.
- Upon inspection it was noted that the water level in the \_\_\_\_\_ was very high. If this condition continues or worsens, the system may need updated or replaced in the future.
- Inspection of leach area was limited due to \_\_\_\_\_

COMMENTS **Lift station not running. Water levels are very high in the distribution box due to heavy rains. please contact a septic repair person to make corrections/or repairs to the system**

Today it is our opinion that the following indicated sentence(s) describe the condition of the onsite sewage disposal system:

- It has no apparent defects and is in acceptable operating condition.
- No defect or malfunction was observed, however, see comments and/or corrections.
- It is presently defective and is in an unacceptable operating condition requiring replacement or repair. Contact the County Health Dept. or a licensed septic repair company.
- At the time of the inspection, the house was vacant and no defects or visual signs of failure were observed. It should be noted, however, that because of the inactivity of the sewage system, problems may not become apparent until daily operation is resumed. See comments and/or corrections.

## PHOTO ATTACHMENTS

Property Address:

**11399 Johnstown Rd**

**New Albany, Oh**



### BENCHMARK LABS SCOPE AND LIMITATION OF INSPECTION

#### 1. What is covered in this inspection:

The inspector will perform a limited visual inspection and, if applicable, a dye test of the sewage system of the property to identify major defects, deficiencies, and the general functioning of the onsite sewage disposal system, its components and equipment. The examination is limited to visible and normal consumer operational equipment. The findings of this report may be rendered without the knowledge of some of the individual parts of the system that are not readily accessible or visible.

The opinion of Benchmark Labs regarding the onsite sewage disposal system applies only to the date and time that the report was made. The opinions expressed in the foregoing report are not a guarantee of the future performance of the onsite sewage disposal system. The parties agree and understand that Benchmark Labs and its inspectors are not insurers or guarantors against defects in the onsite sewage disposal system, its components or equipment. To the extent permissible under law, Benchmark Labs makes no warranty, expressed or implied, as to the fitness for the use or condition of the onsite sewage disposal system or its components or equipment inspected.

#### 2. What is not covered in this inspection:

This inspection will be of readily accessible areas of the onsite sewage disposal system and is limited to visual observation of apparent conditions existing at the time of the inspection only. Furthermore, conditions that change after the time of the inspection are not included in the report. In addition, deficiencies and defects that are latent or concealed are excluded from the inspection; the inspection is not intended to be technically exhaustive. Equipment, items and systems will not be dismantled or excavated.

The inspection and report are not a conformity or compliance inspection for governmental codes or regulations of any kind. Design problems, adequacy of the onsite sewage disposal system, geological stability, or soil conditions are not within the scope of this inspection.

#### 3. Limitations:

Client agrees to assume all risks for all conditions that are concealed from view at the time of inspection. This is not a home warranty, guarantee, insurance policy or substitute for a real estate transfer disclosure that may be required by federal, state or municipal statutes.