

ORANGE TWP
 COTTON VALLEY SD 00250
 2019 GREZLIK BETTY 11/26/19
 2018 GREZLIK BETTY
 2017 GREZLIK BETTY
 2000 GREZLIK BETTY
 6000 MAIN ST
 BOWERSTON
 2019
 2020 LOVE TERESA Y & HELEN J PORTER 3/22/19
 88280 MUD RUN RD
 URRICHSVILLE OH 44683
 VACANT
 1961 PROP DESIR
 EQ04GRES: 8½ Land 8½ Imp 20 Land 0 Imp
 7/3/18 REAPP 19 HK VM
 3/22/19 PREVIOUSLY MISSED T.O.D.D. IN 60/1805 SF
 Year Reason Code Land Building Total
 2000 REAL VAL 260 260
 2001 ANN. EQUAL 290 290
 2004 ANN. EQUAL 310 310
 2007 ANN. EQUAL 330 330
 sales # p mm dd yy to/remarks type/invalid? sales co:land co:bdlg
 129 10 3/22/19 LOVE TERESA Y & HELEN J AP**
 2015 land bidg total net tax
 2015 land bidg total net tax
 P.O. & C.T.
 99-00000 MWCD

I e a l P r o p e r t y r e c o r d
 11/26/19
 sale
 79
 LOT 79 NEW HAGERSTOWN
 5.00:02
 tax year: 5.00:02
 eff rate: 44.21
 2016 500
 prop cis 500
 acres 370
 Land 370
 bldg 370
 totl 370
 2017 500
 2018 500
 2019 500
 2020 500
 res

CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 44.31 44.30 44.30
 2017 500 500 500
 2018 370 370 370
 2019 370c 370c 370c
 2020 370c 370c 370c
 2018 a/r
 2019
 2020
 c a m a
 500
 1180
 1180c
 410
 410c

tax value: 130
 land 35%
 bldg 35%
 totl 35%
 hmatd 15%
 owner OC
 hmatd rb
 net tax
 sp-asmnt
 5.20 5.20 5.20
 5.20 5.20 5.20
 410 410c 410c
 410 410c 410c

*** Assessed Value ***
 Land Building Total
 90 90
 100 100
 110 110
 120 120
 sales co:land co:bdlg
 370
 acres/ effecty
 frntge frntge dpth dpth
 50.00 132 .94
 MAIN ST 28A
 100 100 4700 75
 1180
 1180

code 0025
 call back: R-
 date: 4/27/11 lister:CB
 sign: E
 25-0000290.000-v123014

ORANGE TWP
 CONOTON VALLEY SD 00220 11/26/19 sale
 2016 GREZLIK BETTY
 2017 GREZLIK BETTY
 2018 GREZLIK BETTY
 0000 GREZLIK BETTY
 MAIN STREET
 BOWERSTON
 2019

real property record
 eff year 2016 2017 2018 2019 2020
 tax year 44.21 44.30 44.30 44.30 44.30
 prop cls 500 500 500 500 500
 land 430 430 430 430 430
 bldg 430 430 430 430 430
 totl 430 430 430 430 430
 tax value: 150 150 150 150 150
 land 35 35 35 35 35
 bldg 35 35 35 35 35
 totl 35 35 35 35 35
 hmatd 5 5 5 5 5
 owner OC
 hmatd rb
 net tax 5.98 6.00 6.00 6.00 6.00
 sp asmt

CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 25-0000291.000
 2528A-84.000
 2019 2020
 a/t
 res
 500 500
 1370 1370
 480 480
 480 480

2020 LOVE TERESA Y & HELEN J PORTER 3/22/19 AF*
 88280 MUD RUN RD 44683
 UHRICHSVILLE OH
 VACANT
 INEL:PROP DESIR

8.25 X 142 IS SIDE ALLEY ADDED 1996 TAX YEAR
 2004GRS: 8 Land 8% Imp 30 Land 0 Imp
 3/22/19 REVISED PREVIOUSLY MISSED T.O.D.D. IN 60/1805. SF
 Year Reason Code Land Bldg Total
 2000 REAL VAL 340 340 680
 2001 ANN. EQUAL 370 370 740
 2004 ANN. EQUAL 370 370 740
 2007 ANN. EQUAL 390 390 780
 sales #p mm dd yy to/remarks type/invalid? sales co:land co:blgd
 129 18 3/22/19 LOVE TERESA Y & HELEN J AF** 430 430
 Year land bidg total net tax
 2015 140 140 280 5.70

MAIN ST 28A
 acres/ frntge 8.25 142
 dpth fctr .97
 extnd value 800
 influence factor(s) 75 LOCATION
 true value 1180
 200

code 0025
 -call back: R-
 sign: E date: 4/27/11 lister:CB
 25-0000291.000-V123014

ORANGE TWP
 CONYON VALLEY SD 00220 11/26/19 sale
 2016 GREZLIK BETTY
 2017 GREZLIK BETTY
 2018 GREZLIK BETTY
 0000 MAIN STREET
 BOWERSTON

re a l p r o p e r t y r e c o r d
 11/26/19 sale
 lot 81
 LOT 81 NEW HAGERSTOWN
 tax value:
 land 180
 bldg 350
 totl 530
 net tax 7.18
 sp-asmnt

2020 LOVE TERESA Y & HELEN J PORTER 3/22/19 AP*
 88260 MUD RUN RD
 UHRICHSVILLE OH 44663
 VACANT

inf1:PROP DESIR
 8.25 X 142 & 50 X 10 IS ALLEY ADDED 1996 TAX YEAR
 EQ44GRES: 8% Land 8% Imp 30 Land 0 Imp
 7/3/18 REAPP 19 HK-VM
 3/22/19 PREVIOUSLY MISSED T.O.D.D. IN 60/1805 SF
 Year Reason Code Land Building Total
 2000 ANN EQUAL 360 440 800
 2001 ANN EQUAL 420 440 860
 2007 ANN EQUAL 440 440 880
 sales# 129 #p mm dd YY to/remarks Y & HELEN J AF*
 129 3/22/15 LOVE TERESA Y & HELEN J AF*
 year land bldg total net tax
 2015 160 160 320 6.50
 P r o j e c t
 99-00000 RWCD

tax value:
 land 180
 bldg 350
 totl 530
 net tax 7.18
 sp-asmnt

2019 2020
 500 500
 510 510
 510t 510t
 180 180
 180t 180t
 7.22 7.22
 7.22 7.22
 580 580
 580t 580t

CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 44.30
 2018 2019 2020
 500 500
 510 510
 510t 510t
 180 180
 180t 180t
 7.22 7.22
 7.22 7.22
 580 580
 580t 580t

25-0000292.000
 2528A-85.000
 a/r
 2018 2019 2020
 500 500
 510 510
 510t 510t
 180 180
 180t 180t
 7.22 7.22
 7.22 7.22
 580 580
 580t 580t

MAIN ST 28A
 acres/ effectv dpth actual effectv extnd influence
 frntge frntge dpth rate value factor(s) value
 50.00 132 .94 100 94 75 LOCATION 1180
 8.25 142 .97 100 97 800 75 LOCATION 200

code 0025
 call back: R-
 sign: E date: 4/27/11 lister:CB
 25-0000292.000-V133014

ORANGE TWP 00220 11/26/19 00250 17/26/19 sale
CONOTON VALLEY SD
2016 GREZLIK BETTY
2017 GREZLIK BETTY
2018 GREZLIK BETTY
0000 GREZLIK BETTY
0000 MAIN STREET

LOT 81 NEW HAGERSTOWN
BOWERSTON
2019
2020 LOVE TERESA Y & HELEN J PORTER 3/22/19 AP
68280 MUD RUN RD
UMRICHSVILLE OH 44683
VACANT
fac's ben acr. charged 2018/A
P R O J E C T
99-00000 MWCD

re cord
tax year: 44.21 2016 500
prop cts 44.31 2017 500
land 100 2018 500
bid 100 2019 500
tot 100 2020 500
tax value: 180
land 35 180
bid 35 180
tot 35 180
hmsd 35
owner OC
hmsd rb
net tax
sp-asmnt

prope rty
lot 81 NEW HAGERSTOWN
BOWERSTON
2019
2020
2018
2019
2020

CARROLL COUNTY, OHIO
LYNN FAIRCLOUGH, AUDITOR
44.30 2018 500
44.30 2019 500
44.30 2020 500

front lot
acres/ frntge 50.00
effectv frntge 50.00
dpth frntge 10
actual rate .22
effectv rate 100
extend value 22
influence factor(s) 1100
true value 75 LOCATION 280

code 0025
call back: R
sign: E date: 4/27/11 lister: CB
25-0000292.000-V123014

25-0000292-000/01 ies
2528A-85-000
2019 2020 c a m a
2018 2019 2020 c a m a
280
280t
100
100t

ORANGE TWP
 CONOCTON VALLEY SD 00220 11/26/19 sale
 2016 GREZLIK BETTY
 2017 GREZLIK BETTY
 2018 GREZLIK BETTY
 0000 GREZLIK BETTY
 MAIN STREET
 BOWERSTON

re s e a l p r o p e r t y r e c o r d
 11/26/19 sale
 lot : 82
 LOT S2 NEW HAGERSTOWN
 tax year : 2016 2017 2018 2019 2020
 prop val : 500 500 500 500 500
 land 100% : 430 430 430 430 430
 bldg 100% : 430c 430c 430c 430c 430c
 tot 100% : 430t 430t 430t 430t 430t
 tax value :
 land 35% : 150 150 150 150 150
 bldg 35% : 150t 150t 150t 150t 150t
 tot 35% : 150t 150t 150t 150t 150t
 owner : OC
 hmetd : 10
 net tax : 5.98 6.00 6.00 6.00 6.00
 sp-asmnt :
 2020 LOVE TERESA Y & HELEN J PORTER 3/22/19 AP.
 88280 MUD RUN RD 44683
 UHRICHSVILLE OH

VACANT
 inf:PROP DESIR
 8.25 X 142 6 50 X 10 IS ALLEY ALLED 1996 TAX YEAR
 E004GRES: B 13 Land 8% Imp 30 Land 0 Imp
 3/22/19 PREVIOUSLY MISSED T.O.D. IN 60/1805 SF

Year	Reason Code	Land	Building	Total	Assessed Value
2000	REAL VAL	40	120	160	Land 120 Building 120 Total 240
2001	ANN. EQUAL	350	120	470	Land 120 Building 120 Total 240
2004	ANN. EQUAL	380	120	500	Land 120 Building 120 Total 240
2007	ANN. EQUAL	440	150	590	Land 120 Building 120 Total 240

Year Reason Code Land Building Total
 2000 REAL VAL 40 120 160
 2001 ANN. EQUAL 350 120 470
 2004 ANN. EQUAL 380 120 500
 2007 ANN. EQUAL 440 150 590

sales# 129 #p mm dd YY to/remarks type/invalid?
 3/22/19 LOVE TERESA Y & HELEN J AP.
 Year land bldg total net tax
 2015 140 140 280 5.70

code 0025 call back: R-
 sign: E date: 4/27/11 lister:CB
 25-0000293.000
 2528A-86.000

CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 44.30
 2018 a/i
 2019 t
 2020 c a m a
 500 500 500 1410 1410c
 430 430 430 1400t 1410t
 430t 430t 430t 1400t 1410t
 150 150 150 490 490
 150t 150t 150t 490t 490t
 5.98 6.00 6.00 6.00 6.00
 28A
 MAIN ST
 acres/ effectv
 frntge frntge dpth actual effectv influence
 50.00 132 .94 100 94 4700 75 LOCATION true
 50.00 10 .83 50 2 100 75 SHAPE/SIZE value
 8.25 142 .97 100 97 800 75 LOCATION 1180 30 200

ORANGE TWP 00220 11/26/19 sale 000102 CARROLL COUNTY, OHIO 25-0000294.000 res
 CONOTTON VALLEY SD 11/26/19 sale 000102 LYNN FAIRCLOUGH, AUDITOR 2528A-87.000
 2016 GREZLIK BETTY 2016 2017 2018 2019 2020 c a m a
 2017 GREZLIK BETTY 2016 2017 2018 2019 2020 c a m a
 2018 GREZLIK BETTY 2016 2017 2018 2019 2020 c a m a
 0000 GREZLIK BETTY 2016 2017 2018 2019 2020 c a m a
 DEACON RD BOMERSTON

lot 83 NEW HAGERSTOWN B3
 tax value: 44.21 44.30 44.30 44.30 44.30
 land 150 150 150 150 150
 bldg 120 120 120 120 120
 totl 270 270 270 270 270
 net tax 5.98 6.00 6.00 6.00 6.00
 sp-asmnt

88280 MUD RUN RD 3/22/19 AP*
 URRICHSVILLE OH 44683
 OBLDG ONLY
 infl:PROP DESIR

8.25 X 142 & 50 X 10 ALLEY ADDED 1996 TAX YEAR
 EQ4AGRES: 8% Land 8% Imp 30 Land 0 Imp
 7/31/18 REAPP 19 HK-VM
 3/22/19 PREVIOUSLY MISSED T.O.D.D. IN 60/1805_SF
 9/6/19 MOVED GARAGE FROM 25-436.000 TO HERE. VM
 Year Reason Code Land Building Total
 2000 REAL VAL 40 340 380
 2001 ANN EQUAL 350 380 730
 2004 ANN EQUAL 380 440 820
 2007 ANN EQUAL 440 440 880
 sales# #p mm dd YY to/remarks type/invalid? sales co:land co:blgd
 129 10 3/22/19 LOVE TERESA Y & HELEN J AP* 430 430

Year land bldg total net tax
 2015 140 140 280 5.70
 fac's.ben acr. 2018/A
 P r o j e c t
 99-00000 MWCD

DEACON RD (TR 115) 28A
 unit grade bit/Renov replace phy fnc true
 rate 100% 1985AV 14100 65 4940 ELECTRIC CONCRET FL
 dpxht 24X24 576
 acres/ effectv dpth actual effectv extnd influence true
 front lot 50.00 10 .03 rate value factor(is) value
 rear lot 50.00 10 .03 rate value factor(is) value
 code 0025 call back: R- sign: E date: 4/27/11 lister:CB -----25-0000294.000-v121014

ORANGE TWP
 CONOTON VALLEY SD 00220 11/26/19 sale
 2016 GREZLIK BETTY
 2017 GREZLIK BETTY
 2018 GREZLIK BETTY
 0000 GREZLIK BETTY
 DEACON RD
 BOWERSTON
 2019

CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 44.30-44.30-44.30
 2017 500 500
 2018 430 430
 2019 430 430
 2020 430 430
 2021 430 430
 2022 430 430
 2023 430 430
 2024 430 430
 2025 430 430
 2026 430 430
 2027 430 430
 2028 430 430
 2029 430 430
 2030 430 430
 2031 430 430
 2032 430 430
 2033 430 430
 2034 430 430
 2035 430 430
 2036 430 430
 2037 430 430
 2038 430 430
 2039 430 430
 2040 430 430
 2041 430 430
 2042 430 430
 2043 430 430
 2044 430 430
 2045 430 430
 2046 430 430
 2047 430 430
 2048 430 430
 2049 430 430
 2050 430 430

2019
 2020 LOVE TERESA Y & HELEN J PORTER 3/22/19 AF*
 86280 MUD RUN RD 44663
 UHRICHSVILLE OH
 SHB+ Cons.type.fc.sq-ft value b *MAIN
 1 BA OFF P 216 5300 c PORCH
 EFP P 108 6200 d PORCH
 *PATI P
 Infil:PROP DESIR
 B.25 X.42 S.50 X.10 IS ALLEY ADDED 1996 TAX YEAR
 7/4/98 REB. 1st Imp 30 Land 0 Imp
 3/22/19 PREVIOUSLY MISSED T.O.D.D. IN 60/1805 SF
 9/6/19 MOVED DMLG FROM 22-436 TO THIS PARCEL. VK
 *** True Cash Value ***
 Year Reason Code Land Building Total
 2000 REAL VAL 340 340
 2001 ANN. EQUAL 350 350
 2004 ANN. EQUAL 380 380
 2007 ANN. EQUAL 440 440
 sales #p mm dd YY to/remarks type/invalid?
 129 #p 3/22/19 LOVE TERESA Y & HELEN J AF**
 Year land bldg total net tax
 2015 140 140 280 5.70

DEACON RD (TR 115) 28A scale: 1.00' per horiz, 2.00' per vert char
 bldg type SHB+constxt area unit grade blt/Renov replace phy inc true
 1 DWELLING 1 BAP 776 85% 1947AV 93200 80 value
 acres/ effectv extnd influence true
 frntge frntge dpth fctr rate value factor(s)
 front lot 50.00 132 .94 100 4700 75 LOCATION value
 rear lot 50.00 10 .03 90 150 75 LOCATION 1.40
 front lot 8.25 142 .97 100 800 75 LOCATION 2.00
 occupancy 1 SINGLE FAM *DWELLING COMPUTATIONS
 story hgt 1 main FRAME 776 72600
 floor lvl 1 +stry 776 5900
 basement FRAME 776 12800
 subtotal 776 91300
 roof
 SHINGLE B I 2 U A
 plstr/drywall X X 0776 SFC-stry 11900
 plstr/drywall X X ext features 11500
 FLOOR/FINISH X X total value 116700
 floor/carp X X code
 floor/carp X X code
 bedrooms X 3
 central heat A
 Oil
 std plumbing 1
 call back: R-

sign: E date: 4/27/11 lister:CB -----25-0000295.000-V123014

ORANGE TWP
 CONOTON VALLEY SD 00220 11/26/19 sale
 2016 GREZLIK BETTY J
 2017 GREZLIK BETTY J
 2018 GREZLIK BETTY J
 0000 GREZLIK BETTY J
 9272 DEACON RD SW BOWERSTON

9272 DEACON RD SW BOWERSTON OH 44695
 C/O TERESA Y & HELEN J PORTER 3/22/19 AP*
 88280 MUD RUN RD URRICHSVILLE OH 44683

VACANT
 1HE1:PROP DESIR
 8.25 X 142 & 50 X 10 IS ALLEY ADDED 1996 TAX YEAR
 2004GRS: p8 Land 84 Imp 550 Land 3630 Imp
 3/22/19 REVOLUTONLY M P
 3/22/19 REVOLUTONLY M P
 3/22/19 REVOLUTONLY M P
 9/6/16 MOVED DMIG TO 25-295-000 & GARAGE TO 25-294-000. VM
 1H19- CORRECTED FRONT LOT SIZE FROM 50 TO 44 VM

Year Reason Code	Land	Building	Total	Assessed Value
2000 REAL VAL	6570	37898	44468	155560
2001 ANN. EQUAL	6820	45340	52160	18280
2004 ANN. EQUAL	7370	48970	56340	19720
2007 ANN. EQUAL	7830	53220	61050	21370

sale# #p mm dd yy to/remarks type/invalid?
 131 2 3/22/19 LOVE TERESA Y & HELEN J AP**
 207 2 6/08/10 GREZLIK BETTY J ETAL J/STD**
 2 6/08/10 GREZLIK BETTY J ETAL J/SJS**

Year	Land	bidg	total	net tax
2015	5270	18500	23770	491.94

P r O j e c t 95-00000 WNCB
 fac's ben acr. charged 2018/A

25-0000436-000
 2528A-89-000

CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 44-30-4130-4130
 2016 2017 2018 2019 2020

res	ca	a	ca	ca	ca
1480	1480c	1480	1480	1480	1480
4240	4230	4230c	4230	4230	4240c
4240c	4230c	4230c	4230c	4230c	4240c

tax value:	land	bidg	total	rate	actual	rate	effect	rate	influence
2940	20170	23110c	25080	24.52	2940	20170	23110c	25080	24.52
560.26	552.20	552.20	552.20	560.26	552.20	552.20	552.20	560.26	560.00
8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00	8.00

front lot	rear lot	frntge	frntge	frntge	frntge	frntge	frntge	frntge	frntge
50.00	10	.03	100	100	100	100	100	100	100

DEACON RD (TR 115) 28A
 9272 DEACON RD (TR 115) 28A
 call back: R- 0025
 code 0025
 sign: E date: 4/27/11 lister:CB
 -----25-0000436-000-v123014

ORANGE TWP
 CONOTTON VALLEY SD
 00220
 11/26/19
 5.00.02
 25-0000437-000
 2528A-90.000
 CARROLL COUNTY, OHIO
 LYNN FAIRCLOUGH, AUDITOR
 44.30
 2018
 2019
 2020
 res
 1220
 1220c
 430

R e a l p r o p e r t y
 11/26/19
 sale
 86
 LOT 86 NEW HAGERSTOWN
 6/08/10
 ID*
 9271 DEACON RD SW
 BOWERSTON OH 44695
 C/O TERESA Y & HELEN J PORTER
 82280 MUD RUN RD
 UHRICHSVILLE OH 44683
 VACANT
 INF:PROP DESIR

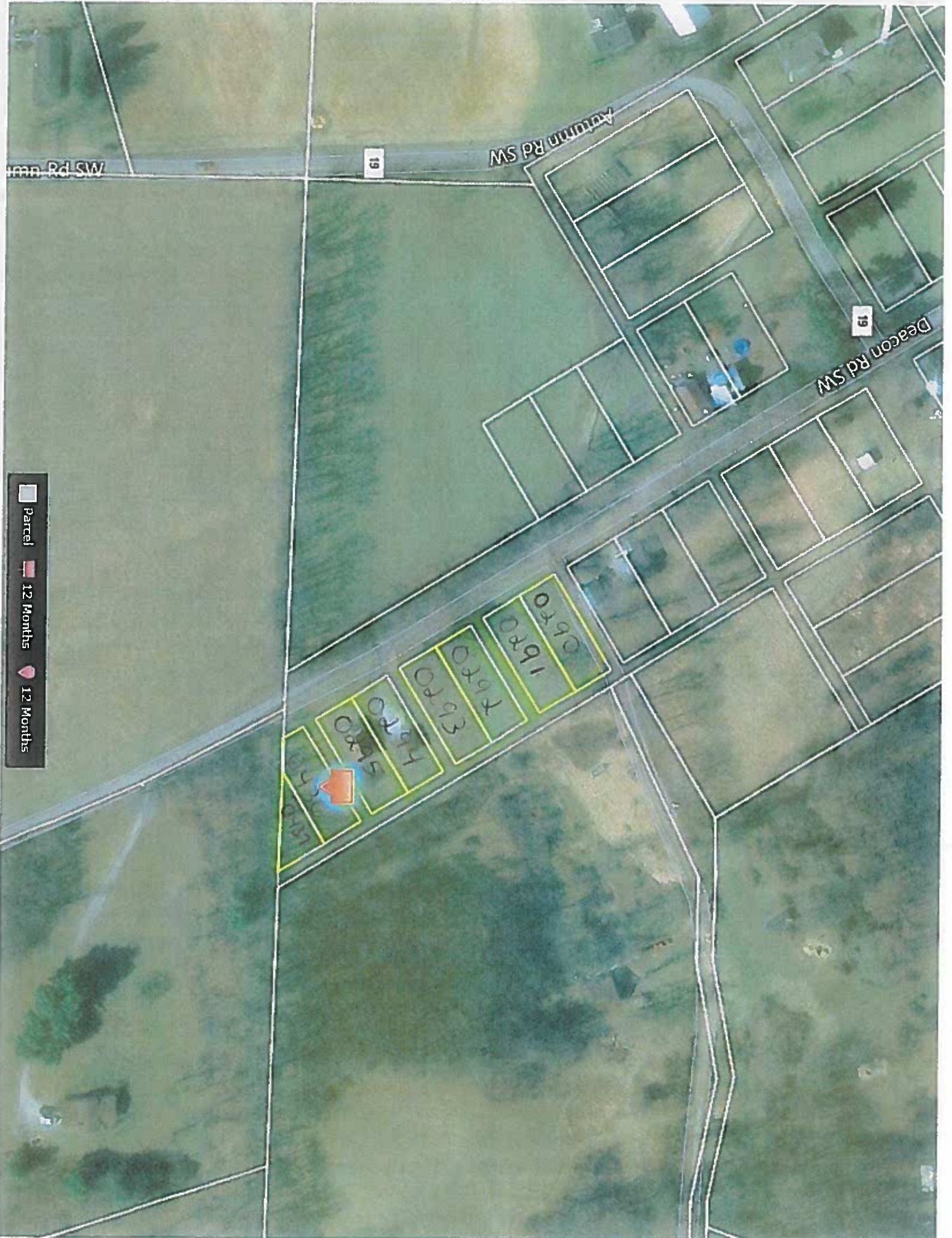
2016 GREZLIK BETTY J
 2017 GREZLIK BETTY J
 2018 GREZLIK BETTY J
 0000 GREZLIK BETTY J
 0000 9272 DEACON RD SW
 BOWERSTON
 2020 LOVE TERESA Y & HELEN J PORTER
 82280 MUD RUN RD
 UHRICHSVILLE OH 44683
 VACANT
 INF:PROP DESIR

50 X 10 IS ALLEY ADDED 1996 TAX YEAR
 5004GRES: 8% Land 8% Imp 20 Land 0 Imp
 1/3/19 REAPP 19 HK-VM
 1/22/19 PREVIOUSLY MISSED TFR TO BETTY J GREZLIK, TERESA Y LOVE & HELEN J PORTER IN 60/1802 ST
 Year Reason Code Land Building Total
 2000 REAL VAL 290 300 590
 2001 ANN EQUAL 300 320 620
 2004 ANN EQUAL 320 380 700
 2007 ANN EQUAL 380 430 810
 sale# #p mm dd yy to/remarks type/invalid?
 131 2 3/22/15 LOVE TERESA Y & HELEN J AP**
 207 2 6/08/10 GREZLIK BETTY J ETAL J/JS**
 207 2 6/08/10 GREZLIK BETTY J ETAL J/JS**
 Year land bldg total net tax
 2015 120 120 240 4.88

***** Assessed Value *****
 Land 100
 Building 110
 Total 210
 ***** True Cash Value *****
 Land 110
 Building 110
 Total 220
 sales co:land co:blgd
 370 370
 370 370
 370 370
 net tax 4.88

DEACON RD (TR 115) 28A
 acres/ glectv
 frntge frntge dpth frntge dpth
 50.00 10 .03
 front lot rear lot
 100 90
 rate rate value
 100 94 4700
 influence factor(s)
 75 75 LOCATION
 40 40
 true value 1180

code 0025
 call back: R-
 sign: E date: 4/27/11 lister:CB
 25-0000437.000-v123014



Autumn Rd SW

19

Autumn Rd SW

19

Deacon Rd SW

- Parcel
- 12 Months
- 12 Months

1437
 1445
 1454
 1463
 1472
 1481
 1490





RESIDENTIAL PROPERTY DISCLOSURE FORM

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.

Owner's Initials HL Date 11-8-2019
Owner's Initials AP Date 11/10/2019

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



STATE OF OHIO DEPARTMENT OF COMMERCE

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: 9272 W. Leach Rd. SW Bowerston, OH

Owners Name(s): Buslik

Date: 11-8, 2019

Owner [] is [X] is not occupying the property. If owner is occupying the property, since what date: If owner is not occupying the property, since what date: June 2016 Seller has not lived on property for years

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? [] Yes [X] No

Is the quantity of water sufficient for your household use? (NOTE: water usage will vary from household to household) [X] 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: 8/28/2019 Inspected By: Carroll County Health Dept

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

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 [X] No

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

Owner's Initials: [Handwritten] Date: 11-8-2019

Purchaser's Initials: _____ Date: _____

Property Address 9272 Deacon Rd SW Burien

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 type="checkbox"/>	<input checked="" type="checkbox"/>
2) Plumbing (pipes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Is water softener leased?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3) Central heating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9) Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
5) Sump pump	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10) Central vacuum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6) Fireplace/chimney	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11) Built in appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7) Lawn sprinkler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12) Other mechanical systems	<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 to the mechanical system (but not longer than the past 5 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 HL Date 11-8-2019
Owner's Initials EP Date 11-10-2019

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

Property Address 9272 Deane Rd SW Bellevue

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 - *Keeping all mineral rights*

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 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 HL Date 11-8-2019
Owner's Initials LP Date 11-10-2019

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

Property Address 9272 Deacon Rd SW Bowlerston

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: Jessica Love DATE: 11-8-2019
OWNER: Helen Porter DATE: 11/10/2019

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: 9272 Deaw Rd SW Columbus, OH

Buyer(s): _____

Seller(s): _____

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) Dee Ruppel Auctions and real estate brokerage McIntyre 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 _____

BUYER/TENANT _____ DATE _____



SELLER/LANDLORD DATE


SELLER/LANDLORD DATE

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

Property Address 9272 Deacon Rd SW Burien

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) DMW 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>Jessica Love</u>	<u>11-8-19</u>	<u>Kelen Porter</u>	<u>11/10/2019</u>
Seller	Date	Seller	Date
<u>DMW</u>	<u>11-8-19</u>		
Purchaser	Date	Purchaser	Date
Agent	Date	Agent	Date



**CARROLL COUNTY
GENERAL HEALTH DISTRICT**
Healthy People — Safe Communities

August 29, 2019

Teresa Love
9272 Deacon Rd. SW
Bowerston, OH 44695

RE: Point of Sale Evaluation/Septic inspection: (9272 Deacon Rd. SW Bowerston, Orange Township)

Dear Ms. Love,

There is no septic permit on file at the Carroll County Health Department for the above-mentioned property. (*See attached paperwork*)

A septic inspection was performed on August 28, 2019 at the property **9272 Deacon Rd. SW Bowerston**. During the evaluation, dye was observed surfacing in the roadside ditch. The system will need to be replaced in accordance with OAC 3701-29. (*See attached paperwork for additional comments*)

If you have any questions, please call us at 330-627-4866 (ext. #1522) Monday through Friday from 7:30 a.m. to 4:00 p.m.

Sincerely,

Tina Marini RS
Environmental Division

cc: file

CCHD - P.O.S. APPOINTMENT INFORMATION

Septic Inspection & Water Sample: \$285.00
Septic Inspection: \$250.00

Paid: CK# 1977 Cash

Septic Permit Attached: No Well Log Attached: Yes House Vacant: Yes *1 yr.*

Septic Only: X Waiver: (If so, date approved):

DATE OF INSPECTION: August 28, 2019 TIME: 9-9:30

TOWNSHIP: Orange SANITARIAN: Tina

OWNER or BUYER OF PROPERTY: Teresa Love

ADDRESS OF PROPERTY: 9272 Deacon Rd. SW
Bowerston, OH 44695 PHONE# 740-922-0811

REALTOR:

PHONE: FAX:

REALTOR:

PHONE: FAX:

RESULTS MAILED TO: Teresa Love

ADDRESS: Email - teeseelove@gmail.com

PHONE: 740-922-0811 FAX:

DYE TEST RESULTS:

FUNCTIONING PROPERLY: YES X NO

PLUMBING ISSUES: X YES NO

~~REASON:~~ laundry discharge into floor drain. Not tied
into septic. Laundry discharge will have to be tied into septic
or abandon hood-up. If done by licensed individual, re-insp.
fee may be waived by receipt submission.

SEWAGE LAYOUT NEEDED: YES NO

9272 Deacon Rd. SW (Parcel #25-0000436 000)

Bowerston, OH 44695

DISTANCE FROM SEPTIC TO WELL: 67 ft.

Number of Bedrooms 3

WATER INFORMATION

WATER WELL: X ✓

SPRING: _____

CITY WATER: _____

PRIVATE WATER SOURCE: _____ (If so, from where): _____

*RE-EVALUATION NEEDED:

YES: X*

NO: _____

Re-Evaluation Fee: \$60.00

Paid: CK# _____

Cash _____

3 Bedrooms = 360 GPD = 180 GPD @ 50PM = 36 min.

SANITARIAN'S REMARKS:

8-28-19

TM. All known components exposed each component unknown

Dye showed up in tank immediately.

*laundry discharge not tied into septic. need to tie in or abandon
back up. If done by licensed professional re-insp. fee may be waived
by submission of receipt of work done.

There are two pressure tanks in basement. one by hot water tank
is hooked up to drilled well-water supply to home. (well on file)

Other pressure tank hooked up to old hand dug well under
platform. This unused well will need to be abandoned properly
to current code requirement. OAC 3701.28 if not going to be used.
not currently hooked up to power. unsure if pump is working.

UNABLE TO PERFORM TEST.

Dye showed up in roadside ditch.
System is creating public health nuisance and failed

evaluation system will need to be replaced in compliance
with OAC 3701.29.

NAME: Teresa Love

DATE: August 28, 2019

ADDRESS: 9272 Deacon Rd. SW

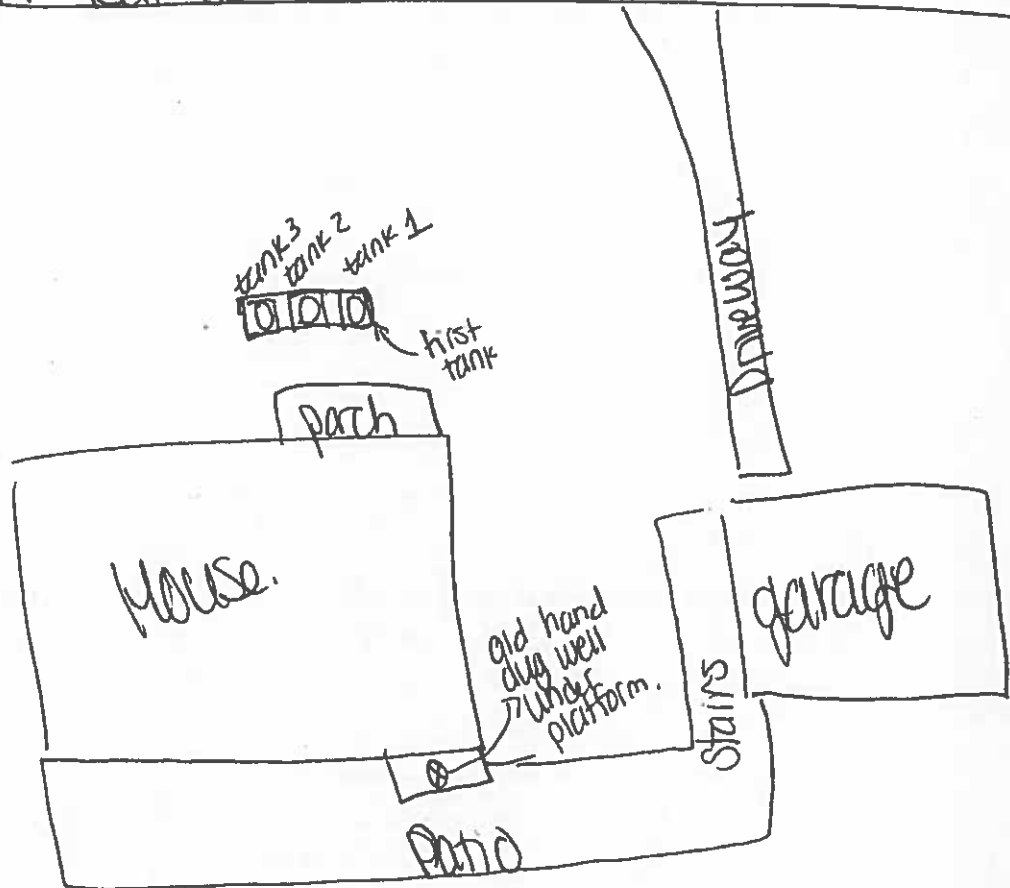
Bowerston, OH 44695

TOWNSHIP: Orange

DIAGRAM (not to Scale)

Deacon Rd. SW.

- well to house - 29 ft
- well to tank - 67 ft
- old well to tank - 38 ft
- tank to house - 10 ft
- tank 1 to tank 2 - 3 ft
- tank 2 to tank 3 - 2 ft
- tank to leach - unknown



⊗ current well.

SANITARIAN: J. M. M. M.

25-0000436.000

APPLICATION/PERMIT FOR PRIVATE WATER SYSTEM

Permit # _____

TUSCARAWA COUNTY GENERAL

HEALTH DISTRICT

Fee _____

CHECK ONE ITEM IN EACH BOX:

New Installation

Alteration

Water System Will Serve:

Single-family dwelling

Other

Well Spring

Test Hole Pond

Cistern Hauled Water Storage Tank

(Please type or print in ballpoint pen)

Owner _____ Phone # _____

Mailing Address _____ City _____ Zip _____

Location of Property _____

Street Address _____ Township _____

Name of Applicant _____ Phone # _____

Address _____

NOTICE TO APPLICANT: It may be your advantage to read the rules governing Private Water Systems, Chapter 3701-28 of the Administrative Code. This application will not be processed until the site plan is complete and this form bears the signature of the applicant and is accompanied by the appropriate fee.

I/we, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all other applicable rules.

I/we also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private water system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Administrative Code.

Applicant's Signature

Date

Site Plan

Indicate distances between water source and the following existing or proposed items:

- _____ Public roadway _____ Buildings
- _____ Driveway _____ House
- _____ Property lines _____ Barn
- _____ Easements _____ Outbuilding
- _____ Sewer lines
- _____ Sewage disposal system
- _____ Other possible sources of contamination (i.e. buried fuel tank, manure pile, ditches etc.)

Note: If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Administrative Code.

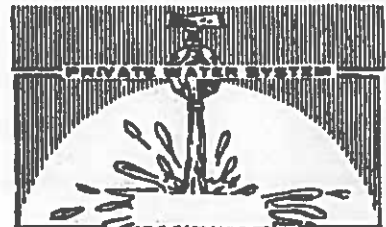
DO NOT WRITE BELOW THIS LINE

Permit Approved By _____

Date _____

Note: Not valid without official audit number.

HEALTH DEPARTMENT COPY



FILL IN AUDIT #



PRIVATE WATER SYSTEM

ADMINISTRATIVE SUMMARY
(Health Department Use Only)

I. Completion Forms

Date Received
12-12-88
11

Well Log From: Burgess Dulling Contractors
Completion Form From: 11

II. Inspection

Water Sample Collection Date 4-27-89 Safe

Results: _____

System Inspected By: Constance S. Little Date 10-2-89

III. System Approved By: Constance S. Little Date 10-3-89

System Disapproved By: _____ Date _____

Reasons: _____

IV. Comments

Steel casing O.D. 6 7/8" I.D. 6 1/2"
Steel cap Dayton C-6
Casing ↑ grade 9"
Pitless Adapter 41" ↓ grade.
40' from house
100' from septic system

PRIVATE WATER SYSTEM
CONTRACTOR/INSTALLER
COMPLETION FORM

Permit # 100-58

This form must be completed and returned to the health department prior to final approval of the private water system. This form is required according to Ohio Revised Code 3701.34 and 3701.44 and Ohio Administrative Code 3701-28-03.

Owner Betty Srezlik
Mailing address 9272 Deacon Rd S.W.
City Bowestown
Location of property In Village of Hagerstown on Deacon Rd
Township Orange
Contractor/Installer Chance Miller Registration # 25
Company name Burgess Drilling Contractors
Address Route 3 Box 121
Dover, Ohio 44622 Phone # 216-343-0887
Date of completion December 7, 1988

DEC 12 1988
CARROLL CO. HEALTH DEPT.
Zip 44613

PUMP

Type pump 1/2hp submersible pump
Capacity (GPM) 8
Depth of pump setting or intake 102'
Installer Burgess Drilling Contractors
Registration # 25

WELL

Pitless device (check and complete applicable section)

Adapter:
Manufacturer Dichens
Depth below grade 3'
Method of cutting casing hole _____
Hole Saw
Method of attaching casing extension (if applicable) _____

 Preassembled unit:
Manufacturer _____
Depth below grade _____
Method of attachment _____

DISINFECTION EQUIPMENT

Type disinfectant well chlor

Disinfection equipment:

Method Manual

Points at which disinfectant is added Well Head

Post disinfection holding tank:

Material well chlor

Size (gallons) 20 gallon Volume

Estimated retention time 24 hours

Installer Burgess Dulling Contractors

Registration # 25

CISTERN/HAULED WATER STORAGE

Construction details:

Tank(s):

Manufacturer _____

Type of construction _____

Material _____

Tank size (gallons) _____

Size of manhole _____

Roof washer/Filtering device:

Manufacturer _____

Number _____

Size/Capacity _____

Roof catchment area (sq. ft.) _____

Overflow discharge point _____

POND

Construction details:

Maximum depth _____

Average depth _____

Surface area _____

Capacity (in gallons) _____

Total watershed (acre) _____

Suspended intake:

Type _____

Depth below water surface _____

Filter type _____

Water storage tank size (gallons) _____

SPRING

Construction details:

Manufacturer of spring box _____

Material _____

Spring box size (gallons) _____

Type aquifer (i.e. fractured rock, sand & gravel)

Diversion ditch:

Distance from spring _____

Drain discharge point _____

Overflow discharge point _____



Water Well Log and Drilling Report

Ohio Department of Natural Resources
 Division of Soil and Water
 Phone: 614-265-6740 Fax: 614-265-6767

Well Log Number: 690920

[View Image of Original Well Log](#)

ORIGINAL OWNER AND LOCATION

Original Owner Name: *BETTY GREZLIK*
 County: *CARROLL*
 Address: *9272 DEACON RD*
 City:
 Location Number:
 Latitude:

Township: *ORANGE*
 State: *OH*
 Location Map Year:
 Longitude:

Section Number: *28*
 Lot Number:
 Zip Code:
 Location Area:

CONSTRUCTION DETAILS

Borehole Diameter: 1:
 2:

Borehole Depth: 1: *109 ft.*
 2:

Depth to Bedrock:

Casing Diameter: 1: *6.5 in.*
 2:

Casing Length: 1: *33 ft.*
 2:

Casing Thickness: 1:
 2:

Casing Height Above Ground:

Aquifer Type: *SANDSTONE*

Well Use: *DOMESTIC*

Date of Completion: *12/7/1988*

Total Depth: *109 ft.*

Driller's Name: *BURGESS DRILLING INC*

Screen Diameter:

Slot Size:

Screen Length:

Type:

Material:

Set Between:

Gravel Pack Material/Size:

Vol/Wt Used:

Method of Installation:

Placed:

Grout Material/Size:

Vol/Wt Used:

Method of Installation:

Placed

WELL TEST DETAILS

Static Water Level: *21 ft.*

Test Rate: *3 gpm*

Associated Reports

Drawdown: *88 ft.*

Test Duration: *2 hrs.*

COMMENTS:

WELL LOG

Formations	From	To
BROWN SHALE	0	7
GRAY SHALE	7	82
BLUE SHALE	82	92
GRAY SANDSTONE	92	109
WATER AT		64

[Printing Tips](#) (opens in new window)

[Print This Page](#) | [Return to County Search](#)

[Well log questions](#) - [Web site questions](#) - [Web policies](#)

WELL LOG AND DRILLING REPORT

RECEIVED

State of Ohio
DEPARTMENT OF NATURAL RESOURCES
Division of Water
1939 Fountain Square Drive
Columbus, Ohio 43224

690920

TYPE OR USE PEN
SELF-TRANSCRIBING
PRESS HARD!

DEC 12 1988

Permit Number _____

CARROLL CO. HEALTH DEPT.

COUNTY Wetter TOWNSHIP _____ SECTION OF TOWNSHIP _____

OWNER Carroll PROPERTY ADDRESS _____

LOCATION OF PROPERTY _____

CONSTRUCTION DETAILS

CASING

Casing Diameter 6 1/2 in. Length of Casing 2 ft.

Type: Steel Galv. PVC Other _____

Joints: Threaded Welded Solvent Other _____

SCREEN

Type (wire wrapped, louvered, etc.) None Material _____

Length _____ ft. Diameter _____ in.

Set between _____ ft. and _____ ft. Slot _____

GROUT

Material _____ Volume used _____

Method of installation _____

Depth: placed from _____ ft. to _____ ft.

Rotary Cable Augered Driven Dug Other _____

BAILING OR PUMPING TEST

(specify one by circling)

WELL TEST

Test rate 2 gpm Duration of test _____ hrs

Drawdown (water level during pumping) F 1 ft.

Measured from: top of casing ground level Other _____

Static Level (depth to water) 21 ft. Date: 1 30 88

Quality (clear, cloudy, taste, odor) _____

PUMP

Type of pump _____ Capacity _____ gpm

Pump set at _____ ft.

Pump installed by _____

Pitless Device Adapter Preassembled unit

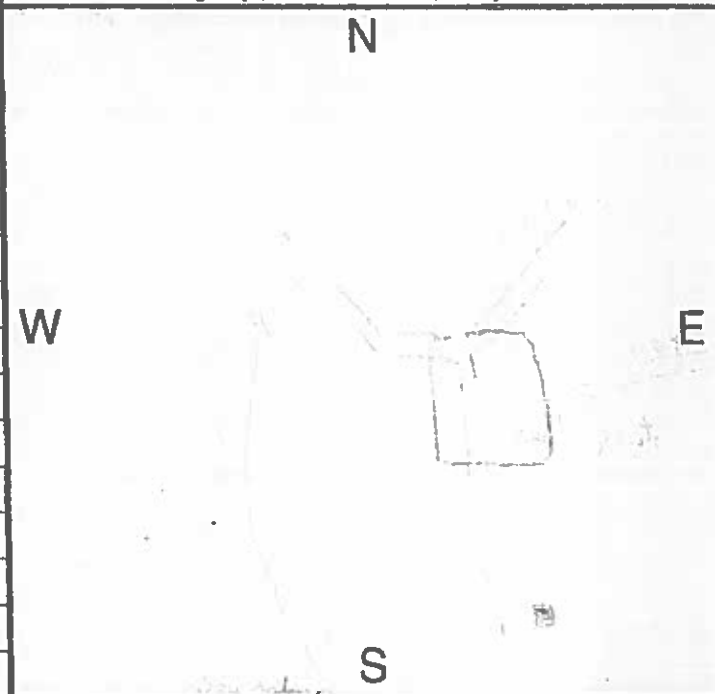
Use of Well _____

WELL LOG*

Show color, texture, hardness, and formation: <i>sandstone, shale, limestone, gravel, clay, sand</i>	From	To
<i>Brown Shale</i>	0 ft.	ft.
<i>Gray shale - Stony</i>	7	82
<i>Blue shale</i>	82	92
<i>Gray sandstone</i>	92	ft.
<i>water at 64'</i>		

SKETCH SHOWING LOCATION

Show distances well lies from numbered
state highways, street intersections, county roads, etc.



* If additional space is needed to complete well log, use next consecutively numbered form.

DNR 7802.88

DRILLING FIRM _____ SIGNED _____

ADDRESS _____ DATE _____

CITY, STATE, ZIP _____ ODH REGISTRATION NUMBER _____

Completion of this form is required by 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY - ODNR, DIVISION OF WATER, 1939 FOUNTAIN SQ. DRIVE, COLS., OHIO 43224

Carroll County General Health District

JACK L. MAFFETT, M.D.
HEALTH COMMISSIONER

24 SECOND STREET N.E.
CARROLLTON, OHIO 44615
(216) 627-4866

May 1, 1989

Betty Grezelik
9272 Deacon Rd. SW
Bowerston, Ohio 44695

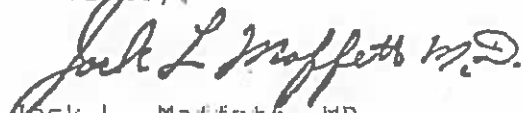
Dear Sir,

On April 26, 1989 this department collected a sample of water from the above-referenced property and sent it to an Ohio Department of Health approved laboratory for bacterial analysis.

We have just received the laboratory report of that sample, and the results indicate that the water was bacteriologically SAFE for drinking purposes at the time of sample collection.

If you have any questions, please feel free to contact this office.

Sincerely,



Jack L. Maffett, MD
Health Commissioner

cc/file

Carroll County General Health District

JACK L. MAFFETT, M.D.
HEALTH COMMISSIONER

24 SECOND STREET N.E.
CARROLLTON, OHIO 44615
(216) 627-4866

9272 Deacon Rd.
Columerston, OH 44695

Dear Betty Grezlik

On October 6, 1989.

, a Sanitarian with the
Carroll County Health Department performed a final review of
your Private Water System Installation permit and file.

You are hereby advised that said installation has been
approved.

Sincerely,

Constance S. Little R.S.

Constance S. Little, R.S.
Supervising Sanitarian

OHIO DEPARTMENT OF HEALTH
BACTERIAL SAMPLE REPORT

121 1-10 88

Indicate if Check Sample

Betty Grezelski
Water Supply Name (If Private, Name of Resident)

Carroll
County

4-26-89
Date Collected

11:30 AM
Time Collected

C. Hittner
Name of Person Collecting Sample

PWS ID (If Applicable)
Bathroom tap
Identification of Sample Tap

9272 Deacon Rd. S.W., Bowington
Address of Sample Tap

City 44695

Phone _____

NOTE: Fill in all information on the top half of this form. Use only typewriter, soft pencil or rubber stamp with black ink. Illegible, incomplete information will result in loss of sample.

SAMPLE CLASSIFICATION

- Community
- Non-community
- Private
- Plant Dist Raw
- Surface Ground

Owner or Purveyor to Receive Results: Bill this address

Name _____

Address _____

City _____

Fold along dotted line, but do not separate

Laboratory Findings

- MI 08 1400
- MI 08 2400
- MI 08 1100
- MI 08 2100
- MI 08 1200
- MI 08 2200
- MI 08 1300
- MI 08 2300

Membrane Filter (MF)

Total Coliform < 1 /100ml

Fecal Coliform _____ /100ml

Fecal Strep _____ /100ml

Other _____ /100ml

Sample No. 06807

Date APR 27 1989

Rec'd Time 8:00

Date APR 28 1989

Rept'd

Analyst JM

- Resample
- Unsafe
- Laboratory Accident
- Confluent Growth
- High Background Count
- Sample Too Old

Analyzed by: Cert. No.

- Bowling Green: 820
- Columbus: 001
- Cuyahoga Falls: 810

CONFIRMATION

Tube	LST		BG	
	24	48	24	48
1				
2				
3				
4				
5				

- Safe
- Not Analyzed
- Leaked/Broken in Transit
- Residual Chlorine
- Insufficient Sample
- Incomplete Information
- Sample Over 30 Hours

Agency to Receive Results: Bill this address

Name OHIO DEPARTMENT OF HEALTH

Address 14800 State St. S.W.

City Cuyahoga Falls, OH 44221