Supplement Four – EH DSI Water & Sewage Forms

Supplement Four contains sample Bureau of Environmental Health forms for the Water & Sewage Programs that are used in the Bureau's current EH Program business processes to gather environmental health data from the various stakeholder groups throughout the State.

Note: The Water & Sewage forms are provided as they are utilized in the Certification and Registration functionality.

Rest of this page is intentionally left blank.

Water Forms

Registration Number

Ohio Department of Health
2012 Annual Private Water Systems Contractor Application for Registration

Company Name

Company Owner

Company Address

PO Box

City

State

Zip

County

Phone

Fax

Company Representative

Company E-mail

Were you a registered private water systems contractor in 2011? ☐ Yes ☐ No If no, are you a new registrant? ☐

Are you a homeowner working only on private water systems located on property you own? ☐ Yes ☐ No

Registrant Categories of Work (please check all that apply to your business, must check at least one)

Well Contractor* (see contractor construction inspection section)

☐ Cable Tool ☐ Rotary ☐ Bucket Auger ☐ Point Well ☐ Well Sealing ☐ Pump Installer

☐ Subcontract Drilling Services ☐ Well Rehabilitation or Disinfection

Other System Contractor

☐ Pond ☐ Spring ☐ Cistern ☐ Hauled Water Storage Tank ☐ Abandonment/Sealing

☐ Pump/Distribution system installer ☐ Water Treatment/Continuous Disinfection Systems

Inspection Services

☐ Private water systems inspections ☐ Downhole Camera – if checked, would you like to be listed as providing this service for well owners? ☐ Yes ☐ No

Contractor Construction Inspection for Registration Year (you must check one)

*A contractor inspection is required at least once within the five (5) year registration period of January 1, 2012 through December 31, 2016.

☐ Construction inspection obtained in 2011 – inspection form enclosed with application

☐ Explanation or comments:

Liability Insurance

☐ Certificate of Liability Insurance – proof of $500,000 general liability insurance is enclosed with this application.

Registration/Licensure in Other States

Do you or your company hold a registration/license regarding private water systems in any other state?

☐ Yes ☐ No If Yes, please list the state, identifying number, type of registration/license and expiration date of license of registration.

I hereby certify that the information provided is true and accurate.

Signature of Company Owner or Representative (required):

The applicant for registration as a private water systems contractor agrees to the following terms and conditions of registration:

1. I/we, have read and reviewed Chapter 3701-28 of Ohio Administrative Code and understand the provisions contained therein.
2. I/we, the undersigned, hereby agree to comply with the state private water system rules, Chapter 3701-28 of the Ohio Administrative Code.
3. I/we, assert that I/we have adequate experience and knowledge to comply with the requirements Chapter 3701-28 of the Ohio Administrative Code.
4. I/we, assert that I/we are not using this registration application to aid or abet an unregistered person to evade the requirements of registration under section 3701.344 of the Ohio Revised Code, that I/we will not allow this registration to be used by an unregistered person, or am acting as an agent, partner, or associate of an unregistered person with the intent to evade the provisions of Chapter 3701-28 of the Ohio Administrative Code.
5. I/we, also acknowledge that registration may be suspended, revoked or denied for violation of any provisions of these rules.
6. I/we also understand that a registration expires on **December 31** of each year unless earlier revoked or suspended, and that annual application for registration must be made to the Ohio Department of Health.

This registration expires on December 31, 2012.

I hereby certify that the information provided is true and accurate.

Signature of Company Owner or Representative (required): **Date:**

Notice to Applicant – Required Information to Process Your Application

All application packets must be mailed with the following documents and funds:

1. A **$250.00** registration fee (payable by check or money order only to Treasurer, State of Ohio) or a **$500.00** registration fee for applications submitted late after work on a private water system has been started without a valid registration.
2. The **original** 2012 private water systems contractor registration bond (see bond instructions/requirements).
3. Proof of $500,000 General Liability Insurance.
4. This registration application form completely filled out and signed/dated.
5. Enclose your contractor construction inspection form if applicable.

Incomplete packets will be held and not processed until all required information is received.

Registration Due Dates: January 1, 2012

1. All completed application packets must be received by January 1, 2012.
2. Please note that if you were registered for 2011 and your application is received by January 1, 2012, under the Ohio Administrative Code you may continue to work until your application is processed.
3. **If your application is not received by January 1, 2012– you must cease all work until a completed application is received and processed.**

Registration Mailing and Contact Information:

Mail completed packets to:
Ohio Department of Health
BEH Private Water Systems
P.O. Box 15278
Columbus, Ohio 43215-0278

Questions or need forms??
Contact the Residential Water and Sewage Program at (614)644-7558 or email at BEH@odh.ohio.gov

Forms, instructions and more information are posted at the program website at:
http://www.odh.ohio.gov/odhPrograms/eh/water/water1.aspx

Registration Number

Ohio Department of Health
2012 Private Water Systems Contractor
Property Owner Application for Registration

Property Owner Name

Property Owner Address

PO Box

City

State

Zip

County

Phone

Property Owner E-mail

Are you a property owner working only on private water systems located on property you own? ☐ Yes ☐ No

If "No" – stop and complete the Registered Contractor Application for Registration.

Registrant Categories of Work (please check all that apply to the work you are conducting on your private water system, must check at least one)

Well Drilling, Component Installation, Alteration or Sealing

☐ Cable Tool ☐ Rotary ☐ Bucket Auger ☐ Point Well ☐ Well Sealing ☐ Pitless Adapter Installation

Other Systems

☐ Cistern ☐ Pond ☐ Spring ☐ Hauled Water Storage Tanks ☐ Abandonment/Sealing

System Components

☐ Pump/Drop Pipe Installation ☐ Distribution System ☐ Backflow Prevention Devices / Yard Hydrants

☐ Pressure Tank and components (pressure relief valve, pressure gauge, sample tap, other components)

☐ Water Treatment/Continuous Disinfection Systems

The applicant for property owner registration as a private water systems contractor agrees to the following terms and conditions of registration:

1. I/we, have read and reviewed Chapter 3701-28 of Ohio Administrative Code and understand the provisions contained therein.
2. I/we, the undersigned, hereby agree to comply with the state private water system rules, Chapter 3701-28 of the Ohio Administrative Code.
3. I/we, assert that I/we have adequate experience and knowledge to comply with the requirements of Chapter 3701-28 of the Ohio Administrative Code.
4. I/we, assert that I/we are not using this registration application to aid or abet an unregistered person to evade the requirements of registration under section 3701.344 of the Ohio Revised Code, that I/we will not allow this registration to be used by an unregistered person, or am acting as an agent, partner, or associate of an unregistered person with the intent to evade the provisions of Chapter 3701-28 of the Ohio Administrative Code.
5. I/we, also acknowledge that registration may be suspended, revoked or denied for violation of any provisions of these rules.
6. I/we understand that this registration is requested for work conducted on the private water system for my primary residence.

This registration expires on December 31, 2012.

I hereby certify that the information provided is true and accurate.

Signature of Property Owner (required):

Date:

Notice to Applicant –Required Information to Process Your Application

A $250.00 registration fee (payable by check or money order only to Treasurer, State of Ohio) is required by Ohio Administrative Code rule 3701-28-18; however, you may enclose the request for a variance from the full registration fee amount to a **$50.00** registration fee if requested.

All application packets must be mailed with the following documents and funds:

1. Include this registration application form completely filled out and signed/dated.
2. Include the **original** 2012 private water systems registration bond (see bond instructions/requirements) if you are drilling, constructing a water well, or installing a pitless adapter.
3. Include the variance request form, if requesting a variance for the registration fee.
4. Include a check or money order made out to the **Treasurer, State of Ohio**.

Incomplete packets will be held and not processed until all required information is received.

Registration Mailing and Contact Information:

Mail completed packets to:
Ohio Department of Health
BEH Private Water Systems
P.O. Box 15278
Columbus, Ohio 43215-0278

Questions or need forms??
Contact the Residential Water and Sewage Program at (614)644-7558 or email at BEH@odh.ohio.gov

Forms, instructions and more information are posted at the program website at:
http://www.odh.ohio.gov/odhPrograms/eh/water/water1.aspx

Bond Number

Registration Number

State of Ohio
2012 Registration Bond
Private Water Systems Contractor

Know all men by these presents, that

Company or Corporation Name

Check one: Whether owned by ☐ individual ☐ partnership ☐ corporation

Of Address

As Principal, and
Surety Company

Is/are authorized to do business in the State of Ohio, as Surety, are bound to an aggrieved party in the sum of

☐ **ten thousand ($10,000)** ☐ **twenty thousand ($20,000)**

to the payment of which is to be made as provided below, the Principal and Surety hereby bind to themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, by these presents.

Signed, sealed and dated:

Whereas, the above Principal has applied to the Ohio Department of Health for a registration to engage in and practice the business of a private water systems contractor in the State of Ohio as provided in section 3701.344(B)(3) of the Ohio Revised Code (ORC) and rule 3701-28-18 of the Ohio Administrative Code (OAC), such registration **expiring on the 31st day of December, 2012.**

NOW, THEREFORE, THE CONDITIONS OF THE ABOVE OBLIGATION IS SUCH, that if the above Principal shall observe strictly and comply faithfully with all laws and rules relating to the construction, alteration, repair or abandonment of private water systems, and any amendments thereto, and shall save and keep harmless the State of Ohio and any person who may be aggrieved by the violation of any of the aforesaid laws or rules from the consequence of any and all acts done by said Principal, then this obligation shall be null and void otherwise to remain in full force and effect until **December 31, 2012.**

Please note signature required on the reverse side of this form

►►Please see reverse side to complete the form►►

PROVIDED, HOWEVER, that this Bond is executed subject to the following expressed conditions and limitations:

1. The Surety Company may cancel this Bond at any time by giving written notice to the Ohio Department of Health ninety (90) days prior to the effective date of cancellation in accordance with OAC 3701-28-18(D)(2).

2. The aggregate of liability of the Surety Company shall in no event exceed the sum of this Bond, regardless of the number of claims that may be filed hereunder. The sum of
☐ **ten thousand ($10,000.00)** or ☐ **twenty thousand dollars ($20,000.00)** *(check applicable amount)*
for this bond shall be available for payment of violations for the 2012 registration year.

3. This bond shall be for the benefit of any aggrieved party for damages incurred as a result of a violation of OAC Chapter 3701-28, as provided by OAC 3701-28-18(B)(1)(b).

Company Name:

Signature of Company Owner/Representative (required)

Surety Company Name

Surety Company Address

City

State

Zip

Surety Company Telephone

Attorney-in-Fact or Insurance Agent Signature (required)

(Place Bonding Corporation Seal above)

Instructions for preparation:

1. Impress Seal of Surety Company
2. Attach Power-of-Attorney form for the Attorney-in-fact
3. Make sure the Company Representative signs in the appropriate box

OHIO DEPARTMENT OF HEALTH,

PRIVATE WATER SYSTEMS PROGRAM

PRIVATE WATER SYSTEMS CONTRACTOR

GENERAL LIABILITY INSURANCE AMOUNT VARIANCE REQUEST

To: Ohio Department of Health

I am requesting variance relief from the requirement that my company carry a minimum of five-hundred thousand dollars ($500,000) general liability insurance as a requirement to be registered as an Ohio Private Water Systems Contractor. Said requirement is found at Ohio Administrative Code Rule 3701-28-18(B)(1)(d).

I am the owner/representative of: _____.

Our most recent Private Water Systems Contractor registration number is _____.

Explanation of why we do not carry the required minimum $500,000.00 of general liability insurance: (Attach additional sheet if needed)

_____

_____

_____

_____

_____

_____

_____

_____

Thank you for your consideration of my variance request.

Print name _____

Signature _____

Date _____

OHIO DEPARTMENT OF HEALTH

PRIVATE WATER SYSTEMS PROGRAM

PROPERTY OWNER REGISTRATION VARIANCE REQUEST

To: Ohio Department of Health
Residential Water and Sewage Program

1. **Fee Variance Request**

I am requesting a variance from the fee requirement of $250.00 for registration as a private water systems contractor as required by the Private Water Systems Rules, Ohio Administrative Code (OAC) section 3701-28-18 (B)(1)(a) to construct, alter or seal the private water system at my home.

I am the owner (designee/responsible party) of the property located at

_____

(*Street Address, City and Zip Code*)

and wish to construct*, alter, or seal (circle applicable action) the private water system located at that address.

In anticipation of a favorable response to this request submitted under the provisions of OAC rule 3701-29-19, I agree to become registered as a Private Water Systems Contractor for a fee of fifty dollars ($50.00) for the purpose of performing the above noted work on the private water system. I will submit a private water system registration application, and understand my registration shall be limited to a one-time registration for the tasks that I wish to perform on my private water system.

_____

Property Owner's Name (*print name*)

_____ _____

Property Owner's Signature Date

*The term "construction" includes any aspect of the work being done to establish a well, pond, spring, cistern or hauled water storage tank as a source of potable water. Construction includes the installation of a pitless adapter on well casing.

2. Surety Bond Variance Request

I have applied for an application as a private water systems contractor to install a spring, pond, cistern or hauled water storage tank at my primary residence. The construction of a private water system requires that a $20,000 surety bond be obtained in order to become registered, therefore, I am also requesting a variance from the bonding requirement of OAC section 3701-28-18 (B)(1)(b).

_____

Property Owner's Name (*print name*)

_____ _____

Property Owner's Signature Date

County / City	Local Fee	State Fee	Total Fee Owed	Receipt #	Permit #

OHIO DEPARTMENT OF HEALTH

APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM

NOTE: Read the application instructions on the next page.
Complete form as directed. Form may be completed on the computer then printed or printed and completed by pen or typewriter.

CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.

Type of Work:	System will Serve:	Type of PWS or Component:	System being Sealed:
☐ New Construction ☐ Replacement System	☐ Single family dwelling	☐ Well ☐ Spring*	☐ Well
☐ Alteration (includes expanding existing systems)	☐ Two or Three family dwelling	☐ Pond* ☐ Cistern*	☐ Cistern
☐ Emergency Construction ☐ Emergency Alteration	☐ Multiple dwelling units* (Includes MHPs / Campgrounds)	☐ Hauled Water Tank	☐ Hauled Water Tank
☐ Sealing Only ☐ Conversion to a PWS	☐ Building*	☐ Continuous Disinfection	☐ Pond
☐ Test Well		☐ Other _____	☐ Spring

☐ Public Water Supply is being connected to the residence ☐ Geothermal system exists or is planned for this property

*NOTE: If the private water system will serve other than a one, two, or three family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 (E) of the Ohio Administrative Code. See site plan addendums for ponds, springs, cisterns, multiple dwelling units, and buildings.

COMPLETE THE FOLLOWING INFORMATION

Property Street Address or Location (include City and Zip Code)	Parcel # (*optional*)	Township/City/Village

Owner's Name	Owner Mailing Address (Street #, Street, City, State, Zip Code)	Phone #

☐ Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.

Applicant's Name	Applicant Mailing Address (Street #, Street, City, State, Zip Code)	Phone #

All persons, including homeowners, performing work on a private water system must be registered with the Ohio Department of Health as required in Ohio Administrative Code Rule 3701-28-18(A). If the contractor information is not known at time of application, it must be provided prior to the commencement of work as per the requirements in Ohio Administrative Code Rule 3701-28-03(A)(1).

Private Water Systems Contractor	ODH Registration #	Phone #
Private Water Systems Contractor	**ODH Registration #**	**Phone #**
Private Water Systems Contractor	**ODH Registration #**	**Phone #**

Notice to Applicant: This application will not be processed until the form bears the signature of the applicant and the date (below). This application must be accompanied by the site plan form(s) and the appropriate fee. This application is not approved until it has the date and signature of a registered sanitarian or sanitarian-in training employed by the local board of health.

I, 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 applicable rules governed by Chapter 3701-28 of the Ohio Administrative Code.

I, the undersigned, also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private 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 Ohio Administrative Code.

I, the undersigned, agree to contact the local health department upon completion of the private water system in order for the local health department to perform the final inspection and collect the water sample.

I, the undersigned, understand that this permit will expire one (1) year from the date approved and all work must be completed by that date.

APPLICANT'S SIGNATURE	DATE OF SIGNATURE

READ THE INSTRUCTIONS ON THE NEXT PAGE, THEN COMPLETE THE SITE PLAN FORM

County / City	Permit #

OHIO DEPARTMENT OF HEALTH

APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM SITE PLAN

Property Address	
Owner / Applicant	Prepared by

A site plan addendum form will be required in addition to this site plan form if this private water system permit request is being obtained for:
1) any private water system servicing greater than a three family dwelling, or a building;
2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.

SITE PLAN DRAWING ☐ Check this box if the drawing is supplied on a separate sheet.

-Clearly indicate the location of all proposed and existing private water systems.
-Clearly indicate all possible sources of contamination from the list to the right, including but not limited to the house, the sewage system and the driveway.
-Clearly indicate the north direction, property lines, roads and road intersections.

Comments

LIST OF POTENTIAL CONTAMINATION SOURCES.
Write the distance from the proposed private water system location to the source listed below, if applicable. The minimum distance requirements are indicated in ( ) to the right of the source.
All distances must be specific to the private water system.

_____ft House, Building (10ft)
_____ft Property lines (10 ft)
_____ft Existing or properly sealed water wells (10 ft)
_____ft Road right-of-ways and road utility easements (10 ft)
_____ft Public Roadways (25 ft)
_____ft Driveway or parking lot (5 ft)
_____ft Sewer - watertight (10 ft)
_____ft Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)
_____ft Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)
_____ft Unregulated constructed wells or boreholes (50ft)
_____ft Closed loop geothermal systems (25 ft
_____ft Streams, lakes, ponds (25 ft)
_____ft Storm water and other ditches with intermittent water flow (15 ft)
_____ft Natural gas or propane tanks (20 ft)
_____ft Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)
_____ft Oil and gas wells (100 ft)
_____ft Landfills (1000 ft)
_____ft Construction and demolition debris facility (500 ft)
_____ft Agricultural manure ponds, lagoons, or piles (50-300 ft)
_____ft Other: _____

Please refer to OAC 3701-28-07 for additional required distances.

Private Water Systems

ADMINISTRATIVE SUMMARY

Health Department Use Only

Permit #

I. Well Log

Well log #	Date Received	Reviewed by

II. Sealing Report

Report #	Date Received	Reviewed by

III. Job Status / Completion Forms

PWS Contractor 1	Job Status - Date Received	Completion Form - Date Received
PWS Contractor 2	Job Status - Date Received	Completion Form - Date Received
PWS Contractor 3	Job Status - Date Received	Completion Form - Date Received

IV. Final Inspection

Date Performed	Performed by	Worksheet Attached ☐ Yes ☐ No

Observations, Noted violations, and Corrective Actions (include dates and information of all performed inspections)

V. Variance – Attach the variance request and board of health decision letter to this permit.

Variance Requested	Date of Request	Approved by Board of Health ☐ Yes ☐ No	Date Approved / Denied
OAC 3701-28-_____			

Comments

VI. Water Samples

Bacteria Sample One	Collected by	Date	Sample Collection Point	Results
Bacteria Sample Two	Collected by	Date	Sample Collection Point	Results
Bacteria Sample Three	Collected by	Date	Sample Collection Point	Results

Water Sample Comments

Nitrates

Nitrate Pre-screen Results	Collected by	Date	Sample Collection Point	Results
Nitrate Laboratory Analysis / Results	Collected by	Date	Sample Collection Point	Results

VII. Private Water System Approval / Disapproval

☐ System approved	Sanitarian Signature	Date of approval
☐ System disapproved	Sanitarian Signature	Date of disapproval

Reason for Disapproval

Enforcement action taken

Ohio Department of Health
Private Water System Site Plan – Additional Plans

This three part form may be used *in addition* to the Permit Site Plan HEA 5204 as per OAC rule 3701-28-03 (E) and (F). These forms should be completed for private water systems supplying water to multiple dwellings and buildings and Ponds, Cisterns, and Springs used for the use as a private water system.

Health District	Permit Number
Owner / Applicant	
Property Address	
Prepared by	

Complete all of the following information for the work being performed.

1. Number of individuals to be served by this system (if building or multiple family dwelling or multiple dwelling units): _____

2. List all materials, including the make and model number, to be used in construction, installation, or alteration of the private water system. Include Casing, Grout, Pitless Adapters, Pumps, Backflow Devices, Pressure Tank, Piping and Fittings, Hydrants, Disinfection equipment, Tanks, and any other materials used. If more space is needed, attach a separate list to this form.

3. Provide a cross sectional drawing below showing a) water source, b) the water distribution piping from the source to all service connections, and c) the locations, layout, and type of all water systems equipment . Disinfection and filtration equipment must be completed on page 2 of this form.

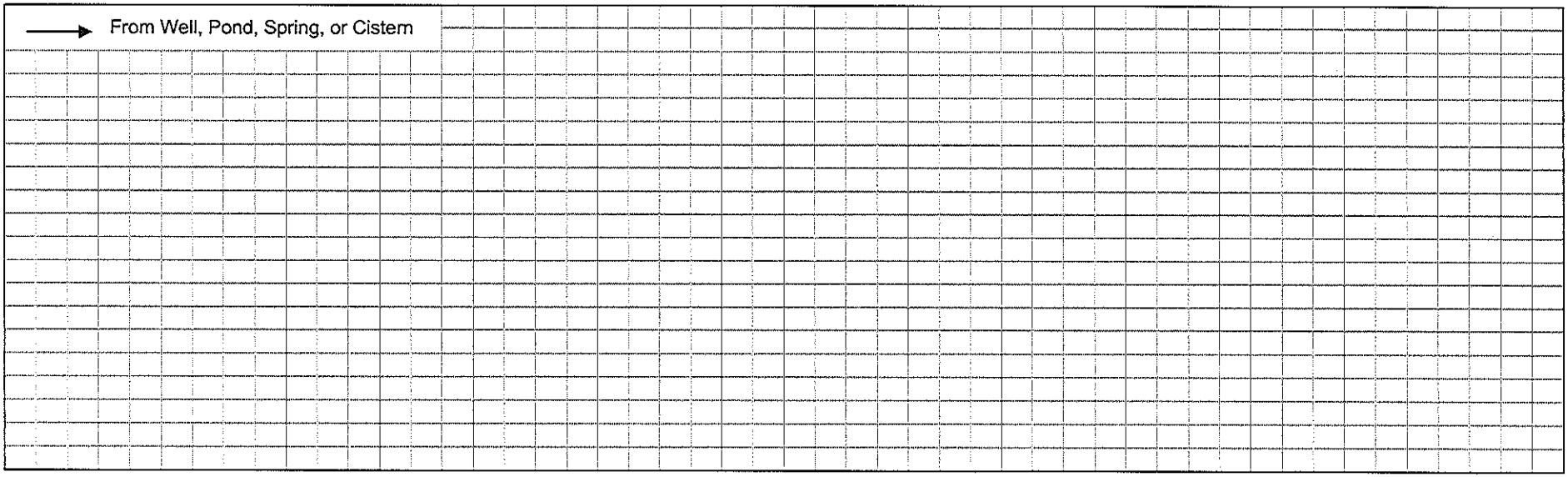
Comments

Ohio Department of Health
Private Water System Site Plan – Additional Plans
Continuous Disinfection and Filtration Systems Layout

Health District	Permit Number	Property Address

Disinfection System:	Filtration System:	Pond Intake:
☐ Chlorine ☐ Ultraviolet	☐ Slow Sand ☐ Pressurized Rapid Sand ☐ Pre-coat	☐ Floating
☐ Iodine ☐ Ozone	☐ Other: _____	☐ Cased – Indicate depth casing to be set _____ ft

4) Neatly draw and label all applicable pumping and treatment devices, including the pressure tank and other tanks and water storage reservoirs. Also include the dimensions and capacities of any tanks and water storage tanks.



List the make and model number of each applicable device.

Water System Pump _____

Pressure Tank _____

Floating pond filter _____

Chemical Pump 1 _____

Rapid Sand Filter _____

Chemical Pump 2 _____

Other Devices _____

Coagulation Chemical _____

Cyst Reduction Filters _____

Ultraviolet Light _____

Ozone Device _____

Slow Sand Filter _____

Pre-coat Filter _____

Ohio Department of Health
Private Water System Site Plan – Additional Plans for Ponds

Health District	Permit Number	Property Address

NOTE: This form may be used *in addition to* the Permit Site Plan HEA 5204 as per OAC rule 3701-28-03 (E) and (F).
Complete all of the following information for the work being performed.

Insert a copy of, draw, or attach topographic map section with proposed spring or pond, location and indicate all water-shed flow directions.

N

Alternate cross section view for irregular shaped ponds

OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. Fees and forms must be submitted as required in section 3709.092 of the Revised Code.

Name of Health District:

Ohio Department of Health State Fee

Number	*Amount*	*Type*
	x $ 74.00	New Installation Permits
	x $ 0.00	Alteration Permits
	x $ 0.00	Sealing Permits
	$	Total ODH State Fee amount accompanying this report

Ohio Department of Natural Resources State Fee

Number	*Total Amt Collected*	*LHD Retained*	*Submitted ODNR Amt*	*Type*
	x $ 20.00	x $ 2.00	x $ 18.00	New Installation Permits requiring a well log
	$	$	$	Total ODNR State Fee amount accompanying this report

This is to certify that the private water systems listed on the attached permit report and summarized above have been issued in accordance with Chapter 3701-28 of the Ohio Administrative Code and that permits were issued.

Date From: Date To:

Signature of Health Commissioner Date

Return two (2) copies of each form and a check payable to the:

TREASURER, STATE OF OHIO

OHIO DEPARTMENT OF HEALTH
ACCOUNTS RECEIVABLE UNIT
P.O. BOX 15278
COLUMBUS, OH 43215

***Fees, tranmittals, and reports must be submitted as follows:**

For fees collected from: ***January 1 through March 31*** *must be submitted by no later than* ***May 15***
April 1 through June 30 *must be submitted by no later than* ***August 15***
July 1 through September 30 *must be submitted by no later than* ***November 15***
October 1 through December 31 *must be submitted by no later than* ***February 15***

*****If state fees are not collected or permits are not issued during the above referenced quarterly time periods, transmittals and reports must still be submitted by the above referenced submittal date.***

OHIO DEPARTMENT OF HEALTH PRIVATE WATER SYSTEMS PERMIT REPORT

Name of Health District	Permits Issued	Permit Year	Quarter

Contact Person	Phone #	Date From	Date To

Audit Number	System Owner (first and last name)	System Address (include street number, street name, direction, city, zip)	Source Code	Permit Type	Private Water Systems Contractor Name	ODH Amount ($74.00)	ODNR Amount ($18.00)
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$

TOTALS: $ $

(only add totals to last page)

Source Code

1. Well 2. Spring 3. Pond 4. Cistern 5. Hauled Water Storage Tank 6. Combination of systems including a well
7. Combination of systems not including a well 8. Conversion of a well not previously approved as a PWS into a PWS 9. Test Well

Permit Type

N - New Construction A - Alteration S - Sealing

Quarters

1st Quarter: Jan 1 - Mar 31 3rd Quarter: Jul 1 - Sep 30
2nd Quarter: Apr 1 - Jun 30 4th Quarter: Oct 1 - Dec 31

Ohio Department of Health

JOB STATUS / COMPLETION FORM

Well-Pump-Distribution

PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)

Private water systems contractor	Registration number	Phone #

Address of property	County	Permit #

JOB STATUS

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (O) effective April 1, 2011.

Date you completed this portion of the work	Is this installation for: ☐ New Construction ☐ Alteration
Briefly list all work completed - (*Examples: "drilled well"; "set pump", "installed pressure tank", "installed UV disinfection system"*)	

COMPLETION FORM - Record all information of work completed

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

Pitless Adapter or Unit ☐ Pitless Adapter ☐ Pitless Unit

Manufacturer	Style ☐ Clear-way ☐ Pull-through ☐ Other (specify):
Method of cutting hole in casing	Depth below grade ft. / in.
Method of attachment to casing	Pitless Attached to ☐ Original Casing ☐ Casing Extension

Casing Extension (if applicable)

Type of Original (Existing) Well Casing ☐ PVC ☐ Steel Thickness _____ in.	Casing Type used for Extension (if applicable) ☐ PVC ☐ Steel Thickness _____ in.	Final casing height above finished grade inches
Method of attaching casing extension	Make and model of coupling device (if applicable)	

Pump

Type ☐ Submersible ☐ Jet ☐ Hand Pump ☐ Other (specify):	Depth of pump setting or intake ft.

Water pipe/line

Material used outside foundation	ASTM Standard	Material used inside foundation	ASTM Standard

Service Connections, Backflow Protection Devices and Yard Hydrants

No. of Service Connections	Backflow Protection Devices installed ASSE ☐ 1013 ☐ 1015 ☐ 1024	Yard hydrants installed ☐ Frost-free ☐ Sanitary (meets ASSE 1057)

Pressure Tanks

Location of Pressure Tank	NSF 61 Approved ☐ Yes ☐ No	Pressure Relief Valve Installed ☐ Yes ☐ No	Location of Sample Port

Continuous Disinfection (UV, Chlorine, Iodine, Ozone Systems must meet the requirements in OAC 3701-28-15)

Installed ☐ Yes ☐ No If "Yes", complete the Continuous Disinfection Job Status / Completion Form.

Ohio Department of Health

JOB STATUS / COMPLETION FORM

Cistern / Hauled Water Storage Tank

PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)

Private water systems contractor	Registration number	Phone #
Address of property	County	Permit #

JOB STATUS

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (O) effective April 1, 2011.

Date you completed this portion of the work	Type of System ☐ Cistern ☐ Hauled Water Storage Tank
Briefly list all work completed - (*Examples: "dug hole for tank"; "set tank", "installed pump"*")	

COMPLETION FORM - Record all information of work completed

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

Construction Details ☐ **Cistern** ☐ **Hauled Water Storage Tank**

Roof Washer / Debris Trap (Cistern)

Roof Area Sq Ft	Manufacturer	Materials
Location	Size Length inches	Width inches / Height inches

Tank

Tank Manufacturer	Materials	Capacity gallons
Dimensions Length feet	Width feet	Height feet / Size of Manhole/Riser inches

Method of Water Intake

Type ☐ Flotation Device ☐ Submersible Pump ☐ Other (specify):

Filter

Type	Location	Size

Pump

Location	Capacity GPM

Continuous Disinfection (UV, Chlorine, Iodine, Ozone Systems must meet the requirements in OAC 3701-28-15)

Installed ☐ Yes ☐ No If "Yes", complete the Continuous Disinfection Job Status / Completion Form.

Other Water Treatment Components

Ohio Department of Health

JOB STATUS / COMPLETION FORM
POND WATER SUPPLY

PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)

Private water systems contractor	Registration number	Phone #

Address of property	County	Permit #

JOB STATUS

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (O) effective April 1, 2011.

Date you completed this portion of the work

Briefly list all work completed - (*Examples: "Developed spring and Installed spring box" and "*)

COMPLETION FORM - Record all information of work completed

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

Does the completed pond conform to the submitted plans? ☐ YES ☐ NO

If checked "YES", explain all changes:

Construction Details

Pond Surface Area Size	Depth of Deepest portion	Approximate Watershed Size
Acreage	Feet / Inches	Acreage

Are drainage swales or ditches being used to ensure owner control of watershed? ☐ Yes ☐ No

Intake

☐ Flotation device intake ☐ Submersible pump with cased pond intake

Location of intake	Intake Depth
	inches

Backflow Prevention Devices

Backflow Protection Devices Installed: ASSE ☐ 1013 ☐ 1015 ☐ 1024

Filters

☐ Slow Sand ☐ Pressurized Rapid Sand ☐ Pre-coat ☐ Other (must be approved by ODH): _____

Other Water Components

Continuous Disinfection is required for all Ponds used to supply water as a private water system. The completion form for Continuous Disinfection Units must be submitted with this completion form.

Ohio Department of Health

JOB STATUS / COMPLETION FORM

Spring Water Supply

PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)

Private water systems contractor	Registration number	Phone #
Address of property	County	Permit #

JOB STATUS

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (O) effective April 1, 2011.

Date you completed this portion of the work
Briefly list all work completed - *(Examples: "Developed spring and installed spring box" and ")*

COMPLETION FORM - Record all information of work completed

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

Construction Details

Diversion Ditch Length Feet	Distance from spring Feet	Discharge to:
Spring Box Materials	Capacity Gallons	Secured cover ☐ Yes ☐ No
Spring box overflow to	Air Gap ☐ Yes ☐ No	Gravity drain ☐ Yes ☐ No
		Sump ☐ Yes ☐ No

Inlet Pipe

Materials	Diameter inches	Screen

Supply Pipe

Materials	Diameter inches	Screen

Pump

Location	Type	Capacity Gallons

Water Storage Tank

Location	Capacity GPM

Continuous Disinfection (UV, Chlorine, Iodine, Ozone Systems must meet the requirements in OAC 3701-28-15)

Installed ☐ Yes ☐ No If "Yes", complete the Continuous Disinfection Job Status / Completion Form.

Other Water Treatment Components

Ohio Department of Health

JOB STATUS / COMPLETION FORM

Continuous Disinfection and Filtration Systems

PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)

Private water systems contractor	Registration number	Phone #

Permit #	Type of System: ☐ Well ☐ Spring ☐ Pond ☐ Cistern ☐ Hauled Water Storage Tank

Address of property	Health District (City or County)

JOB STATUS

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (O) effective April 1, 2011.

Date you completed this portion of the work	Is this installation for: ☐ New Construction ☐ Alteration

Briefly list all work completed - (*Examples: "installed five micron filter and UV disinfection system"*)

COMPLETION FORM - Record all information of work completed

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

Disinfection System

Type and Design of Disinfection System

☐ Chlorine ☐ Iodine ☐ Ozone ☐ UV (Ultraviolet Light) – NSF Standard 55 Class A

Required minimum disinfectant residual	Appropriate test kit on site
☐ Chlorine 0.4 mg/l (ppm) ☐ Iodine (0.5 mg/l) ☐ Ozone (0.1 mg/l) ☐ Chlorine when supplementing UV systems with multiple service connections (0.2 mg/l)	☐ Yes ☐ No

Manufacturer and Model of each disinfection system component

Manufacturer _____ Model _____

Manufacturer _____ Model _____

Manufacturer _____ Model _____

Intakes and Filters

Intakes

☐ Floating Filters ☐ Suspended Filters ☐ Submersible pump ☐ Other:

Continuous Filtration Type (ponds)

☐ Slow Sand Filter ☐ Pressurized Rapid Sand Filter ☐ Precoat Filter ☐ Other (specify):

Cyst and other Cartridge Filters

Type	Micron size rating	Flow rate of filter(s)
		GPM
		GPM
		GPM

Comments

Retention or Mixing Tank

Make	Model	Capacity Gallons

List all additional filters or treatment systems installed on system (i.e. cartridge filters, slow sand, rapid sand, carbon filter, water softeners, anion exchange, other)

BUREAU OF ENVIRONMENTAL HEALTH
DOWNHOLE CAMERA (DHC) REQUEST

REQUESTING DEPARTMENT: _____ DATE OF REQUEST: _____

CONTACT PERSON: _____ ALTERNATE CONTACT PERSON: _____

PHONE NUMBER: _____ FAX NUMBER: _____ BEST TIME TO CONTACT: _____

ADDRESS OF WELL: _____ CITY: _____ ZIP: _____

PROPERTY OWNER NAME: _____ PHONE: _____

CHECK ONE: ○ NEW CONSTRUCTION ○ REPLACEMENT CONSTRUCTION ○ ALTERATION

WELL LOG NUMBER: _____ DATE OF COMPLETION: _____

PWS CONTRACTOR: _____ ODH REG #: _____ PHONE NUMBER: _____

PWS CONTRACTOR: _____ ODH REG #: _____ PHONE NUMBER: _____

REASON FOR REQUEST AND ADDITIONAL COMMENTS PERTAINING TO SYSTEM: _____

DHC INVESTIGATIONS ARE PERFORMED AS PART OF A LOCAL HEALTH DEPARTMENT INVESTIGATION OF A WELL. SEE 3701-28-17(D) OF THE PRIVATE WATER SYSTEMS RULES.

PRIOR TO ODH PERFORMING A DHC INVESTIGATION, THE FOLLOWING ITEMS MUST BE COMPLETED.

1) WATER SAMPLES: DATE _____ RESULTS: _____ SAMPLE LOCATION: _____

DATE _____ RESULTS: _____ SAMPLE LOCATION: _____

2) WAS PHYSICAL CLEANING AND SUPERCHLORINATION DONE AS PER THE REQUIREMENTS IN THE DOCUMENT **"Contractor procedures for cleaning and disinfecting private water wells"** AFTER THE 2ND TOTAL COLIFORM POSITIVE SAMPLE OR 1ST E COLI POSITIVE SAMPLE? **(Check one)** ○ **YES** ○ **NO** DATE CONDUCTED: _____

3) 3RD WATER SAMPLE: DATE _____ RESULTS: _____ SAMPLE LOCATION: _____

4) DYE TEST RESULTS: **(Check one)** ○ **POSITIVE** ○ **INCONCLUSIVE** DATE CONDUCTED: _____

ODH MAY CONDUCT DHC INVESTIGATIONS IF CONDITIONS SUCH AS TURBITY AND SEDIMENT, WHICH MAY BE RELATED TO THE CONSTRUCTION OF THE WELL, EXIST. CONTACT ODH IN THESE CIRCUMSTANCES.

Please mail, fax or email this form with a copy of the well log, completion form, application, site plan, and/or bond claim request letter to:

Rebecca Fugitt, R.S.
Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage Program
246 North High Street, PO Box 118
Columbus, OH 43216-0118
Fax # 614-466-4556 BEH@odh.ohio.gov

ASSIGNED TO: _____

DATE ASSIGNED: _____

DATE SCHEDULED: _____

COMMENTS: _____

Ohio Department of Health

Private Water System Down Hole Camera Investigation Report

Contractor Name		ODH Reg. # / Well Log #	
LHD Contact Person / County		System Owner Name	
Nature of Complaint		Address of System	
Date of Completion	Date of DHC Investigation	Bond Claim Initiated?	Result of Dye Test

Drilling Rig Type

- ☐ Cable Tool
- ☐ Mud Rotary
- ☐ Air Rotary
- ☐ Bucket Auger
- ☐ Other _____

Depth in Feet	Observation

☐ See addendum for additional depths and observations.

Those items marked below are in violation of Section 3701-28 of the Ohio Administrative Code (OAC) and need to be corrected

☐	Well cap not vermin proof	Section 3701-28-12
☐	Pitless adapter not installed properly	Section 3701-28-12
☐	Joints not watertight	Section 3701-28-12
☐	Improper casing installation	Section 3701-28-12
☐	Improper type of casing	Section 3701-28-111
☐	Casing depth less than 25 feet	Section 3701-28-12
☐	Casing not 12 inches above grade	Section 3701-28-12
☐	No evidence of drive shoe	Section 3701-28-12
☐	Improper type of screen	Section 3701-28-111
☐	Improper screen installation	Section 3701-28-12
☐	No screen (unconsolidated formation)	Section 3701-28-12
☐	Improper type of grout	Section 3701-28-7
☐	Improper installation of grout	Section 3701-28-12
☐	Improper isolation distances	Section 3701-28-10
☐	Existing well not sealed	Section 3701-28-07
☐	Other	(See Addendum Sheet)

Action

- ☐ No obvious construction violations noted. This document serves as the final report. (See Recommendations and/or Comments)
- ☐ The above violations exist. A bond claim may be filed within two years of the date of completion if not corrected. Refer to this document when drafting a letter to the local health department and the director. (See back of form for address)
- ☐ Bond claim has already been initiated. This investigation report substantiates the violation(s) of the bond claim and will be used to draft a notice of violation(s) letter to all required parties.
- ☐ Bond claim has already been initiated. No construction violations were observed. This document will be used to conclude the bond claim request. (See Recommendations and/or Comments)
- ☐ The violations marked above exist and must be corrected per OAC Section 3701-28-19. The bond claim process is not applicable per OAC Section 3701-28-20(D)(4) in that it exceeds the two-year timeframe.

Recommendations

- ☐ Re-chlorinate and re-sample. (See Chlorination Fact Sheet for instructions)
- ☐ Superchlorinate and re-sample. (See Superchlorination Fact Sheet for instructions)

Approximate water volume in well: _____ (See table 1 on back)

Comments

Homeowner	Date	Contractor	Date
LHD Representative	Date	ODH Representative	Date

Distribution: White – Ohio Department of Health Yellow – Local Health Department Pink – Contractor Green – Homeowner

Bond Claim Letter Submittal / Guideline

Ohio Administrative Code 3701-28-20 governs the registration and bonding of private water systems contractors across the state of Ohio. According to OAC section 3701-28(D)(3)(A), **"Any person who alleges to be an aggrieved party shall give written notification to the director and to the department having jurisdiction in the health district where the private water system is located. The written notification shall state the violation of Chapter 3701-28 of the Administrative Code upon which the person desires to base a claim.** The director shall send a copy of the complaint to the water systems contractor and the surety company. For purposes of this rule aggrieved party means the property owner or the agent of the property owner who contracts for a private water system with a water systems contractor and whose system is not installed, altered, repaired or abandoned in substantial compliance with the provisions of this chapter."

According to OAC section 3701-28-20(D)(4), "**The notification required in paragraph (D)(3)(a) of this rule must be made within two years from the date the work** on the private water system, or the component thereof, **is completed.** The rights of the aggrieved party to the bond shall be forfeited if the aggrieved party denies the water systems contractor, the surety company, or its agents access to the private water system to perform actions necessary to correct the violation or violations."

Tips for submitting letters

1. Make sure the complete mailing address and phone number are listed.
2. Make sure the claim is as specific as possible listing each potential or suspected violation.
3. Include a brief order of events describing the situation.
4. Include copies of bills/receipts and canceled checks.
5. Document any attempts made to contact the registered contractor.

Letter needs to be submitted to:

Residential Water and Sewage Program
Ohio Department of Health
Bureau of Environmental Health
246 North High Street
P.O. Box 118
Columbus, OH 43216-0118
Telephone Number: 614-466-1390
Fax Number: 614-466-4556

Sampling Procedures

Private water systems can only be approved if the local health department (LHD) takes the sample. Ideally, sampling should only be done when the LHD has received all the applicable forms. Most LHDs perform the required final inspection of the system at the time of sampling. Samples are tested for the presence of total coliform and e-coli routinely by EPA certified labs. Coliform bacteria are present in the mid-gut of all mammals and are used as the indicator organism to detect if there is a potential for more harmful bacteria to enter the water well.

The initial sample needs to be collected at a convenient sample port, faucet or spigot that is closest to the point of human consumption. If needed, any subsequent sampling shall be taken from a point closest to the source. This allows for the dissection of the system into its components.

Great care should be exercised when obtaining a sample in order to prevent its contamination. Compromised samples do occur but should be fairly easy to avoid. The following is a summary of the sampling protocol (see rule 3701-28-04 for further details on sampling):

1. Before taking the sample, the port, faucet or spigot needs to be sprayed or flushed with a 400 mg/L (parts per million) solution of chlorine or with a 70% solution of isopropyl alcohol. Make sure to remove the aerator first if the sampling point has one.
2. Let the water run for ten minutes to flush the system.
3. Check the water for any traces of chlorine using a test kit or strips. The system needs to be completely void of chlorine for a minimum of 48 hours prior to sampling. Turn down the velocity of the water to avoid overfilling the bottle and to prevent splashing.
4. Remove the cap from a sterile bottle provided by an EPA certified lab and make sure nothing touches the inside of the cap or the bottle other than the water. Carefully place the bottle into the stream and fill to the 100 milliliter mark or slightly above it. Replace the cap.
5. Place the sample into a cooler and get it to a laboratory as soon as possible. If the sample does not make it to the laboratory within 30 hours, they will refuse to process it and another sample will have to be obtained.
6. Make sure all the necessary paperwork is filled out with the appropriate information.(e.g. name, address, date, and time)
7. Report the results of the sample to the homeowner/applicant and maintain a record with the permit file.

Ohio Department of Health

Private Water System Contractor Inspection Report

Contractor name	Company name
ODH Registration #	Work-site contractor(s)
Local Health District	System owner name
Address of system (street number, street name, city, state, ZIP)	

Please check all of the following that apply

I. Drilling Rig Type
- ☐ a. Cable tool
- ☐ b. Air rotary
- ☐ c. Mud rotary
- ☐ d. Bucket auger
- ☐ e. Other _____

II. Casing

Steel

Wall thickness
- ☐ .188 ☐ .250 ☐ .375
- ☐ Other _____

Casing standard
- ☐ ASTM A53 ☐ ASTM A500
- ☐ ASTM A106 ☐ ASTM A589
- ☐ API 5L

Plastic
- ☐ PVC ☐ ABS ☐ SDR 13.5
- ☐ SDR 17 ☐ SDR 21
- ☐ Schedule 40 PSI _____
- ☐ Schedule 80 PSI _____
- ☐ ASTM F-480 Designation

Fiberglass (Brand) _____

Concrete

ASTM C478 ☐ Yes ☐ No

Depth and Diameter

Casing 1 OD _____ in.
Casing 1 placed from _____ to _____
Casing 2 OD _____ in.
Casing 2 placed from _____ to _____
Casing 3 OD _____ in.
Casing 3 placed from _____ to _____

Joints

Steel Welded
- ☐ Butt joined weld
- ☐ Flared joint weld ☐ Collar

number of passes _____
Complete penetration of weld through joint ☐ Yes ☐ No

Threaded and coupled—steel
- ☐ Fourteen thread ☐ Eight thread

Number of threads exposed _____

Plastic— ☐ Threaded and coupled ☐ Solvent Weld
- NSF Std. 61 on label ☐ yes ☐ no
- ☐ Spline lock joint

Fiberglass
- ☐ Non-penetrating stainless steel screws
- ☐ NSF st. 61 Sealant

Concrete

Joint sealing material _____

NSF Standard 61 ☐ Yes ☐ No

Comments _____

Liner

Purpose
- ☐ Line existing casing
- ☐ Perforated in water bearing zone

Type
- ☐ Plastic ☐ Steel

Perforations from _____ to _____ ft.
Placed from _____ to _____ ft.

III. Well Screen

Steel
- ☐ Continuous wrap
- ☐ Louvered, shutter
- ☐ Perforated

perforations per sq.in. _____

Plastic
- ☐ Machine slotted
- ☐ Continuous wrap

Placed from _____ to _____ ft.
Attached to casing by _____

IV. Grouting

Annular Space 1

Diameter of borehole _____ in.
Annular space size _____ in.
Calculated grout volume required
_____ gal
_____ cu. ft.
Depth placed from
_____ ft to _____ ft

Annular Space 2

Diameter of borehole _____ in.
Annular space size _____ in.
Calculated grout volume
Required _____ gal
_____ cu. ft.
Depth placed from
_____ ft to _____ ft

Type
- ☐ Neat cement

Type _____

Density _____ lbs /gal
- ☐ Bentonite slurry

Mix Ratio
_____ Gallons per bag X
_____ Number of bags =
_____ Total gallons used
_____ Total gallons needed from chart or calculation
- ☐ Bentonite
  - ☐ dry coarse grade ☐ pellets ☐ granular

Volume _____
- ☐ Other approved grout

Volume _____

Placement Method

Pressure grouting
- ☐ Conductor pipe pumped
- ☐ Grout shoe, injection
- ☐ Well seal, conductor pipe pumped
- ☐ Halliburton
- ☐ Grout displacement
- ☐ Gravity placement

Dry driven grout method (cable tool only)

Volume used _____

Dry pour method

Wire mesh screen ☐ Yes ☐ No

Rate of placement

Bags per minute _____

Grout visible on surface ☐ Yes ☐ No

V. Pitless Adaptor

Depth installed _____ ft.

Brand _____

Approved listing ☐ Yes ☐ No

Type
- ☐ Clear way ☐ Pull-through / slide
- ☐ Support strap/backing

Pitless unit installation
- ☐ Hole saw ☐ Torch with cutting guide
- ☐ Slag Removed ☐ Torch no cutting guide

Gaskets present
- ☐ Inside casing ☐ Outside casing
- ☐ Water-tight seal

Backfill materials _____

Installed by other _____

VI. Well Cap

Brand _____

Weather-tight / vermin proof ☐ Yes ☐ No

Vented ☐ Yes ☐ No

VII. Distribution System

Pipe Material _____

Listed in Ohio Plumbing Code Table 606.4 ☐ Yes ☐ No

ANSI / NSF / ASTM Pipe Designations _____

Back Flow Device Model _____

Listed in Ohio Plumbing Code Table 609.1 ☐ Yes ☐ No

VIII. Isolation Distance Requirements Met
- ☐ Yes, see permit
- ☐ No, specify _____

PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-4(D)

Inspection date 1	Inspecting sanitarian	PWS contractor
Inspection date 2	Inspecting sanitarian	PWS contractor
Inspection date 3	Inspecting sanitarian	PWS contractor

Ohio Department of Health

Private Water System Contractor Inspection Report for
Ponds, Springs, Cisterns, and Hauled Water Storage Tanks

Contractor name	Company name
ODH Registration #	Work-site contractor(s)
Local Health District	System owner name
Address of system	

Check all that apply

Ponds

Pond conforms to plan ☐ yes ☐ no
Alternate water source ☐ yes ☐ no
Watershed and Pond Size:
Pond size calculation
_____(acre-feet or gallons)
Water shed _____acres
Other water sources_____
Vegetation ☐ yes ☐ no
Sources of contamination ☐ yes ☐ no
Used as pasture ☐ yes ☐ no
Fenced from livestock ☐ yes ☐ no
Designed for recreation ☐ yes ☐ no
Use of diversion ditches ☐ yes ☐ no

Construction

Sealing Materials
Liner ANSI/ NSF 54 ☐ yes ☐ no
Bentonite ANSI/NSF 60 ☐ yes ☐ no
Twenty-five percent pond area 8 feet deep ☐ yes ☐ no
Side slope ratio: 2:1 ☐ yes ☐ no
Top width of dam at least 8 feet ☐ yes ☐ no
Dam slope dry side 3:1 ☐ yes ☐ no
Dam wet side slope 2:1 ☐ yes ☐ no
No. of spillways _____
Anti-seep collars ☐ yes ☐ no

Intake
☐ Floating
Screened ☐ yes ☐ no
☐ Submersible pump cased intake
Storage tank dimensions _____x _____x_____

Springs

Watershed in compliance ☐ yes ☐ no
Diversion ditch up-gradiant ☐ yes ☐ no
Spring box watertight ☐ yes ☐ no
Spring box material_____
Sealing material for spring box, joints, and components meets NSF 61 ☐ yes ☐ no
Manhole min 24 inches ☐ yes ☐ no
Means of securing manhole _____
Inlet pipe located above drain ☐ yes ☐ no
Inlet screened ¼ inch animal guard ☐ yes ☐ no
Gravity drain ☐ yes ☐ no
Powered sump drain ☐ yes ☐ no
Overflows protected with ¼ inch animal guards ☐ yes ☐ no

Cistern and Hauled Water Storage Tanks

Excavation level ☐ yes ☐ no
Dimensions of Tank _____x _____x _____
Calculated volume_____gal.

Material
☐ Plastic ☐ Fiberglass
NSF 61 or FDA ☐ yes ☐ no
☐ Concrete
ASTM C 913 ☐ yes ☐ no
Manhole diameter min. 24 inches ☐ yes ☐ no
Means manhole cover secured _____
Force breakers present ☐ yes ☐ no

Intake
4 inches below top of water ☐ yes ☐ no
12 inches off bottom ☐ yes ☐ no
☐ Floating
☐ Other
Describe _____
4 inch fill pipe ☐ yes ☐ no
Water tight cap ☐ yes ☐ no
Fittings cast in place ☐ yes ☐ no
ASTM C-923 ☐ yes ☐ no
Vents inverted ☐ yes ☐ no
☐ Not vented
4 inch overflow ☐ yes ☐ no
Overflow and vents protected with forty-three thousandths fly screen ☐ yes ☐ no

Cisterns Only
Estimated roof area _____
Rainfall diversion device ☐ yes ☐ no
No. of roof washers _____
Manufactured ☐ yes ☐ no
Brand_____
Homemade ☐ yes ☐ no
Min. 10 gallons ☐ yes ☐ no

Treatment

Pond Filter
Slow sand filter ☐ yes ☐ no
☐ Home made
☐ Factory brand _____
Size dimensions _____x _____x _____
Surface area _____

Layers
Sand _____inches
Gravel _____inches
Pre-coat (diatamacious earth) ☐ yes ☐ no
Brand_____
Pressurized rapid sand filter ☐ yes ☐ no
Brand_____
Alum feeder ☐ yes ☐ no
Other filter ☐ yes ☐ no
Description _____
ANSI/NSF 63 ☐ yes ☐ no

Disinfection

☐ Chlorination ☐ Iodine
☐ Ultraviolet ☐ Ozone

Chlorine and Iodine
Chemical feed pump description and brand
_____
Retention tank size _____gal.
Baffled ☐ yes ☐ no
Chemical residual _____mg/l
Calculated retention time _____min.
CT value _____

Ozone
Corona arc ☐ yes ☐ no
Venturie ☐ yes ☐ no
Bubble Defuser ☐ yes ☐ no
Retention tank size _____gal.
Ozone destruction ☐ yes ☐ no
Venting ☐ yes ☐ no
Ozone residual _____mg/l
CT value _____
Chemical resistant components ☐ yes ☐ no

Ultraviolet
Micron filter brand_____
NSF 53 Filter meets NSF Standard 55 Class A ☐ yes ☐ no
Water softener ☐ before UV ☐ after UV
No. of service connections _____

PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-4(D)

Inspection date 1	Inspecting sanitarian	PWS contractor
Inspection date 2	Inspecting sanitarian	PWS contractor
Inspection date 3	Inspecting sanitarian	PWS contractor

Sewage Forms

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM

Permit Number _____ Date of Inspection _____

Site Address: _____

Homeowner: _____ Township: _____

Reason for the inspection: _____

Weather Conditions _____ Ground Conditions _____
Clear/ Rain/ Cloudy/ Snow Dry/ Wet/ Damp/ Frozen

Inspection date _____ _____
Registered Sanitarian Signature

Reinspection Date _____ _____
Registered Sanitarian Signature

Y	N	na	
			An operational permit has been issued by the board of health for this STS
			All portions of the system meet the required horizontal isolation distances

	MEASURED DISTANCE	STS Component
Dwelling	_____	_____
Other Buildings	_____	_____
Driveway	_____	_____
Property Line	_____	_____
Private Water Source	_____	_____
Public Water Source	_____	_____
Water Line	_____	_____
Body of Water	_____	_____

Complete an inspection sheet for each portion of the STS as applicable.

Y	N	na	
			Primary Treatment
			Dosing Tank
			Subsurface Drainage
			NPDES Discharging
			Leaching Trenches
			Sand Mound
			Sand Mound utilizing pretreatment with a service contract
			A copy of the most recent service contract inspection is attached.
			Drip Distribution
			A copy of the most recent service contract inspection is attached.
			Drip Distribution
			A copy of the most recent service contract inspection is attached.

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM
PRIMARY TREATMENT

Y	N	na

☐ **SEPTIC TANK**

Effluent filter is clean and accessible.
Baffle(s) is in place and in fair condition
Riser lids are secure, serviceable, and there are no signs of surface water infiltration.
Risers extend above grade and there are no signs of surface water infiltration
Tank contents were measured. Scum Depth_____(in.) Sludge Depth_____(in.)
Recommend pumping of the tank. Within _____months
No signs of infiltration of clear water from the dwelling or surface water into the spt tank.

NOTES

Y	N	na

☐ **PRETREATMENT COMPONENT**

Service contract in place and a copy of the most recent inspection is attached.
A service contract is not required.

Notes about the general condition and operation of the pretreatment component are listed below.
The homeowner has been made aware that pretreatment components require regular maintenance.
The homeowner was provided with a list of licenced service providers certified to perform regular maintenance on the component.

NOTES

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM
DOSING TANK

Y	N	na	
			Riser lids are secure, serviceable, and there are no signs of surface water infiltration.
			Risers extend above grade and there are no signs of surface water infiltration
			Tank contents were measured. Scum Depth_____(in.) Sludge Depth_____(in.)
			Recommend pumping of the tank. Within _____months
			No signs of infiltration of clear water from the dwelling or surface water into the tank.
			The pump is operational.
			Pump filter is in place and clean.
			The floats are operational.

NOTES

Y	N	na	
			The control panel is accessible and operational. Type : _____
			Timer settings have been recorded and are attached
			There is no evidence of moisture or condensation in the control panel.
			The alarm is operational.
			Electrical wires and connections are tight and in safe condition.

NOTES

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM
SUBSURFACE DRAINAGE

Y	N	na	
			☐ **SUBSURFACE DRAINAGE**
			Outlet is free flowing. Outlet type:_____ Outlet location: _____
			gravity, pumped, tile
			Animal guard is in place.
			A sample from the drain discharge was collected.

NOTES

Y	N	na	
			☐ **SAMPLING PORT/ INSPECTION BOX**
			The sampling port/ inspection box is accessible.
			No signs of infiltration of clear water from the dwelling or surface water .
			The collected water level is at the appropriate level in the box.

NOTES

Y	N	na	
			☐ **LIFT STATION**
			Riser lids are secure, serviceable, and there are no signs of surface water infiltration.
			Risers extend above grade and there are no signs of surface water infiltration
			The pump is operational.
			The floats are operational.

NOTES

Y	N	na	
			☐ **LIFT STATION CONTROL PANEL**
			The control panel is accessible and operational. Type: _____
			There is no evidence of moisture or condensation in the control panel.
			The alarm is operational.

NOTES

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM
DISCHARGING SYSTEM

Y	N	na	☐ **Discharging**
			Discharge to approved outlet.
			Outlet is free flowing.
			Animal guard is installed.
			Piping meets design specifications.
			Effluent is clear and odorless.
			Sample of the effluent wascollected.
			Required testing is completed and copies of results are attached (NPDES.)
			OEPA NPDES permit is issued (if applicable.)

NOTES

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM LEACHING TRENCH

_____

_____

Y	N	na	☐ DISTRIBUTION BOX
			The distribution box is accessible.
			There are no signs of surface water infiltration.
			Flow diversion mechanism is installed. Type: _____
			The effluent is at the appropriate level in the box.
			The odor and color of effluent is normal.

NOTES

_____

_____

_____

_____

Y	N	na	☐ DROP BOXES
			Drop boxes are accessible.
			There are no signs of surface water infiltration.
			Flow diversion mechanisms are installed. Type: _____
			The effluent is at the appropriate level in the box.
			The odor and color of effluent is normal.

NOTES

_____

_____

_____

_____

Y	N	na	☐ LEACHING AREA
			The leaching area is properly graded (discourages ponding of surface water.)
			The leaching area is free from traffic, additional construction, and all other forms of disturbance that may affect its function.
			There is no indication of landscape changes in the leaching area.
			The replacement area has been maintained.
			Appropriate vegetative cover is in place over the leaching area.
			There is no surfacing of effluent and no indications that surfacing has taken place.

NOTES

_____

_____

_____

_____

EXAMPLE ONE YEAR AND REGULAR OPERATIONAL INSPECTION FORM
Sand Mound

_____

_____

Y	N	na	
			The mound area is properly graded (discourages ponding of surface water.)
			Mound cover is undisturbed and the appropriate depth.
			The mound and down slope area is free from traffic, additional construction, and all other forms of disturbance that may affect its function.
			There is no indication of landscape changes in the mound area.
			The replacement area has been maintained.
			Appropriate vegetative cover is in place over the mound area.
			There is no surfacing of effluent and no indications that surfacing has taken place.
			No ponding is observed in the inspection ports.
			Ponding noted in basal observation ports.

Sand Mound

NOTES

_____

_____

_____

_____

Y	N	na	
			Lateral lines have been flushed.
			Debris noted during flushing. Length of debris _____(in.)
			Valve box lids are accessible and in good condition.
			Valves are accessible and in good condition.

Pressure Distribution

NOTES

_____

_____

_____

Y	N	na	
			Operating head of each lateral has been measured and compared to the baseline.
			Measured operating head is within 20% of baseline records.
			Laterals cleaned. Means of cleaning (brushing, jetting, etc.) _____
			Operating head after cleaning has been measured and compared to the baseline.

NOTES

_____

_____

_____

_____

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM

Permit Number _____ Date of Inspection _____

Site Address: _____

Homeowner: _____ Township:_____

Installer:_____

Designer:_____

Weather Conditions_____ Ground Conditions_____
Clear/ Rain/ Cloudy/ Snow Dry/ Wet/ Damp/ Frozen

Inspection date _____ _____
Registered Sanitarian Signature

Reinspection Date _____ _____
Registered Sanitarian Signature

Reinspection Date _____ _____
Registered Sanitarian Signature

I certify that this household sewage treatment system has been installed per the specifications of the approved design and in compliance with Administrative Code 3701-29

Installer signature:_____ _____
Installer or Installers Representative Date

Complete an inspection sheet for each portion of the STS as applicable.

Y	N	
		Primary Treatment
		Dosing Tank
		Subsurface Drainage
		NPDES Discharging
		Leaching Trenches
		Sand Mound
		Attach a copy of the Start Up Report for systems utilizing pressure distribution

Type: _____
drip, cont. flush, lpp

Y	N	n/a	
			Installer is licensed in the district and present at the time of inspection.
			An as built diagram has been submitted by the installer at the time of inspection.
			All pictures from the inspection are attached to the form.
			All portions of the system meet the required horizontal isolation distances.

Record all applicable horizontal isolation distances

	MEASURED DISTANCE	STS Component
Dwelling	_____	_____
Other Buildings	_____	_____
Driveway	_____	_____
Property Line	_____	_____
Private Water Source	_____	_____
Public Water Source	_____	_____
Water Line	_____	_____
Body of Water	_____	_____

NOTES

_____

_____

_____

_____

_____

_____

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM
PRIMARY TREATMENT

_____

_____

Y	N	n/a

☐ Sewer Line

Sewer line is at least four inch schedule 40.
Sewer line is laid in good alignment and embedment.
All connections are solvent welded. (glued)
Clean outs are installed as required.

NOTES

_____

_____

☐ SEPTIC TANK

Capacity:_____

Manufacturer/ Distributor:_____ Material:_____
Concrete/ Plastic/ Fiberglass

Y	N	n/a

Tank capacity matches the design capacity.
Tank is watertight and structurally sound. Means of testing: _____
manufacturer testing, field test
Tank is level.
Effluent filter is installed and accessible.
Outlet baffle is installed. Type of baffle:_____
Riser lids are secure and serviceable.
Risers extend above grade and are sealed.
Piping between components meets design specifications.

NOTES

_____

_____

☐ PRETREATMENT COMPONENT

Make and Model:_____

Distributor:_____

Installer is trained to install the component. Installer Initials:_____
Manufacturers Owners Manual provided to homeowner. Installer Initials:_____
Installer has a copy of the Manufacturers Installation Manual. Installer Initials:_____
Component is installed per manufacturer specifications. Installer Initials:_____

Y	N	n/a

Manufacturers Installation Checklist is complete and attached.
Piping between components meets design specifications.
The complete treatment train, needed to meet the desired standards, is installed.

NOTES

_____

_____

_____

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM
DOSING TANK

☐ **DOSING TANK** Capacity:_____

Manufacturer/ Distributor:_____ Material:_____
Concrete/ Plastic/ Fiberglass

Y	N	n/a	
			Tank is level.
			Tank is watertight and structurally sound. Means of testing: _____
			Tank capacity matches the design capacity. manufacturer testing, field test
			Riser lids are secure and serviceable.
			Risers extend above grade and are sealed.
			Piping between components and connections meet design specifications.

NOTES

_____

_____

_____

Y	N	n/a	
			☐ **Pump** Make/ Model:_____
			Pump has been tested and meets design specifications.
			Manufacturers Owners Manual provided to homeowner. Installer Initials:_____
			Pump filter is in place.
			Floats are installed correctly and operational.
			Demand dose meets design specifications.
			Pump piping, within the dosing tank, includes a quick disconnect and is accessible.

NOTES

_____

_____

_____

_____

Y	N	n/a	
			☐ **DOSING TANK CONTROL PANEL** Make/ Model: _____
			The control panel is accessible, watertight, and operational.
			Timer settings have been recorded and are attached
			Timed dose meets design dose.
			The alarms have been tested, and are operational.

NOTES

_____

_____

_____

_____

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM
SUBSURFACE DRAINAGE (surface and/or ground water drains)

☐ **SUBSURFACE DRAINAGE** Material: _____
gravel, nongravel (include manufacturer)

Y	N	n/a	
☐	☐	☐	Drainage media (pipe/ gravel, nongravel) installed in accordance with regulation and manufacturer specifications.
☐	☐	☐	Drainage installed to the design depth. (note measured depths)
☐	☐	☐	Outlet is free flowing. Outlet type:_____ Outlet location: _____ gravity, pumped, tile
☐	☐	☐	Animal guard is installed.
☐	☐	☐	Sampling port is installed, accessible, and sealed.

NOTES

☐ **SUBSURFACE DRAINAGE LIFT STATION** Tank Capacity:_____

Manufacturer/ Distributor:_____ Material:_____
Concrete/ Plastic/ Fiberglass

Y	N	n/a	
☐	☐	☐	Tank is level.
☐	☐	☐	Tank is watertight and structurally sound. Means of testing: _____ manufacturer testing, field test
☐	☐	☐	Tank capacity matches the design capacity.
☐	☐	☐	Riser lids are secure and serviceable.
☐	☐	☐	Risers extend above grade and are sealed.
☐	☐	☐	Pump has been tested and meets design specifications. Make/Model: _____
☐	☐	☐	The floats are installed correctly and are operational.
☐	☐	☐	Pump owners manual has been provided to the homeowner. Installer Initials:_____

NOTES

☐ **SUBSURFACE DRAINAGE LIFT STATION CONTROL PANEL**

Y	N	n/a	
☐	☐	☐	The control panel is accessible, watertight, and operational. Make/ Model: _____
☐	☐	☐	The alarms are operational.

NOTES

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM
NPDES DISCHARGE

Y	N	n/a	
			☐ **Discharging**
			System discharge to the approved outlet designated in the design.
			A copy of any required easements is attached.
			Outlet is free flowing.
			Animal guard is installed.
			Piping meets design specifications.
			OEPA NPDES permit is issued and a copy is attached

NOTES

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM
LEACHING TRENCH

Y	N	n/a	
			The replacement area has been maintained.
			Flow diversion mechanism is installed. (note type)
			A means to monitor the liquid level (capacity) of each trench is installed. (note type)
			Distribution box is installed in accordance with design specifications, is accessible, and risers are sealed.
			Drop boxes are installed in accordance with design specifications, are accessible, and risers are sealed.

NOTES

LEACHING AREA Leaching Media: _____
gravel/ pipe, graveless
include manufacturer/ supplier

Y	N	n/a	
			Leaching is installed within soil boundaries designated in the design.
			Leaching is installed in accordance to regulation and manufacturer specifications.
			Leaching is installed at the design length and along the natural contour of the land.
			Trench depth meets design specifications.
			Trench depths are recorded on the as built diagram, provided by the installer.
			Fill depth meets design specifications.
			Fill material meets design specifications.
			Cover material meets design specifications.
			Cover depth meets design specifications.
			Sidewall smearing did not occur during the excavation of the trenches.

NOTES

EXAMPLE CONSTRUCTION/ COVER-UP INSPECTION FORM
SAND MOUND

Basal Area Inspection

Date: _____

Weather Conditions_____ Ground Conditions_____

Clear/ Rain/ Cloudy/ Snow Dry/ Wet/ Damp/ Frozen

Y	N	n/a	
			Trees have been cut to grade.
			Grass has been mowed.
			Excess grass and leaves have been removed.
			Basal Area has been properly scarified.
			Basal Area is on contour and meets design sizing specifications.
			Smearing did not occur during scarification.
			Pressure main installed on the uphill side and in accordance to design specifications.
			Pressure main is schedule 40.
			Pressure main size meets design specifications.
			Down slope area is free from traffic and has not been disturbed.

NOTES

Distribution Area Inspection

Date: _____

Weather Conditions_____ Ground Conditions_____
Clear/ Rain/ Cloudy/ Snow Dry/ Wet/ Damp/ Frozen

Y	N	na	
			Sand Fill is on contour and meets design sizing specifications.
			Sand Fill depth meets the design specifications.
			Sand fill material meets design specifications. Supplier: _____
			Distribution media is installed in accordance with regulation and/ or manufacturer specifications. Type: _____ (gravel/ graveless; include manufacturer/ supplier)
			Distribution area is on contour and meets design sizing specifications.
			Laterals meet length and spacing design specifications.
			Lateral piping meets design specifications.
			Lateral piping is laid in good alignment and embedment and installed level.
			Orifice spacing and size meets design specifications.
			Orifice shielding is installed in accordance with design specifications.
			Orifices are free of debris.
			Mound cover (straw/ geotextile cover) is placed over the distribution material.
			Inspection ports are installed correctly.
			Turn ups are installed at the end of each lateral and in accordance with the design.
			Down slope area is free from traffic and has not been disturbed.
			The height of the baseline distal operating head has been recorded.
			The recorded distal operating head is in accordance with the design specifications.

NOTES

Final Inspection

Date: _____

Weather Conditions_____ Ground Conditions_____

Clear/ Rain/ Cloudy/ Snow — Dry/ Wet/ Damp/ Frozen

Y	N	na	
			Topsoil cover depth meets design specifications.
			Topsoil cover material meets design specifications.
			Mound area is properly graded (discourages ponding of surface water.)
			Mound area is seeded to encourage the growth of proper vegetative cover.
			Inspection ports are accessible.
			Valve box lids are accessible and sealed.
			Valves are accessible.
			Down slope area is free from traffic and has not been disturbed.

NOTES

Site and Soil Evaluation for Sewage Treatment and Dispersal

County: _____
Township / Sec.: _____
Property Address/Location: _____
_____
Applicant Name: _____
Address: _____
_____
Phone #: _____
Lot #: _____
Test Hole #: _____
Latitude/Longitude: _____
Method: ___ Pit ___ Auger ___ Probe

Land Use / Vegetation: _____
Landform: _____
Position on Landform: _____
Percent Slope: _____
Shape of Slope: _____

Date: _____
Evaluator: _____
_____
_____
_____

Certification Stamp or Certification #: _____
Signature: _____
Phone#: _____

Soil Profile		Estimating Soil Saturation			Estimating Soil Permeability							
		Munsell Color (hue, value, chroma)										
			Redoximorphic Features		Texture			Structure				
Horizon	Depth (inches)	Matrix Color	Concentrations	Depletions	Class	Approx. % Clay	Approx. % Fragments	Grade	Size	Type (shape)	Consistence	**Other Soil Features**

Limiting Conditions	Depth to (in.)	Descriptive Notes	Remarks / Risk Factors:
Perched Seasonal Water Table			
Apparent Water Table			
Highly Permeable Material			
Bedrock			
Restrictive Layer			

Note : The evaluation should include a complete site plan or site drawing.

Landforms
Upland*
Terrace
Flood Plain
Lake Pain
Beach Ridge
*Includes glacial till plain and end moraine

Position on Landform
Depression
Flat
Knoll
Crest
Hillslope
Footslope

Shape of Slope
Convex
Concave
Linear
Complex

Horizon Nomenclature

Master Horizons	
O	Predominantly organic matter (litter & humus)
A	Mineral, organic matter (humus) accumulation, loss of Fe, Al, clay
E	Mineral, loss of Si, Fe, Al, clay, organic matter
B	Subsurface accumulation of clay, Fe, Al, Si, humus; sesquioxides; loss of $CaCo_3$; subsurface soil structure
C	Little or no pedogenic alteration, unconsolidated earthy material, soft bedrock
R	Hard bedrock

Horizon Suffixes	
a	Highly decomposed organic matter
b	Buried genetic horizon
d	Densic layer (physically root restrictive)
e	Moderately decomposed organic matter
g	Strong gley
i	Slightly decomposed organic matter
p	Plow layer or artificial disturbance
r	Weathered or soft bedrock
t	Illuvial accumulation of silicate clay
w	Weak color or structure within B
x	Fragipan characteristics

Horizon Modifiers
Numerical Prefixes: Used to denote lithologic discontinuities.
Numerical Suffixes: Used to denote subdivisions within a master horizon.

Soil Texture

Texture Class Abbreviations	
Course Sand	cos
Sand	s
Fine Sand	fs
Very Fine Sand	vfs
Loamy Coarse Sand	lcos
Loamy Sand	ls
Loamy Fine Sand	lfs
Loamy Very Fine Sand	lvfs
Coarse Sandy Loam	cosl
Sandy Loam	sl
Fine Sandy Loam	fsl
Very Fine Sandy Loam	vfsl
Loam	l
Silt Loam	sil
Silt	si
Sandy Clay Loam	scl
Clay Loam	cl
Silty Clay Loam	sicl
Sandy Clay	sc
Silty Clay	sic
Clay	c

Textural Class Modifiers	
Gravelly	GR
Fine Gravelly	FGR
Medium Gravelly	MGR
Coarse Gravelly	CGR
Very Gravelly	VGR
Extremely Gravelly	XGR
Cobbly	CB
Very Cobbly	VCB
Extremely Cobbly	XCB
Stony	ST
Very Stony	VST
Extremely Stony	XST
Bouldery	BY
Very Bouldery	VBY
Extremely Bouldery	XBY
Channery	CN
Very Channery	VCN
Extremely Channery	XCN
Flaggy	FL
Very Flaggy	VFL
Extremely Flaggy	XFL

*Estimate approximate clay percentage within 5 percent

Soil Structure

Grade		Size		Type (Shape)	
Structureless	0	Very Fine	vf	Granular	gr
Weak	1	Fine	f	Angular Blocky	abk
Moderate	2	Medium	m	Subangular Blocky	sbk
Strong	3	Coarse	co	Platy	pl
		Very Coarse	vc	Prismatic	pr
		Extr. Coarse	ec	Columnar	cpr
		Very Thin*	vn	Single Grain	sg
		Thin*	tn	Massive	m
		Thick*	tk	Cloddy	CDY
		Very Thick*	vk		

* The sizes Very Thin, Thin, Thick, and Very Thick, are used when describing platy structure only. Substitute thin for fine, and thick for coarse when describing platy structure.

Moist Consistence	
Loose	l
Very Friable	vfr
Friable	fr
Firm	fi
Very Firm	vfi
Extremely Firm	efi

For a more detailed explanation on describing and sampling soils, please refer to the "Field Book for Describing and Sampling Soils" Schoeneberger, P.J., Wysocki, D.A., Benham, E.C., and Broderson, W.D. (editors) 2002. Field book for describing and sampling soils, version 2.0. Natural Resources Conservation Service, USDA, National Soil Survey Center, Lincoln, NE.

OHIO DEPARTMENT OF HEALTH

PERMIT FEE TRANSMITTAL FOR SEWAGE TREATMENT SYSTEMS

Section 120.02(D)(2) of Amended Substitute House Bill 119 of the 127th General Assembly.

In addition to the fees authorized to be established under division (D)(1) of this section, there is hereby levied a fee of twenty-five dollars for a sewage treatment system installation permit. A board of health or the authority having the duties of a board of health shall collect the fee on behalf of the Department of Health and forward the fee to the Department to be deposited in the state treasury to the credit of the Sewage Treatment System Innovation Fund.....

Health District Name			
Number	*Amount*		*Type*
0	x $25.00	$0.00	New Installation Permits
0	x $25.00	$0.00	Replacement Installation Permits
0	x $0.00	$0.00	Alteration Permits
	$ 0.00		Total state amount of permit fee accompanying this report

This is to certify that the sewage treatment systems listed on the attached permit report and summarized above have been issued in accordance with Section 120.02(D)(2) of Amended Substitute House Bill 119 of the 127th General Assembly and that permits were issued.

Date From: Date To:

Signature of Health Commissioner Date

Return the forms and a check payable to the:

TREASURER, STATE OF OHIO

OHIO DEPARTMENT OF HEALTH
ACCOUNTS RECEIVABLE UNIT
P.O. BOX 15278
COLUMBUS, OH 43215

OHIO DEPARTMENT OF HEALTH

SEWAGE TREATMENT SYSTEMS PERMIT REPORT

Health District Name:	Permits Issued: From: To:

No.	Audit Number	Local Permit No.	System Address (include street number and name, city, zip)	Permit Date	HSTS (H) or SFOSTS (S)	New (N), Repl.(R), or Alter. (A)	System Type (use code)	System Descr. (use code)	System Flow gpd	Soil Depth Credit Used	V S D	Estimated Cost	State Fee
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													

0.00

System Type Code:
1. Soil Absorption
2. NPDES System
3. Non NPDES System
4. Tank Replacement

System Description Code:
1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to 18"-30" leach lines
4. Pretreatment to 18"-30" leach lines
5. Septic tank to sand mound
6. Pretreatment to sand mound
7. Septic tank to drip distribution
8. Pretreatment to drip distribution
9. NPDES System
10. Other
11. Septic Tank to LPP
12. Pretreatment to LPP

Soil Credit Used
1. One foot credit used
2. Two foot credit used

HEA 6298 (REV. 07/07) Ohio Department of Health

OHIO DEPARTMENT OF HEALTH

SEWAGE TREATMENT SYSTEMS PERMIT REPORT

Health District Name:	Permits Issued: From: To:

No.	Audit Number	Local Permit No.	System Address (include street number and name, city, zip)	Permit Date	HSTS (H) or SFOSTS (S)	New (N), Repl.(R), or Alter. (A)	System Type (use code)	System Descr. (use code)	System Flow gpd	Soil Depth Credit Used	V S D	Estimated Cost	State Fee
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
													0.00

System Type Code:
1. Soil Absorption
2. NPDES System
3. Non NPDES System
4. Tank Replacement

System Description Code:
1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to 18"-30" leach lines
4. Pretreatment to 18"-30" leach lines
5. Septic tank to sand mound
6. Pretreatment to sand mound
7. Septic tank to drip distribution
8. Pretreatment to drip distribution
9. NPDES System
10. Other
11. Septic Tank to LPP
12. Pretreatment to LPP

Soil Credit Used
1. One foot credit used
2. Two foot credit used

HEA 6298 (REV. 07/07) Ohio Department of Health

OHIO DEPARTMENT OF HEALTH

SEWAGE TREATMENT SYSTEMS PERMIT REPORT

Health District Name:	Permits Issued: From: To:

No.	Audit Number	Local Permit No.	System Address (include street number and name, city, zip)	Permit Date	HSTS (H) or SFOSTS (S)	New (N), Repl.(R), or Alter. (A)	System Type (use code)	System Descr. (use code)	System Flow gpd	Soil Depth Credit Used	V S D	Estimated Cost	State Fee
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
													0.00

System Type Code:
1. Soil Absorption
2. NPDES System
3. Non NPDES System
4. Tank Replacement

System Description Code:
1. Septic tank to shallow leach lines
2. Pretreatment to shallow leach lines
3. Septic tank to 18"-30" leach lines
4. Pretreatment to 18"-30" leach lines
5. Septic tank to sand mound
6. Pretreatment to sand mound
7. Septic tank to drip distribution
8. Pretreatment to drip distribution
9. NPDES System
10. Other
11. Septic Tank to LPP
12. Pretreatment to LPP

Soil Credit Used
1. One foot credit used
2. Two foot credit used

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