

Local Health District	Local Fee	State Fee	Total Fee Owed	Date Received	Receipt #	Permit #
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OHIO DEPARTMENT OF HEALTH

APPLICATION / PERMIT FOR A PRIVATE WATER SYSTEM

The application instructions are available on page 2 of this form.

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

Type of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement Construction <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Conversion to PWS <input type="checkbox"/> Test Well Construction <input type="checkbox"/> Temporary Hauled Water	<input type="checkbox"/> Alteration <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Alteration – Public Water connection, not sealing <input type="checkbox"/> Sealing or Decommissioning only	Serves, served or will serve: <input type="checkbox"/> 1, 2, 3 family dwelling <input type="checkbox"/> *Other than a 1, 2, 3 family dwelling <input type="checkbox"/> *Multiple dwellings <input type="checkbox"/> *Building <input type="checkbox"/> Vacant lot (sealing only)	Type of System <input type="checkbox"/> Well <input type="checkbox"/> Hauled water storage tank <input type="checkbox"/> *Cistern <input type="checkbox"/> *Pond <input type="checkbox"/> *Spring <input type="checkbox"/> *Drive point well	Additional components: <input type="checkbox"/> *Continuous disinfection and/or filtration system <input type="checkbox"/> *Water treatment system – whole house <input type="checkbox"/> *Buried pressure tank <input type="checkbox"/> *Gas powered pump
*FLOODPLAIN - Is the property or any portion of the property located within the 100-year floodplain? <input type="checkbox"/> YES <input type="checkbox"/> NO *FLOWING WELL AREA - Is the property located in an area known for flowing well conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO *LAND APPLICATION - Is this property located within 300 feet of seepage and wastewater land application area? <input type="checkbox"/> YES <input type="checkbox"/> NO				
NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).				

COMPLETE THE FOLLOWING INFORMATION – If there is no phone number or email address, place “none” in the box

Property address or location (include city and zip code)		Parcel # (optional)	Township/City/Village
Owner's Name	Owner's mailing address <input type="checkbox"/> Check if same as property address		Phone number
Owner's Email Address			Alt. phone number
<input type="checkbox"/> Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.			
Applicant's name		Applicant's mailing or email address	Phone number
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).			
1	Private water systems contractor legal company name (as registered)	ODH Registration #	Phone number
	Email address		
2	Private water systems contractor legal company name (as registered)	ODH Registration #	Phone number
	Email address		

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
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Once issued this permit will expire one (1) year from the date approved. All work must be completed by the date expiration.

Local Health District

Permit #

HEALTH DEPARTMENT USE ONLY

This permit is not valid without the sanitarian signature, approval date, and audit number.

Is a variance being requested prior to the permit being issued?

Yes If checked yes, complete the variance section on the Administrative Summary.

APPLICATION APPROVED BY (RS or SIT only)

DATE APPROVED

Permit expires one (1) year from this date.

PLACE AUDIT
STICKER HERE

PERMIT EXTENSION

Approved by

Date Approved

Date Extension Expires

See comments on the Administrative Summary

APPLICATION INSTRUCTIONS

1. This is a two part form: APPLICATION and SITE PLAN
2. The form may be completed:
 - a. By computer, then printing; or
 - b. By printing the blank document, and filling all information with a typewriter or pen;
3. Contact the Local Health Department for the following information:
 - a. Fee information;
 - b. Site Plan completion information (some local health districts require staff to complete site plans);
 - c. Rule information.
 - d. Registered private water system contractor information.
 - i. A complete list of registered private water system contractors is available on the Ohio Department of Health website at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-homeowners/>.
4. The applicant must sign and date the application prior to submitting to the Local Health District.
5. The applicable FEES must accompany all applications when submitting to the Local Health District. Applications will not be processed until all fees have been received by the Local Health District.
6. The Local Health District will review the application and site plan and notify you as to the application's status.
7. Contact the Local Health District if you do not receive information about the application status within fifteen (15) business days of submitting the application.

Local Health District

Date Received

Permit #

OHIO DEPARTMENT OF HEALTH APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM SITE PLAN

Property Address	
Owner / Applicant	Prepared by

As required in OAC 3701-28-03(F) & (G), additional plans will be required with 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, a building, or within three hundred feet of a land application area;
- 2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.
- 3) any private water system installation including a drive point well, buried pressure tank, gasoline power pump, continuous disinfection system, or point-of-entry water treatment system.

<p>SITE PLAN DRAWING <input type="checkbox"/> Check this box if the drawing is supplied on a separate sheet.</p> <p>-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.</p>	<p style="text-align: center;">LIST OF POTENTIAL CONTAMINATION SOURCES.</p> <p style="text-align: center;">Write the distance from the proposed private water system location to the source listed below, if applicable. All distances must be specific to the private water system.</p>
	<p>_____ ft House, Building</p> <p>_____ ft Deck or porch, <u>not</u> part of foundation</p> <p>_____ ft Lot lines and easements</p> <p>_____ ft Existing properly constructed well, private</p> <p>_____ ft Existing properly constructed well, public</p> <p>_____ ft Properly sealed well</p> <p>_____ ft Well or borehole of unknown or unregulated unpermitted construction</p> <p>_____ ft Road right-of-way and road utility easements</p> <p>_____ ft Road driving surface</p> <p>_____ ft Driveway or parking lot</p> <p>_____ ft Watertight sewer or drain</p> <p>_____ ft Sewage tanks, sewage absorption fields, watertight vault privies, or gray water recycling system</p> <p>_____ ft Leaching privies, leaching pits, dry wells, or drainage wells</p> <p>_____ ft Geothermal systems Identify Type: _____</p> <p>_____ ft Streams, lakes, ponds</p> <p>_____ ft Storm water structure, special conduits, or other ditches with intermittent flow</p> <p>_____ ft Bulk salt storage piles</p> <p>_____ ft Natural gas or propane tanks</p> <p>_____ ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquids (< 1100gal)</p> <p>_____ ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquid (>1100 gal)</p> <p>_____ ft Oil and gas wells or oil and gas well pad</p> <p>_____ ft Municipal solid, residential, and industrial waste, and composting facilities</p> <p>_____ ft Construction and demolition debris facility</p> <p>_____ ft Land application of septage, manure, or biosolids storage facility, stockpile, storage or staging area</p> <p>_____ ft Agricultural manure ponds, lagoons, or Piles</p> <p>_____ ft Other: _____</p> <p style="text-align: center;">Please refer to OAC 3701-28-07 for required isolation distances.</p>
<p>Comments</p>	

Private Water Systems ADMINISTRATIVE SUMMARY

Permit #

Health Department Use Only

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
			<input type="checkbox"/> Yes <input type="checkbox"/> 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 OAC 3701-28-_____	Date of Request	Approved by Board of Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved / Denied
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		
<input type="checkbox"/> System approved	Sanitarian Signature	Date of approval
<input type="checkbox"/> System disapproved	Sanitarian Signature	Date of disapproval
Reason for Disapproval		
Enforcement action taken		