## 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.

<table>
<thead>
<tr>
<th>Health District</th>
<th>Permit Number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Owner / Applicant</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Property Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Prepared by</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Comments</th>
</tr>
</thead>
</table>
## Ohio Department of Health
### Private Water System Site Plan – Additional Plans

**Continuous Disinfection and Filtration Systems Layout**

<table>
<thead>
<tr>
<th>Health District</th>
<th>Permit Number</th>
<th>Property Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Disinfection System:**
- [ ] Chlorine
- [ ] Ultraviolet
- [ ] Iodine
- [ ] Ozone

**Filtration System:**
- [ ] Slow Sand
- [ ] Pressurized Rapid Sand
- [ ] Pre-coat
- [ ] Other: ____________________________________________

**Pond Intake:**
- [ ] Floating
- [ ] 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.

![Diagram](image)

---

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**
- **Additional Devices**
### Ohio Department of Health
**Private Water System Site Plan – Additional Plans for Ponds**

<table>
<thead>
<tr>
<th>Health District</th>
<th>Permit Number</th>
<th>Property Address</th>
</tr>
</thead>
</table>

**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.

### Alternate cross section view for irregular shaped ponds