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

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

### Type of Work:
- [ ] New Construction
- [ ] Replacement Construction
- [ ] Emergency Construction
- [ ] Conversion to PWS
- [ ] Test Well Construction
- [ ] Temporary Hauled Water
- [ ] Alteration
- [ ] Emergency Alteration
- [ ] Alteration – Public Water connection, not sealing
- [ ] Sealing or Decommissioning only

**Additional components:**
- [ ] Continuous disinfection and/or filtration system
- [ ] Water treatment system – whole house
- [ ] Gas powered pump

### Serves, served or will serve:
- [ ] 1, 2, 3 family dwelling
- [ ] *Other than a 1, 2, 3 family dwelling
- [ ] *Multiple dwellings
- [ ] *Building
- [ ] *Vacant lot (sealing only)

**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

<table>
<thead>
<tr>
<th>Property address or location (include city and zip code)</th>
<th>Parcel # (optional)</th>
<th>Township/City/Village</th>
</tr>
</thead>
<tbody>
<tr>
<td>Owner’s Name</td>
<td>Owner’s mailing address</td>
<td>Check if same as property address</td>
</tr>
<tr>
<td>Owner’s Email Address</td>
<td>Phone number</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Applicant’s name</th>
<th>Applicant’s mailing or email address</th>
<th>Phone number</th>
</tr>
</thead>
</table>

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 legal company name (as registered)

1. [ ] ODH Registration #

   Email address

2. [ ] ODH Registration #

   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.*
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.
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.

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.

| LIST OF POTENTIAL CONTAMINATION SOURCES. |
| 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. |

- ft House, Building
- ft Deck or porch, not part of foundation
- ft Lot lines and easements
- ft Existing property constructed well, private
- ft Existing property constructed well, public
- ft Properly sealed well
- ft Well or borehole of unknown or unregulated unpermitted construction
- ft Road right-of-way and road utility easements
- ft Road driving surface
- ft Driveway or parking lot
- ft Wastewater sewer or drain
- ft Sewage tanks, sewage absorption fields, watertight vault privies, or gray water recycling system
- ft Leaching privies, leaching pits, dry wells, or drainage wells
- ft Geothermal systems
- Identify Type:
- ft Streams, lakes, ponds
- ft Storm water structure, special conduits, or other ditches with intermittent flow
- ft Bulk salt storage piles
- ft Natural gas or propane tanks
- ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquids (< 1100gal)
- ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquid (≥1100 gal)
- ft Oil and gas wells or oil and gas well pad
- ft Municipal solid, residential, and industrial waste, and composting facilities
- ft Construction and demolition debris facility
- ft Land application of separtage, manure, or biosolids storage facility, stockpile, storage or staging area
- ft Agricultural manure ponds, lagoons, or Piles
- ft Other: ____________________________

Please refer to OAC 3701-28-67 for required isolation distances.
## Private Water Systems

### ADMINISTRATIVE SUMMARY

**Health Department Use Only**

### I. Well Log

<table>
<thead>
<tr>
<th>Well log #</th>
<th>Date Received</th>
<th>Reviewed by</th>
</tr>
</thead>
</table>

### II. Sealing Report

<table>
<thead>
<tr>
<th>Report #</th>
<th>Date Received</th>
<th>Reviewed by</th>
</tr>
</thead>
</table>

### III. Job Status / Completion Forms

<table>
<thead>
<tr>
<th>PWS Contractor 1</th>
<th>Job Status - Date Received</th>
<th>Completion Form - Date Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>PWS Contractor 2</td>
<td>Job Status - Date Received</td>
<td>Completion Form - Date Received</td>
</tr>
<tr>
<td>PWS Contractor 3</td>
<td>Job Status - Date Received</td>
<td>Completion Form - Date Received</td>
</tr>
</tbody>
</table>

### IV. Final Inspection

<table>
<thead>
<tr>
<th>Date Performed</th>
<th>Performed by</th>
<th>Worksheet Attached</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Yes □ No</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Variance Requested</th>
<th>Date of Request</th>
<th>Approved by Board of Health</th>
<th>Date Approved / Denied</th>
</tr>
</thead>
<tbody>
<tr>
<td>OAC 3701-23-</td>
<td></td>
<td>□ Yes □ No</td>
<td></td>
</tr>
</tbody>
</table>

Comments

### VI. Water Samples

<table>
<thead>
<tr>
<th>Bacteria Sample One</th>
<th>Collected by</th>
<th>Date</th>
<th>Sample Collection Point</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacteria Sample Two</td>
<td>Collected by</td>
<td>Date</td>
<td>Sample Collection Point</td>
<td>Results</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bacteria Sample Three</td>
<td>Collected by</td>
<td>Date</td>
<td>Sample Collection Point</td>
<td>Results</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Water Sample Comments

<table>
<thead>
<tr>
<th>Nitrates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nitrates Pre-screen Results</td>
</tr>
<tr>
<td>Nitrate Laboratory Analysis / Results</td>
</tr>
</tbody>
</table>

### 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

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HEA 5202-2 (REV. 2/11)