ocal Health District	Local Fee	State Fee	Total Fee Owed	Date Received	Receipt #	Permit #

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

Type of Work:	The application instructions are available on page 2 of this form.								
Type of Work:	BOXES, IN THIS SECTION, THAT APPLY T								
	Serves, served or will serve:	Type of System	Additional components:						
☐ New Construction ☐ Alteration	☐ 1, 2, 3 family dwelling	□ Well	□ *Continuous disinfection						
☐ Replacement Construction ☐ Emergency	Alteration *Other than a 1, 2, 3 family	☐ Hauled water storage tank	and/or filtration system						
☐ Emergency Construction ☐ Alteration –		□ *Cistern	☐ *Water treatment						
☐ Conversion to PWS connection,	not sealing ☐ *Multiple dwellings	□ *Pond	system – whole house						
☐ Test Well Construction ☐ Sealing or	□ *Building	☐ *Spring	☐ *Buried pressure tank						
☐ Temporary Hauled Water Decommiss		☐ *Drive point well	□ *Gas powered pump						
, ,	f the property located within the 100-year floodpl	·							
, , , , , , , , , , , , , , , , , , , ,									
	ed in an area known for flowing well conditions?		¬ NO						
*LAND APPLICATION - is this property located	within 300 feet of septage and wastewater land a	pplication area? YES	□ 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 IF	NFORMATION - If there is no phone number	ber or email address, place	"none" in the box						
Property address or location (include city an		Parcel # (optional)	Township/City/Village						
		, , , ,							
Owner's Name	Owner's mailing address ☐ Check if same	as property address	Phone number						
Owner's Email Address			Alt. phone number						
☐ Check this box if the Owner and Applican	t Information is the same. If checked do not fil	ll in applicant information.							
Applicant's name	Applicant's mailing or email address		Phone number						
	ing work on a private water system must be re								
). If the contractor information is not known at		provided prior to the						
	ents in Ohio Administrative Code Rule 3701-28								
Private water systems contractor legal contractor le	ompany name (as registered)	ODH Registration #	Phone number						
Email address									
Email address									
2 Private water systems contractor legal co	ompany name (as registered)	ODH Registration #	Phone number						
Email address									
Notice to Applicant: This application will r	not be processed until the form bears the sign	nature of the applicant and t	he date (below). This						
	not be processed until the form bears the sig								
application must be accompanied by the si	te plan form(s) and the appropriate fee. This	application is not approved							
application must be accompanied by the si		application is not approved							
application must be accompanied by the si signature of a registered sanitarian or sanit	te plan form(s) and the appropriate fee. This arian-in training employed by the local board	application is not approved d of health.	until it has the date and						
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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	1
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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 S		PLACE AUDIT						
				_				
PERMIT EXTENSION					STICKER HERE			
Approved by	Date Approved		Date Extension Expires					
See comments on the Administrative S	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 <u>FEES</u> 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.

-Clearly indicate the location of all proposed and existing private water systemsClearly indicate all possible sources of contamination from the list to the right, including but not limited to the house, the sewage system and the drivewayClearly indicate the north direction, property lines, roads and road intersections. All distances must be specific private water system. All of the location of the force of the property devices and the drivewayClearly indicate the north direction, property lines, roads and road intersections. All distances must be specific private water system. All distances must be specific private water system. All of the location of all property constructed in the property constructed in			FOR A PRIVAT SITE PLAN	TH E WATER SYSTEM
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	omments			ft Construction and demolition debris facilit
biosolids storage facility, sto storage or staging area				ft Land application of septage, manure, or biosolids storage facility. stockpile,
				ft Agricultural manure ponds, lagoons, or
ft Other:				
				Please refer to OAC 3701-28-07 for

Date Received

Permit #

Local Health District

The following chart provides the minimum isolation distance requirements established in Ohio Administrative Code (OAC) 3701-28-07 for private water systems. Refer to http://codes.ohio.gov/oac/3701-28-07v1, for the complete isolation distance rule language in OAC 3701-28-07.

This chart is provided as a courtesy and is not required to be submitted with the application and site plan.

Isolation Distance Requirements as per OAC 3701-28-07

		Minir	<u>num</u>
If the potential source of contamination is not listed below		50	ft
Dwelling or building foundation		10	ft
Deck or porch, not part of the building foundation for basement or crawl spa	ace	5	ft
Road right-of-way		10	ft
Normal Road surface (edge of) when no right-of-way is designated	25 ft - only if this isolation distance		
	separation distance than the road		
Road utility easement, when no right-of-way is designated	10 ft - only if this isolation distance		
	separation distance than the norm		
Driveway or parking lot (edge of)		5	ft
Lot lines / Easements		10	ft
Watertight sewers and drains (more than five feet from outside the building	foundation)	10	ft
Sewage treatment system (STS)		50	ft
Gray water recycling system (GWRS) components		50	ft
Leaching pits (not properly abandoned)		100	ft
Dry wells (not properly abandoned)		100	ft
Watertight vault privies		50	ft
Leaching privies		100	ft
Wastewater treatment plant		300	ft
Drainage wells		100	ft
Properly sealed wells		5	ft
Private water system well (constructed properly)		10	ft
Public water system well (constructed properly)	outside the sanitary isolation rac		
Tubile water system well (constructed property)	water well – OAC		
Water wells or boreholes of unknown or unregulated unpermitted constructi		50	ft
Vertical open loop geothermal system, sealed with grout materials	1011	25	ft
Horizontal or vertical closed loop geothermal system, utilizing propylene gly	ycol	25	ft
Horizontal or vertical closed loop geomermal system, utilizing propyrene gry		23	11
antifreeze other than propylene glycol	circulating reinigerant of a neat transfer	50	ft
Horizontal or vertical geothermal system of unknown or undocumented con-	struction	50	ft
Streams, lakes, ponds and other permanent bodies of water	Struction	25	ft
Storm water structure / special conduits / ditches with intermittent water flow	•	15	ft
Bulk salt storage piles	NV	100	ft
<u> </u>			
			ft
Fuel operated motors used for well pumps without secondary containment	d- (l th 4 400 1)	50	
Fuel oil, diesel, chemical, or gasoline storage tanks or other petroleum liquid		50	ft
Fuel oil, diesel, chemical, or gasoline storage tanks or other petroleum liquid Fuel oil, diesel, chemical or gasoline storage tanks or other petroleum liquid		50	_
Fuel oil, diesel, chemical, or gasoline storage tanks or other petroleum liquid Fuel oil, diesel, chemical or gasoline storage tanks or other petroleum liquid secondary containment)	ds (greater than 1,100 gallons without	50 300	ft
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Private Water Systems ADMINISTRATIVE SUMMARY

Permit #		

			Heal [.]	th Departr	ment l	Use O	nly				
I.	Well Log	Well log #		Date Receiv			Reviewed by				
II.	Sealing Report	Report #		Date Receiv	/ed		Reviewed by				
II.	Job Status / Completion	PWS Contractor 1				Completion Form - Date Received Completion Form- Date Received		eceived	Date Reviewed Date Reviewed		
	Forms	PWS Contractor	Contractor 2					ceived			
		PWS Contractor 3			Completion Form - Date Received		ceived	Date Reviewed			
۷.	Final Inspection		Perform	ed by	1			•		Worksheet	Attached
	Dato i oriorinoa		1 01101111	ou by						Yes	∏ No
	Observations, Noted	violations, and Cor	rective Actio	ns (include date	es and inf	formation	of all performed in	spections)			
٧.	Variance - Attach	the variance reque	est and board								
	Variance Requested			Date of Reque	est	Α	Approved by Board of Health Date Approved / De			/ Denied	
	OAC 3701-28						☐ Yes ☐ No				
	Comments					•					
'n.	Water Samples										
	Bacteria Sample One	Collected by			Date		Sample Colle	ection Point	R	esults	
	Bacteria Sample Two	Collected by		Date							
	Bacteria Sample Three	Collected by		Date		Sample Collection Poi		ction Point	int Results		
	Water Sample Comm	ents									
	Nitrates										
	Nitrate Pre-screen Results	Collected by			Date		Sample Colle	ction Point	R	esults	
	Nitrate Laboratory Analysis / Results	Collected by			Date		Sample Colle	ction Point	R	esults	
II.	Private Water Sy	ystem Approv	al / Disapı	proval							
	System approved		Signature					Date of approval			
	System disappro		Signature					Date of d	isapprova	al	
	Reason for Disapprov	/al									
	Enforcement action to	aken									