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

in de				re available on pa	ge 2 of this form. TO THE PERMIT REQUEST	■ Street Green Green Trible and List in the Province of					
	Dee of Work: New Construction Replacement Construction Emergency Construction Conversion to PWS Construction Conversion to PWS Connection Sealing or		Serves, serv 1, 2, 3 fan *Other tha dwelling *Multiple c	red or will serve: nily dwelling n a 1, 2, 3 family	Type of System Well Hauled water storage tank Storage tank Storage tank Storage tank Storage tank Storage tank	Additional components: ☐ *Continuous disinfection					
FL	OODPLAIN - Is the property or any portion OWING WELL AREA - Is the property loca ND APPLICATION - Is this property located NOTE: An asterisk () denotes the	ed in an area kn I within 300 feet	own for flowin of septage and	g well conditions? I wastewater land a	' □ YES □ NO application area? □ YES	□ NO					
	COMPLETE THE FOLLOWING										
Pro	perty address or location (include city a		v — II triere is	s no phone num	Parcel # (optional)	Township/City/Village					
Owner's Name Owner's mailing address											
Ow	ner's Email Address					Alt. phone number					
	Check this box if the Owner and Applica	nt Information is	s the same. If	checked do not fil	Il in applicant information.						
	olicant's name		mailing or ema			Phone number					
Ohi	persons, including homeowners, perforn o Administrative Code Rule 3701-28-18(A nmencement of work as per the requirem Private water systems contractor legal of Email address	.). If the contrac ents in Ohio Ac	tor information Iministrative (on is not known at Code Rule 3701-28	time of application, it must b	tment of Health as required in e provided prior to the Phone number					
2	Private water systems contractor legal o	ompany name	(as registered)	ODH Registration #	Phone number					
	Email address										
app sign I, th with I, th of th pur I, th dep I, th	tice to Applicant: This application will blication must be accompanied by the shature of a registered sanitarian or sanine undersigned, hereby agree to install, in the attached site plan and all application are undersigned, also understand that the private system named in this permit pose of determining compliance with Come undersigned, agree to contact the locartment to perform the final inspection are undersigned, understand that this permit points at the private signature.	te plan form(sitarian-in training construct, devole rules governe issuance of the at any reasonanapter 3701-28 and collect the	and the apping employed or alterned by Chapt this permit is able time prior of the Ohio artment upon water sample	ropriate fee. This by the local board the private water er 3701-28 of the conditioned upon r to, during, or aft Administrative Cocompletion of the le.	application is not approved of health. System named in this perm Ohio Administrative Code. the right of the department er completion of the work sode. private water system in orderoved and all work must be	to enter upon the premises pecified in this permit for the local health					
Ар	plicant's signature				Date of signature						

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

Private Water Systems ADMINISTRATIVE SUMMARY

Permit #	

			Healtl	n Departi	ment	Use (Only	,				****	
í.	Well Log	Well log#		Date Receiv			Re	eviewed by			•		
II.	Sealing Report	Report #		Date Receiv	/ed		Re	eviewed by					
[[[.	Job Status / Completion	PWS Contractor 1				Job Sta	tus - I	Date Received		Completion	on Form - Dat	e Received	
	Forms	PWS Contractor 2		······································		Job Sta	tus - [Date Received	-	Completio	te Received		
		PWS Contractor 3				Job Sta	tus - [Date Received	(Complete	on Form - Da	te Received	
V .	Final Inspection		Performed	Lbu					······································		Worksheet	Attached	
	Date Performed		renomieu	i by							Yes	□ No	
V.	Observations, Noted v Variance — Attach t												
v. 	Variance Requested OAC 3701-28		and board	Date of Reque	est	oved by Board of Health Date Approved / Denied Yes No							
	Comments	nments											
/1.	Water Samples												
	Sample One	Collected by					Sample Collec			Results			
	Sample Two	Collected by			Date			Sample Collec			esults		
	Sample Three	Collected by			· Date Sample 0					R	Results		
	Water Sample Comments												
	Nitrates Nitrate Pre-screen Results	Collected by	· · · · · · · · · · · · · · · · · · ·	Date				Sample Collect.		nt Results			
	Nitrate C Laboratory Analysis / Results	Collected by			Date			Sample Collec	ction Point Results				
II. 	Private Water Sys System approved	Sanitarian Sign	Disappr nature	oval					Date of a	pproval			
	System disapprove	d Sanitarian Sign	nature						Date of disapproval				
	Reason for Disapproval												
	Enforcement action take	en											

Local	Health	District	

Permit #	

HEALTH DEPARTMENT USE ONLY

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

PERMIT EXTENSION STICKER HERI	Yes If checked yes, con	nplete the variance section on	DATE APPR		
Approved by Date Approved Date Extension Expires	PERMIT EXTENSION				PLACE AUDIT STICKER HERE
	Approved by	Date Approved	D	ate Extension Expires	

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.

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As requ	1) 2) 3)	any p any p any p	priva priva priva	te wa te wa	ater s ater s ater s	syste syste syste	em se em se em ins	ervici: ervici: stalla	ng gr ng a ation	reate pond	er tha	an a t stern,	three , spri	-fam ing, c	illy dv or priv	wellir vate	ng, a wate	bullo r sys	ling, stem	or wi	thin t ed in	hree an a	hun area	dred of kn	stem permit request is bein feet of a land application a own flowing well conditions p, continuous disinfection s	rea;
-Clear to t	ly ind ly ind the ho	icate icate ouse,	the lead of the le	locati ossik sewa	ion o ble se age s	ource syste	es of em ar	osed cont nd the	l and tamir e driv	exis natio vewa	sting n fro	priva m the	ate w e list	ater : to th	syste e rigl	ems. ht, in	ncludi					heet	•		LIST OF POTE CONTAMINATION: Write the distance from the water system location to t below, if applic All distances must be s private water sy	SOURCES. proposed private he source listed able. specific to the
													<u></u>												ft House, Building (10)	
************************					ļ																		*****		ft Deck or porch, not pa	art of foundation (5)
																									ft Lot lines and easeme	• •
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			-				*************	************				-	ļ	***************************************	***************************************		>			***************************************				*************	ft Geothermal systems Identify Type: _	
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	1									T		T			†	1	1		1	†····	··········			*************	ft Oil and gas wells or o	
			ļ											<u> </u>											ft Municipal solid, resid waste, and compos	
Comn	nents																								ft Construction and der	nolition debris facili
																									ft Land application of s biosolids storage fa storage or staging	acility, stockpile,
																									storage or stagingft Agricultural manure p	
																									ft Other:	
																									Please refer to OAC 3 required isolation	

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

. . .

Potential Source of Contamination		<u>Minir</u>	num
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 space		5	ft
Road right-of-way		10	ft
	25 ft - only if this isolation distance separation distance than the road u		
Road utility easement, when no right-of-way is designated	10 ft - only if this isolation distance separation distance than the normal	gives a	greater
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 founda	ition)	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 rad water well – OAC	ius of the	e public
Water wells or boreholes of unknown or unregulated unpermitted construction		50	ft
Vertical open loop geothermal system, sealed with grout materials		25	ft
Horizontal or vertical closed loop geothermal system, utilizing propylene glycol		25	ft
Horizontal or vertical closed loop direct exchange geothermal system with circulating antifreeze other than propylene glycol	ng refrigerant or a heat transfer	50	ft
Horizontal or vertical geothermal system of unknown or undocumented constructio	on .	50	ft
Streams, lakes, ponds and other permanent bodies of water		25	ft
Storm water structure / special conduits / ditches with intermittent water flow		15	ft
Bulk salt storage piles		100	ft
Fuel operated motors used for well pumps without secondary containment		50	ft
Fuel oil, diesel, chemical, or gasoline storage tanks or other petroleum liquids (less	s than 1 100 gal)	50	ft
Fuel oil, diesel, chemical or gasoline storage tanks or other petroleum liquids (grea			
secondary containment)	ator than 1,100 gallono without	300	ft
Natural gas or propane (LP/liquid propane) home heating tanks above or below gro	ound	20	ft
Oil and gas wells or the oil and gas well pad		100	ft
Municipal solid waste, residential waste, industrial waste, and Class I, II, III solid waste,	aste composting facilities	1000	ft
Construction and demolition debris solid waste facility and Class IV solid waste con		500	ft
A regional storage facility or other bulk storage facility for biosolids (sludge)		300	ft
Grass pasture with large animals (with barrier around well component)		5	ft
Animal waste management facility located at major, large, or medium concentrated	d animal feeding facilities (AFF)	300	ft
Animal waste management facility located at an AFF <u>not</u> designated concentration	as major large or medium	150	ft
Animal housing or holding pens with no grass cover, stables, manure piles, fabrica waste or treatment buildings not located at an AFF		50	ft
Land application of septage waste, manure, or biosolids (sludge) stockpile, storage EPA has determined the aquifer has a high susceptibility to contamination		300	ft
Surface land application area for septage, biosolids (sludge), commercially land apmaterials previously approved by Ohio EPA or the board of health	oplied manure, or other similar	200	ft
Subsurface incorporation application area using septage, biosolids (sludge), commother similar materials previously approved by the Ohio EPA or the board of health		100	ft
Storage or preparation area for commercial application of fertilizers or pesticides		150	ft