

County / City	Local Fee	State Fee	Total Fee Owed	Receipt #	Permit #
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OHIO DEPARTMENT OF HEALTH

APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM

NOTE: Read the application instructions on the next page.

Complete form as directed. Form may be completed on the computer then printed or printed and completed by pen or typewriter.

CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.			
Type of Work: <input type="checkbox"/> <u>New Construction</u> <input type="checkbox"/> <u>Alteration</u> (includes expanding existing systems) <input type="checkbox"/> <u>Emergency Construction</u> <input type="checkbox"/> <u>Sealing Only</u> <input type="checkbox"/> <u>Test Well</u>	<input type="checkbox"/> <u>Replacement System</u> <input type="checkbox"/> <u>Emergency Alteration</u> <input type="checkbox"/> <u>Conversion to a PWS</u>	System will Serve: <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two or Three family dwelling <input type="checkbox"/> Multiple dwelling units* (Includes MHPs / Campgrounds) <input type="checkbox"/> Building*	Type of PWS or Component: <input type="checkbox"/> Well <input type="checkbox"/> Spring* <input type="checkbox"/> Pond* <input type="checkbox"/> Cistern* <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Continuous Disinfection <input type="checkbox"/> Other _____
System being Sealed: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Pond <input type="checkbox"/> Spring			
<input type="checkbox"/> <u>Public Water Supply</u> is being connected to the residence <input type="checkbox"/> <u>Geothermal system</u> exists or is planned for this property			
<p>*NOTE: If the private water system will serve other than a one, two, or three family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 (E) of the Ohio Administrative Code. See site plan addendums for ponds, springs, cisterns, multiple dwelling units, and buildings.</p>			
COMPLETE THE FOLLOWING INFORMATION			
Property Street Address or Location (include City and Zip Code)		Parcel # (optional)	Township/City/Village
Owner's Name	Owner Mailing Address (Street #, Street, City, State, Zip Code)		Phone #
<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 Mailing Address (Street #, Street, City, State, Zip Code)		Phone #
<p>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).</p>			
Private Water Systems Contractor		ODH Registration #	Phone #
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Private Water Systems Contractor		ODH Registration #	Phone #
<p>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.</p> <p>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 <u>Chapter 3701-28 of the Ohio Administrative Code</u>.</p> <p>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.</p> <p>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.</p> <p>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.</p>			
APPLICANT'S SIGNATURE			DATE OF SIGNATURE

READ THE INSTRUCTIONS ON THE NEXT PAGE, THEN COMPLETE THE SITE PLAN FORM

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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 <http://www.odh.ohio.gov/odhPrograms/eh/water/water1.aspx>.
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.

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OHIO DEPARTMENT OF HEALTH

APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM

SITE PLAN

Property Address

Owner / Applicant

Prepared by

A site plan addendum form will be required in addition to 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, or a building;
- 2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.

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. The minimum distance requirements are indicated in () to the right of the source.

All distances must be specific to the private water system.

- _____ ft House, Building (10ft)
- _____ ft Property lines (10 ft)
- _____ ft Existing or properly sealed water wells (10 ft)
- _____ ft Road right-of-ways and road utility easements (10 ft)
- _____ ft Public Roadways (25 ft)
- _____ ft Driveway or parking lot (5 ft)
- _____ ft Sewer - watertight (10 ft)
- _____ ft Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)
- _____ ft Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)
- _____ ft Unregulated constructed wells or boreholes (50ft)
- _____ ft Geothermal systems (50 ft)
- _____ ft Streams, lakes, ponds (25 ft)
- _____ ft Storm water and other ditches with intermittent water flow (15 ft)
- _____ ft Natural gas or propane tanks (20 ft)
- _____ ft Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)
- _____ ft Oil and gas wells (100 ft)
- _____ ft Landfills (1000 ft)
- _____ ft Construction and demolition debris facility (500 ft)
- _____ ft Agricultural manure ponds, lagoons, or piles (50-300 ft)
- _____ ft Other: _____

Please refer to OAC 3701-28-07 for additional required distances.

Comments



Kenton-Hardin County Health Department 175 W. Franklin St., Suite 120 Kenton OH 43326
Office: 419-673-6230 Fax: 419-673-8761

WATER SAMPLING GUIDELINES FOR NEW WELL PERMITS

As of June 1st 2011, the Ohio Department of Health requires that all new wells be sampled from the pressure tank. The rules prior to the aforementioned date allowed for the point closest to human consumption which in most cases meant the kitchen sink. However, the health department is only responsible from the well to the pressure tank as any connection past the pressure tank is under the plumbing division at the Ohio Department of Commerce. Before any sample may be taken, please make sure that all required paperwork (well log, pump completion form, sealing reports) are submitted to this office beforehand. Water samples are taken from 1:00 p.m. to 3:30 p.m. on Mondays (unless there is a holiday or other scheduled office closure). Please be advised that you are responsible for scheduling your water sample.

Due to the requirement that the water sample be taken from the pressure tank, access to this area must be gained during the time specified. We will not take a sample without someone available to give access. Also, when sampling from the pressure tank, we will need to purge the system for up to ten minutes. In the case where a home does not have a floor drain, you will need to supply an alternative way of removing the water. The spigot will need to have a smooth nose tap and not a threaded tap. Any new well with a threaded spigot will not be sampled until a smooth nose tap is attached. Also, any pressure tank located in a crawl space or other confined area where accessibility is an issue, will need to attach a temporary extension line and approved spigot for sampling. Garden hose connection to the spigot is unacceptable due to the risk of contamination to the sample. A bucket or other form of collection in which there is a gap between the spigot and method of collection would be acceptable.

Before the sample is taken, the sampler will test for nitrates and for residual chlorine. If the sample has a 5 or more reading for nitrates, then a sample will automatically be pulled and the cost administered to the well applicant. If the sample has any chlorine residual, the sample will not be taken and the well applicant will be charged a travel fee to return at another scheduled time.

If a water sample is scheduled with this department at a requested time, it's expected that both the sampler and the well applicant honor the arrangement. However, if the sampler is unable to make the scheduled time, a phone call will be made to the applicant to clarify a time when the sample will be taken. If applicant fails to arrive at the time specified, the sampler will wait fifteen minutes before moving on to the next sample. The applicant will then have to pay travel costs for the sampler to arrive at another time.

Should you have any questions or concerns, please contact the undersigned.

Sincerely,

Shane Lott R.S.

Environmental Health Director

Revised: 3/27/2017