

Ohio Department of Health

# Application/Permit for a Private Water System

**ALL ITEMS MUST BE COMPLETED**

Health District	Permit #
	Fee

**CHECK ALL THAT APPLY**

<input type="checkbox"/> New Installation <input type="checkbox"/> Alterations <input type="checkbox"/> Sealing <input type="checkbox"/> Emergency construction <input type="checkbox"/> Emergency alteration	Water System will serve: <input type="checkbox"/> Single-family dwelling <input type="checkbox"/> Multi-family dwelling* <input type="checkbox"/> Pond* <input type="checkbox"/> Building*	<input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Spring <input type="checkbox"/> Pond <input type="checkbox"/> Hauled Water Storage Tank	Sealing: <input type="checkbox"/> Existing well, New installation <input type="checkbox"/> Existing well <input type="checkbox"/> Cistern/Hauled Water Storage Tank <input type="checkbox"/> Other _____
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**\*NOTE:** If the private water system will serve other than a single-family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 of the Ohio Administrative Code.

**PLEASE TYPE OR PRINT IN BALLPOINT PEN**

Owner/Applicant		Phone no.
Mailing address		
City	State	Zip
Location of property		
Street address of property		Township
Private water system contractor**	Registration no.	Phone no.

**\*\*NOTE:** The name of the Private Water Systems contractor must be provided to the local health district before the installation of the well, spring, cistern or pond per OAC 3701-28-03.

**SITE PLAN MUST BE ATTACHED TO THIS FORM**

**NOTICE TO APPLICANT:** It may be to your advantage to read the rules governing Private Water Systems, Chapter 3701-28 of the Ohio Administrative Code. This application will not be processed until the site plan is complete and this form bears the signature of the applicant and is accompanied by the appropriate fee.

I/we, 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 other applicable rules.

I/we 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.

Owner/Applicant signature	Date
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**DO NOT WRITE BELOW THIS LINE**

Permit approved by (Registered sanitarian signature required)	Date (Permit expires one year from this date)
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Variance requested <input type="checkbox"/> yes <input type="checkbox"/> no	Approved <input type="checkbox"/> yes <input type="checkbox"/> no	Date
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**Permit Extension**

Approved by	Date approved
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**SEE COMMENTS ON BACK.**

# Ohio Department of Health

## Application/Permit for Private Water System Site Plan

Health district	Permit number
Owner/Applicant	
Location of property	
Site plan prepared by	

Clearly indicate the location or area of the proposed or existing private water system.  
**Please indicate scale and/or distance.**

↑ North

Indicate distances between water source and the following existing or proposed items on the map on left. Minimum distances required by ORC 3701-28-10 are noted in parentheses.

**Check List**

- ☐ Location of PWS or Test Hole
- ☐ Road right-of-ways (25 ft)
- ☐ Existing or properly sealed water wells (10 ft)
- ☐ Above or below ground storage tanks (5-300 ft)\*
- ☐ Property lines (10 ft)
- ☐ Public roadways (25 ft)
- ☐ Driveways (5 ft)
- ☐ Easements (10 ft)
- ☐ Sewer lines (10 ft)
- ☐ Sewage disposal systems (50 ft)
- ☐ Buildings (10 ft)
- ☐ Houses (10 ft)
- ☐ Barn or feed lots (100-500 ft)\*
- ☐ Outbuildings (50 ft)
- ☐ Oil and gas wells (100 ft)
- ☐ Streams, lake, ponds and ditches (25 ft)
- ☐ Manure ponds, lagoons or piles (50-300 ft)\*
- ☐ Lot lines (10 ft)
- ☐ Land fills (1000 ft)
- ☐ Other possible sources of contamination

\* Please refer to OAC 3701-28-10

Comments

**PLEASE NOTE: Any changes to the site plan must be approved by the local health district**