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

OHIO DEPARTMENT OF HEALTH

APPLICATION / PERMIT FOR A PRIVATE WATER SYSTEM

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

CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.

| | | | | |
|--|--|--|---|---|
| Type of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement Construction <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Conversion to PWS <input type="checkbox"/> Test Well Construction <input type="checkbox"/> Temporary Hauled Water | <input type="checkbox"/> Alteration <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Alteration – Public Water connection, not sealing <input type="checkbox"/> Sealing or Decommissioning only | Serves, served or will serve: <input type="checkbox"/> 1, 2, 3 family dwelling <input type="checkbox"/> *Other than a 1, 2, 3 family dwelling <input type="checkbox"/> *Multiple dwellings <input type="checkbox"/> *Building <input type="checkbox"/> Vacant lot (sealing only) | Type of System <input type="checkbox"/> Well <input type="checkbox"/> Hauled water storage tank <input type="checkbox"/> *Cistern <input type="checkbox"/> *Pond <input type="checkbox"/> *Spring <input type="checkbox"/> *Drive point well | Additional components: <input type="checkbox"/> *Continuous disinfection and/or filtration system <input type="checkbox"/> *Water treatment system – whole house <input type="checkbox"/> *Buried pressure tank <input type="checkbox"/> *Gas powered pump |
| *FLOODPLAIN - Is the property or any portion of the property located within the 100-year floodplain ? <input type="checkbox"/> YES <input type="checkbox"/> NO *FLOWING WELL AREA - Is the property located in an area known for flowing well conditions ? <input type="checkbox"/> YES <input type="checkbox"/> NO *LAND APPLICATION - Is this property located within 300 feet of septage and wastewater land application area ? <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;"><i>NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).</i></p> | | | | |

COMPLETE THE FOLLOWING INFORMATION – If there is no phone number or email address, place “none” in the box

| | | | |
|---|--|--------------------------------------|-----------------------|
| Property address or location (include city and zip code) | | Parcel # (optional) | Township/City/Village |
| Owner's Name | Owner's mailing address <input type="checkbox"/> Check if same as property address | | Phone number |
| Owner's Email Address | | | Alt. phone number |
| <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's mailing or email address | |
| | | Phone number | |
| 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). | | | |
| 1 | Private water systems contractor legal company name (as registered) | ODH Registration # | Phone number |
| | Email address | | |
| 2 | Private water systems contractor legal company name (as registered) | ODH Registration # | Phone number |
| | 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 |
|-----------------------|-------------------|

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

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 SIT only) | DATE APPROVED <i>Permit expires one (1) year from this date.</i> |
|---|--|



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.