

# Ohio Department of Health • Private Water Systems

## Spring Water Supply COMPLETION

This completion form must be completed and returned to the health district or other governing agency prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03, and must be submitted within thirty (30) days of completion of work.

|                                  |                    |                   |                     |
|----------------------------------|--------------------|-------------------|---------------------|
| Permit number                    | Date of completion | County            |                     |
| Owner                            |                    | Phone<br>(      ) |                     |
| Mailing address                  |                    | Township          |                     |
| City                             |                    | State             | ZIP                 |
| Location of property             |                    |                   |                     |
| Private water systems contractor |                    |                   | Registration number |

### Construction Details

|   |   |   |  |
|---|---|---|--|
| Diversion ditch Length<br><span style="float: right;">Feet</span> | Distance from spring<br><span style="float: right;">ft.</span>      | Discharge to  |  |
| Spring box materials  | Capacity<br><span style="float: right;">Gallons</span>              | Secured cover<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Spring box overflow to  | Air gap<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Gravity drain<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Sump<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

### Inlet Pipe

|           |   |        |
|-----------|---|--------|
| Materials | Diameter<br><span style="float: right;">Inches</span> | Screen |
|-----------|---|--------|

### Supply Pipe (to dwelling)

|           |   |        |
|-----------|---|--------|
| Materials | Diameter<br><span style="float: right;">Inches</span> | Screen |
|-----------|---|--------|

### Pump

|          |      |  |
|----------|------|--|
| Location | Type | Capacity<br><span style="float: right;">GPM</span> |
|----------|------|--|

### Water Storage Tank

|  |          |
|--|----------|
| Capacity<br><span style="float: right;">Gallons</span> | Location |
| Other water treatment components                       |          |

**Continuous disinfection is required for all Spring Water Supplies—See reverse for detailed information**

### HEALTH DISTRICT USE ONLY

|               |                      |          |
|---------------|----------------------|----------|
| Date received | Information complete | Approved |
| Comments      |                      |          |

# Private Water System Disinfection/Filter System Information

|               |                    |               |
|---------------|--------------------|---------------|
| Permit Number | Date of Completion | Date Received |
|---------------|--------------------|---------------|

## Disinfection and Filter System

|   |                    |   |  |
|---|--------------------|---|--|
| System installed by   |                    | PWS Contractor Reg. No.   |  |
| Type and Design of Disinfection System<br><input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> Ultraviolet Light <input type="checkbox"/> Experimental |                    |   |  |
| Point disinfectant is added   |                    | Method  |  |
| Manufacturer of each system component<br><br>_____  |                    |   |  |
| Intake Filters<br><input type="checkbox"/> Floating <input type="checkbox"/> Suspended <input type="checkbox"/> Other   |                    | Continuous Filtration Type (ponds)<br><input type="checkbox"/> Slow Sand Filter <input type="checkbox"/> Precoat Filter <input type="checkbox"/> Other ( <i>specify</i> ) |  |
| Supplemental Filtration Type  | Micron size rating | Flow rate of filter(s)<br>(GPM)   | Required disinfectant residual<br><br>ppm (mg/l) |
|   |                    | Appropriate test kit on site<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Comments<br><br>_____<br><br>_____  |                    |   |  |

## Retention Tank

|  |       |  |
|--|-------|--|
| Make   | Model | Capacity<br><br>Gallons  |
| Estimated retention time in minutes/hours  |       | Calculated CT value (CT = chemical residual times the retention time)<br><br>(chlorine = 4    iodine = 10) |
| List all additional filters or treatment systems installed on system (i.e. cartridge filters, slow sand, rapid sand, carbon filter, water softeners, anion exchange, other)<br><br>_____<br><br>_____<br><br>_____ |       |  |

## Plans approved (if required)

|      |    |
|------|----|
| Date | By |
|------|----|