

**Ohio Department of Health • Private Water Systems**

**Well/Pump  
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.

System's permit number	Date of completion	County	
Owner			Phone (     )
Mailing address		Township	
City		State	ZIP
Address of property			
Type of system <input type="checkbox"/> Well <input type="checkbox"/> Pond <input type="checkbox"/> Spring <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled water storage			
Private water systems contractor			Registration number
Work completed—Installation of <input type="checkbox"/> Pitless adapter <input type="checkbox"/> Pump <input type="checkbox"/> Disinfection equipment <input type="checkbox"/> Other components ( <i>specify</i> )			

**Installation Details**     Pitless Adapter     Pitless Unit

Manufacturer			
Depth below grade  Ft. / In.	Style <input type="checkbox"/> Clear-way <input type="checkbox"/> Pull-through <input type="checkbox"/> Other ( <i>specify</i> )		
Method of cutting hole in casing			
Method of attachment to casing			
Method of attaching casing extension (if applicable)			Final casing height above finished grade  inches

**Pump**

<input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Hand Pump <input type="checkbox"/> Other <i>specify</i>			
Manufacturer	HP	Capacity  GPM	Depth of pump setting or intake

**Disinfection Equipment**    *See reverse for details*

**HEALTH DISTRICT USE ONLY**

Date received	Information complete	Approved
Comments		

# Private Water System Disinfection/Filter System Information

Permit Number	Date of Completion	Date Received
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## Disinfection and Filter System

System installed by		PWS Contractor Reg. No.	
Type and Design of Disinfection System <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 <hr/>			
Intake Filters <input type="checkbox"/> Floating <input type="checkbox"/> Suspended <input type="checkbox"/> Other		Continuous Filtration Type (ponds) <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) (GPM)	Required disinfectant residual <div style="text-align: right;">ppm (mg/l)</div>
			Appropriate test kit on site <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments <hr/> <hr/>			

## Retention Tank

Make	Model	Capacity <div style="text-align: right;">Gallons</div>
Estimated retention time in minutes/hours		Calculated CT value (CT = chemical residual times the retention time) <div style="text-align: right;">(chlorine = 4    iodine = 10)</div>
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) <hr/> <hr/> <hr/>		

## Plans approved (if required)

Date	By
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