

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 ()	
Mailing address		Township	
City		State	ZIP
Location of property			
Private water systems contractor			Registration number

Construction Details

Diversion ditch Length Feet	Distance from spring ft.	Discharge to	
Spring box materials	Capacity Gallons	Secured cover <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spring box overflow to	Air gap <input type="checkbox"/> Yes <input type="checkbox"/> No	Gravity drain <input type="checkbox"/> Yes <input type="checkbox"/> No	Sump <input type="checkbox"/> Yes <input type="checkbox"/> No

Inlet Pipe

Materials	Diameter Inches	Screen
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Supply Pipe (to dwelling)

Materials	Diameter Inches	Screen
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Pump

Location	Type	Capacity GPM
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Water Storage Tank

Capacity Gallons	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
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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 _____			
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 ppm (mg/l)
		Appropriate test kit on site <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments _____ _____			

Retention Tank

Make	Model	Capacity Gallons
Estimated retention time in minutes/hours		Calculated CT value (CT = chemical residual times the retention time) (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) _____ _____ _____		

Plans approved (if required)

Date	By
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