

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			
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) <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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