

County / City	Local Fee	State Fee	Total Fee Owed	Receipt #	Permit #
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OHIO DEPARTMENT OF HEALTH

APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM

NOTE: Read the application instructions on the next page.

Complete form as directed. Form may be completed on the computer then printed or printed and completed by pen or typewriter.

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

Type of Work: <input type="checkbox"/> <u>New Construction</u> <input type="checkbox"/> <u>Alteration</u> (includes expanding existing systems) <input type="checkbox"/> <u>Emergency Construction</u> <input type="checkbox"/> <u>Sealing Only</u> <input type="checkbox"/> <u>Test Well</u>	<input type="checkbox"/> <u>Replacement System</u> <input type="checkbox"/> <u>Emergency Alteration</u> <input type="checkbox"/> <u>Conversion to a PWS</u>	System will Serve: <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two or Three family dwelling <input type="checkbox"/> Multiple dwelling units* <input type="checkbox"/> Building* <small>(includes MHPs / Campgrounds)</small>	Type of PWS or Component: <input type="checkbox"/> Well <input type="checkbox"/> Pond* <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Continuous Disinfection <input type="checkbox"/> Other _____	System being Sealed: <input type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Pond <input type="checkbox"/> Spring
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Public Water Supply is being connected to the residence Geothermal system exists or is planned for this property

***NOTE:** If the private water system will serve other than a one, two, or three family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 (E) of the Ohio Administrative Code. See site plan addendums for ponds, springs, cisterns, multiple dwelling units, and buildings.

COMPLETE THE FOLLOWING INFORMATION

Property Street Address or Location (include City and Zip Code)	Parcel # (optional)	Township/City/Village
Owner's Name	Owner Mailing Address (Street #, Street, City, State, Zip Code)	Phone #

Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.

Applicant's Name	Applicant Mailing Address (Street #, Street, City, State, Zip Code)	Phone #
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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).

Private Water Systems Contractor	ODH Registration #	Phone #
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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
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READ THE INSTRUCTIONS ON THE NEXT PAGE, THEN COMPLETE THE SITE PLAN FORM