

Local Health District	Local Fee	State Fee	Total Fee Owed	Date Received	Receipt #	Permit #
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OHIO DEPARTMENT OF HEALTH APPLICATION / PERMIT FOR A PRIVATE WATER SYSTEM

The application instructions are available on page 2 of this form.

CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.				
Type of Work: <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement Construction <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Conversion to PWS <input type="checkbox"/> Test Well Construction <input type="checkbox"/> Temporary Hauled Water	<input type="checkbox"/> Alteration <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Alteration – Public Water connection, not sealing <input type="checkbox"/> Sealing or Decommissioning only	Serves, served or will serve: <input type="checkbox"/> 1, 2, 3 family dwelling <input type="checkbox"/> *Other than a 1, 2, 3 family dwelling <input type="checkbox"/> *Multiple dwellings <input type="checkbox"/> *Building <input type="checkbox"/> Vacant lot (sealing only)	Type of System <input type="checkbox"/> Well <input type="checkbox"/> Hauled water storage tank <input type="checkbox"/> *Cistern <input type="checkbox"/> *Pond <input type="checkbox"/> *Spring <input type="checkbox"/> *Drive point well	Additional components: <input type="checkbox"/> *Continuous disinfection and/or filtration system <input type="checkbox"/> *Water treatment system – whole house <input type="checkbox"/> *Buried pressure tank <input type="checkbox"/> *Gas powered pump
*FLOODPLAIN - Is the property or any portion of the property located within the 100-year floodplain ? <input type="checkbox"/> YES <input type="checkbox"/> NO *FLOWING WELL AREA - Is the property located in an area known for flowing well conditions ? <input type="checkbox"/> YES <input type="checkbox"/> NO *LAND APPLICATION - Is this property located within 300 feet of septage and wastewater land application area ? <input type="checkbox"/> YES <input type="checkbox"/> NO NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).				

COMPLETE THE FOLLOWING INFORMATION – If there is no phone number or email address, place "none" in the box		
Property address or location (include city and zip code)	Parcel # (optional)	Township/City/Village
Owner's Name	Owner's mailing address <input type="checkbox"/> Check if same as property address	Phone number
Owner's Email Address		Alt. phone number
<input type="checkbox"/> Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.		
Applicant's name	Applicant's mailing or email address	Phone number
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).		
1 Private water systems contractor legal company name (as registered)	ODH Registration #	Phone number
Email address		
2 Private water systems contractor legal company name (as registered)	ODH Registration #	Phone number
Email address		

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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Once issued this permit will expire one (1) year from the date approved. All work must be completed by the date expiration.

Local Health District

Date Received

Permit #

OHIO DEPARTMENT OF HEALTH APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM SITE PLAN

Property Address	
Owner / Applicant	Prepared by

As required in OAC 3701-28-03(F) & (G), additional plans will be required with this site plan form if this private water system permit request is being obtained for:

- 1) any private water system servicing greater than a three-family dwelling, a building, or within three hundred feet of a land application area;
- 2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.
- 3) any private water system installation including a drive point well, buried pressure tank, gasoline power pump, continuous disinfection system, or point-of-entry water treatment system.

<p>SITE PLAN DRAWING <input type="checkbox"/> Check this box if the drawing is supplied on a separate sheet.</p> <p>-Clearly indicate the location of all proposed and existing private water systems. -Clearly indicate all possible sources of contamination from the list to the right, including but not limited to the house, the sewage system and the driveway. -Clearly indicate the north direction, property lines, roads and road intersections.</p>	<p>LIST OF POTENTIAL CONTAMINATION SOURCES. Write the distance from the proposed private water system location to the source listed below, if applicable. All distances must be specific to the private water system.</p> <p>____ ft House, Building ____ ft Deck or porch, <u>not</u> part of foundation ____ ft Lot lines and easements ____ ft Existing properly constructed well, private ____ ft Existing properly constructed well, public ____ ft Properly sealed well ____ ft Well or borehole of unknown or unregulated unpermitted construction ____ ft Road right-of-way and road utility easements ____ ft Road driving surface ____ ft Driveway or parking lot ____ ft Watertight sewer or drain ____ ft Sewage tanks, sewage absorption fields, watertight vault privies, or gray water recycling system ____ ft Leaching privies, leaching pits, dry wells, or drainage wells ____ ft Geothermal systems Identify Type: _____ ____ ft Streams, lakes, ponds ____ ft Storm water structure, special conduits, or other ditches with intermittent flow ____ ft Bulk salt storage piles ____ ft Natural gas or propane tanks ____ ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquids (< 1100gal) ____ ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquid (>1100 gal) ____ ft Oil and gas wells or oil and gas well pad ____ ft Municipal solid, residential, and industrial waste, and composting facilities ____ ft Construction and demolition debris facility ____ ft Land application of septage, manure, or biosolids storage facility, stockpile, storage or staging area ____ ft Agricultural manure ponds, lagoons, or Piles ____ ft Other: _____</p> <p>Please refer to OAC 3701-28-07 for required isolation distances.</p>
<p>Comments</p>	

Local Health District

Permit #

HEALTH DEPARTMENT USE ONLY

This permit is not valid without the sanitarian signature, approval date, and audit number.

Is a variance being requested prior to the permit being issued?

Yes If checked yes, complete the variance section on the Administrative Summary.

APPLICATION APPROVED BY (RS or SIT only)	DATE APPROVED <i>Permit expires one (1) year from this date.</i>
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PLACE AUDIT
STICKER HERE

PERMIT EXTENSION		
Approved by	Date Approved	Date Extension Expires

See comments on the Administrative Summary

APPLICATION INSTRUCTIONS

1. This is a two part form: APPLICATION and SITE PLAN
2. The form may be completed:
 - a. By computer, then printing; or
 - b. By printing the blank document, and filling all information with a typewriter or pen;
3. Contact the Local Health Department for the following information:
 - a. Fee information;
 - b. Site Plan completion information (some local health districts require staff to complete site plans);
 - c. Rule information.
 - d. Registered private water system contractor information.
 - i. A complete list of registered private water system contractors is available on the Ohio Department of Health website at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-homeowners/>.
4. The applicant must sign and date the application prior to submitting to the Local Health District.
5. The applicable **FEES** must accompany all applications when submitting to the Local Health District. Applications will not be processed until all fees have been received by the Local Health District.
6. The Local Health District will review the application and site plan and notify you as to the application's status.
7. Contact the Local Health District if you do not receive information about the application status within fifteen (15) business days of submitting the application.

The following chart provides the minimum isolation distance requirements established in Ohio Administrative Code (OAC) 3701-28-07 for private water systems. Refer to <http://codes.ohio.gov/oac/3701-28-07v1>, for the complete isolation distance rule language in OAC 3701-28-07.

This chart is provided as a courtesy and is not required to be submitted with the application and site plan.

Isolation Distance Requirements as per OAC 3701-28-07

<u>Potential Source of Contamination</u>	<u>Minimum</u>
If the potential source of contamination is not listed below	50 ft
Dwelling or building foundation	10 ft
Deck or porch, not part of the building foundation for basement or crawl space	5 ft
Road right-of-way	10 ft
Normal Road surface (edge of) when no right-of-way is designated	25 ft - only if this isolation distance gives a greater separation distance than the road utility easement
Road utility easement, when no right-of-way is designated	10 ft - only if this isolation distance gives a greater separation distance than the normal road surface
Driveway or parking lot (edge of)	5 ft
Lot lines / Easements	10 ft
Watertight sewers and drains (more than five feet from outside the building foundation)	10 ft
Sewage treatment system (STS)	50 ft
Gray water recycling system (GWRS) components	50 ft
Leaching pits (not properly abandoned)	100 ft
Dry wells (not properly abandoned)	100 ft
Watertight vault privies	50 ft
Leaching privies	100 ft
Wastewater treatment plant	300 ft
Drainage wells	100 ft
Properly sealed wells	5 ft
Private water system well (constructed properly)	10 ft
Public water system well (constructed properly)	outside the sanitary isolation radius of the public water well – OAC 3745-9-04(B)(2)
Water wells or boreholes of unknown or unregulated unpermitted construction	50 ft
Vertical open loop geothermal system, sealed with grout materials	25 ft
Horizontal or vertical closed loop geothermal system, utilizing propylene glycol	25 ft
Horizontal or vertical closed loop direct exchange geothermal system with circulating refrigerant or a heat transfer antifreeze other than propylene glycol	50 ft
Horizontal or vertical geothermal system of unknown or undocumented construction	50 ft
Streams, lakes, ponds and other permanent bodies of water	25 ft
Storm water structure / special conduits / ditches with intermittent water flow	15 ft
Bulk salt storage piles	100 ft
Fuel operated motors used for well pumps without secondary containment	50 ft
Fuel oil, diesel, chemical, or gasoline storage tanks or other petroleum liquids (less than 1,100 gal)	50 ft
Fuel oil, diesel, chemical or gasoline storage tanks or other petroleum liquids (greater than 1,100 gallons without secondary containment)	300 ft
Natural gas or propane (LP/liquid propane) home heating tanks above or below ground	20 ft
Oil and gas wells or the oil and gas well pad	100 ft
Municipal solid waste, residential waste, industrial waste, and Class I, II, III solid waste composting facilities	1000 ft
Construction and demolition debris solid waste facility and Class IV solid waste composting facilities	500 ft
A regional storage facility or other bulk storage facility for biosolids (sludge)	300 ft
Grass pasture with large animals (with barrier around well component)	5 ft
Animal waste management facility located at major, large, or medium concentrated animal feeding facilities (AFF)	300 ft
Animal waste management facility located at an AFF <u>not</u> designated concentration as major, large, or medium	150 ft
Animal housing or holding pens with no grass cover, stables, manure piles, fabricated manure storage and animal waste or treatment buildings not located at an AFF	50 ft
Land application of septage waste, manure, or biosolids (sludge) stockpile, storage or staging area where the Ohio EPA has determined the aquifer has a high susceptibility to contamination	300 ft
Surface land application area for septage, biosolids (sludge), commercially land applied manure, or other similar materials previously approved by Ohio EPA or the board of health	200 ft
Subsurface incorporation application area using septage, biosolids (sludge), commercially produced manure, or other similar materials previously approved by the Ohio EPA or the board of health	100 ft
Storage or preparation area for commercial application of fertilizers or pesticides	150 ft