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Well: How to complete the Application/Permit for a Private Water System

Complete the applicable forms in this packet and return with the appropriate fee prior to having work done to install or alter a well. The fillable portions of these forms may also be completed by computer, then printed. PDF versions of this packet are available on the HCHD website.

Forms required for all installations and alterations:

Application/Permit for a Private Water System

Mark the applicable check boxes to indicate the type of work, if the system is to serve a dwelling or other type of building, the type of PWS and if any existing PWS is being sealed. Fill your information into applicable sections of the form. Be certain to sign and date the application where indicated.

You must hire Private Water System contractors registered by the Ohio Department of Health to do the work outlined in the application. This includes drillers, contractors who install required treatment system components, and plumbing contractors who work on any part of the private water system including well pumps and pressure tanks. A current list of State registered water contractors organized by the counties they are based out of can be found at odh.ohio.gov. Look for "Know our programs" then search: "Private Water Systems".

Application/Permit for a Private Water System Site Plan

Sketch and indicate distances from any potential sources of contamination to where the well is proposed.

Other Forms contained in this packet required to issue permits for shallow well installations:

Shallow Drive Point Well (sand point) Notification Form

Only required for point well installations

Disinfection/Filtration Plan - Contact your water treatment contractor to complete this form.

Required for all point wells or shallow wells less than 15 feet deep.

Required for wells between 15 and 25 feet deep that test positive for total coliform.

Verify that all of the application documents are complete. Submit with the applicable permit fee indicated below. Make checks made payable to HENRY COUNTY HEALTH DEPARTMENT.

Contact the Henry County Health Department if you do not receive information about the application status within fifteen (15) business days of submitting this application

Permit Fees

Permit to construct a well for a 1,2 or 3 Family Home: \$444.00

Permit to construct a well – Other than a 1, 2 or 3 Family Home: \$469.00

Alterations to a well - (includes casing alterations and bringing existing well water into a new home)

Alteration – 1, 2 or 3 Family Home \$300.00

Alteration – Other than a 1, 2 or 3 Family Home \$325.00

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Local Health District Henry County	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 <p style="text-align: center;">NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).</p>				

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 #
	Email address		Phone number
2	Private water systems contractor legal company name (as registered)		ODH Registration #
	Email address		Phone number

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.

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

Permit expires one (1) year from this date.

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.

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.

SITE PLAN DRAWING

☐ Check this box if the drawing is supplied on a separate sheet.

- 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.

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.

- _____ ft House, Building
- _____ ft Deck or porch, not 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: _____

Comments

Please refer to OAC 3701-28-07 for required isolation distances.

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

Potential Source of Contamination	Minimum
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



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Shallow Drive Point Well (sand point) Notification Form

This completed form must be included with the *Application/Permit for a Private Water System* when you intend to have a drive point well installed.

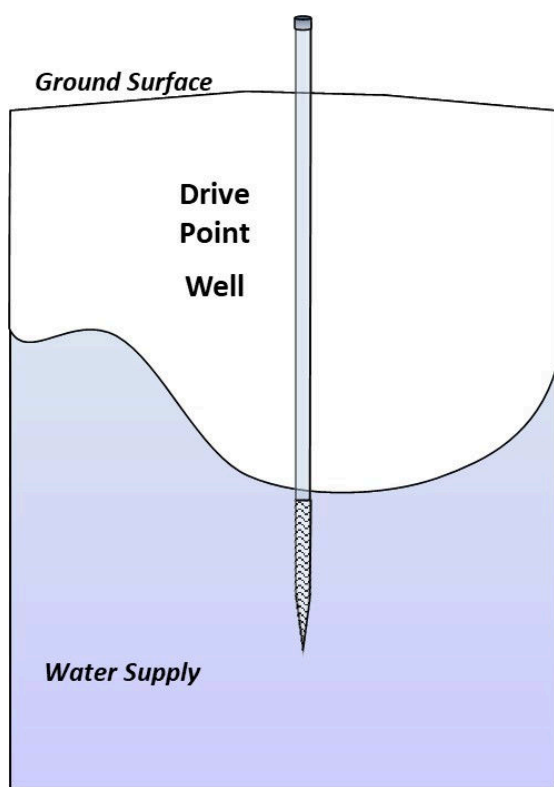
Owner / Applicant Name (printed):	Today's date:
Address where drive point well is proposed:	Township:
<p>Reason(s) you are proposing to install a drive point well (check all that apply):</p> <p><input type="checkbox"/> Drilled wells in the immediate area have high levels of Sulphur in the water.</p> <p><input type="checkbox"/> Drilled wells in the immediate area have very low sustained gallons per minute flow.</p> <p><input type="checkbox"/> Proposed location is difficult or impossible to get a drilling rig in to.</p> <p><input type="checkbox"/> Other: _____</p> <hr/> <p>Please read then sign & date below. Further information is on the reverse side of this form.</p> <p>If the completed drive point well is between 15'-25' deep I agree:</p> <ul style="list-style-type: none"> The completed well must achieve a safe water sample result with 4.2 CFU or less, as described in Section 3701-28-04(J) of the Ohio Administrative Code in order for the system to be approved <u>or</u> Install water treatment system components that include continuous disinfection and cyst filtration as described in Section 3701-28-10(C)(6)(d) of the Ohio Administrative Code. Once the well and treatment system is completed, one safe water sample result must be obtained with 0 CFU, as described in Section 3701-28-04(N)(1)(a) of the Ohio Administrative Code. <p>If the completed drive point well is between 10 and 15 feet deep I agree to:</p> <ul style="list-style-type: none"> Install a continuous disinfection and cyst filtration system as described in Section 3701-28-10(C)(6)(d) of the Ohio Administrative Code. Once the well and treatment system is completed, one safe water sample result must be obtained with 0 CFU, as described in Section 3701-28-04(J) of the Ohio Administrative Code in order for the system to be approved. <p>****WELLS WHICH ARE COMPLETED THAT ARE LESS THAN 10 FEET DEEP CANNOT BE APPROVED****</p>	
Owner/Applicant signature:	Today's date:

Requirements for Shallow Drive Point Well Installations

Ohio Administrative Code 3701-28-10(C)(6)(c) and 3701-28-10 (C)(6)(d) requires that installation of shallow wells must include the installation of treatment system components based on the depth of the well.

If well Casing* Depth is:	Continuous Disinfection System & Cyst Filtration required?
Greater than 10 and Less than 15 feet	Yes
Greater than 15 and Less than 25 feet	No if water is bacteriologically safe
Greater than 25 feet	No

*Casing depth is measured from the surface of the natural ground to either the deepest end of the solid casing or the depth of the water supply that is being utilized whichever is less. **No well shall have less than 10 feet of casing. No variance can be issued.**



Example:

A drive point well with 25 feet of casing and the last 4 feet of the casing is slotted. The casing depth will be determined to be 21 feet and would require a treatment system should the bacteria sample not pass.

Drive point wells are more vulnerable than a properly constructed drilled well to contamination from surface sources such as pesticides, herbicides, nitrates, sewage effluent, livestock yard drainage, chemical spills, etc.

Drive point wells should be located as far as possible from sources of contamination. Drive point wells may require routine replacement of the point due to iron deposits clogging the point and restricting water flow. Water testing is recommended annually.

Testing strips are required by OAC 3701-28-10(B) for point wells which are less than 25' deep for Nitrates and Chlorides.

Nitrates – Should be 5 mg/L or less

- If higher than 5 mg/L contact your local health department for further investigation.
- Nitrates and nitrites are found naturally in the environment in the air, soil, surface water and ground water.
- Normal sources of nitrates in well water are fertilizers from farm land, or plant and animal material that flow from the surface into the groundwater.
- High levels are of concern mostly for infants, pregnant or breast-feeding mothers.

Chlorides – Should be 250 mg/L or less (for aesthetic purposes)

- If higher than 250 mg/L contact the health department for further investigation.
- Sources include highway salt and salt storage areas, brines produced during oil and gas well drilling, sewage effluent, landfills, irrigation drainage, animal manure and fertilizers and industrial waste.
- High levels may cause a noticeable change in taste or appearance of the water.
- Sodium is often associated with chloride and may be of health concern to some people.
- If higher than 250 mg/L and your system has a water softener, you should have it serviced.

Private Water System – Disinfection/Filtration Systems Plan

This form is used in addition to the Permit Site Plan HEA 5204 as per OAC rule 3701-28-03 (E) and (F).

This form should be completed for Ponds, Cisterns, and Springs or any other system using continuous disinfection or filtration systems.

Property Street Address (include City and Zip Code)		Township	Health District	Henry County
Property Owner	PWS Contractor(s)	Form prepared by		

List and provide details of all applicable pumping and treatment devices. Neatly sketch and label the listed components in order from water source to the end of treatment.

Pond Intake: <input type="checkbox"/> Floating <input type="checkbox"/> Cased – Indicate depth casing to be set: _____	Disinfection System: <div> <input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet </div> <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone	Filtration System: <div> <input type="checkbox"/> Slow Sand <input type="checkbox"/> Pressurized Rapid Sand <input type="checkbox"/> Pre-coat </div> <input type="checkbox"/> Other: _____
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ID	Component	Make/Model #/Capacity/Dimensions	ID	Component	Make/Model #/Capacity/Dimensions
	Floating pond filter			Retention Tank 2	
	Water System Pump			Rapid Sand Filter	
	Pressure Tank			Slow Sand Filter	
	Coagulation Chemical Tank			Cartridge Filter(s) qty. _____	
	Chemical Pump 1			Cyst Reduction Filter(s) qty. _____	
	Retention Tank 1			Pre-coat Filter	
	Chemical Disinfectant Tank			Ozone Device	
	Chemical Pump 2			Ultraviolet Light	

→ FROM WELL POND, SPRING OR CISTERN