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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 <u>all</u> 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 <a href="https://doi.org/10.1006/journal.org/10.1006/

### 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

<u>Disinfection/Filtration Plan</u> - 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: \$489.00

Permit to construct a well – Other than a 1, 2 or 3 Family Home: \$519.00

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

Alteration – 1, 2 or 3 Family Home \$325.00 Alteration – Other than a 1, 2 or 3 Family Home \$350.00



Local Health District	Local Fee	State Fee	Total Fee Owed	Date Received	Receipt #	Permit #
Henry County						

# **OHIO DEPARTMENT OF HEALTH APPLICATION / PERMIT FOR A PRIVATE WATER SYSTEM**

					<u> </u>	
Аp	plicant's signature				Date of signature	
I, th	ne undersigned, understa	nd that this per	mit will expire	e one (1) year from the date ap	pproved and all work must be	completed by that date.
	ne undersigned, agree to partment to perform the fi			artment upon completion of the e water sample.	e private water system in ord	er for the local health
of t	he private system named	I in this permit a	at any reason	able time prior to, during, or at 8 of the Ohio Administrative C	fter completion of the work sp	
	·		•	ned by Chapter 3701-28 of the this permit is conditioned upon		to enter upon the premises
				velop or alter the private water		t application in accordance
app	olication must be accompa	anied by the sit	e plan form(s	sed until the form bears the sign of and the appropriate fee. This ng employed by the local boar	s application is not approved	
	Email address					
2	Private water systems con	ntractor legal co	mpany name	(as registered)	ODH Registration #	Phone number
	Email address					
	-	ini actor legal CC	mipany name	(as registereu)	ODFI Registration #	r none number
Ohi	o Administrative Code Rul	le 3701-28-18(A) or the requireme	. If the contractors in Ohio Ac	ctor information is not known a dministrative Code Rule 3701-2	t time of application, it must be	
-		wners performi		private water system must be re	agistared with the Ohio Denor	
	Check this box if the Owne blicant's name	er and Applicant		s the same. If checked do not f mailing or email address	III in applicant information.	Phone number
	ner's Email Address					Alt. phone number
			Owner 5 mai	ing address — Check ii Same	as property address	
Ow	ner's Name		Owner's mai	ling address □ Check if same	e as property address	Phone number
Pro	perty address or location (			N – If there is no phone num	ber or email address, place Parcel # (optional)	Township/City/Village
		``	•	or additional plans and informa	•	
*LA	ND APPLICATION - Is this	property located	within 300 feet	of septage and wastewater land	application area? ☐ YES	□ NO
				ocated within the 100-year floodp nown for flowing well conditions		
	Temporary Hauled Water			☐ Vacant lot (sealing only)	☐ *Drive point well	Cas powered partip
	Test Well Construction	<ul><li>☐ Sealing or Decommiss</li></ul>	ioning only	□ *Building	□ *Spring	<ul><li>□ *Buried pressure tank</li><li>□ *Gas powered pump</li></ul>
	Conversion to PWS	connection,		☐ *Multiple dwellings	□ *Pond	system – whole house
	Replacement Construction Emergency Construction	<ul><li>☐ Emergency</li><li>☐ Alteration –</li></ul>		□ *Other than a 1, 2, 3 family dwelling	☐ Hauled water storage tank☐ *Cistern	and/or filtration system  ☐ *Water treatment
	New Construction	☐ Alteration		☐ 1, 2, 3 family dwelling	□ Well	☐ *Continuous disinfection
Тур	e of Work:	OHEOR ALL L	OXLO, III II	Serves, served or will serve:	Type of System	Additional components:
				Instructions are available on particular to the		

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
Henry County

Permit #		

### **HEALTH DEPARTMENT USE ONLY**

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

AFFLICATION AFFROVED I	BY (RS or SIT only)	DATE APPROVED Permit expires one (1) year from this date.	
			PLACE AUDIT
			STICKER HERE
PERMIT EXTENSION	Data Ammand	Deta Cutanaian Cunina	
	Date Approved	Date Extension Expires	
Approved by			

### **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;
  - 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 <a href="https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-homeowners/">https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-homeowners/</a>.
- 4. The applicant must sign and date the application prior to submitting to the Local Health District.
- 5. The applicable <u>FEES</u> 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.

Local Health District Henry County	Date Received	Permit #
Tionity County		

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

Pr	oper	rty A	∖ddr	ess																					
Ov	vner	· / A	pplio	cant													P	repa	ared	by					
As r	equir	1) 2) 3)	any   any   any	oriva oriva oriva	te wa te wa te wa	ater s ater s ater s	syste syste syste	m se m se m in:	rvicir rvicir	ng gr ng a	eate pond	r tha d, cis	n a tl tern,	hree- sprin	family ng, or	y dwe priva	elling, ite wa	a bu ter s	ildin yste	g, or v m loc	with ated	in th	ree h an are	undre a of k	ystem permit request is being obtained for: d feet of a land application area; nown flowing well conditions. mp, continuous disinfection system, or point-
-CI -CI	early early to th	/ ind / ind ne ho	icate ouse	the all p , the	locat ossi sew	ion o ble s age s	ource syste	es of m ar	osed cont nd the	and amin e driv	exis atior	ting p n fror y.	oriva n the	te wa e list t	iter sy	ystem right	, inclu			·			eet.		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, <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
																_		+	+		+	$\dashv$			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
Co		ont																							ft Municipal solid, residential, and industrial waste, and composting facilities
Co	mm	ent	5																						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:
																									Please refer to OAC 3701-28-07 for

The following chart provides the minimum isolation distance requirements established in Ohio Administrative Code (OAC) 3701-28-07 for private water systems. Refer to <a href="http://codes.ohio.gov/oac/3701-28-07v1">http://codes.ohio.gov/oac/3701-28-07v1</a>, 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		<u>Minir</u>	<u>num</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 separation distance than the road		
Road utility easement, when no right-of-way is designated	10 ft - only if this isolation distance separation distance than the norm	gives a	greater
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 four	ndation)	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 rac water well – OAC	3745-9-0	)4(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 circu antifreeze other than propylene glycol		50	ft
Horizontal or vertical geothermal system of unknown or undocumented constru	ction	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 (l	ess than 1,100 gal)	50	ft
Fuel oil, diesel, chemical or gasoline storage tanks or other petroleum liquids (g	- · ·		
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	d waste composting facilities	1000	ft
Construction and demolition debris solid waste facility and Class IV solid waste		500	ft
A regional storage facility or other bulk storage facility for biosolids (sludge)	<del></del>	300	ft
Grass pasture with large animals (with barrier around well component)		5	ft
Animal waste management facility located at major, large, or medium concentra	ated animal feeding facilities (AFF)	300	ft
Animal waste management facility located at major, large, or medium concentrate Animal waste management facility located at an AFF <u>not</u> designated concentrate	<u> </u>	150	ft
Animal housing or holding pens with no grass cover, stables, manure piles, fabruaste or treatment buildings not located at an AFF		50	ft
Land application of septage waste, manure, or biosolids (sludge) stockpile, stor EPA has determined the aquifer has a high susceptibility to contamination	age or staging area where the Ohio	300	ft
Surface land application area for septage, biosolids (sludge), commercially land	l applied manure, or other similar		
materials previously approved by Ohio EPA or the board of health Subsurface incorporation application area using septage, biosolids (sludge), co		200	ft
other similar materials previously approved by the Ohio EPA or the board of he	alth	100	ft
Storage or preparation area for commercial application of fertilizers or pesticide		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.

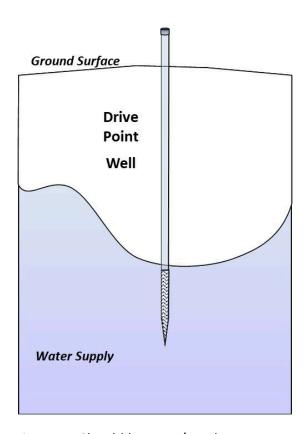
Owner / /	Applicant Name (printed):	Today's date:
Address	where drive point well is proposed:	Township:
Reaso	n(s) you are proposing to install a drive point well (check all that apply	·):
	Drilled wells in the immediate area have high levels of Sulphur in the	water.
	Drilled wells in the immediate area have very low sustained gallons p	er minute flow.
	Proposed location is difficult or impossible to get a drilling rig in to.	
	Other:	
	Please read then sign & date below. Further information is on the rev	verse side of this form.
If the	completed drive point well is between 15'-25' deep I agree:	
•	The completed well must achieve a safe water sample result with 4.2 C Section 3701-28-04(J) of the Ohio Administrative Code in order for the water treatment system components that include continuous disinfect described in Section 3701-28-10(C)(6)(d) of the Ohio Administrative Cosystem is completed, one safe water sample result must be obtained we Section 3701-28-04(N)(1)(a) of the Ohio Administrative Code.	system to be approved <u>or</u> Install cion and cyst filtration as ode. Once the well and treatment
If the	completed drive point well is between 10 and 15 feet deep I agree to:	
•	Install a continuous disinfection and cyst filtration system as described of the Ohio Administrative Code.	in Section 3701-28-10(C)(6)(d)
•	Once the well and treatment system is completed, one safe water sam 0 CFU, as described in Section 3701-28-04(J) of the Ohio Administrative be approved.	•
**	**WELLS WHICH ARE COMPLETED THAT ARE LESS THAN 10 FEET DEEP	CANNOT BE APPROVED****
Owner/A	pplicant 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

<sup>\*</sup>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	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	Pond Intake:	Disinfection System:	n Syst	em:	Filtration System:			
□ Floating □ Cased –	☐ Floating ☐ Cased – Indicate depth casing to be set:	□ Chlorine □ lodine		<ul><li>□ Ultraviolet</li><li>□ Ozone</li></ul>	☐ Slow Sand ☐ Other:	☐ Pressurized Rapid Sand		□ Pre-coat
D	Component Make/Model #/Capacity/Dimensions	nensions	D	Component	-	Make/Model #/Capacity/Dimensions	mensions	
	Floating pond filter			Retention Tank 2				
	Water System Pump			Rapid Sand Filter	ir			
	Pressure Tank			Slow Sand Filter				
	Coagulation Chemical Tank			Cartridge Filter(s) qty	s) qty			
	Chemical Pump 1			Cyst Reduction Filter(s) qty.	-ilter(s) qty			
	Retention Tank 1			Pre-coat Filter				
	Chemical Disinfectant Tank			Ozone Device				
	Chemical Pump 2			Ultraviolet Light				
	→ FROM WELL POND, SPRING OR CIS:	CISTERN						