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## Cistern Water System Application / Permit Instructions

A cistern is a type of water system that collects rainwater off of a roof and channels it through gutters to a collection tank for storage until used by the household. Cisterns may also be referred to as a rainwater catchment or rainwater harvesting systems. Cisterns are required to have continuous disinfection and filtration to make the water sanitary for the household.

Complete the forms listed below and return with the appropriate fee prior to having work done to install or alter a cistern. 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.

### 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 the excavation contractors who will dig the excavation and the contractors who will install the required treatment system components. A current list of State registered water contractors organized by the counties they are based out of can be found at [odh.ohio.gov](http://odh.ohio.gov). Look for "Know our programs" then search: "Private Water Systems".

### Private Water System Site Plan

Sketch and indicate distances from any potential sources of contamination to where the cistern is proposed. If the cistern is not on the same property as the home, include a copy of a recorded easement for the purpose of providing water from the cistern to the dwelling.

If the property is located in a flood plain, then a registered surveyor must determine flood elevations to verify the cistern is at least 1 foot above the flood plain elevation. Include all relevant elevation points on plans.

**Cistern Construction Plan** - Contact your cistern installer to complete this form.

Tank size must be at least 2,500 gallons

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

Required to describe the cistern water treatment system that will be installed.

Verify that 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

#### 1, 2, or 3 family home

Install a cistern water system	\$424.00
Alter an existing cistern water system	\$325.00

#### Other than a 1, 2, or 3 family home

Install a cistern water system	\$449.00
Alter an existing cistern water system	\$350.00

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.

<b>Type of Work:</b> <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	<b>Serves, served or will serve:</b> <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)	<b>Type of System</b> <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	<b>Additional components:</b> <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
<b>*FLOODPLAIN</b> - Is the property or any portion of the property located within the <b>100-year floodplain</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>*FLOWING WELL AREA</b> - Is the property located in an area known for <b>flowing well conditions</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>*LAND APPLICATION</b> - Is this property located within 300 feet of septage and wastewater <b>land application area</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;"><i>NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).</i></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
<b>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).</b>			
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.

<b>Applicant's signature</b>	<b>Date of signature</b>
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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

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.

<b>APPLICATION APPROVED BY (RS or SIT only)</b>	<b>DATE APPROVED</b> <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
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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**

<b>Potential Source of Contamination</b>	<b>Minimum</b>
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

# Private Water System Site Plan – Cisterns and Hauled Water

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 Cisterns and Hauled Water Tanks.

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

List and provide details of all applicable devices for the proposed water system. List all materials, including the make and model number, to be used in construction, installation, or alteration of the system. Include applicable components below and any other materials used. Attach a separate list if more space is needed.

<b>Type of system proposed:</b> <i>(Check One)</i>	<input type="checkbox"/> Cistern (collects precipitation), Size of proposed tank :( min. 2500 gal.) _____ Total roof area used to collect precipitation( ft <sup>2</sup> ): _____
	<input type="checkbox"/> Hauled Water Storage Tank (must <u>only</u> be supplied with water from an approved public water source and delivered by a registered water hauler.) Size of proposed tank :( min. 1000 gal.) _____

ID	Component	Make/Model #/Capacity/Dimensions	ID	Component	Make/Model #/Capacity/Dimensions
	Tank			Roof Washers/Diverter	
	Water System Pump			Debris Filters	
	Fittings & Piping				

Neatly sketch and label the proposed location of the cistern or hauled water tank, and components. For Cisterns, include a roof plan showing the location of gutters, roof washers, debris traps and other filtering or water diversion devices.

# 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
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.

<b>Pond Intake:</b> <input type="checkbox"/> Floating <input type="checkbox"/> Cased – Indicate depth casing to be set: _____	<b>Disinfection System:</b> <input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone	<b>Filtration System:</b> <input type="checkbox"/> Slow Sand <input type="checkbox"/> Pressurized Rapid Sand <input type="checkbox"/> Pre-coat <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*