



1843 Oakwood Avenue
Napoleon, OH 43545

Phone: (419) 599-5545
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www.henrycohd.org



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: \$319.00

Permit to construct a well – Other than a 1, 2 or 3 Family Home: \$339.00

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

Alteration – 1, 2 or 3 Family Home \$175.00

Alteration – Other than a 1, 2 or 3 Family Home \$195.00

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>Replacement System</u> <input type="checkbox"/> <u>Alteration</u> (includes expanding existing systems) <input type="checkbox"/> <u>Emergency Construction</u> <input type="checkbox"/> <u>Emergency Alteration</u> <input type="checkbox"/> <u>Sealing Only</u> <input type="checkbox"/> <u>Conversion to a PWS</u> <input type="checkbox"/> <u>Test Well</u>	System will Serve: <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two or Three family dwelling <input type="checkbox"/> Multiple dwelling units* (includes MHPs / Campgrounds) <input type="checkbox"/> Building*	Type of PWS or Component: <input type="checkbox"/> Well <input type="checkbox"/> Spring* <input type="checkbox"/> Pond* <input type="checkbox"/> Cistern* <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
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Owner's Name	Owner Mailing Address (Street #, Street, City, State, Zip Code)	Phone #
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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 #
Private Water Systems Contractor	ODH Registration #	Phone #
Private Water Systems Contractor	ODH Registration #	Phone #

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

County / City

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

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

County / City

Permit #

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

Property Address

Owner / Applicant

Prepared by

A site plan addendum form will be required in addition to 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, or a building;
- 2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.

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. The minimum distance requirements are indicated in () to the right of the source.

All distances must be specific to the private water system.

- _____ ft House, Building (10ft)
- _____ ft Property lines (10 ft)
- _____ ft Existing or properly sealed water wells (10 ft)
- _____ ft Road right-of-ways and road utility easements (10 ft)
- _____ ft Public Roadways (25 ft)
- _____ ft Driveway or parking lot (5 ft)
- _____ ft Sewer - watertight (10 ft)
- _____ ft Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)
- _____ ft Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)
- _____ ft Unregulated constructed wells or boreholes (50ft)
- _____ ft Closed loop geothermal systems (25 ft)
- _____ ft Streams, lakes, ponds (25 ft)
- _____ ft Storm water and other ditches with intermittent water flow (15 ft)
- _____ ft Natural gas or propane tanks (20 ft)
- _____ ft Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)
- _____ ft Oil and gas wells (100 ft)
- _____ ft Landfills (1000 ft)
- _____ ft Construction and demolition debris facility (500 ft)
- _____ ft Agricultural manure ponds, lagoons, or piles (50-300 ft)
- _____ ft Other: _____

Comments

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



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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.

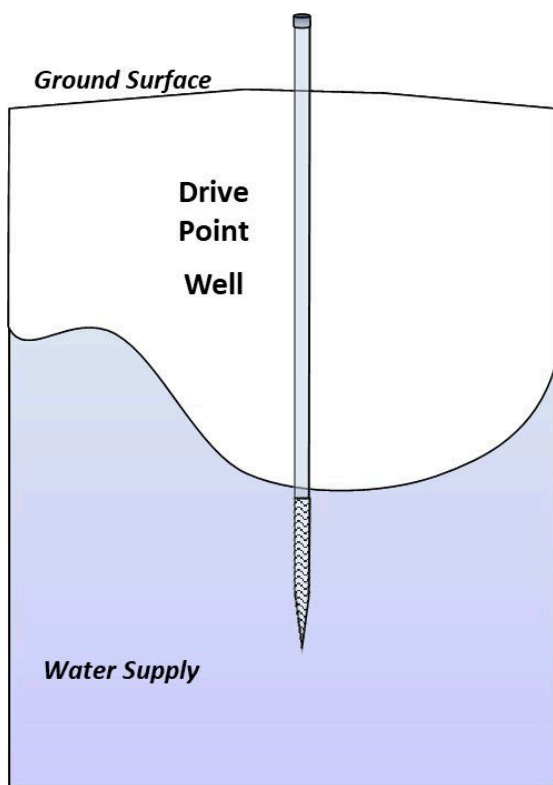
Owner / Applicant Name (printed):	Today's date:
Address where drive point well is proposed:	Township:
<p>Reason(s) you are proposing to install a drive point well (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drilled wells in the immediate area have high levels of Sulphur in the water. <input type="checkbox"/> Drilled wells in the immediate area have very low sustained gallons per minute flow. <input type="checkbox"/> Proposed location is difficult or impossible to get a drilling rig in to. <input type="checkbox"/> Other: _____ <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
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: <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Ozone	Filtration System: <input type="checkbox"/> Slow Sand <input type="checkbox"/> Other: _____ <input type="checkbox"/> Pressurized Rapid Sand <input type="checkbox"/> Pre-coat
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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
