



# **Administrative Process of the Private Water Systems Program**

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Program Specialist 2

Ohio Department of Health

# Starting the Process

- Permit Application
  - Receive
  - Review
  - Issue



# Reviewing the Application

- Make sure the application is complete
- The Application is not complete without the Site Plan Form
- Not complete without Additional Plans (when applicable)
- Review within 10 business days of receiving
  - 15 business days for additional plans

County / City	Local Fee	State Fee	Total Fee Owed	Receipt #	Permit #	PRINT FORM
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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"/> New Construction <input type="checkbox"/> Alteration (includes expanding existing systems) <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Sealing Only <input type="checkbox"/> Test Well	<input type="checkbox"/> Replacement System <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Conversion to a PWS <input type="checkbox"/> Building*	System will Serve: <input type="checkbox"/> Single family dwelling <input type="checkbox"/> Two or Three family dwelling <input type="checkbox"/> Multiple dwelling units* <input type="checkbox"/> (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"/> Hauled Water Tank <input type="checkbox"/> Continuous Disinfection <input type="checkbox"/> Other
<input type="checkbox"/> Public Water Supply is being connected to the residence		<input type="checkbox"/> 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)
Owner's Name		Township/City/Village
Owner Mailing Address (Street #, Street, City, State, Zip Code)		Phone #
<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 Mailing Address (Street #, Street, City, State, Zip Code)	
	Phone #	

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
-----------------------	-------------------

READ THE INSTRUCTIONS ON THE NEXT PAGE, THEN COMPLETE THE SITE PLAN FORM

Original w/ audit sticker – Health District      Copy – Applicant/Property Owner      Copy – Private Water Systems Contractor  
 HEA 5302 (REV. 3/11)



# Permit Application & Site Plan

- Permit information at the top
- Property Address
- Owner/Applicant
- Prepared By
- Drawing
- Distances

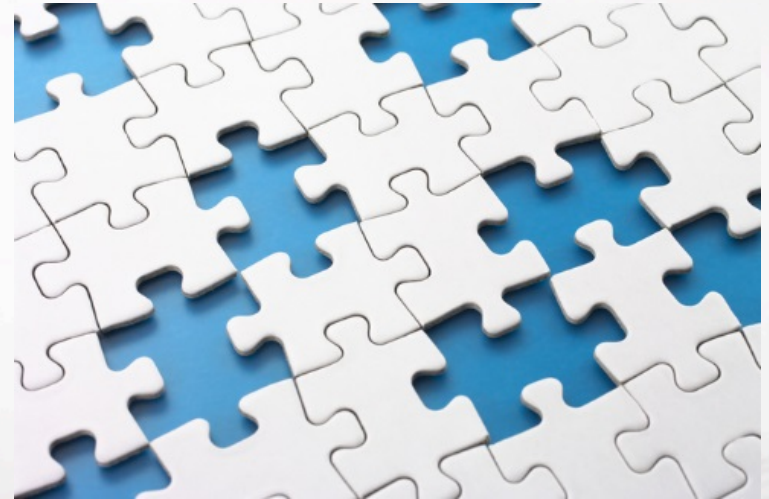
County / City	Permit #																																								
<b>OHIO DEPARTMENT OF HEALTH</b> <b>APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM</b> <b>SITE PLAN</b>																																									
Property Address																																									
Owner / Applicant	Prepared by																																								
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.																																									
<b>SITE PLAN DRAWING</b> <input type="checkbox"/> 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.	<b>LIST OF POTENTIAL CONTAMINATION SOURCES</b> 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.  <b>All distances must be specific to the private water system.</b> <table style="width: 100%; border-collapse: collapse;"> <tr><td>_____ ft</td><td>House, Building (10ft)</td></tr> <tr><td>_____ ft</td><td>Property lines (10 ft)</td></tr> <tr><td>_____ ft</td><td>Existing or properly sealed water wells (10 ft)</td></tr> <tr><td>_____ ft</td><td>Road right-of-ways and road utility easements (10 ft)</td></tr> <tr><td>_____ ft</td><td>Public Roadways (25 ft)</td></tr> <tr><td>_____ ft</td><td>Driveway or parking lot (5 ft)</td></tr> <tr><td>_____ ft</td><td>Sewer - watertight (10 ft)</td></tr> <tr><td>_____ ft</td><td>Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)</td></tr> <tr><td>_____ ft</td><td>Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)</td></tr> <tr><td>_____ ft</td><td>Unregulated constructed wells or boreholes (50ft)</td></tr> <tr><td>_____ ft</td><td>Geothermal systems (50 ft)</td></tr> <tr><td>_____ ft</td><td>Streams, lakes, ponds (25 ft)</td></tr> <tr><td>_____ ft</td><td>Storm water and other ditches with intermittent water flow (15 ft)</td></tr> <tr><td>_____ ft</td><td>Natural gas or propane tanks (20 ft)</td></tr> <tr><td>_____ ft</td><td>Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)</td></tr> <tr><td>_____ ft</td><td>Oil and gas wells (100 ft)</td></tr> <tr><td>_____ ft</td><td>Landfills (1000 ft)</td></tr> <tr><td>_____ ft</td><td>Construction and demolition debris facility (500 ft)</td></tr> <tr><td>_____ ft</td><td>Agricultural manure ponds, lagoons, or piles (50-300 ft)</td></tr> <tr><td>_____ ft</td><td>Other:</td></tr> </table>	_____ 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	Geothermal systems (50 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:
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Original of audit sticker – Health District     Copy – Applicant/Property Owner     Copy – Private Water Systems Contractor HEA 5204 (REV. 9/14)																																									

- Multiple Family Dwellings
  - >Three (3) Families
- Multiple Dwellings
- Buildings
- Ponds
- Springs
- Cisterns
- Wells in areas of known flowing well conditions

Ohio Department of Health <b>Private Water System Site Plan – Additional Plans for Ponds</b>		
Health District:	Permit Number:	Facility Address:
<p><small>NOTE: This form may be used in addition to the Permit Site Plan HSA 3294 as per OAC rule 3745-28-03 (E) and (F).            Contains all of the following information for the work being performed.</small></p>		
<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;"><b>N</b></div>	<p><small>Insert a copy of, draw, or attach topographic map section with proposed spring or point, location and indicate all water-shed flow directions.</small></p>	
<p><small><i>Alternate cross section view for irregular shaped points.</i></small></p>		

# Non-compliant/Missing Information

- Contact the Owner/Applicant
  - Written Notification
  - Reason for the delay in issuing the permit
  - Information needed to make the application complete
  - Variances required – Variance Process
- Work shall not begin until the Permit has been Issued.





# Permit Issuance

- Once issued the Permit expires one (1) year from the date issued and the Tracking Begins

County / City		Permit #
<p align="center"><b>HEALTH DEPARTMENT USE ONLY</b></p> <p align="center">This permit is not valid without the sanitarian signature, approval date, and audit number.</p>		
<p>Is a variance being requested prior to the permit being issued?</p> <p><input type="checkbox"/> Yes If checked yes, complete the variance section on the Administrative Summary.</p>		
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  
Ohio LHD

Permit #  
001-2017

## 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)

**Walt R. Wells, R.S.**

DATE APPROVED

Permit expires one (1) year from this date.

**1/1/2017**

PERMIT EXTENSION

Approved By

Date Approved

Date Extension Expires

See comments on the Administrative Summary

PLACE AUDIT  
STICKER HERE

## APPLICATION INSTRUCTIONS

- This is a two part form: APPLICATION and SITE PLAN
- The form may be completed:
  - By computer, then printing; or
  - By printing the blank document, and filling all information with a typewriter or pen;
- Contact the Local Health Department for the following information:
  - Fee information;
  - Site Plan completion information (some local health districts require staff to complete site plans);
  - Rule information.
  - Registered private water system contractor information.
    - A complete list of registered private water system contractors is available on the Ohio Department of Health website at <http://www.odh.ohio.gov/odhPrograms/ehw/water/water1.aspx>.
- The applicant must sign and date the application prior to submitting to the Local Health District.
- 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.
- The Local Health District will review the application and site plan and notify you as to the application's status.
- Contact the Local Health District if you do not receive information about the application status within fifteen (15) business days of submitting the application.

Original of audit sticker - Health District  
HEA 5202 (REV. 3/11)

Copy - Applicant/Property Owner

Copy - Private Water Systems Contractor

# Permit Application

Application forms are available on the ODH website on the Permit

Forms page at

<http://www.odh.ohio.gov/odhprograms/eh/water/PWSForms/PermitForms>

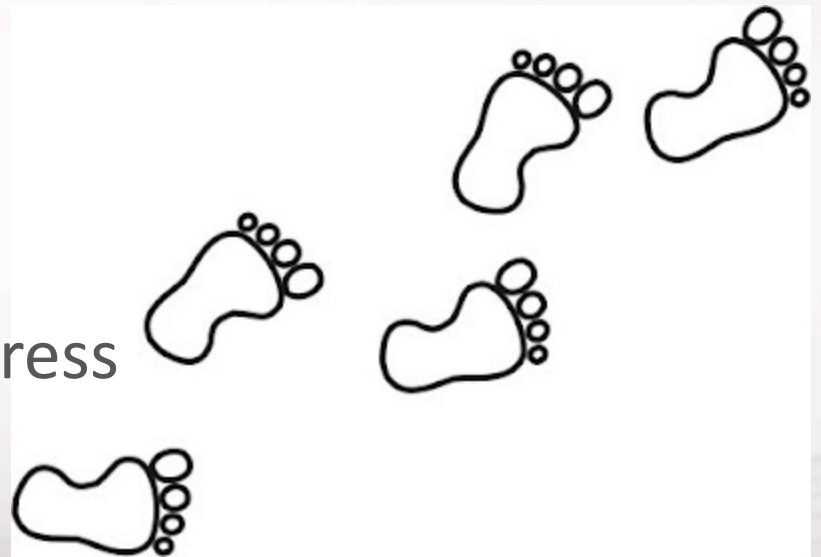
Audit sticker requests, with the number needed, should be sent to

[BEH@odh.ohio.gov](mailto:BEH@odh.ohio.gov).



# Tracking the Permit Progress

- Receiving the well log, completion forms, and sealing reports
- Performing the Inspections
- Collecting water samples
- Use the Administrative Summary to Track the Progress



# Waiting for Something to Happen

- Submittal of the work documents
  - Well log
  - Completion form
  - Sealing Report
- Phone call for the water sample



# Be Proactive not Reactive

- Send Reminder Notifications
  - to both Owner/Applicants and PWS Contractors
  - 6 months
  - 9-11 months
  - When the property owner calls for the water sample.
- Keep the permit moving toward completion before it expires





# Notification Letter

- Address what information is still needed
- Permit Expiration Date
- Extensions
- Consequences
- Who should be notified?
  - Property Owner/Applicant
  - PWS Contractor

February 3, 2017

RE: Well permit # [REDACTED]-2016 Private Water System located at: [REDACTED]

Dear Mr. [REDACTED],

This letter is to inform you that the permit to construct/alter a private water system at the above referenced property will expire on 11/9/2017. Our records at this office are currently incomplete for the following reason (s):

\_\_\_\_\_ A copy of the well driller's "Well Log and Drilling Report" has not been submitted to this department. (Rule 3701-28-03 (O), Ohio Administrative Code).

\_\_\_\_\_ A copy of the "Private Water System Contractor/Installer Completion Form" has not been submitted to this department. (Rule 3701-28-03 (N), Ohio Administrative Code). **Please note, all property owners who intend to work on their private water systems must be registered with the state of Ohio. Contact the Ohio Department of Health Private Water Systems Staff at 614-644-7558 or see the below website for info:** <http://www.odh.ohio.gov/odhprograms/eh/water/registration/PropertyOwner.aspx>

\_\_\_\_\_ You did not call for a final inspection of the pressure tank/sample tap.

\_\_\_\_\_ A water sample has never been collected for bacteriological and nitrate examination. *There is no charge for your first sample, however, if your permit has expired, the fee is \$ [REDACTED].* (Rule 3701-28-03 (Q), Ohio Administrative Code). *\*Please contact our office at ( [REDACTED] ) [REDACTED] (ext. # [REDACTED]) before your expiration date to schedule an appointment for the sample to be taken. \* (Note: All paperwork for the well must be turned in before your sample can be taken)*

*\*A safe sample is required for well approval, if your water test is unacceptable the first time it is the homeowner's responsibility to make sure an acceptable sample is obtained for well approval by contacting our office to set up another appointment, the cost will be \$ [REDACTED].*

\_\_\_\_\_ Bacteriological analysis of the most recent water sample did not indicate that the water supply was acceptable for human consumption. *\*Please contact this office, before your expiration date to make arrangements for a re-sample. The cost of a water sample is \$ [REDACTED]*

*The [REDACTED] County General Health District is unable to approve your private water system until the above-mentioned items have been completed. If it has not been done by the permit expiration date, **YOUR PERMIT WILL BE DISAPPROVED & FILED.***

cc: [REDACTED] <PWS Contractor>

# Early Sampling Request

What do we do when the sample request comes in before the paperwork is received.



Don't feel obligated to take sample before determining compliance.

# Problems with Early Sampling

- Compliance has not been determined for the work done
- May give an unrealistic perception of compliance
  - Lack of Cooperation from Owner and PWS Contractor in receiving paperwork
  - Difficulty in determining compliance
  - Explaining why the permit cannot be approved



# Problems with Early Sampling

- May have wasted the sample covered by the permit cost for a possible non-compliant system
  - Explain that a Follow-up sample is required
- Disinfection may not have been performed or performed properly
  - The PWS Contractor is responsible for disinfecting the work they do, NOT the Owner
- Cannot be determined compliant through a visual inspection alone
  - Placement, Sample taps, Well caps, wiring conduit, etc.

# Explanation to Applicant

- Required to determine compliance by reviewing the well log and/or completion form first
- Water cannot be approved to be used for human consumption until the system has been determined compliant.
- Suggest that the Owner/Applicant contact PWS Contractor about getting the well log, completion form, and sealing report completed and sent in.
- Follow-up phone conversations with a written notification to both Owner and PWSC

# Paperwork Received

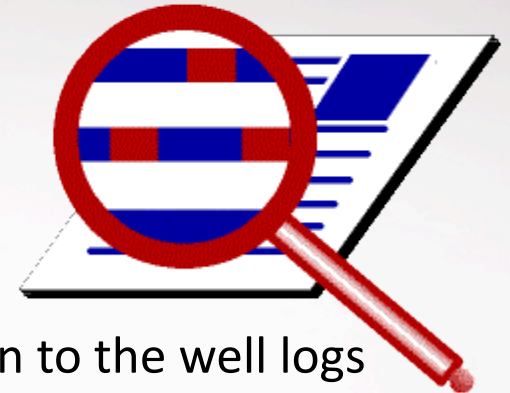
- PWS Contractor has submitted the
  - Well log
  - Completion form
  - Sealing Report
- Document when received
  - Required to submit within 30 days of completion of their portion of the work
  - Send Notice of Violation (NOV)
  - Send Notification if still needing one or more forms

RECEIVED



# Reviewing Forms

- Proper forms
- Completeness
  - Missing information
    - PWSC to contact ODNR to add the information to the well logs and sealing reports and resubmit the revision
    - Completion Forms corrected and resubmit
- Compliance
  - Send NOVs to the PWS Contractor to correct
  - Copy to Owner/Applicant and ODH



# PWS Contractors

- Must be registered
  - Property Owners must contact ODH
  - Plumbers must be registered as PWSC
- List posted online
  - <http://www.odh.ohio.gov/odhprograms/eh/water/PrivateWaterSystems/List-of-PWSCContractors.aspx>
  - Property Owner list is not posted.
    - Email or Letter by mail
    - LHD receives copy

# Notice of Violations

- Performing work before the Permit is issued
- Late Submittal of the Forms
- Working w/out Registration
- Construction Violations
  - Observed through review of the forms
  - Observed during inspections

[REDACTED]

[REDACTED] <PWS Contractor>  
[REDACTED]

**Subject: Notice of violation of the state's private water systems rules regarding submission of sealing report and completion form within 30 days of completing the work you did on the private water system owned by [REDACTED], located at [REDACTED], [REDACTED]; permit number [REDACTED]**

Dear Mr. [REDACTED]:

Section 3701-28-03 (P) of the Ohio Administrative Code (OAC) states that within 30 days of the date of completion of a private water system, a completion/job status form shall be submitted to the board of health by the person completing the work. Section 3701-28-03 (Q) of the OAC states that within 30 days of the sealing of a well, a copy of the sealing report required to be filed with the Ohio department of natural resources (ODNR), as required under section 1521.05 of the Ohio Revised Code, shall also be submitted to the board of health, to the private water system owner, and the registered contractor shall retain a copy.

You are in violation of both of the aforementioned rules for the pump, pitless adapter and well sealing work that you completed at the subject property under private water system permit # [REDACTED], which was issued to [REDACTED] (ODH registration # [REDACTED]). Not only are you in violation of the state's private water systems rules, you are also holding up the final inspection, water testing and approval of the owner's private water system.

At least 30 days after receiving [REDACTED]'s well log indicating that a replacement well had been drilled at the subject property, I spoke with you twice by phone when you called me about a different job, once on [REDACTED] and a second time on [REDACTED], requesting that you submit the sealing report and completion form for this job. Each time, you agreed to do so, but never made good on your word. I would have communicated with you more frequently, but you don't answer your phone and it never accepts voicemail messages. It also became apparent that you don't receive regular mail at your business address.

For your convenience, I'm enclosing a blank job status/completion form. For help with filing the sealing report, please contact Jim Raab of ODNR at 614-263-6747. In order to avoid further enforcement action, which will include me requesting ODH to get involved; these two documents must be received within 10 business days of receipt of this letter.

Thank you for your cooperation.

Sincerely,

[REDACTED]

Copy: [REDACTED], Ohio Department of Health



# Tracking the Progress

- Always keep documentation with the permit
- Record on the Administrative Summary

<b>I. Well Log</b>	Well log #	Date Received	Reviewed by
<b>II. Sealing Report</b>	Report #	Date Received	Reviewed by
<b>III. Job Status / Completion Forms</b>	PWS Contractor 1	Job Status - Date Received	Completion Form - Date Received
	PWS Contractor 2	Job Status - Date Received	Completion Form - Date Received
	PWS Contractor 3	Job Status - Date Received	Completion Form - Date Received

# All is Good!

- Send notification out to schedule sample/inspection
- w/in 30 days of reviewing paperwork and determining compliance



# Administrative Summary

- HEA Form 5202-2 (REV 2/11)
- On the ODH PWS webpage in the LHD Forms section  
<http://www.odh.ohio.gov/odhprograms/eh/water/PWSForms/LHDForms>
- Must be complete prior to the Finalizing

Private Water Systems <b>ADMINISTRATIVE SUMMARY</b> Health Department Use Only				Permit #
<a href="#">Print Form</a>				
<b>I. Well Log</b>	Well log #	Date Received	Reviewed by	
<b>II. Sealing Report</b>	Report #	Date Received	Reviewed by	
<b>III. Job Status / Completion Forms</b>	PWS Contractor 1	Job Status - Date Received	Completion Form - Date Received	
	PWS Contractor 2	Job Status - Date Received	Completion Form - Date Received	
	PWS Contractor 3	Job Status - Date Received	Completion Form - Date Received	
<b>IV. Final Inspection</b>	Date Performed	Performed by	Worksheet Attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Observations, Noted violations, and Corrective Actions (include dates and information of all performed inspections)				
<b>V. Variance</b> – Attach the variance request and board of health decision letter to this permit.	Variance Requested OAC 3701-28	Date of Request	Approved by Board of Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved / Denied
Comments				
<b>VI. Water Samples</b>	Bacteria Sample One	Collected by	Date	Sample Collection Point Results
	Bacteria Sample Two	Collected by	Date	Sample Collection Point Results
	Bacteria Sample Three	Collected by	Date	Sample Collection Point Results
Water Sample Comments				
<b>Nitrates</b>	Nitrate Pre-screen Results	Collected by	Date	Sample Collection Point Results
	Nitrate Laboratory Analysis / Results	Collected by	Date	Sample Collection Point Results
<b>VII. Private Water System Approval / Disapproval</b>	<input type="checkbox"/> System approved		Sanitarian Signature	Date of approval
	<input type="checkbox"/> System disapproved		Sanitarian Signature	Date of disapproval
Reason for Disapproval				
Enforcement action taken				

HEA 5202-2 (REV. 2/11)

# Final Inspections

- Document the dates of all inspections, including sealing only permits.
- Document your observations in the section provided.
- Document if worksheet is attached.
- Should be done prior to Disapproving a permit to document what has been done to date.

## IV. Final Inspection

Date Performed	Performed by	Worksheet Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
Observations, Noted violations, and Corrective Actions (include dates and information of all performed inspections)		



# Water Samples

- Proper Sample location
- Notifying Owner/Applicant and PWS Contractor
- Keep copy on file with permit

## VI. Water Samples

Bacteria Sample One	Collected by	Date	Sample Collection Point	Results
Bacteria Sample Two	Collected by	Date	Sample Collection Point	Results
Bacteria Sample Three	Collected by	Date	Sample Collection Point	Results
Water Sample Comments				

# Nitrates

- Must be checked for all Private Water Systems
- If Pre-screen done
  - 5 ppm or greater ----- Lab Test
- If Lab Test done
  - 10 ppm or greater ----- send documentation to Property Owner
    - Treatment methods
    - Information about Nitrates

Nitrates				
Nitrate Pre-screen Results	Collected by	Date	Sample Collection Point	Results
Nitrate Laboratory Analysis / Results	Collected by	Date	Sample Collection Point	Results

# Sample Results Written Notification

- Always follow-up phone calls with written notification
- Emails are acceptable

<DATE>

[REDACTED]

Sample Tap: Pressure Tank

Dear Mr. <NAME>,

On <DATE>, our department collected a sample of water from <ADDRESS> and sent it to an Ohio EPA/ODH approved laboratory for bacterial analysis.

We have just received the laboratory report resulting in a total coliform most probable number of (53.1). It is **UNACCEPTABLE** for drinking purposes at this time. *\*(Current Code states that the most probable number must be 4 or below to be acceptable)*

The source of the bacteria in your water supply is uncertain, but this department recommends that you disinfect the water supply and plumbing in an effort to make your water safe. Enclosed you will find instructions for disinfecting the water supply. Read the directions carefully and proceed accordingly. We need a safe sample to approve your well permit and file. When you have completed the disinfection process, please call our Environmental Division at (614) 265-5555 (ext. #2655) to schedule a re-sample. The cost for a water sample is currently \$100.

Sincerely,

[REDACTED]  
Environmental Division

cc: file  
<Private Water Systems Contractor>

<DATE>

[REDACTED]

Sample Tap: Pressure Tank

Dear Mr. [REDACTED],

On <DATE>, this department collected a sample of water from [REDACTED] and sent it to an Ohio EPA/ODH approved laboratory for bacterial analysis.

We have just received the laboratory report resulting in total coliform most probable number of (<1>). The water is bacteriologically **ACCEPTABLE** for drinking purposes at the time of collection. *\*(Current Code states that the most probable number must be 4 or below to be acceptable)*

On [REDACTED], a sanitarian with the [REDACTED] County General Health District performed a final review of your Private Water System Installation permit # [REDACTED] and file. You are hereby advised that said installation has been **approved**.

If you have any questions, please feel free to contact this office at [REDACTED].

Sincerely,

[REDACTED]  
Environmental Division

cc: file  
<PWS Contractor>

# The Final Countdown

- 3 possible Permit Scenarios
  - Permit is still Active
  - Permit is Disapproved
    - Expiration
    - Violations
    - Water sampling
  - Permit is Approved



# Active Permit

- Permit is valid for a 1 year period
- Extension may be granted
  - Period of 6 mos. from the date of Expiration
- Construction must be complete before the expiration
- Do not Disapprove before the permit expires



# Disapproval

- When the permit expires
  - Construction is not complete
  - Forms are not submitted
  - Violations are not corrected
  - Samples/Inspections are needed
  - Acceptable Sample results not achieved
- Before Disapproving, perform an inspection to verify what work has been completed

# Is the Disapproval Final?

- Only if the construction is not completed by the Permit expiration or the Extension expiration

One (1) year from the Date Issued

1/1/17 Issuance - 1/1/18 Expires

Extension is granted - 7/1/18 Expires

County / City Ohio LHD	Permit # 001-2017	
<b>HEALTH DEPARTMENT USE ONLY</b> 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? <input type="checkbox"/> Yes If checked yes, complete the variance section on the Administrative Summary.		
APPLICATION APPROVED BY (RS or SIT Only) <i>Walt R. Wells, R.S.</i>	DATE APPROVED Permit expires one (1) year from this date. 1/1/2017	
<b>PERMIT EXTENSION</b>		
Approved By <i>Walt R. Wells, R.S.</i>	Date Approved 12/31/2017	Date Extension Expires 7/1/2018
See comments on the Administrative Summary		
		PLACE AUDIT STICKER HERE

- A new permit is required in order to complete the construction of a PWS

# Disapproval

- Must be documented as Disapproved with signature and date on the Administrative Summary
- Reason for Disapproval documented on the Adm. Sum.

## VII. Private Water System Approval / Disapproval

<input type="checkbox"/> System approved	Sanitarian Signature	Date of approval
<input checked="" type="checkbox"/> System disapproved	Sanitarian Signature <i>Walt R. Wells, R.S.</i>	Date of disapproval 1/2/2018
Reason for Disapproval No acceptable water results <u>or</u> Violations not corrected by the PWS Contractor <u>or</u> Completion form not submitted.		
Enforcement action taken 1/2/2018 – Letter of Disapproval      Notification Letters sent 7/1/17, 12/1/17		

- Follow-up with Written Disapproval Notification
  - Needs to state the reason for Disapproval
  - What should be done to correct



# Disapproval to Approval

- Once the corrections are made and the PWS meets compliance, the status can be changed from Disapproved to Approved.

## VII. Private Water System Approval / Disapproval

<input checked="" type="checkbox"/> System approved	Sanitarian Signature <i>Walt R. Wells, R.S.</i>	Date of approval 1/26/2018
<input checked="" type="checkbox"/> System disapproved	Sanitarian Signature <i>Walt R. Wells, R.S.</i>	Date of disapproval 1/2/2018
Reason for Disapproval No acceptable water results <u>or</u> Violations not corrected by the PWS Contractor <u>or</u> Completion form not submitted.		
Enforcement action taken 1/2/2018 – Letter of Disapproval      Notification Letters sent 7/1/17, 12/1/17		

# Approval

- Verify the Administrative Summary is complete.
- Verify the Permit file has all documentation pertinent to the Private Water System
- Send Written Notification of the Approval

## VII. Private Water System Approval / Disapproval

<input checked="checked" type="checkbox"/> System approved	Sanitarian Signature <i>Walt R. Wells, R.S.</i>	Date of approval 9/18/2017
<input type="checkbox"/> System disapproved	Sanitarian Signature	Date of disapproval
Reason for Disapproval		
Enforcement action taken		

# Goal Met



# Contact Information

Private Water Systems Program

(614) 644-7558

**Ohio Department of Health**

**Bureau of Environmental Health and Radiation  
Protection**