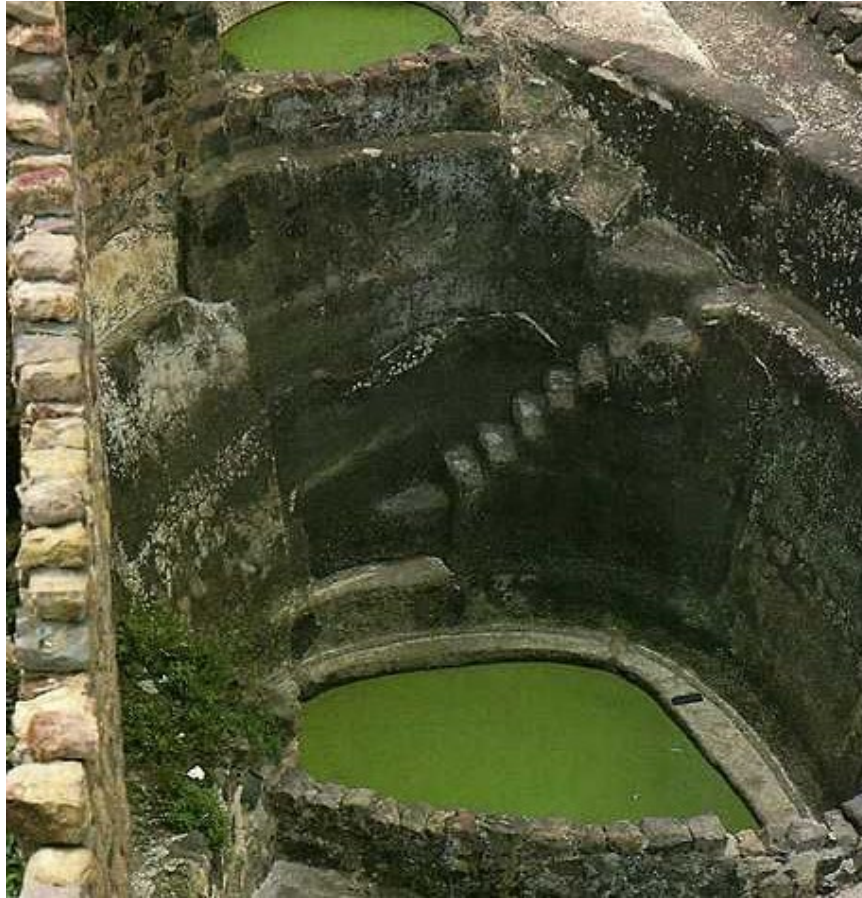


# **CISTERN CONSTRUCTION & ALTERATION REVIEW & INSPECTIONS**

**ROBERT WILDEY, FEATURING PAUL SANDERS  
CLERMONT COUNTY PUBLIC HEALTH  
MIDWEST WORKSHOP MARCH 27, 2019**



# A LITTLE HISTORY FIRST – ANCIENT CISTERN



Cisterns have been traced back to the Neolithic time period 12,000 years ago give or take a little.

Cisterns are about 4,000 years older than wells.

# GREEK AQUEDUCT



Greece was one of the first civilizations known to direct water to cisterns via aqueducts.

This was perfected by the Romans.

Aqueduct in Greek city of Kavala.

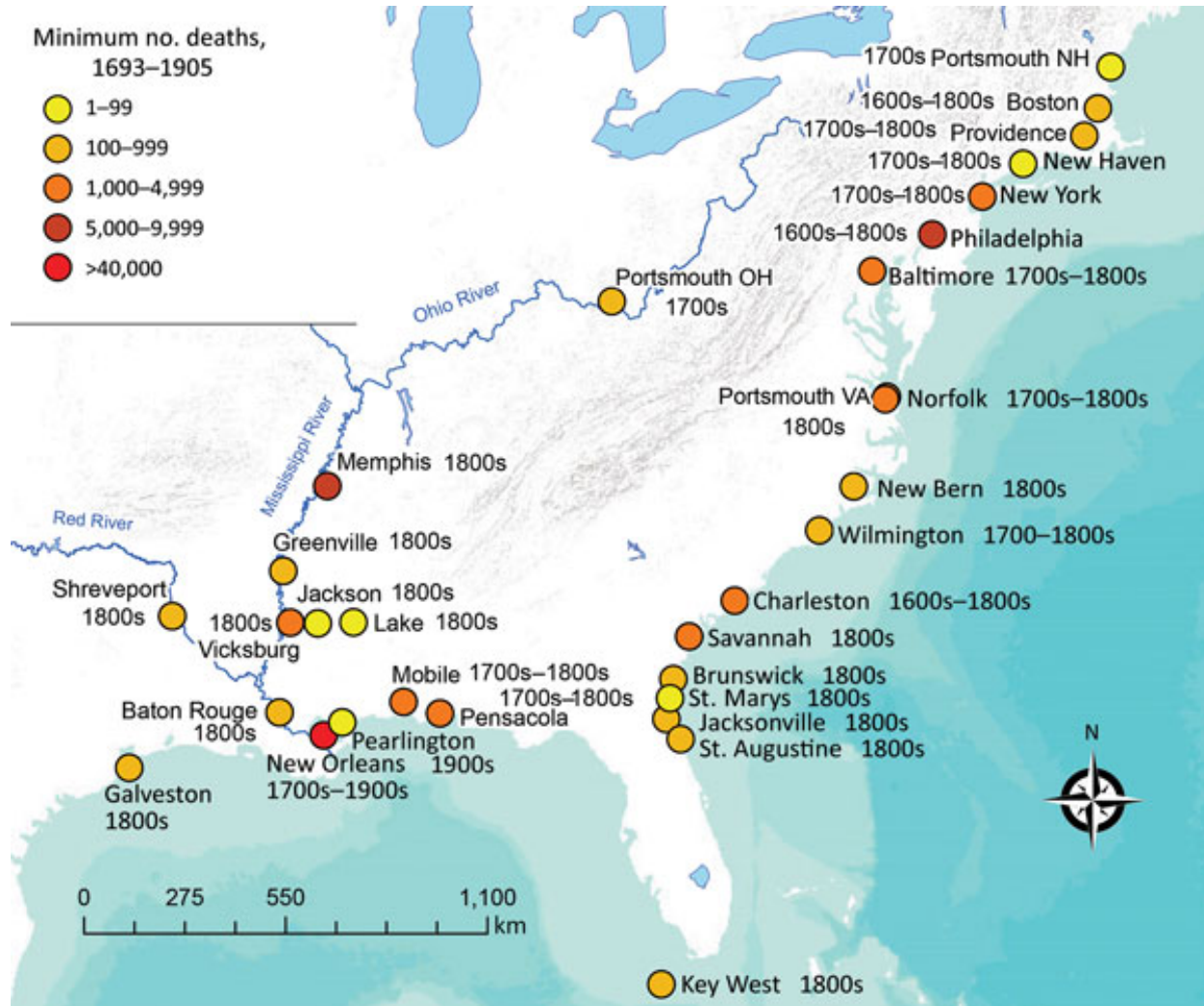


# OPEN CISTERN



Image [or content, or "this material"] has been provided courtesy of InspectAPedia.com

In the 1700s there was a Yellow Fever outbreak in Portsmouth, Ohio. There is some speculation that open cisterns, where mosquitos can breed, contributed to these types of outbreaks.





# BEAUTIFUL CISTERN



Basilica Cistern, Istanbul, Turkey.  
Built in the 6<sup>th</sup> century.

# FUN(ISH)



Rainwater catchment cisterns in Illinois.



# NOT PRETTY, BUT FUNCTIONAL





KINDA LIKE COMPARING...



# APPLICATIONS

AND SUPPORTING DOCUMENTATION

# MAKING THE APPLICATION

In recent years there was a change that required PWS application and all information be submitted at the same time as the STS application.

Application must be made at the same time as the Household Sewage Treatment System app.

Must have all the contractor's information at the time of application.

Must have PWS located on site plan.

Must show water collection system and roof washers.

Must show continuous disinfection system.



# APPLICATION EXAMPLE

County <u>CITY CLERMONT /</u> <u>Stonelick TWP.</u>	Local Fee	State Fee	Total Fee Owed	Receipt # Miscellaneous - PRVTR - 2017 100000474-0001 Karen Cr. 10/25/2017 12:54PM PRIVATE WATER PERMIT (PRVTR) Payment Amount: 424.00 Transaction Amount: 879.00 Date: 10/25/17	Permit # <u>111838</u>
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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.

<b>Type of Work:</b> <input checked="" type="checkbox"/> <u>New Construction</u> <input type="checkbox"/> <u>Alteration</u> (includes expanding existing systems) <input type="checkbox"/> <u>Emergency Construction</u> <input type="checkbox"/> <u>Sealing Only</u> <input type="checkbox"/> <u>Test Well</u>	<input type="checkbox"/> <u>Replacement System</u> <input type="checkbox"/> <u>Emergency Alteration</u> <input type="checkbox"/> <u>Conversion to a PWS</u>	<b>System will Serve:</b> <input checked="" type="checkbox"/> <u>Single family dwelling</u> <input type="checkbox"/> <u>Two or Three family dwelling</u> <input type="checkbox"/> <u>Multiple dwelling units*</u> (includes MHPs / Campgrounds) <input type="checkbox"/> <u>Building*</u>	<b>Type of PWS or Component:</b> <input type="checkbox"/> <u>Well</u> <input type="checkbox"/> <u>Pond*</u> <input type="checkbox"/> <u>Hauled Water Tank</u> <input type="checkbox"/> <u>Continuous Disinfection</u> <input type="checkbox"/> <u>Other</u> _____	<input type="checkbox"/> <u>Spring*</u> <input checked="" type="checkbox"/> <u>Cistern*</u> <input type="checkbox"/> <u>Well</u> <input type="checkbox"/> <u>Cistern</u> <input type="checkbox"/> <u>Hauled Water Tank</u> <input type="checkbox"/> <u>Pond</u> <input type="checkbox"/> <u>Spring</u>
--	---	--	--	--

☐ 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.

Top portion of Application.  
Cistern box is marked!

# APPLICATION MIDDLE SECTION

COMPLETE THE FOLLOWING INFORMATION		
Property Street Address or Location (include City and Zip Code)	Parcel # (optional)	Township/City/Village
1791 MACKENZIE Trace Batavia OH 45103		Stowlick
Owner's Name	Owner Mailing Address (Street #, Street, City, State, Zip Code)	Phone #
Steve ZANOLA	126 South 2 <sup>nd</sup> St #2401 Loveland 45140	513-319-2628
<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 #
Dan Willig	PO Box 207 Maumville OH 45039	513-379-5787
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 #
SANNES SERVICES LLC	003625	(513) 623-6842
Private Water Systems Contractor	ODH Registration #	Phone #
Private Water Systems Contractor	ODH Registration #	Phone #

Must list the PWS contractor and be sure to verify the contractor is on the approved list at ODH!

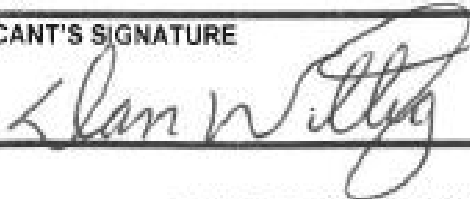


# BOTTOM SECTION

**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

10-25-17

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

Original w/ audit sticker – Health District  
HEA 5202 (REV. 3/11)

Copy – Applicant/Property Owner

Copy – Private Water Systems Contractor

Be sure the application is signed and dated.

# SITE PLAN FORM JOB INFO

County/City CLERMONT/  
STONEELICK TWP.

Permit #  
111838

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

Property Address	
1791 Mackenzie Trace Batavia Ohio 45103	
Owner/Applicant	Prepared by
Randy Sannes	Randy Sannes

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 is completely filled out including permit number.

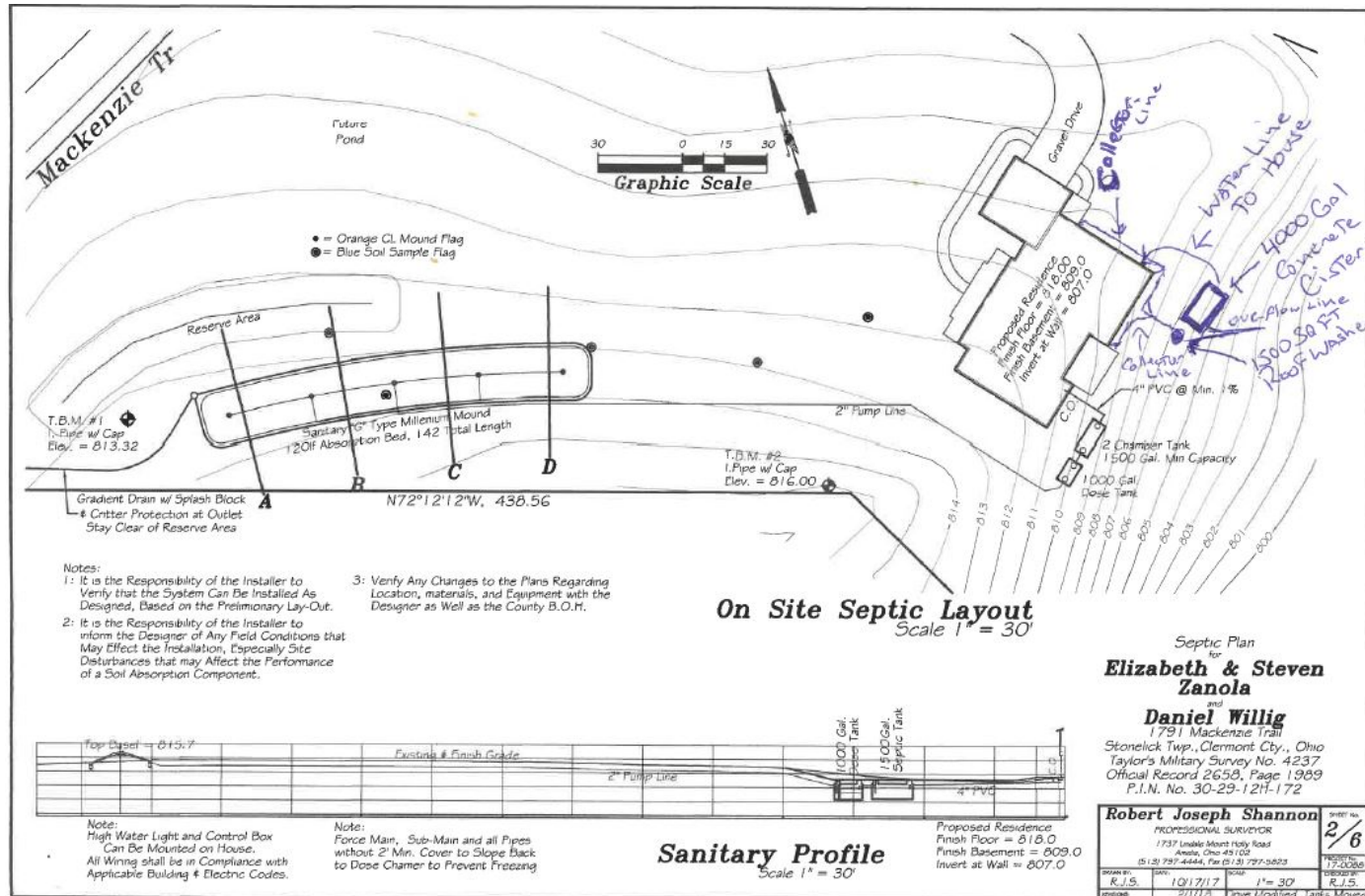
# SITE PLAN DISTANCES

<b>SITE PLAN DRAWING</b> <input type="checkbox"/> Check this box if the drawing is supplied on a separate sheet.	<b>LIST OF POTENTIAL CONTAMINATION SOURCES.</b>																																								
-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.	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.																																								
<div style="text-align: center; font-size: 2em; transform: rotate(-30deg); opacity: 0.5;">See Attached</div>	<p>All distances must be specific to the private water system.</p> <table border="0"> <tr><td><u>35</u> ft</td><td>House, Building (10ft)</td></tr> <tr><td><u>&gt;60</u> ft</td><td>Property lines (10 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Existing or properly sealed water wells (10 ft)</td></tr> <tr><td><u>&gt;10</u> ft</td><td>Road right-of-ways and road utility easements (10 ft)</td></tr> <tr><td><u>&gt;25</u> ft</td><td>Public Roadways (25 ft)</td></tr> <tr><td><u>70</u> ft</td><td>Driveway or parking lot (5 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Sewer - watertight (10 ft)</td></tr> <tr><td><u>55</u> ft</td><td>Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Unregulated constructed wells or boreholes (50ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Geothermal systems (50 ft)</td></tr> <tr><td><u>&gt;15</u> ft</td><td>Streams, lakes, ponds (25 ft)</td></tr> <tr><td><u>20</u> ft</td><td>Storm water and other ditches with intermittent water flow (15 ft)</td></tr> <tr><td><u>53</u> ft</td><td>Natural gas or propane tanks (20 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Oil and gas wells (100 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Landfills (1000 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Construction and demolition debris facility (500 ft)</td></tr> <tr><td><u>NA</u> ft</td><td>Agricultural manure ponds, lagoons, or piles (50-300 ft)</td></tr> <tr><td>ft</td><td>Other: _____</td></tr> </table>	<u>35</u> ft	House, Building (10ft)	<u>&gt;60</u> ft	Property lines (10 ft)	<u>NA</u> ft	Existing or properly sealed water wells (10 ft)	<u>&gt;10</u> ft	Road right-of-ways and road utility easements (10 ft)	<u>&gt;25</u> ft	Public Roadways (25 ft)	<u>70</u> ft	Driveway or parking lot (5 ft)	<u>NA</u> ft	Sewer - watertight (10 ft)	<u>55</u> ft	Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)	<u>NA</u> ft	Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)	<u>NA</u> ft	Unregulated constructed wells or boreholes (50ft)	<u>NA</u> ft	Geothermal systems (50 ft)	<u>&gt;15</u> ft	Streams, lakes, ponds (25 ft)	<u>20</u> ft	Storm water and other ditches with intermittent water flow (15 ft)	<u>53</u> ft	Natural gas or propane tanks (20 ft)	<u>NA</u> ft	Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)	<u>NA</u> ft	Oil and gas wells (100 ft)	<u>NA</u> ft	Landfills (1000 ft)	<u>NA</u> ft	Construction and demolition debris facility (500 ft)	<u>NA</u> ft	Agricultural manure ponds, lagoons, or piles (50-300 ft)	ft	Other: _____
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ft	Other: _____																																								
Comments	Please refer to OAC 3701-28-07 for additional required distances.																																								

Shows isolation distance information and refers to attached site plan.

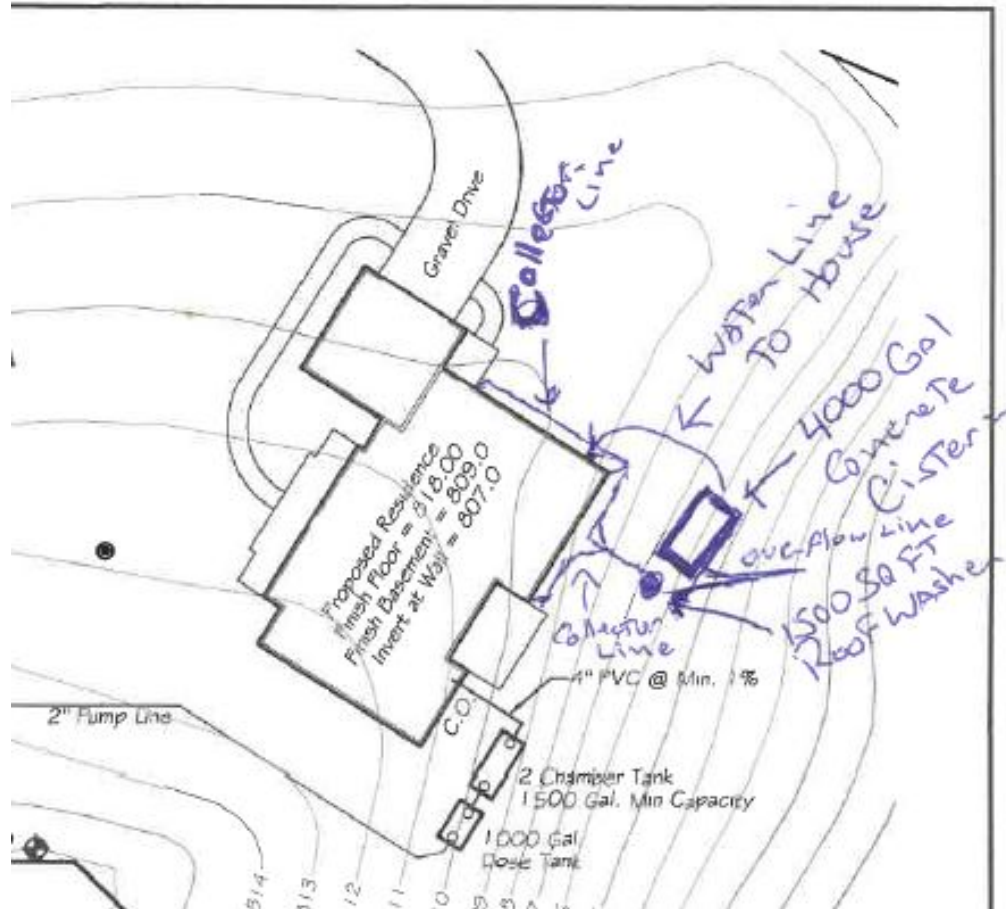
Either list the actual distance or N/A.

# ATTACHED FULL SITE PLAN



Shows location of STS, cistern, water collection pipes, roof washer and overflow pipe.

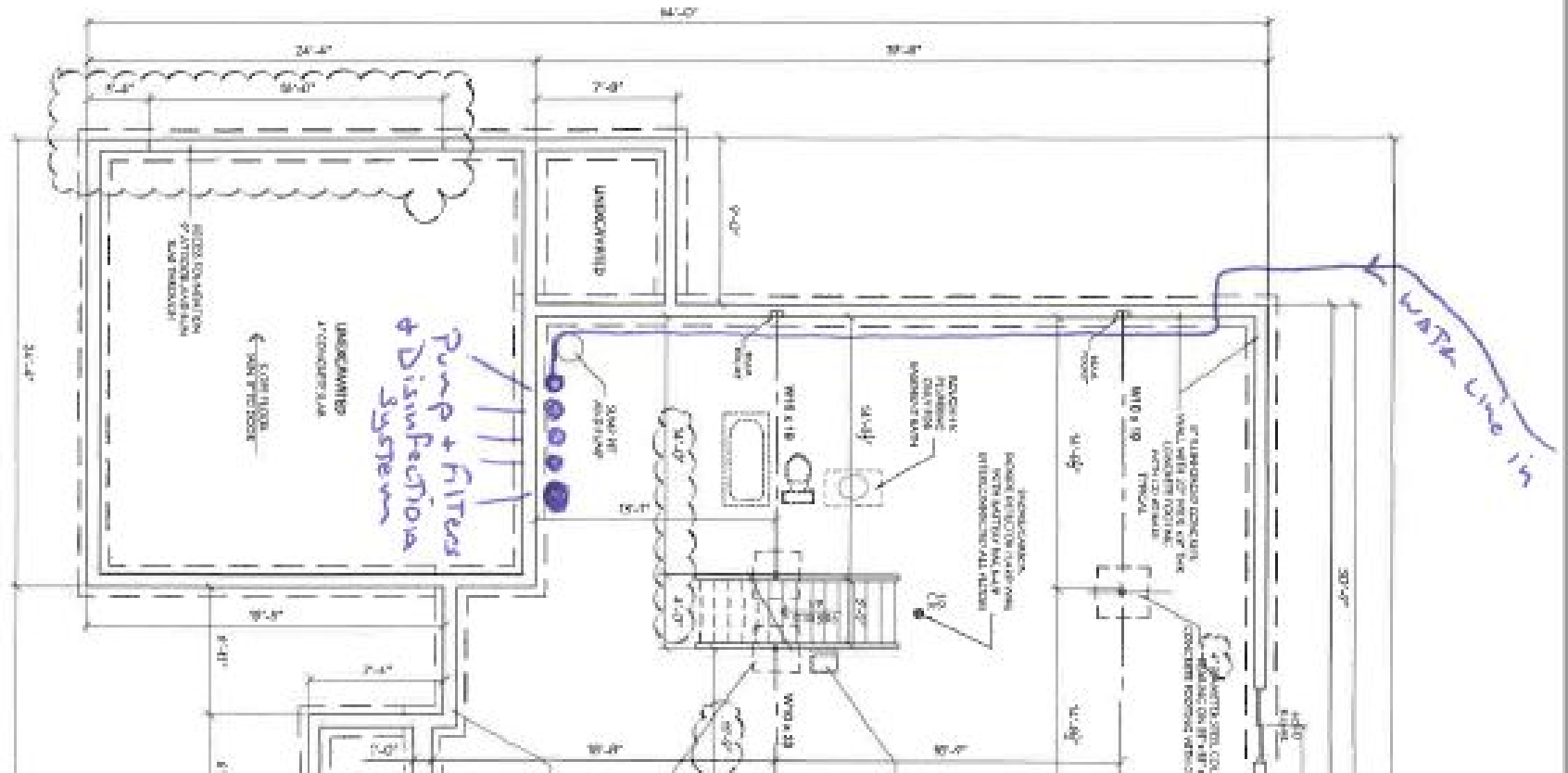
# CLOSE UP OF PWS AREA



Isolation distances must be site verified.



# EQUIPMENT ON FLOOR PLAN



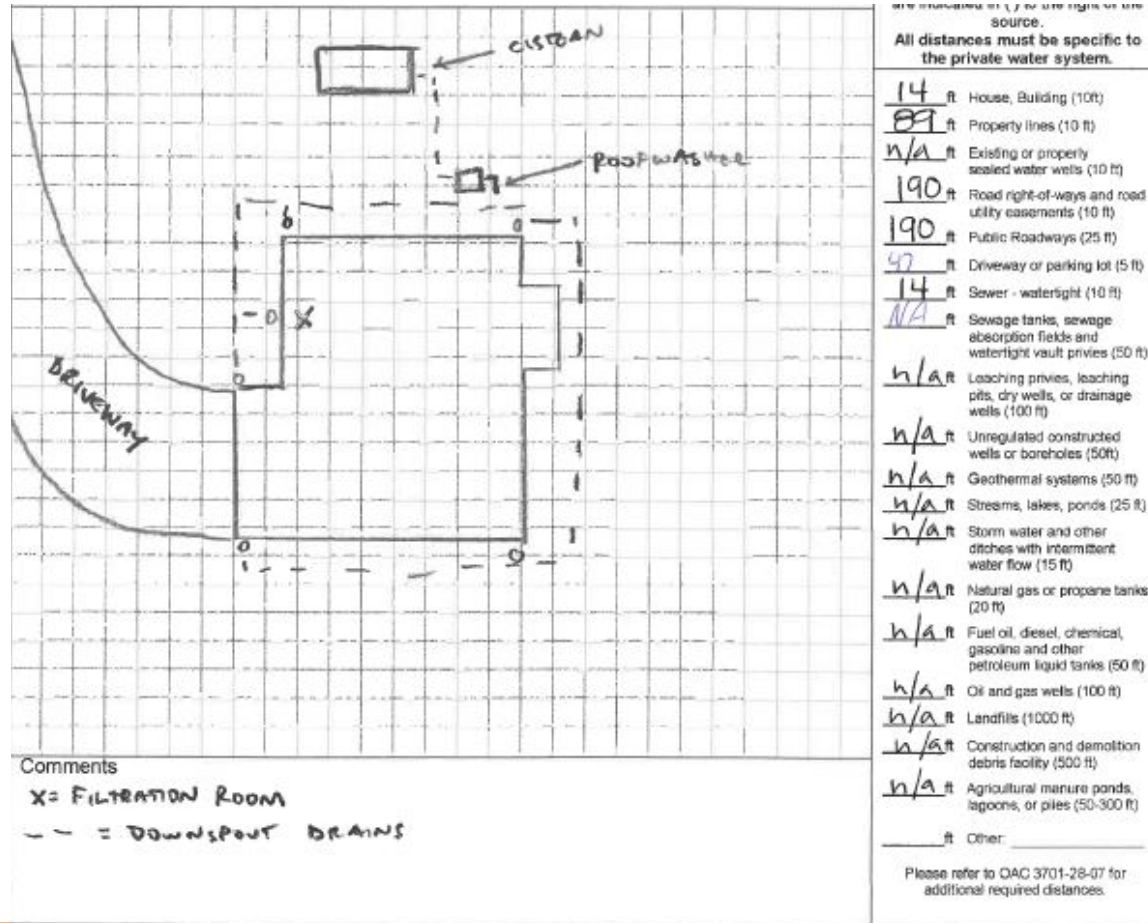
Water line from cistern to disinfection and pumping equipment.

# PICTURE OF PLANNED EQUIPMENT LAYOUT



Many times the continuous disinfection system is identical to previous installations.

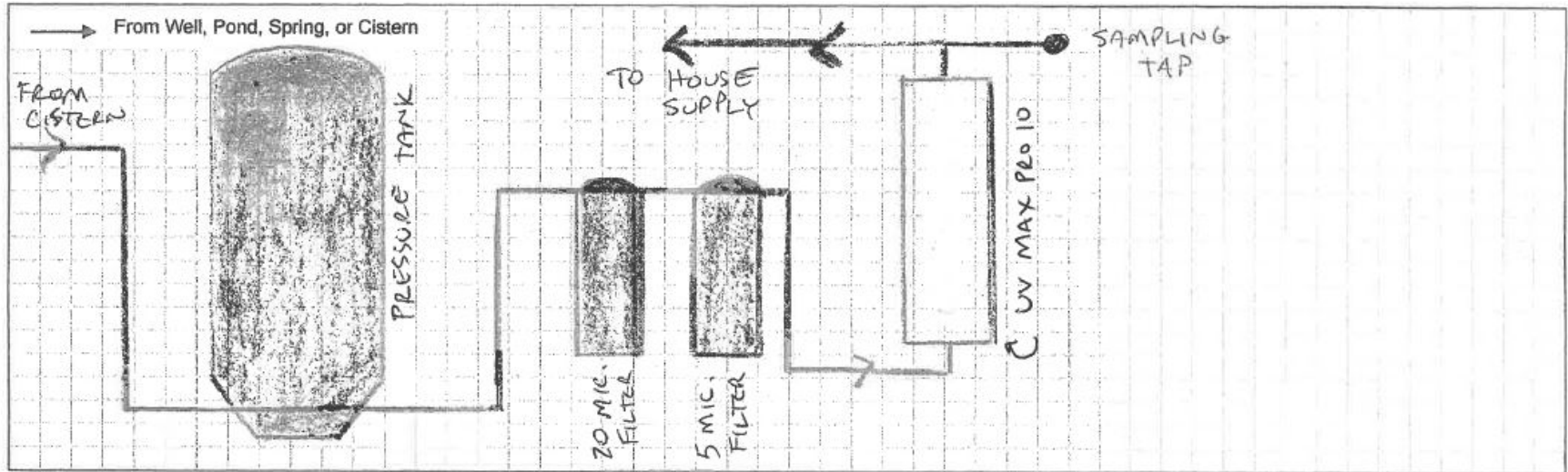
# ANOTHER SITE PLAN EXAMPLE



Showing piping, roof washer and cistern.  
No onsite system due to sewers.

This was for an alteration.

# ADDITIONAL EQUIPMENT PLAN



List the make and model number of each applicable device.

★ Water System Pump	GOULDS MODEL J55 (EXISTING)	Coagulation Chemical	
★ Pressure Tank	WEUMATE UT-80 (EXISTING)	Cyst Reduction Filters	
Floating pond filter		Ultraviolet Light	UV MAX PRO 10 NSF CLASS A
Chemical Pump 1		Ozone Device	
Rapid Sand Filter		Slow Sand Filter	
Chemical Pump 2		Pre-coat Filter	
Other Devices	TWO STAGE 20"X4.5" SEDIMENT REDUCTION FILTERS DOWN TO 5 MICRON.		

UV disinfection unit in plan.

# **SITE REVIEW**

**BOOTS ON THE GROUND**





The PWS is going to go where....?

# INSTALLATION

EQUIPMENT AND INSPECTIONS

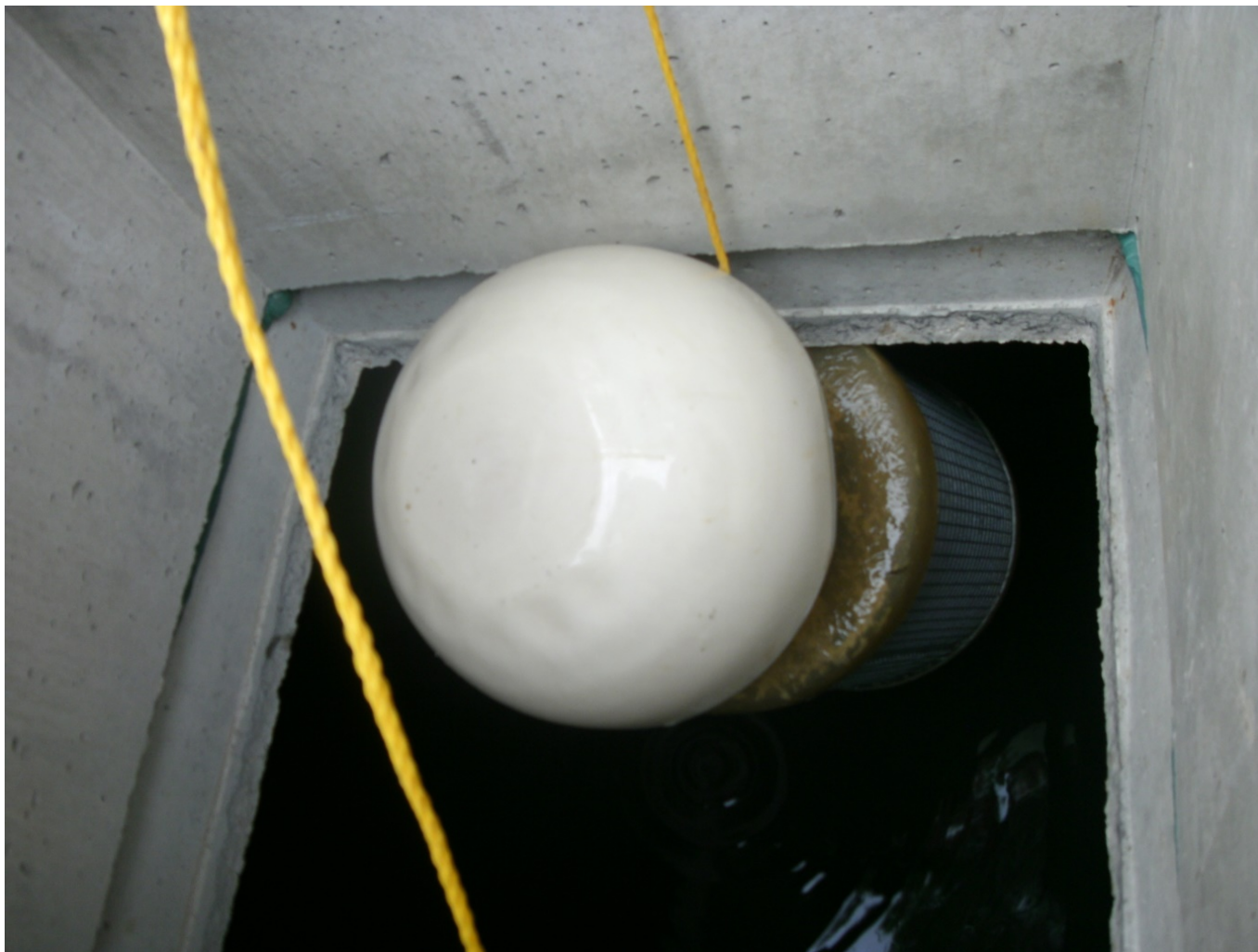
# LET THE GAMES BEGIN!



Two 2700 gallon tanks (5400 gallon total) with a low crossover.

Most homeowners install more than the minimum required 2500 gallon system.





Floating filter for the inlet of the water line to the home. Rope attached to anchor on the inside of riser to access the filter for cleaning or replacement.



Water line connected to cast in place brass fitting and deep enough for freeze protection.





Roof washer sized to accommodate the square footage of the roof delivering water to the cisterns.

One roof washer per 1500 square feet.





Inside of a 1500 square foot roof washer.

Overflow discharges to daylight not to cistern.





Pipes are bedded in gravel to keep them on grade.

Collection system fits together tightly to prevent debris from entering system.





Water line should be cased or supported in areas where it will cross an over dig and buried at least 42 inches deep for freeze protection.





Over flow pipe on a neat grade and run to daylight.

Screen installed inside animal guard.





Continuous disinfection equipment installed and labeled.

ANSI/NSF standard 53 cyst reduction filters installed in manifold to provide 10 gpm flow rate.



Components are clearly labeled.







Retention tank is a minimum of 120 gallons.

Sampling port on the left. Is placed in a convenient location and easily accessible.



Another example of continuous disinfection. A filter of no larger than 5 microns with an ANSI/NSF standard 55 class A ultraviolet light system.



**FINAL APPROVAL**

AND SUPPORTING DOCUMENTATION

**Ohio Department of Health**  
**JOB STATUS / COMPLETION FORM**  
**Cistern / Hauled Water Storage Tank**

**PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)**

Private water systems contractor <u>Sannes Services LLC</u>	Registration number <u>3625</u>	Phone # <u>513-623-6842</u>
Address of property <u>1791 Mahanabee Trace Bataavia OH 45813</u>	County <u>Chenault</u>	Permit # <u>111838</u>

**JOB STATUS**

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (C) effective April 1, 2011.

Date you completed this portion of the work <u>12-1-2018</u>	Type of System <input checked="" type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Storage Tank
Briefly list all work completed - (Examples: "dug hole for tank", "set tank", "installed pump") <u>Excavated hole for tank, leveled gravel, set tank, installed water line to tank</u>	

**COMPLETION FORM - Record all information of work completed**

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

**Construction Details** ☒ Cistern ☐ Hauled Water Storage Tank

<b>Roof Washer / Debris Trap (Cistern)</b>	
Roof Area <u>1410</u> Sq Ft	Manufacturer <u>Water Filtration Co.</u>
Materials <u>Fiberglass</u>	
Location <u>behind house on south side</u>	Size Length <u>34</u> inches Width <u>24</u> inches Height <u>28</u> inches
<b>Tank</b>	
Tank Manufacturer <u>Copco Concrete Products</u>	Materials <u>Concrete</u>
Capacity <u>4000</u> gallons	
Dimensions Length <u>13</u> feet Width <u>7</u> feet Height <u>8.5</u> feet	Size of Manhole/Riser <u>24"</u> inches

**Method of Water Intake**

Type <input checked="" type="checkbox"/> Flotation Device <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Other (specify):
--

<b>Filter</b>		
Type <u>Filter cloth</u>	Location <u>in cistern</u>	Size <u>12x18"</u>

<b>Pump</b>	
Location <u>in basement</u>	Capacity <u>10</u> GPM

**Continuous Disinfection (UV, Chlorine, Iodine, Ozone Systems must meet the requirements in OAC 3701-28-15)**

Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the Continuous Disinfection Job Status / Completion Form.
---

**Other Water Treatment Components**

--

**Ohio Department of Health**  
**JOB STATUS / COMPLETION FORM**  
**Continuous Disinfection and Filtration Systems**

**PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)**

Private water systems contractor <u>Sannes Services LLC</u>	Registration number <u>3625</u>	Phone # <u>513-623-6842</u>
Permit # <u>111838</u>	Type of System: <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Pond <input checked="" type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Storage Tank	
Address of property <u>1791 Mahanabee Trace Bataavia OH 45813</u>		Health District (City or County) <u>Chenault</u>

**JOB STATUS**

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (C) effective April 1, 2011.

Date you completed this portion of the work <u>12-1-2018</u>	Is this installation for: <input checked="" type="checkbox"/> New Construction <input type="checkbox"/> Alteration
Briefly list all work completed - (Examples: "installed five micron filter and UV disinfection system") <u>installed chlorine injection system + .5 micron filter (2)</u>	

**COMPLETION FORM - Record all information of work completed**

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

**Disinfection System**

Type and Design of Disinfection System <input checked="" type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> UV (Ultraviolet Light) - NSF Standard 55 Class A	
Required minimum disinfectant residual: <input checked="" type="checkbox"/> Chlorine 0.4 mg/l (ppm) <input type="checkbox"/> Iodine (0.5 mg/l) <input type="checkbox"/> Ozone (0.1 mg/l)	Appropriate test kit on site <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Chlorine when supplementing UV systems with multiple service connections (0.2 mg/l)	
Manufacturer and Model of each disinfection system component	
Manufacturer <u>Chem Tech</u>	Model <u>Chem Tech 100 306PD</u>
Manufacturer	Model
Manufacturer	Model

**Intakes and Filters**

Intakes <input checked="" type="checkbox"/> Floating Filters <input type="checkbox"/> Suspended Filters <input type="checkbox"/> Submersible pump <input type="checkbox"/> Other:		
Continuous Filtration Type (ponds) <input type="checkbox"/> Slow Sand Filter <input type="checkbox"/> Pressurized Rapid Sand Filter <input type="checkbox"/> Precoat Filter <input type="checkbox"/> Other (specify):		
Cyst and other Cartridge Filters Type <u>2 Pentek Pb Plus 2018B</u>	Micron size rating <u>.5</u>	Flow rate of filter(s) <u>5 each</u> GPM
		GPM
		GPM
Comments		

**Retention or Mixing Tank**

Make <u>Clack</u>	Model <u>RT 120</u>	Capacity <u>120</u> Gallons
List all additional filters or treatment systems installed on system (i.e. cartridge filters, slow sand, rapid sand, carbon filter, water softeners, anion exchange, other) <u>Sediment 5 micron Cartridge Filter</u>		

In conjunction with HEA Forms 5203, 5237, 5238, 5239 REV (03/2011)

HEA 5203 (Rev 03/2011)

Job status/Completion forms filled out and submitted at or before final inspection.  
 Water sample collected at the time of final inspection.



# ADMINISTRATIVE SUMMARY

Private Water Systems <b>ADMINISTRATIVE SUMMARY</b> Health Department Use Only			
			Permit # <i>111838</i>
I. Well Log	Well log #	Date Received	Reviewed by
II. Sealing Report	Report #	Date Received	Reviewed by
III. Job Status / Completion Forms	PWS Contractor 1 <i>Barnes Swire LLC</i>	Job Status - Date Received <i>12/3/18</i>	Completion Form - Date Received <i>12/3/18</i>
	PWS Contractor 2	Job Status - Date Received	Completion Form - Date Received
	PWS Contractor 3	Job Status - Date Received	Completion Form - Date Received
IV. Final Inspection			
Date Performed <i>12/3/18</i>		Performed by <i>Paul Sanders R.S.</i>	Worksheet Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Observations, Noted violations, and Corrective Actions (include dates and information of all performed inspections) <i>9/10/18 - Reviewed layout of system components with PWS contractor at the site. PDS 10/10/18 - TCB - Inspected tank 10/17/18 - PDS all outside work complete except for overflow pipe. 10/18/18 - PDS - overflow pipe installed. Outside work complete.</i>			
V. Variance – Attach the variance request and board of health decision letter to this permit.			
Variance Requested OAC 3701-26-	Date of Request	Approved by Board of Health <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Approved / Denied
Comments			

Top portion of administrative summary.

## Final Inspection

Date Performed <b>12/3/18</b>	Performed by <b>Paul Sanders R.S.</b>	Worksheet Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Observations, Noted violations, and Corrective Actions (Include dates and information of all performed inspections) <b>9/10/18 - Reviewed layout of system components with PWS contractor at the site. PDS 10/10/18 - TCS - Inspected tank 10/17/18 - PDS all outside work complete except for overflow pipe. 10/18/18 - PDS - Overflow Pipe installed. Outside work complete.</b>		

**Variance** — Attach the variance report and board of health decision letter to this record

Close up of comments and notes.

We have plans to develop an as-built form to make it easier to document inspections.

**VI. Water Samples**

Bacteria Sample One	Collected by <i>Paul Sanders R.S.</i>	Date <i>12/3/18</i>	Sample Collection Point <i>Sample Port</i>	Results <i>NEGATIVE</i>
Bacteria Sample Two	Collected by	Date	Sample Collection Point	Results
Bacteria Sample Three	Collected by	Date	Sample Collection Point	Results
Water Sample Comments				

**Nitrates**

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

**VII. Private Water System Approval / Disapproval**

<input checked="" type="checkbox"/> System approved	Sanitarian Signature <i>Paul Sanders R.S.</i>	Date of approval <i>12/6/18</i>
<input type="checkbox"/> System disapproved	Sanitarian Signature	Date of disapproval
Reason for Disapproval		
Enforcement action taken		

Sample and final approval sections.

# **Clermont County Public Health**

Prevent. Promote. Protect.

December 6, 2018

Steven & Elizabeth Zanola  
126 S 2<sup>nd</sup> Apt 2401  
Loveland OH 45140

Re: Private Water System Permit Approval for 1791 Mackenzie Trace  
Permit #: 111838

Dear Mr. & Mrs. Zanola,

On October 30, 2017 a private water system permit was issued for 1791 Mackenzie Trace. The private water system installation at this property has been completed in accordance with the Ohio Administrative Code 3701-28. In addition, the private water system was sampled and is considered safe and is acceptable for potable use.

Sincerely,

*Paul Sanders R.S.*

Paul Sanders  
Registered Sanitarian

# ALTERATIONS

CHA CHA CHA CHANGES...





Where's that cistern?





Low profile riser added to a cistern in a garage.





Close up view.

Original steel cast in lid is still in place underneath riser.



Failed loan inspections drive most alterations.

UV installed in tight space on an alteration.



**OBJECTIVE: CLEAN,  
POTABLE WATER**

**REALIZED!!**



Because, who doesn't like a cool drink from the faucet?

# DISCUSSION AND QUESTIONS

Robert Wildey, Director of Water and Waste

[rwildey@clermontcountyohio.gov](mailto:rwildey@clermontcountyohio.gov)

513-732-7606

Paul Sanders, Sanitarian Water and Waste Division

[psanders@clermontcountyohio.gov](mailto:psanders@clermontcountyohio.gov)

513-732-7604



**THANK YOU!**

