



PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

Private Water Permit Instructions

Please follow the appropriate instructions below. Please see definitions below to see which box to check on page 1 of the form.

- New Construction:** A new well being drilled with no other wells, new disinfection system being installed for the pond, cistern, or spring on the property, or a hauled water system.
- Alteration:** Means to make a change to an existing well or reconfiguration of a private water system. If you are replacing like with like, for example you are replacing the pressure tank with a pressure tank, no alteration permit is needed. If in question please contact the Environmental Health Division at (419) 399-3921.
- Replacement System:** Drilling of a new well due to existing well no longer functioning (the existing well must be sealed).

New Construction, Replacement, or Alteration

- Step 1:** (A) Complete Page 1 of the application. Indicate the type of work to be done i.e. New Construction/Replacement/Alteration/etc. Indicate the number of dwellings the well will serve (typically single-family dwelling). If dwelling is a condo please check the Two or Three Family Dwelling box. If the system will serve multiple dwellings or outbuildings please setup a time to speak with a Sanitarian in our Environmental Division. If it is a Replacement System, please indicate the type of existing system that should be sealed. If you wish to keep the existing well it will need to be brought up to current code. PCHD does not recommend keeping the existing well as it acts as a potential contamination source.
- (B) **List the contractor(s) that will be drilling the well and/or installing the waterline to the pressure tank, the pressure tank itself, any continuous disinfection equipment and/or sealing a well.** The work stated above must be performed by a Registered Private Water Contractor with the Ohio Department of Health (ODH). A homeowner may perform their own work, but must first be registered and bonded with ODH and pay all applicable fees to ODH. ODH can be reached at (614) 466-1390. It is your responsibility to ensure your contractors are Registered Private Water System Contractors in Ohio. Please contact PCHD if you are not sure if your contractor is registered with ODH.
- (C) Sign and date the bottom of the 1st page.
- Step 2:** (A) Complete Page 3. Please sketch a detailed layout of your property showing the location of all items that are listed under **List of Potential Contamination Sources** that you may have or will have on your property. Please include, to the best of your knowledge, the distance from those contamination sources to the proposed new well or existing well casing. If you are providing a sketch on a



PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

separate sheet of paper please check the box indicating so, and verify all potential sources of contamination are included on your sketch, including distances, if known. For distances, do not use a greater than number (>) or a number +.

Step 3: (A) Next in the packet is a document titled **Private Water Permit Requirements**. Please read through the requirements stated and if you have any questions please contact a Sanitarian. The Well Log is a form the driller has and will fill out and send in to the Paulding County Health Dept. There are two completion forms included in this packet and need to be given to the contractor(s) that will be installing the water treatment equipment.

Step 4: (A) Next in the packet is a document titled **Requirements for All Private Water Systems**. This document is for your use. It explains some of the requirements for all new Private Water Systems. You may discuss this with your contractor to ensure all work is completed per OAC Code 3701-28.

Step 5: (A) If at any time filling out the application the box you checked had an asterisk noting, "See site plan addendums for ponds, springs, cisterns, multiple dwelling units, and buildings", complete the forms, **Private Water System Site Plan – Additional Plans**. If these additional forms are required to be filled out, please give them to your contractor(s) to be completed and returned to PCHD. These forms must be submitted before any work can begin and before a permit will be issued.

(B) Once the application is complete please turn it in and ask for a flag (well only) located in the Environmental Division. This flag is to be placed on your property in the proposed new well location. **When you have placed the flag on your property, please notify PCHD, Environmental Health Division at (419) 399-3921.** Upon notification the flag has been placed, PCHD has up to 10 days to conduct a Site Evaluation to verify the location will meet the requirements of OAC 3701-28. If approved, the application will be signed by a Sanitarian and a copy of the permit will be provided to you and all listed contractors. This signed permit will give your contractors permission to start work. If there is any additional information needed, you will be asked at this time to provide it and the permit approval will be made when that information is received.

PERMIT FEES

New Well – Single Family	\$420	Non-Single Family	\$445
New pond – Single Family	\$450	Non-Single Family	N/A
Alteration – Single Family	\$230	Non-Single Family	\$250
Sealing – Single Family	\$ 50	Non-Single Family	\$ 50
Conversion – Single Family	\$400	Non- Single Family	\$425
Hauled Water, Cistern, Spring	\$325	Non-Single Family	\$335
Test Well	\$294		

8/2023

Local Health District
Paulding County

Local Fee

State Fee

Total Fee Owed

Date Received

Receipt #

Permit #

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.

Type of Work: <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	Serves, served or will serve: <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)	Type of System <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	Additional components: <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
*FLOODPLAIN - Is the property or any portion of the property located within the 100-year floodplain ? <input type="checkbox"/> YES <input type="checkbox"/> NO *FLOWING WELL AREA - Is the property located in an area known for flowing well conditions ? <input type="checkbox"/> YES <input type="checkbox"/> NO *LAND APPLICATION - Is this property located within 300 feet of septage and wastewater land application area ? <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	
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).			
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.

Applicant's signature	Date of signature
------------------------------	--------------------------

Once issued this permit will expire one (1) year from the date approved. All work must be completed by the date expiration.

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 <i>Permit expires one (1) year from this date.</i>
---	--

PLACE AUDIT
STICKER HERE

PERMIT EXTENSION

Approved by	Date Approved	Date Extension Expires
-------------	---------------	------------------------

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.

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

Property Address	
Owner / Applicant	Prepared by

As required in OAC 3701-28-03(F) & (G), additional plans will be required with 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, a building, or within three hundred feet of a land application area;
- 2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.
- 3) any private water system installation including a drive point well, buried pressure tank, gasoline power pump, continuous disinfection system, or point-of-entry water treatment system.

<p>SITE PLAN DRAWING <input type="checkbox"/> Check this box if the drawing is supplied on a separate sheet.</p> <p>-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.</p>	<p style="text-align: center;">LIST OF POTENTIAL CONTAMINATION SOURCES.</p> <p>Write the distance from the proposed private water system location to the source listed below, if applicable. All distances must be specific to the private water system.</p>
	<p>____ ft House, Building</p> <p>____ ft Deck or porch, <u>not</u> part of foundation</p> <p>____ ft Lot lines and easements</p> <p>____ ft Existing properly constructed well, private</p> <p>____ ft Existing properly constructed well, public</p> <p>____ ft Properly sealed well</p> <p>____ ft Well or borehole of unknown or unregulated unpermitted construction</p> <p>____ ft Road right-of-way and road utility easements</p> <p>____ ft Road driving surface</p> <p>____ ft Driveway or parking lot</p> <p>____ ft Watertight sewer or drain</p> <p>____ ft Sewage tanks, sewage absorption fields, watertight vault privies, or gray water recycling system</p> <p>____ ft Leaching privies, leaching pits, dry wells, or drainage wells</p> <p>____ ft Geothermal systems Identify Type: _____</p> <p>____ ft Streams, lakes, ponds</p> <p>____ ft Storm water structure, special conduits, or other ditches with intermittent flow</p> <p>____ ft Bulk salt storage piles</p> <p>____ ft Natural gas or propane tanks</p> <p>____ ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquids (< 1100gal)</p> <p>____ ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquid (>1100 gal)</p> <p>____ ft Oil and gas wells or oil and gas well pad</p> <p>____ ft Municipal solid, residential, and industrial waste, and composting facilities</p> <p>____ ft Construction and demolition debris facility</p> <p>____ ft Land application of septage, manure, or biosolids storage facility. stockpile, storage or staging area</p> <p>____ ft Agricultural manure ponds, lagoons, or Piles</p> <p>____ ft Other: _____</p> <p style="text-align: center;">Please refer to OAC 3701-28-07 for required isolation distances.</p>
<p>Comments</p>	

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

Potential Source of Contamination	Minimum
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



PROVIDING COMMUNITY HEALTH DIRECTION

PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

Acknowledgement of requirements for the construction and use of ponds as a private water source

This completed form must be included with the Application/Permit for a Private Water System when you propose to have a pond installed or converted to a private water system. We will only consider issuing a permit upon evaluation of your request.

Owner(s) Name:	Phone:
Address or Location of Pond:	Township:
Reason(s) you are proposing to install or use a pond as a private water system (Check all that apply):	
<input type="checkbox"/> Drilled wells in the immediate area have high levels of Sulphur in the water.	
<input type="checkbox"/> Other: _____	

Please read all the information on both sides of this form, then sign and date below.

The Paulding County Health Department does not recommend the installation of ponds as a potable water source for the following reasons:

1. Water used to fill ponds may contain any/all of the following: pesticides, herbicides, nitrates, sewage effluent, livestock yard drainage, wild animal and fowl contamination, road drainage (accidental spills), and industrial and commercial drainage.
2. Water in pond is subject to contamination from surface runoff, subsurface drainage, and drifting agriculture pesticides, and herbicide sprays.
3. Treatment of water will not be adequate to remove viruses, bacteria spores, cryptosporidium, giardia or chemicals.
4. The treatment system requires routine maintenance and must be continuously functioning as designed in order to properly filter and disinfect water used in the home.
5. Disinfectants will not kill cryptosporidium and giardia spores.
6. Ponds are subject to contamination from accidents or intentional sabotage.
7. Safety and liability issues are present due to accidental drowning, etc.

Finding an acceptable source of water to initially fill a pond can be very difficult. The preferred method is to allow the pond to fill with rainwater. This process can take several years. Another acceptable alternative is to fill the new pond with an approved well. The practice of removing water from a near-by drainage ditch, creek, or river to fill a newly constructed pond is prohibited due to the numerous unknown natural and man-made contaminants that are present in these sources.

Your signature below indicates that you have read, understand, and accept the inherent risks of utilizing a pond for potable water source. It is your responsibility to disclose this information to future owners of this property.	
Signature:	Date



PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

Ohio Administrative Code Rule 3701-28-14 | Location and construction of ponds.

- (A) Ponds shall be considered as a source of water for human consumption at the discretion of the board of health, only when available ground water sources are inadequate for the intended use or unacceptable due to the presence of naturally occurring or man-made contaminants that are not economically or technically feasible to treat, and on the ability of the property owner to meet all of the requirements of this rule. A pond shall not be acceptable as a new water supply source when a public water supply is readily accessible to the property, as determined by the board of health. The board of health may choose not to approve an application for a permit utilizing a pond for source water as a private water system if there is incomplete or inconclusive information about the suitability for a pond system at a specific site.
- (B) Surface water sources, including, but not limited to, rivers, streams, creeks, lakes, quarries, and drainage ditches shall not be considered for construction as private water systems because there is no control of the water source by the owner of the individual property. The board of health shall not consider a variance to this rule.
- (C) The pond and the watershed shall be under the complete control of the pond owner and the watershed shall be located on a parcel or parcels under one deed with the dwelling to which it is supplying water. A private water system pond may only serve one single family dwelling. If control of the watershed cannot be maintained on parcels under the same deed then other private water system sources shall be considered. The board of health shall not consider a variance to this rule.
- (D) The pond shall be located at the minimum distances from sources of contamination as specified in rule 3701-28-07 of the Administrative Code. In addition, the following criteria shall be met:
 - (1) For purposes of this rule "watershed" means the area up gradient from the water supply that drains, channels, or otherwise directs surface water toward the water source;
 - (2) The watershed shall have a permanent growth of vegetation;
 - (3) The watershed shall be free of barns, poultry yards, sewage treatment systems, privies, orchards, cultivated fields, and other sources of contamination;
 - (4) The watershed shall not be used for pasture;
 - (5) Livestock shall be fenced or otherwise prevented from entering the pond and watershed area;
 - (6) The pond shall not be used for recreational purposes such as swimming, fishing, or boating;
 - (7) The minimum distance from the nearest building shall be ten feet; and
 - (8) Diversion ditches or similar devices shall be used to direct water of unsuitable quality out of the watershed and away from the pond.
- (E) Any person intending to install a pond to be used as a water source shall submit a plan to the board of health as required under paragraph (F) of rule 3701-28-03 of the Administrative Code. The pond and watershed shall conform to the following basic design criteria:
 - (1) The watershed shall be of sufficient size to meet the requirements for pond water recharge based on local conditions as determined by the board of health. The board of health may require the watershed plan to be submitted by a professional engineer or soil scientist in accordance with paragraphs (F) and (G) of rule 3701-28-03 of the Administrative Code;
 - (2) The pond shall not be recharged by pumping water from field drain tiles or drainage ditches. Ponds shall not be recharged from on site wastewater system discharges, gray water systems, curtain drains, sump pumps or washing machines;
 - (3) The pond may be recharged from roof water runoff. The roof area may be calculated as part of the total watershed area if it is to be included as a recharge source;
 - (4) The pond may be filled by a water well constructed in compliance with this chapter and also meeting the following requirements:
 - (a) A threaded or smooth nose faucet shall be installed near the well for collecting a water sample from the well.
 - (b) If the well is to be converted into a private water system well for direct use for a residence or building, an alteration permit is required to be obtained in accordance with paragraph (C) of rule 3701-28-03 and the well shall meet all applicable requirements of this chapter at the time of the alteration.

Ohio Department of Health

Private Water System Site Plan – Additional Plans

This **three part form** may be used *in addition* to the Permit Site Plan HEA 5204 as per OAC rule 3701-28-03 (E) and (F). These forms should be completed for private water systems supplying water to multiple dwellings and buildings and Ponds, Cisterns, and Springs used for the use as a private water system.

Health District	Permit Number
Owner / Applicant	
Property Address	
Prepared by	

Complete all of the following information for the work being performed.

1. Number of individuals to be served by this system (if building or multiple family dwelling or multiple dwelling units): _____
2. List all materials, including the make and model number, to be used in construction, installation, or alteration of the private water system. Include Casing, Grout, Pitless Adapters, Pumps, Backflow Devices, Pressure Tank, Piping and Fittings, Hydrants, Disinfection equipment, Tanks, and any other materials used. If more space is needed, attach a separate list to this form.

3. Provide a cross sectional drawing below showing a) water source, b) the water distribution piping from the source to all service connections, and c) the locations, layout, and type of all water systems equipment . Disinfection and filtration equipment must be completed on page 2 of this form.

Comments

Ohio Department of Health

Private Water System Site Plan – Additional Plans

Continuous Disinfection and Filtration Systems Layout

Health District	Permit Number	Property Address
-----------------	---------------	------------------

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

4) Neatly draw and label all applicable pumping and treatment devices, including the pressure tank and other tanks and water storage reservoirs. Also include the dimensions and capacities of any tanks and water storage tanks.

—————> From Well, Pond, Spring, or Cistern

List the make and model number of each applicable device.

Water System Pump _____	Coagulation Chemical _____
Pressure Tank _____	Cyst Reduction Filters _____
Floating pond filter _____	Ultraviolet Light _____
Chemical Pump 1 _____	Ozone Device _____
Rapid Sand Filter _____	Slow Sand Filter _____
Chemical Pump 2 _____	Pre-coat Filter _____
Other Devices _____	

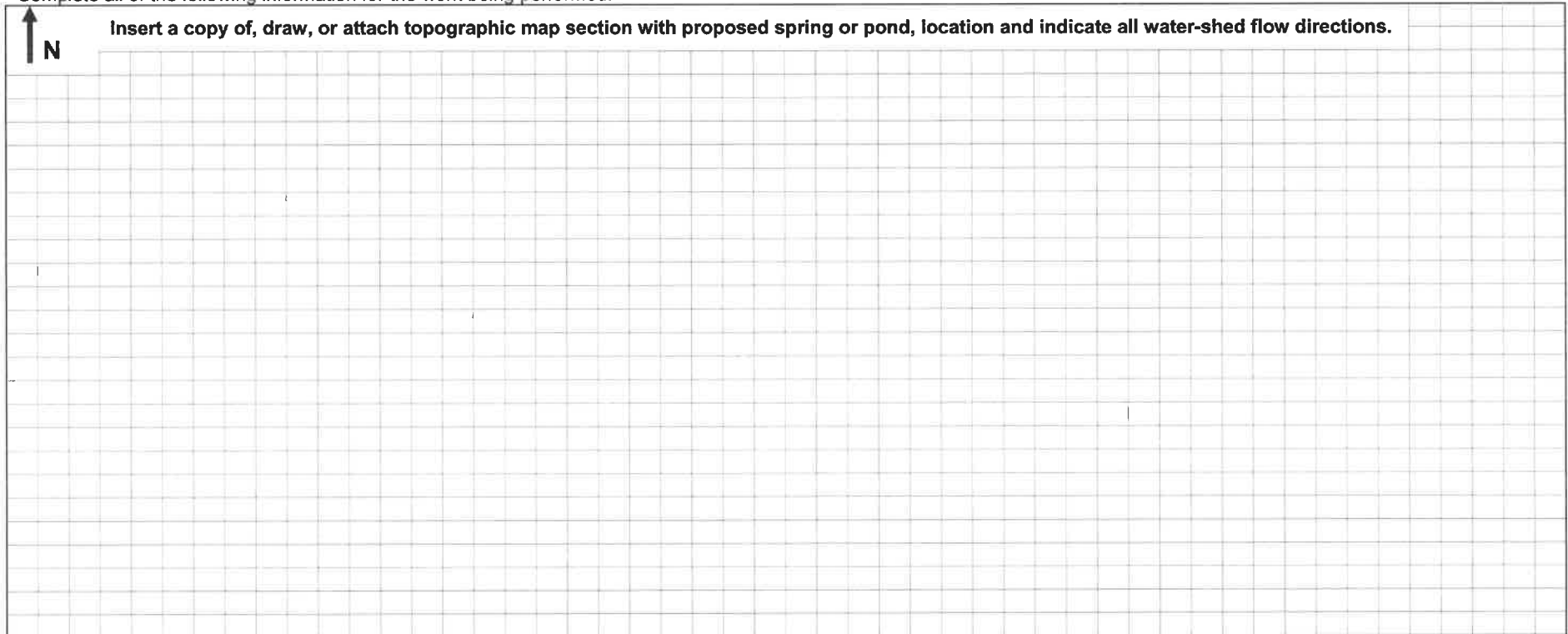
Ohio Department of Health

Private Water System Site Plan – Additional Plans for Ponds

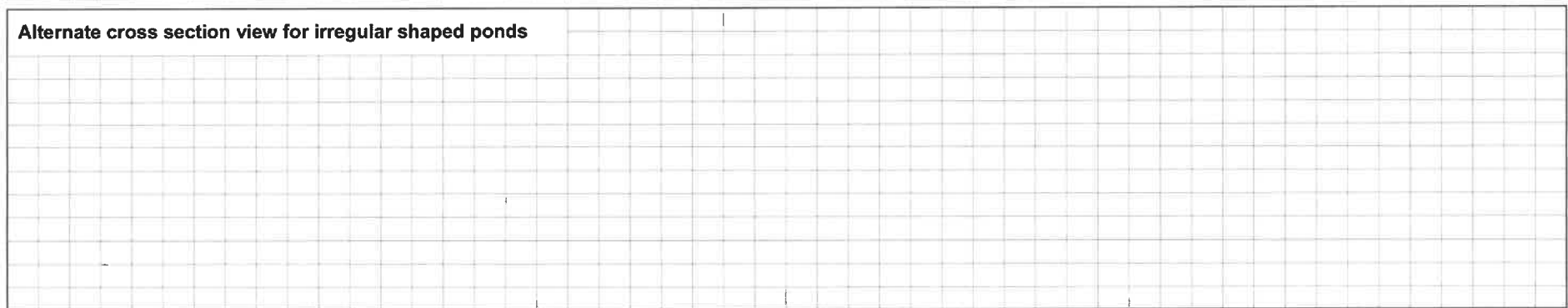
Health District	Permit Number	Property Address
-----------------	---------------	------------------

NOTE: This form may be used *in addition to* the Permit Site Plan HEA 5204 as per OAC rule 3701-28-03 (E) and (F).
Complete all of the following information for the work being performed.

↑ N Insert a copy of, draw, or attach topographic map section with proposed spring or pond, location and indicate all water-shed flow directions.



Alternate cross section view for irregular shaped ponds



POND PRIVATE WATER SYSTEM

Pressurized Rapid Sand Filter system with chemical coagulation and chlorine or iodine disinfection

Revised 5/2011

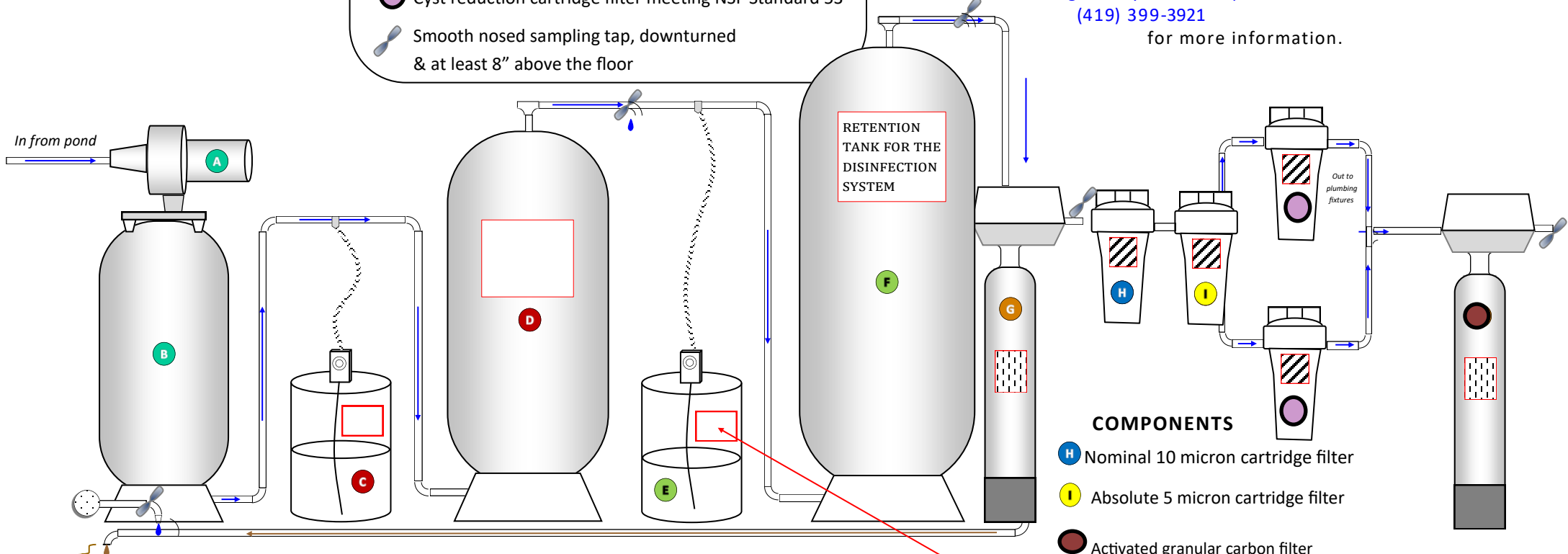
- COMPONENTS**
- A** Jet pump
 - B** Pressure Tank
 - C** Chemical coagulation meeting NSF standard 60
 - D** Coagulation retention tank
 - E** Chlorine or Iodine solution reservoir tank
 - F** Disinfection retention tank, minimum 120 gallons
 - G** Pressurized rapid sand filter
 - H** Cyst reduction cartridge filter meeting NSF Standard 53
 - I** Smooth nosed sampling tap, downturned & at least 8" above the floor

GENERAL DESIGN:

System must be sized to a minimum demand of 70 gallons per person per day, not less than 10 gallons per minute flow.

All pipe and pipe fittings must conform to NSF standard 61 and comply with OAC 3701-28-08(C) to 3701-28-08(E)

Treatment train shown here is a typical configuration. Other configurations are possible. Contact the [Paulding County Health Department](#) at (419) 399-3921 for more information.



Backwash line must have a minimum 1/2" air gap above the flood rim of the sump pit

- LABELING REQUIREMENTS:** SPECIFIC WORDING IS REQUIRED WHERE INDICATED
- = All filter and treatment tanks & components must be labeled describing their specific functions.
 - = All cartridge filter housings shall be clearly labeled for the specific required replacement filter size in absolute and nominal microns.
 - = Sand filter tank must be labeled describing all filter material enclosed, including type(s), size, and uniformity coefficient.

COMPONENTS

- H** Nominal 10 micron cartridge filter
- I** Absolute 5 micron cartridge filter
- J** Activated granular carbon filter

FAILURE TO MAINTAIN THE SOLUTION IN THE TANK AT CONCENTRATIONS SUFFICIENT TO ENSURE CONTINUOUS DISINFECTION OF THE HOUSEHOLD WATER SUPPLY INCREASES THE POSSIBLE HEALTH RISK OF THE USERS

1/2 INCH BOLD LETTERING

OVER

Please list the make and model number of each component

A Jet pump _____

B Pressure Tank _____

C Chemical coagulation pumps and chemical type _____

D Coagulation retention tank _____

E Chlorine or Iodine solution reservoir tank _____

F Disinfection retention tank, minimum 120 gallons _____

G Pressurized rapid sand filter and filter media type _____

Does the rapid sand filter contain 1.5 cubic feet of sand or NSF 61 approved equivalent filter material? Yes no


H Nominal 10 cartridge filter _____

I Absolute 5 cartridge filter _____

 Cyst reduction cartridge filter _____

Does cyst reduction cartridge meet NSF Standard 53 yes no **or** equivalent yes no

 Activated granular carbon filter _____

 Smooth nosed sampling taps in proper locations, downturned & at least 8" above the floor yes no

Where does filter and disinfection system backwash to? _____

Is the filter and disinfection system capable of providing more than a ten gallon per minute flow? yes no

Is a copy of the required two year, written service agreement attached? yes no



PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

Private Water Permit Requirements

Prior to final approval of your water system, Paulding County Health Department (PCHD) must have certain information documented in your file. The following is a list of items that need to be completed for approval by our office.

Copy of Permit on File: This is completed and filed at PCHD.

Copy of Well Log (if drilling a well): Well drillers in Ohio are required to send a copy of the well log to the local health departments within 30 days after drilling is complete. **PCHD must have this on file before a water sample can be scheduled.**

Completion Form: The person who installs the pump and connects the water line from the well to the pressure tank in the house or installs any portion of the continual disinfection system must be a Registered Private Water Systems Contractor with the Ohio Department of Health (ODH). If the homeowner wants to install the pump and connect the pressure tank, they must contact ODH at (614) 644-7558 for registration requirements. Whoever performs the work must complete this form and return it to our office within thirty (30) days of completion of the work. **PCHD must have this on file before a water sample can be scheduled.**

Safe Water Sample: Since there is no way for us to know when the water is plumbed into your house, it is your responsibility to contact us to make an appointment for PCHD staff to come into your house to collect a water sample from the dedicated sample spigot installed at the pressure tank (wells) or after the continual disinfection system (ponds). PCHD collects water samples on Wednesday afternoons from 1:00 pm– 4:00 pm. Water samples must be scheduled by noon the Tuesday prior to sample collection day. The water system cannot be approved until a safe water sample has been obtained.

NOTE: Chlorination prior to water testing must be done at least 48 hours before collection of the sample.

Final Inspection: PCHD will conduct a final inspection of the water system on the day of the water sample. The water sample and Final Inspection typically take approximately 30 minutes to complete.

Additional Information:

- All of the above requirements must be completed prior to your permit expiration date for your system to be approved by PCHD.
- Well and pond permits expire 1 year from the date they are issued.
- A one-time extension of up to 6 months may be obtained by written request. Please contact PCHD before your permit expires to request the extension.



PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

Requirements for All Private Water Systems

When a private water system is drilled, altered, or replaced, Private Water System Rules require the entire system be brought up to code.

The following are items required to comply with current regulations.

- ✓ The pressure tank must be NSF 61 certified.
- ✓ A pressure relief valve must be installed near the pressure tank.
- ✓ A smooth-nosed, non-threaded, downturned sample spigot/port must be located before the pressure tank in an easily accessible location and capable of providing a smooth flow of water for the purpose of collecting a water sample. There must be sufficient clearance for a sample container (minimum eight inches [8"]).
- ✓ The pressure tank cannot be located in a crawlspace on new construction.
- ✓ If a pressure tank is located in a crawlspace of an existing structure, the smooth-nosed, non-threaded, smooth-flowing/non-spraying, downturned sample spigot/port must have a dedicated line run from just before the pressure tank to within three feet of the entrance to the crawlspace.
- ✓ All work must be completed by an Ohio Department of Health (ODH) Registered Private Water Systems contractor, including the drilling of the well, sealing of an existing well, and the installation of the pump, pitless adaptor, pressure tank, pressure relief valve and smooth-nosed, non-threaded, smooth-flowing/non-spraying, downturned sample spigot/port, continual disinfection or any portion of the pond system.
- ✓ For replacement wells, the existing well must be properly sealed by a Registered Contractor or demonstrated to be in compliance before the private water system will be approved. The existing well must be sealed within 30 days from completion of the new well or the requirements shown on the **Well Sealing Requirements** information sheet must be met. An unsealed well can be a source of contamination for the new well.
- ✓ Alterations, such as deepening of a well or upgrading continual disinfection equipment, require updating the Private Water System to current regulations. This may include a new pressure tank to meet NSF



PAULDING COUNTY HEALTH DEPARTMENT & WIC

800 EAST PERRY ST., PAULDING, OH 45879 • PH: (419) 399-3921 • TOLL FREE: 1 (866) 399-3921 • WIC DEPT: (419) 399-2621 • FAX: (419) 399-3494

61, a pressure relief valve, a smooth-nosed, non-threaded, smooth-flowing/non-spraying, downturned sample spigot/port, or all of these. Each alteration is different and as such the requirements for each are different and will be provided on the application.

- ✓ Yard hydrants must have a backflow prevention device installed on the service line that is ASSE 1013, 1015 or 1024 certified. The backflow prevention device must be installed where the service line meets the main supply line. Backflow preventers must be installed inside of the house, equipment room, or in a vault for inspection and maintenance. If the Yard Hydrant line is connected after the pressure tank then no backflow prevention device is required, as it does not fall under of the jurisdiction of the Private Water System rules. It is still recommended that a backflow preventer is installed in these situations.
- ✓ Service connections (connections to barns, pole buildings, etc.) are required to have backflow prevention devices that are ASSE 1013, 1015 or 1024 certified as they can be a source of contamination to your system when there is a loss of pressure to the system. Back flow preventers are recommended to be installed in a basement or mechanical room; however, they may also be installed in a protected vault.
- ✓ Disinfection of the well must be completed by each Private Water Systems contractor that performs work/service on the Private Water System.

This list is being provided to make the homeowner aware of some of the requirements under the Private Water System rules. The above items should be discussed with your Registered Private Water Systems contractor to ensure that the required updates are part of the contracted work.

Contact the Paulding County Health Department at (419) 399-3921 to schedule a water sample and final inspection of the system after all work has been completed.