
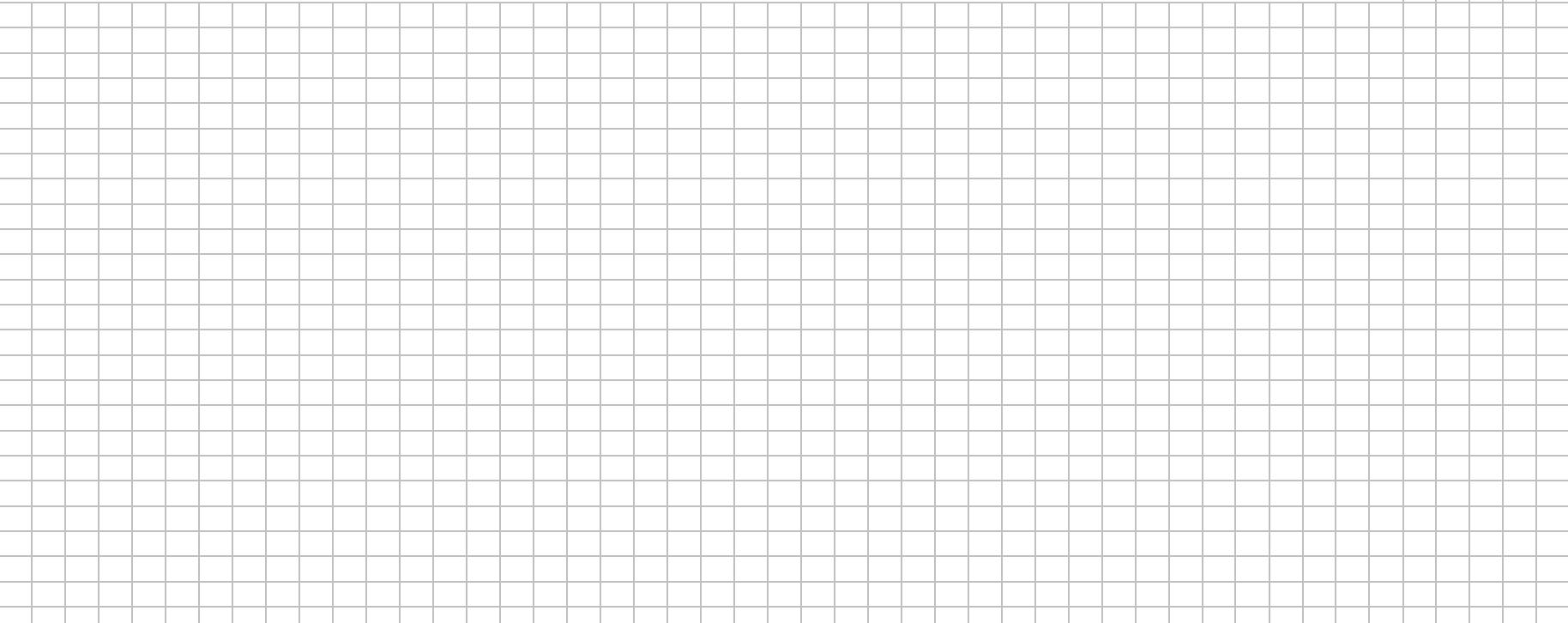


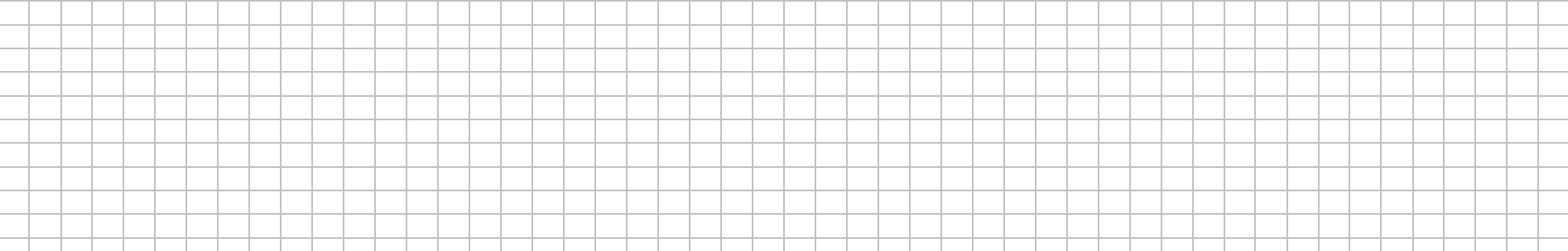
# Ohio Department of Health

## Private Water System Site Plan – Additional Plans for Ponds

<b>Health District</b> Defiance County	<b>Permit Number</b>	<b>Property Address</b>
---	----------------------	-------------------------

**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	<b>Insert a copy of, draw, or attach topographic map section with proposed spring or pond, location and indicate all water-shed flow directions.</b>
	

<b>Alternate cross section view for irregular shaped ponds</b>	
--	---