

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 Defiance County	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 Defiance County	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 _____	