

Ohio Department of Health
JOB STATUS / COMPLETION FORM
Spring Water Supply

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

Private water systems contractor	Registration number	Phone #
Address of property	County	Permit #

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 (O) effective April 1, 2011.

Date you completed this portion of the work
Briefly list all work completed - (Examples: "Developed spring and Installed spring box" and ")

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

Diversion Ditch Length Feet	Distance from spring Feet	Discharge to:	
Spring Box Materials	Capacity Gallons	Secured cover <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spring box overflow to	Air Gap <input type="checkbox"/> Yes <input type="checkbox"/> No	Gravity drain <input type="checkbox"/> Yes <input type="checkbox"/> No	Sump <input type="checkbox"/> Yes <input type="checkbox"/> No

Inlet Pipe

Materials	Diameter inches	Screen
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Supply Pipe

Materials	Diameter inches	Screen
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Pump

Location	Type	Capacity Gallons
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Water Storage Tank

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

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

Other Water Treatment Components

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