

COMPLETION FORM - WELL/PUMP/DISTRIBUTION/DISINFECTIONIS THE ENTIRE SYSTEM COMPLETE AND READY FOR INSPECTION AND SAMPLING? YES NO

The information on this form documents the work performed by the Registered Private Water Systems Contractor, named below, as required in OAC 3701-28-18(A)(1). This form must be completed and returned to the local health district prior to final approval of the private water system as required by 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.

Private water systems contractor (legal company name):	ODH Registration #:	Phone #:
Email Address:		
Property Address:	County:	Permit #

WORK COMPLETED

Date of Completion: _____

This portion of the completion form documents the disinfection process, specific materials, placement, and installation methods used to complete the work. The Disinfection or Enhanced Disinfection Process shall be performed by the Private Water Systems Contractor as required in Ohio Administrative Code 3701-28-11(E)(1), (G), and (H).

DISINFECTION	Date of Disinfection:	Disinfection Process Performed: <input type="checkbox"/> Disinfection <input type="checkbox"/> Enhanced Disinfection	Reason for Disinfection: <input type="checkbox"/> Completion of Work <input type="checkbox"/> TC Positive samples <input type="checkbox"/> <i>E. coli</i> positive samples
Explain method, materials, and procedure used for disinfection process performed. (Use back of form if additional space is needed.)			
Example: Introduced 100 gallons of a 200 ppm bleach solution stabilized with white vinegar to bring the pH to 7.			

CASING EXTENSION (if applicable)	Type of Original (Existing) Well Casing <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness _____ in.	Casing Type used for Extension (if applicable) <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness: _____ in.
	Method of attaching casing extension	Make and model of coupling device (if applicable)

<input type="checkbox"/> PITLESS ADAPTER <input type="checkbox"/> PITLESS UNIT	Manufacturer:	Style: <input type="checkbox"/> Clear-way <input type="checkbox"/> Pull-through <input type="checkbox"/> Other (specify):
Method of cutting hole:	Method of Attachment: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Compression-gasket & Bolts <input type="checkbox"/> Flanged (Pitless Unit only)	
Attached to: <input type="checkbox"/> Original Casing <input type="checkbox"/> Casing Extension	Depth place below final grade: feet/inches	Grout placed around pitless adapter / unit to surface? <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement _____ lbs.used

PUMP	Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Hand pump <input type="checkbox"/> Other (specify):	Manufacturer:	Depth of pump setting or intake: _____ feet
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WATER PIPE/LINE	Material used Outside foundation	ASTM Number	Material used Inside foundation	ASTM Number
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SERVICE CONNECTIONS, BACKFLOW PREVENTION, & YARD HYDRANTS	No. of Service Connections	Backflow Prevention Device Installed ASSE: <input type="checkbox"/> 1013 <input type="checkbox"/> 1015 <input type="checkbox"/> 1024	Yard Hydrant Installed <input type="checkbox"/> Frost-free <input type="checkbox"/> Sanitary (ASSE 1057)
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PRESSURE TANKS	Location of pressure tank	NSF 61 Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No	Pressure Relief Valve Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sample tap installed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of Sample tap
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Continue - Page 2 (for Well Caps, Continuous Disinfection System, Intakes and Filters, and Retention and Mixing Tanks)

COMPLETION FORM - WELL/PUMP/DISTRIBUTION/DISINFECTION

WELL CAP	Manufacturer / Model	Is the well cap weather tight, vented, and insect proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Electrical Conduit securely attached and sealed to prevent entrance of insects? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CONTINUOUS DISINFECTION SYSTEM	Type and Design of Continuous Disinfection System <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> UV (Ultraviolet Light) – NSF Standard 55 Class A only		
Required minimum disinfectant residual <input type="checkbox"/> Chlorine (0.4 mg/l) <input type="checkbox"/> Iodine (0.5 mg/l) <input type="checkbox"/> Ozone (0.1 mg/l) <input type="checkbox"/> Chlorine when supplementing UV systems with multiple service connections (0.2 mg/l)		Appropriate Test kit on site <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manufacturer and Model of each disinfection system component		Water Softener installed prior to UV System <input type="checkbox"/> Yes <input type="checkbox"/> No	
Manufacturer/Model _____		UV ineffective performance indicator:	
Manufacturer/Model _____		<input type="checkbox"/> Visual Alarm <input type="checkbox"/> Audio Alarm	
Manufacturer/Model _____		<input type="checkbox"/> Terminates discharge of water	

INTAKES AND FILTERS	Intakes <input type="checkbox"/> Floating Filters <input type="checkbox"/> Suspended Filters <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Other (Specify):		
Continuous Filtration Type (Ponds) <input type="checkbox"/> Slow Sand Filter <input type="checkbox"/> Pressurized Sand Filter <input type="checkbox"/> Pre-coat Filter <input type="checkbox"/> Other (specify):			
Cyst and other Cartridge Filters			
Type	Micron Size Rating	Flow rate of filter(s)	
_____	_____	_____ GPM	
_____	_____	_____ GPM	
_____	_____	_____ GPM	
Comments			

RETENTION or MIXING TANK	Make	Model	Capacity 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)			

ADDITIONAL INFORMATION

NOTE: Well sealing shall be submitted on the proper sealing report form from the Ohio Department of Natural Resources. Contact ODNR at (614) 265-6740.

LOCAL HEALTH DISTRICT ONLY

Received Date by LHD	Date of Review	Reviewing Sanitarian's Name
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