

Ohio Department of Health • Private Water Systems Cistern/Hauled Water Storage Tank COMPLETION

This completion form must be completed and returned to the health district or other governing agency 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, and must be submitted within thirty (30) days of completion of work.

Permit number	Date of completion	Type system	
Owner			Phone ()
Mailing address	Township		
City	State	ZIP	
Location of property			
Private water system contractor			Registration number

Construction details Cistern* Hauled Water Storage Tank

Tank manufacturer		Materials	
Capacity Gallons	Dimensions X X	Roof area Sq. Ft.	
Size of manhole/riser inches	Secured by		
Fill pipe location	Fill pipe diameter inches		
Overflow location	Overflow diameter Inches	Air gap <input type="checkbox"/> Yes <input type="checkbox"/> No	

*Continuous disinfection is required for all cistern installations—See reverse for information

Roof washer/debris trap

Installer	Registration number
Manufacturer	Materials
Location	Size X X

Method of water intake

Flotation device Submersible pump Other *specify*

Filter

Type	Location	Size
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Pump

Location	Capacity gpm
Installer	Registration number

Other water treatment components

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HEALTH DISTRICT USE ONLY

Date received	Information complete	Approved
Comments		

Private Water System Disinfection/Filter System Information

Permit Number	Date of Completion	Date Received
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Disinfection and Filter System

System installed by		PWS Contractor Reg. No.
Type and Design of Disinfection System <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> Ultraviolet Light <input type="checkbox"/> Experimental		
Point disinfectant is added		Method
Manufacturer of each system component _____		
Intake Filters <input type="checkbox"/> Floating <input type="checkbox"/> Suspended <input type="checkbox"/> Other		Continuous Filtration Type (ponds) <input type="checkbox"/> Slow Sand Filter <input type="checkbox"/> Precoat Filter <input type="checkbox"/> Other (<i>specify</i>)
Supplemental Filtration Type	Micron size rating	Flow rate of filter(s) (GPM)
Required disinfectant residual ppm (mg/l)		Appropriate test kit on site <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments _____ _____		

Retention Tank

Make	Model	Capacity Gallons
Estimated retention time in minutes/hours		Calculated CT value (CT = chemical residual times the retention time) (chlorine = 4 iodine = 10)
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) _____ _____ _____		

Plans approved (if required)

Date	By
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