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*“Working towards a healthy and safe Putnam County”*

## Private Water Permit Instructions

Please follow the appropriate instructions below. A private water system permit to install fee is **\$425**. Please see definitions below to see which set of instructions to follow.

**New Construction:** A new well being drilled with no other wells, new disinfection system being installed for the pond, cistern, or spring on the property, or a hauled water system.

**Alteration:** Is defined as a change to an existing well or reconfiguration of a private water system. If you are replacing like with like, for example you are replacing the pressure tank with a pressure tank, no alteration permit is needed. If you have any questions please contact the Environmental Health Division at 419-523-5608.

**Replacement System:** Drilling of a new well due to existing well no longer functioning (Existing well to be sealed).

### New Construction – Replacement – Alteration

**Step 1:** (A) In the first box of the application indicate the:

**-Type of Work:** New Construction/Replacement/Alteration/Sealing etc. Indicate the number of dwellings the well will serve. If a Replacement System will be installed. PCHD does not recommend keeping the existing well as it acts as a potential contamination source. If you wish to keep the existing well it will need to be brought up to current code and an additional water sample will be required.

**-Serves, Served or will serve, Type of System and Additional Component:** If the system will serve other than a 1, 2, or 3 family dwelling, multiple dwellings, a building, or will consist of a cistern, pond, spring or drive point well, or have any additional components, **additional plans** will be required to be submitted by your contractor. Please contact PCHD for these forms if your contractor does not have them. These forms must be submitted before any work can begin and before a permit will be issued.

(B) List the contractor(s) that will be drilling the well and/or installing the waterline to the pressure tank, the pressure tank itself and any continuous disinfection and filtration equipment. The work stated above must be performed by a Registered Contractor with the Ohio Department of Health (ODH). A homeowner may perform their own work, but must first be registered and bonded with ODH and pay all applicable fees to ODH. ODH can be reached at 614-644-7558. It is your responsibility to ensure your contractors are Registered Private Water System Contractors in Ohio. Please contact PCHD if you are not sure if your contractor is registered with ODH.

(C) Sign and date the bottom of the 1<sup>st</sup> page.

**Step 2:** Complete Page 3 (front sheet of the 2<sup>nd</sup> page). Please sketch a detailed layout of your property showing the location of all items that are listed under **List of Potential Contamination Sources** that you may have or will have on your property. Please include, to the best of your knowledge, the distance from those contamination sources to the proposed new well or existing well casing. If you are providing a sketch on a separate sheet of paper please check the box indicating so, and verify all potential sources of contamination are included on your sketch, including distances, if known. **THIS STEP IS REQUIRED.** Your permit application will not be complete without this information.

**Step 3:** Next in the packet is a document titled **Private Water Permit Requirements**. Please read through the requirements stated and if you have any questions please contact a Registered Environmental Health Specialist at PCHD.

**Step 4:** Next in the packet is a document titled **Additional Information for All Private Water Systems**. This document is for your use. It explains some of the requirements for all new Private Water Systems. You may discuss this with your contractor to ensure all work is completed per OAC Code 3701-28.

**Step 5:** (A) In the packet are instructions on how to disinfect your well. Each contractor is required to disinfect the well when their portion of the work is complete. The owner of the private water system shall ensure that the entire private water system, including the plumbing and all related fixtures are also disinfected. Please refer to the attached disinfection instructions for this purpose.

(B) Once the application is complete please send the original application to the health department along with the **\$425 permit fee** and ask for a blue flag located in the Environmental Dept. This flag is to be placed on your property in the proposed new well location where you have taken your measurements from in STEP 2 above. When you have placed the flag on your property please notify PCHD, Environmental Health Division at 419-523-5608.

Upon notification the flag has been placed, PCHD has up to 10 days to conduct a Site Evaluation to verify the location will meet the requirements of OAC 3701-28. If approved the application will be signed by a Registered Environmental Health Specialist and a copy of the permit will be provided to you and all listed contractors which notifies your contractors that it is acceptable to begin work. If there is any additional information needed, you will be asked at this time to provide it and the permit approval will be made when that information is received.

Local Health District	Local Fee	State Fee	Total Fee Owed	Date Received	Receipt #	Permit #
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# OHIO DEPARTMENT OF HEALTH

## APPLICATION / PERMIT FOR A PRIVATE WATER SYSTEM

The application instructions are available on page 2 of this form.

**CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.**

<b>Type of Work:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement Construction <input type="checkbox"/> Emergency Construction <input type="checkbox"/> Conversion to PWS <input type="checkbox"/> Test Well Construction <input type="checkbox"/> Temporary Hauled Water	<input type="checkbox"/> Alteration <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Alteration – Public Water connection, not sealing <input type="checkbox"/> Sealing or Decommissioning only	<b>Serves, served or will serve:</b> <input type="checkbox"/> 1, 2, 3 family dwelling <input type="checkbox"/> *Other than a 1, 2, 3 family dwelling <input type="checkbox"/> *Multiple dwellings <input type="checkbox"/> *Building <input type="checkbox"/> Vacant lot (sealing only)	<b>Type of System</b> <input type="checkbox"/> Well <input type="checkbox"/> Hauled water storage tank <input type="checkbox"/> *Cistern <input type="checkbox"/> *Pond <input type="checkbox"/> *Spring <input type="checkbox"/> *Drive point well	<b>Additional components:</b> <input type="checkbox"/> *Continuous disinfection and/or filtration system <input type="checkbox"/> *Water treatment system – whole house <input type="checkbox"/> *Buried pressure tank <input type="checkbox"/> *Gas powered pump
<b>*FLOODPLAIN</b> - Is the property or any portion of the property located within the <b>100-year floodplain</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>*FLOWING WELL AREA</b> - Is the property located in an area known for <b>flowing well conditions</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <b>*LAND APPLICATION</b> - Is this property located within 300 feet of septage and wastewater <b>land application area</b> ? <input type="checkbox"/> YES <input type="checkbox"/> NO <p style="text-align: center;"><i>NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).</i></p>				

**COMPLETE THE FOLLOWING INFORMATION – If there is no phone number or email address, place “none” in the box**

Property address or location (include city and zip code)		Parcel # (optional)	Township/City/Village
Owner's Name	Owner's mailing address <input type="checkbox"/> Check if same as property address	Phone number	
Owner's Email Address			Alt. phone number
<input type="checkbox"/> Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.			
Applicant's name		Applicant's mailing or email address	Phone number
<b>All persons, including homeowners, performing work on a private water system must be registered with the Ohio Department of Health as required in Ohio Administrative Code Rule 3701-28-18(A). If the contractor information is not known at time of application, it must be provided prior to the commencement of work as per the requirements in Ohio Administrative Code Rule 3701-28-03(A)(1).</b>			
1	Private water systems contractor legal company name (as registered)	ODH Registration #	Phone number
	Email address		
2	Private water systems contractor legal company name (as registered)	ODH Registration #	Phone number
	Email address		

**Notice to Applicant:** This application will not be processed until the form bears the signature of the applicant and the date (below). This application must be accompanied by the site plan form(s) and the appropriate fee. This application is not approved until it has the date and signature of a registered sanitarian or sanitarian-in training employed by the local board of health.

I, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all applicable rules governed by Chapter 3701-28 of the Ohio Administrative Code.

I, the undersigned, also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Ohio Administrative Code.

I, the undersigned, agree to contact the local health department upon completion of the private water system in order for the local health department to perform the final inspection and collect the water sample.

I, the undersigned, understand that this permit will expire one (1) year from the date approved and all work must be completed by that date.

<b>Applicant's signature</b>	<b>Date of signature</b>
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**Once issued this permit will expire one (1) year from the date approved. All work must be completed by the date expiration.**

Local Health District

Permit #

**HEALTH DEPARTMENT USE ONLY**

This permit is not valid without the sanitarian signature, approval date, and audit number.

**Is a variance being requested prior to the permit being issued?**

Yes If checked yes, complete the variance section on the Administrative Summary.

<b>APPLICATION APPROVED BY (RS or SIT only)</b>	<b>DATE APPROVED</b> <i>Permit expires one (1) year from this date.</i>
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PLACE AUDIT  
STICKER HERE

**PERMIT EXTENSION**

Approved by	Date Approved	Date Extension Expires
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See comments on the Administrative Summary

**APPLICATION INSTRUCTIONS**

- This is a two part form: APPLICATION and SITE PLAN
- The form may be completed:
  - By computer, then printing; or
  - By printing the blank document, and filling all information with a typewriter or pen;
- Contact the Local Health Department for the following information:
  - Fee information;
  - Site Plan completion information (some local health districts require staff to complete site plans);
  - Rule information.
  - Registered private water system contractor information.
    - A complete list of registered private water system contractors is available on the Ohio Department of Health website at <https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-homeowners/>.
- The applicant must sign and date the application prior to submitting to the Local Health District.
- The applicable FEES must accompany all applications when submitting to the Local Health District. Applications will not be processed until all fees have been received by the Local Health District.
- The Local Health District will review the application and site plan and notify you as to the application's status.
- Contact the Local Health District if you do not receive information about the application status within fifteen (15) business days of submitting the application.



The following chart provides the minimum isolation distance requirements established in Ohio Administrative Code (OAC) 3701-28-07 for private water systems. Refer to <http://codes.ohio.gov/oac/3701-28-07v1>, for the complete isolation distance rule language in OAC 3701-28-07.

*This chart is provided as a courtesy and is not required to be submitted with the application and site plan.*

**Isolation Distance Requirements as per OAC 3701-28-07**

<b>Potential Source of Contamination</b>	<b>Minimum</b>
If the potential source of contamination is not listed below	50 ft
Dwelling or building foundation	10 ft
Deck or porch, not part of the building foundation for basement or crawl space	5 ft
Road right-of-way	10 ft
Normal Road surface (edge of) when no right-of-way is designated	25 ft - only if this isolation distance gives a greater separation distance than the road utility easement
Road utility easement, when no right-of-way is designated	10 ft - only if this isolation distance gives a greater separation distance than the normal road surface
Driveway or parking lot (edge of)	5 ft
Lot lines / Easements	10 ft
Watertight sewers and drains (more than five feet from outside the building foundation)	10 ft
Sewage treatment system (STS)	50 ft
Gray water recycling system (GWRS) components	50 ft
Leaching pits (not properly abandoned)	100 ft
Dry wells (not properly abandoned)	100 ft
Watertight vault privies	50 ft
Leaching privies	100 ft
Wastewater treatment plant	300 ft
Drainage wells	100 ft
Properly sealed wells	5 ft
Private water system well (constructed properly)	10 ft
Public water system well (constructed properly)	outside the sanitary isolation radius of the public water well – OAC 3745-9-04(B)(2)
Water wells or boreholes of unknown or unregulated unpermitted construction	50 ft
Vertical open loop geothermal system, sealed with grout materials	25 ft
Horizontal or vertical closed loop geothermal system, utilizing propylene glycol	25 ft
Horizontal or vertical closed loop direct exchange geothermal system with circulating refrigerant or a heat transfer antifreeze other than propylene glycol	50 ft
Horizontal or vertical geothermal system of unknown or undocumented construction	50 ft
Streams, lakes, ponds and other permanent bodies of water	25 ft
Storm water structure / special conduits / ditches with intermittent water flow	15 ft
Bulk salt storage piles	100 ft
Fuel operated motors used for well pumps without secondary containment	50 ft
Fuel oil, diesel, chemical, or gasoline storage tanks or other petroleum liquids (less than 1,100 gal)	50 ft
Fuel oil, diesel, chemical or gasoline storage tanks or other petroleum liquids (greater than 1,100 gallons without secondary containment)	300 ft
Natural gas or propane (LP/liquid propane) home heating tanks above or below ground	20 ft
Oil and gas wells or the oil and gas well pad	100 ft
Municipal solid waste, residential waste, industrial waste, and Class I, II, III solid waste composting facilities	1000 ft
Construction and demolition debris solid waste facility and Class IV solid waste composting facilities	500 ft
A regional storage facility or other bulk storage facility for biosolids (sludge)	300 ft
Grass pasture with large animals (with barrier around well component)	5 ft
Animal waste management facility located at major, large, or medium concentrated animal feeding facilities (AFF)	300 ft
Animal waste management facility located at an AFF <u>not</u> designated concentration as major, large, or medium	150 ft
Animal housing or holding pens with no grass cover, stables, manure piles, fabricated manure storage and animal waste or treatment buildings not located at an AFF	50 ft
Land application of septage waste, manure, or biosolids (sludge) stockpile, storage or staging area where the Ohio EPA has determined the aquifer has a high susceptibility to contamination	300 ft
Surface land application area for septage, biosolids (sludge), commercially land applied manure, or other similar materials previously approved by Ohio EPA or the board of health	200 ft
Subsurface incorporation application area using septage, biosolids (sludge), commercially produced manure, or other similar materials previously approved by the Ohio EPA or the board of health	100 ft
Storage or preparation area for commercial application of fertilizers or pesticides	150 ft

# 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	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

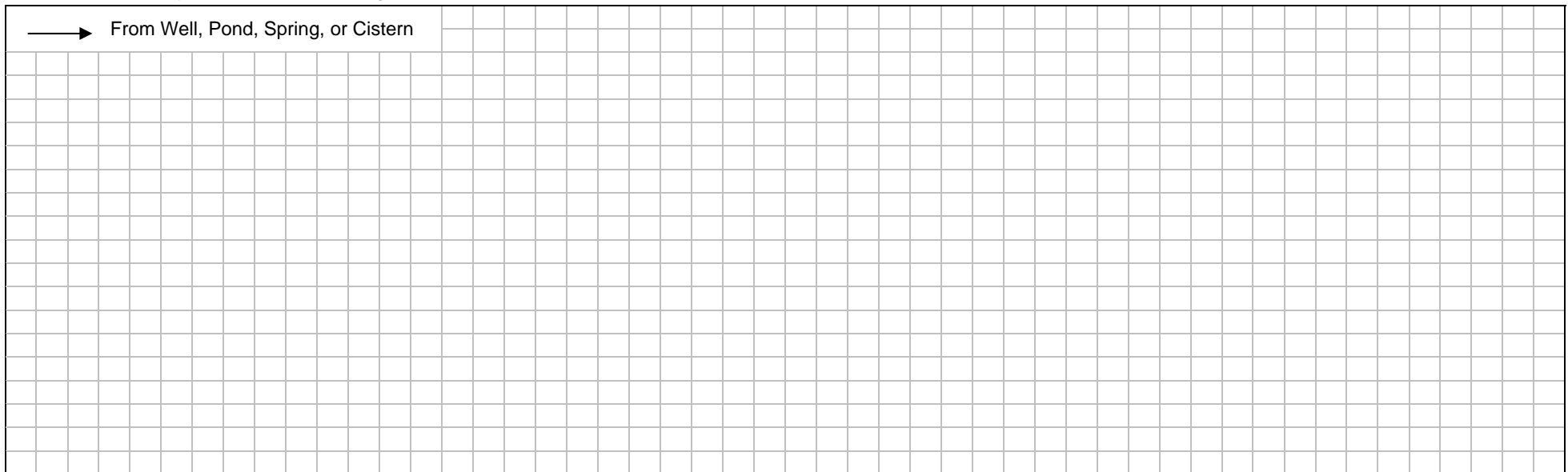
### Continuous Disinfection and Filtration Systems Layout

Health District	Permit Number	Property Address
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<b>Disinfection System:</b>	<b>Filtration System:</b>	<b>Pond Intake:</b>
<input type="checkbox"/> Chlorine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone	<input type="checkbox"/> Slow Sand <input type="checkbox"/> Pressurized Rapid Sand <input type="checkbox"/> Pre-coat <input type="checkbox"/> Other: _____	<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 _____	


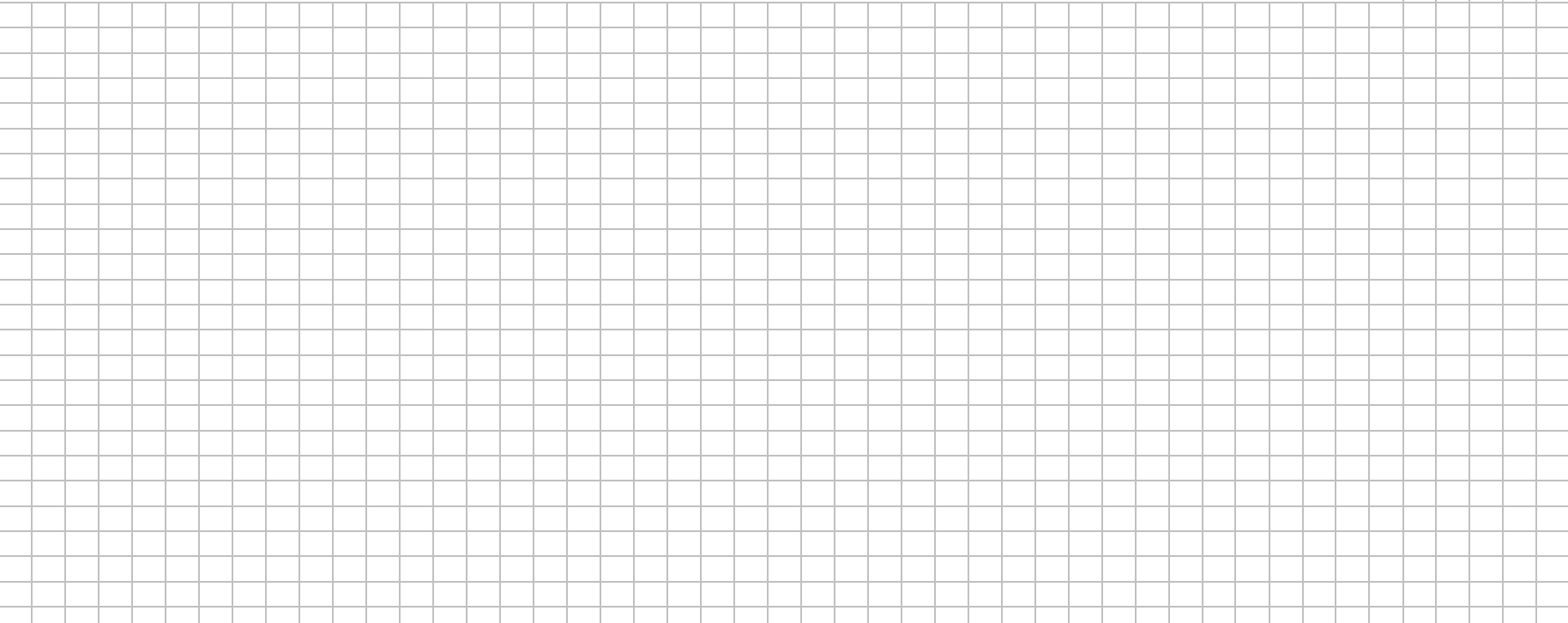


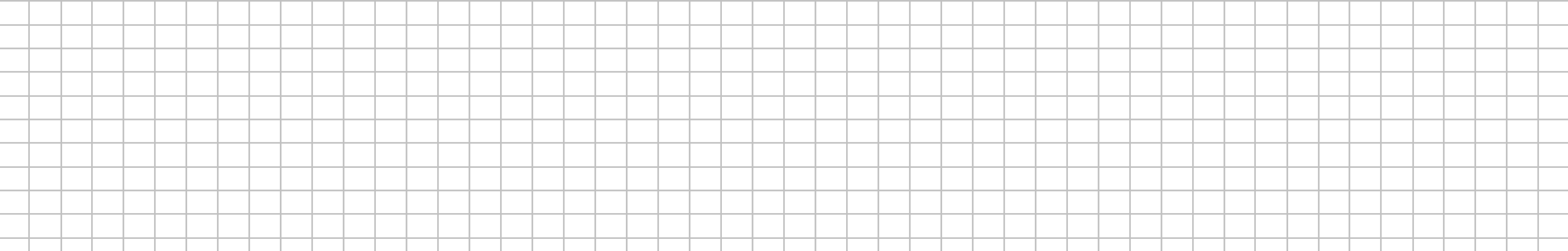
# Ohio Department of Health

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

Health District	Permit Number	Property Address
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**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.

	<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>	
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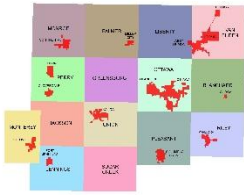
## Additional Information for All Private Water Systems

Private Water Systems Rules require whenever a private water system is drilled, altered or replaced the entire private water system be brought up to current requirements. The following items are some of the common items that need to be installed or altered to comply with current regulations. This list is being provided to make the homeowner aware of some of the requirements under the Private Water System rules. The above items should be discussed with your Registered Private Water Systems contractor to ensure that the required updates are part of the contracted work.

- The pressure tank must be NSF 61 certified.
- A pressure relief valve must be installed near the pressure tank.
- A smooth-nosed, non-threaded, downturned sample spigot/port must be located before the pressure tank, or after each step of the filtration and disinfection system, in an easily accessible location and capable of providing a smooth flow of water for the purpose of collecting a water sample. There must be sufficient clearance for a sample container (minimum eight inches [8"]).
- The pressure tank cannot be located in a crawlspace on new construction.
- If a pressure tank is located in a crawlspace of an existing structure, the smooth-nosed, non-threaded, smooth-flowing/non-spraying, downturned sample spigot/port must have a dedicated line run from just before the pressure tank to within three feet of the entrance to the crawlspace.
- All work must be completed by an Ohio Department of Health Registered Private Water Systems contractor, including the drilling of the well, sealing of an existing well, and the installation of the pump, pitless adaptor, pressure tank, pressure relief valve and smooth-nosed, non-threaded, smooth-flowing/non-spraying, downturned sample spigot/port, filtration and continuous disinfection, or any portion of the pond system.
- For replacement wells, the existing well must be properly sealed by a Registered Contractor or demonstrated to be in compliance before the private water system will be approved. The existing well must be sealed **within 30 days** from completion of the new well or compliance with OAC 3701-28-17 must be demonstrated.
- Alterations, such as deepening of a well or upgrading continuous disinfection and filtration equipment, require updating the Private Water System to current requirements. Some examples of this may include a new pressure tank to meet NSF 61; a pressure relief valve; a smooth-nosed, non-threaded, smooth-flowing/non-spraying, downturned sample spigot/port or all of these.
- Yard hydrants must have a backflow prevention device installed on the service line that is ASSE 1013, 1015 or 1024 certified. The backflow prevention device must be installed where the service line meets the main supply line. Backflow preventers must be installed inside of the house, equipment

room, or in a vault for inspection and maintenance. If the Yard Hydrant line is connected after the pressure tank then no backflow prevention device is required, as it does not fall under of the jurisdiction of the Private Water System rules. It is still recommended that a backflow preventer is installed in these situations.

- Service connections (connections to barns, pole buildings, etc) are required to have backflow prevention devices that are ASSE 1013, 1015 or 1024 certified as they can be a source of contamination to your system when there is a loss of pressure to the system. Back flow preventers are recommended to be installed in a basement or mechanical room; however they may also be installed in a protected vault.
- Disinfection of the well must be completed by each Private Water Systems contractor that performs work/service on the Private Water System.



## PUTNAM COUNTY PLANNING COMMISSION

*Nolan Croy- Planning Commission Coordinator 245  
East Main Street Ottawa, OH 45875-1968 Phone  
419-523-8715  
nolan.croy@putnamcountyohio.gov*

### New Construction Guide

**1. Find a location where you want to build you new home.**

**2. Contact Local Representative**

If located within a village corporation, contact your local village official to determine if the lot is buildable and to acquire all necessary zoning information such as set-backs.

If located in the township, contact the planning commission to make sure you can meet the lot split, lot size and floodplain requirements. (419-523-8715)

**3. Contact the Health Department – Environmental Health Division (419-523-5608)**

Follow all necessary steps as required by the department to obtain a septic and water supply permit.

Develop a site plan showing the proposed location of the house, septic, water supply, driveway, pools, ponds and any other planned structures.

**4. Obtain an address**

Contact the 911 Coordinator to obtain an address (419-523-3208)

**5. Contact a Registered Professional Surveyor**

This step needs to be done if the home needs to have a lot split off from a larger parcel.

**5a. Obtain signatures on plat received from surveyor.**

Obtain the owner's signature with a notary along with the township trustees and the health department signatures (make an appointment with the health dept.). If located in Blanchard, Riley or Sugar Creek Township trustees' signatures are not required.

Submit plat to planning commission to receive the rest of the signatures. (10 day process)

Have the plat transferred and recorded.

**6. Final Step**

Make sure to contact the village or township on building codes and regulations. Have a contractor lined up to do the site work and home construction.