Ohio Department of Health

JOB STATUS / COMPLETION FORM
Cistern / Hauled Water Storage Tank

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

<table>
<thead>
<tr>
<th>Private water systems contractor</th>
<th>Registration number</th>
<th>Phone #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Address of property</th>
<th>County</th>
<th>Permit #</th>
</tr>
</thead>
<tbody>
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</table>

**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.

<table>
<thead>
<tr>
<th>Date you completed this portion of the work</th>
<th>Type of System</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Cistern □ Hauled Water Storage Tank</td>
</tr>
</tbody>
</table>

Briefly list all work completed - (Examples: “dug hole for tank”; “set tank”; “installed pump”)

**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**

**Cistern**
- **Roof Washer / Debris Trap (Cistern)**
  - **Roof Area**
    - **Sq Ft**
  - **Manufacturer**
  - **Materials**
  - **Location**
  - **Size**
    - **Length** inches
    - **Width** inches
    - **Height** inches
  - **Tank**
    - **Tank Manufacturer**
    - **Materials**
    - **Capacity** gallons
    - **Dimensions**
      - **Length** feet
      - **Width** feet
      - **Height** feet
    - **Size of Manhole/Riser** inches
  - **Method of Water Intake**
    - **Type**
      - □ Flotation Device
      - □ Submersible Pump
      - □ Other (specify):
  - **Filter**
    - **Type**
    - **Location**
    - **Size**
  - **Pump**
    - **Location**
    - **Capacity** GPM

**Continuous Disinfection** (UV, Chlorine, Iodine, Ozone Systems must meet the requirements in OAC 3701-28-15)
- **Installed**
  - □ Yes
  - □ No
  - If “Yes”, complete the Continuous Disinfection Job Status / Completion Form.

**Other Water Treatment Components**

HEA 5203 (Rev 03/2011)