

COMPLETION FORM - WELL/PUMP/DISTRIBUTIONIS 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:		
Permitted Property Address:	County:	Permit #:

WORK COMPLETED

Date of completion for work performed: _____

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
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Explain method, materials, and procedure used for disinfection process performed. (Attach additional information if necessary.)

Example: Introduced 100 gallons of a 200 ppm bleach solution stabilized with white vinegar to bring the pH to 7.

WELL CAP	Manufacturer / Model	Well cap weather tight, vented, and insect proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Electrical conduit securely attached and sealed to prevent entrance of insects? <input type="checkbox"/> Yes <input type="checkbox"/> No
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CASING EXTENSION (if applicable)	Type of original (existing) well casing <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness ____ in.	Extension casing type used (if applicable) <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness: ____ in.
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Method of attaching casing extension	Coupling device Manufacturer/Model (if applicable)	Final casing extension height above finished grade _____ inches
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<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):
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Method of cutting hole: <input type="checkbox"/> Hole saw <input type="checkbox"/> Cutting Torch	Method of attachment: Pitless adapters: <input type="checkbox"/> Bolt-through and gasket <input type="checkbox"/> Clamp and gasket <input type="checkbox"/> Welded Pitless units: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Compression-gasket & Bolts <input type="checkbox"/> Flanged
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Attached to: <input type="checkbox"/> Original Casing <input type="checkbox"/> Casing Extension	Depth placed below natural grade (not fill material): _____ feet _____ inches
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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	Total # of service connections to the system:	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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LOCAL HEALTH DISTRICT ONLY

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