

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)**

Private water systems contractor	Registration number	Phone #
Address of property	County	Permit #

**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.

Date you completed this portion of the work	Type of System <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Storage Tank
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       Hauled Water Storage Tank

**Roof Washer / Debris Trap (Cistern)**

Roof Area	Sq Ft	Manufacturer	Materials		
Location		Size		Height	
		Length	Width	Height	
		inches	inches	inches	

**Tank**

Tank Manufacturer		Materials		Capacity	
				gallons	
Dimensions		Size of Manhole/Riser			
Length	Width	Height			
feet	feet	feet	inches		

**Method of Water Intake**

Type
<input type="checkbox"/> Flotation Device <input type="checkbox"/> Submersible Pump <input type="checkbox"/> 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
<input type="checkbox"/> Yes <input type="checkbox"/> No      If "Yes", complete the Continuous Disinfection Job Status / Completion Form.

**Other Water Treatment Components**

--