

# Private Water Systems Contractor Well Inspection Report

## For Pump, Pitless Adapter, Distribution Components, and Continuous Disinfection

<b>Company Name</b>	<b>Work-site Contractor(s)</b>	<b>ODH Registration #</b>
---------------------	--------------------------------	---------------------------

<b>Local Health District</b>	<b>System Owner Name</b>
------------------------------	--------------------------

<b>Address of System (street number, street name, city, state, zip)</b>
---

**PLEASE CHECK AND COMPLETE ALL THAT APPLY**

<b>Work type:</b> <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Sealing <i>(in conjunction with construction)</i>
---

<p><b>Pitless Adaptor / Pitless Unit</b></p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p><input type="checkbox"/> Conforms to Water Systems Council PAS-97(4) Standard</p> <p><input type="checkbox"/> <b>Pitless Adapter</b></p> <p>Style:   <input type="checkbox"/> Clear-way   <input type="checkbox"/> Pull-Through  <input type="checkbox"/> Other: _____</p> <p>Method of cutting hole:  <input type="checkbox"/> Hole saw  <input type="checkbox"/> Cutting Torch  <input type="checkbox"/> w/ cutting guide</p> <p>Depth below grade: _____ ft / in  <input type="checkbox"/> Below frost-line</p> <p>Method attached to casing:  <input type="checkbox"/> Welded   <input type="checkbox"/> Bolted   <input type="checkbox"/> Clamped</p> <p>Grout placed to bottom of pitless adapter?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><input type="checkbox"/> <b>Pitless Unit</b></p> <p>Method attached to casing:  <input type="checkbox"/> Threaded  <input type="checkbox"/> Welded   <input type="checkbox"/> Solvent Weld  <input type="checkbox"/> Rubber expansion sealer  <input type="checkbox"/> Bolted flanges with rubber gaskets</p> <p><input type="checkbox"/> Extends a min. of 12 inches above grade</p> <p><b>Pump</b></p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p>Type:  <input type="checkbox"/> Submersible   <input type="checkbox"/> Jet   <input type="checkbox"/> Hand Pump  <input type="checkbox"/> Other: _____</p> <p>Source of Power:  <input type="checkbox"/> Electric   <input type="checkbox"/> Gas   <input type="checkbox"/> Pressurized Air  <input type="checkbox"/> Other: _____</p> <p>Pump depth set at: _____ feet</p> <p><b>Casing Extension</b></p> <p>Type of Casing Attaching to:  <input type="checkbox"/> Thermoplastic   <input type="checkbox"/> Steel  <input type="checkbox"/> Fiberglass</p> <p>Nominal size: _____ in.</p>	<p><b>Casing Extension (cont.)</b></p> <p>Thickness: _____ in.</p> <p>Casing Extension Material  <input type="checkbox"/> Thermoplastic  <input type="checkbox"/> PVC   <input type="checkbox"/> ABS  SDR   <input type="checkbox"/> 13.5   <input type="checkbox"/> 17   <input type="checkbox"/> 21  <input type="checkbox"/> SCH 40  PSI _____  <input type="checkbox"/> ASTM F-480 designation</p> <p><input type="checkbox"/> Steel  <input type="checkbox"/> .188   <input type="checkbox"/> .250   <input type="checkbox"/> .375  <input type="checkbox"/> other: _____ in.</p> <p>Method of attaching the extension:  <input type="checkbox"/> Compression coupling device</p> <p>Manufacturer: _____</p> <p>Model number: _____</p> <p><input type="checkbox"/> Steel Welded # of passes: _____  <input type="checkbox"/> Butt joint weld  <input type="checkbox"/> Collar   <input type="checkbox"/> Flare</p> <p><input type="checkbox"/> Threaded and coupled</p> <p><input type="checkbox"/> Solvent Weld/Glue (Glue)  <input type="checkbox"/> Coupler   <input type="checkbox"/> Flare</p> <p><b>Water service pipe distribution</b>  <i>(refer to OAC 3701-28-08 Table 1 and 2)</i></p> <p>Pipe material (outside foundation):  _____</p> <p>ASTM designation: _____</p> <p>Pipe material (inside foundation):  _____</p> <p>ASTM designation: _____</p> <p><input type="checkbox"/> <b>Additional service connections</b></p> <p>Pipe material: _____</p> <p>ASTM designation: _____</p> <p># of service connections: _____</p> <p>Servicing:   <input type="checkbox"/> Dwelling, # _____  <input type="checkbox"/> Building, # _____  <input type="checkbox"/> Business  <input type="checkbox"/> Barn/Pole barn  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Yard Hydrant</p>	<p><b>Additional service connections (cont.)</b></p> <p><input type="checkbox"/> <b>Yard Hydrants</b></p> <p>Installed:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Number installed: _____</p> <p>Type:  <input type="checkbox"/> Sanitary meeting ASSE 1057  <input type="checkbox"/> Frost-free</p> <p><input type="checkbox"/> <b>Backflow Prevention Devices</b></p> <p>Backflow device(s) installed for service connections?  <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Number installed: _____</p> <p>Type of backflow prevention device installed  <input type="checkbox"/> ASSE 1024  <input type="checkbox"/> ASSE 1013  <input type="checkbox"/> Other: _____</p> <p><b>Well Cap</b></p> <p>Brand: _____</p> <p>Weather-tight:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Vermin Proof:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>Vented:   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>Pressure Tank</b></p> <p>Number installed: _____</p> <p>Location(s): _____</p> <p><input type="checkbox"/> NSF 61 Approved  <input type="checkbox"/> Buried  <input type="checkbox"/> Manufacturer documentation approving burial  <input type="checkbox"/> Pressure Relief Valve Installed</p> <p><b>Sample faucet</b></p> <p><input type="checkbox"/> Accessible as per OAC 3701-28-08</p> <p>Location:  <input type="checkbox"/> at Pressure Tank  <input type="checkbox"/> Well side of Pressure Tank  <input type="checkbox"/> Extended to an accessible location  <input type="checkbox"/> after Continuous Disinfection System  <input type="checkbox"/> Other: _____</p> <p>Reason: _____</p> <p><input type="checkbox"/> Down-turned at least 45 degrees  <input type="checkbox"/> 8 in. or more above floor or ground  <input type="checkbox"/> Smooth-nosed (non-threaded)</p>
---	---	--

# Private Water Systems Contractor Well Inspection Report

## For Pump, Pitless Adapter, Distribution Components, and Continuous Disinfection

**PLEASE CHECK AND COMPLETE ALL THAT APPLY**

<b>Continuous Disinfection:</b> <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> Ultraviolet (UV)		
<b>Chlorine and Iodine</b> Chemical feed pump Brand: _____ Model #: _____ Retention tank size: _____ gallons Baffled: <input type="checkbox"/> Yes <input type="checkbox"/> No Chemical Residual: _____ mg/l Calculated Retention Time: _____ min. CT Value: _____	<b>Ozone</b> <input type="checkbox"/> Corona Arc <input type="checkbox"/> Venturi <input type="checkbox"/> Bubble diffuser Retention tank size: _____ gallons <input type="checkbox"/> Ozone destruction <input type="checkbox"/> Venting Ozone residual: _____ mg/l CT value: _____ <input type="checkbox"/> Chemical resistant components	<b>Ultraviolet (UV)</b> <input type="checkbox"/> meets NSF standard 55 Class A <input type="checkbox"/> Automatic shut-off <input type="checkbox"/> Warning device <input type="checkbox"/> Pre-treatment device installed prior to UV <input type="checkbox"/> Cyst Reduction filter Brand: _____ Number of filters: _____ Absolute micron filter size: _____ microns <input type="checkbox"/> meets NSF 53 standard <input type="checkbox"/> Flow rate: _____ gal/min <input type="checkbox"/> Labeled w/ absolute micron size <input type="checkbox"/> Installed prior to UV

<b>Retention / Storage Tanks</b> (must be compliant with Ohio Administrative Code rules 3701-28-07(C), 3701-28-08(O) and (P), and 3701-28-12) <small>*If the tank is also being used as a hauled water storage tank or cistern, the inspection must be documented on the Private Water Systems Contractor Inspection Report for Ponds, Springs, Cisterns, and Hauled Water Storage Tanks.</small>		
<b>Reason for installation</b> <input type="checkbox"/> Disinfection retention <input type="checkbox"/> Supplemental water storage <input type="checkbox"/> Low yield well reservoir tank  <b>Tank</b> Location <input type="checkbox"/> Basement <input type="checkbox"/> Outside the foundation Dimensions: _____ x _____ x _____ Volume: _____ gallons Material <input type="checkbox"/> Concrete <input type="checkbox"/> meets ASTM specifications C 913 <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> meets NSF standard 61	<input type="checkbox"/> Water-tight <input type="checkbox"/> Smooth, clean interior surface <input type="checkbox"/> Easily accessible for cleaning  <b>Tank Installation</b> <input type="checkbox"/> set level <input type="checkbox"/> placed at an adequate depth to prevent frost heave  <b>Bottom of excavation (outside foundation)</b> <input type="checkbox"/> continuous, smooth, free of rocks <input type="checkbox"/> 4 inches of sand <input type="checkbox"/> backfill free of large stones or debris <input type="checkbox"/> earth cover graded to prevent standing water	<b>Manhole</b> <input type="checkbox"/> 24 inch diameter <input type="checkbox"/> Water-tight <input type="checkbox"/> Secure cover  <b>Inlet from well</b> Inlet Diameter: _____ inches Protected by: <input type="checkbox"/> Backflow prevention device <input type="checkbox"/> ASSE 1024 <input type="checkbox"/> ASSE 1013 <input type="checkbox"/> Air gap <input type="checkbox"/> 2 times the diameter of the inlet  <b>Pump Intake</b> <input type="checkbox"/> Submersible pump <input type="checkbox"/> Jet <input type="checkbox"/> Other: _____  <input type="checkbox"/> Water intake no less than 4 inches off bottom of tank

**Additional Comments**

**PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-04(F) and submit a copy with your Registration Application.**

Inspection Date	Inspecting Sanitarian's Signature	PWS Contractor's Signature
Inspection Date	Inspecting Sanitarian's Signature	PWS Contractor's Signature

\*The completed Inspection Report shall be distributed to the Private Water Systems Contractor, Local Health District, and the Ohio Department of Health.