Ohio Department of Health
Private Water System Site Plan – Additional Plans

This <u>three part form</u> 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 . <u>Disinfection and filtration equipment must be completed on page 2 of this form.</u>

Comments

Ohio Department of Health
Private Water System Site Plan – Additional Plans
Continuous Disinfection and Filtration Systems Layout

Health District	Permit Number	Property Address

Disinfection System:

☐ Chlorine ☐ Ultraviolet

☐ Iodine ☐ Ozone

Filtration System:

☐ Slow Sand ☐ Pressurized Rapid Sand ☐ Pre-coat

☐ Other: _____

Pond Intake:

☐ Floating

☐ 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

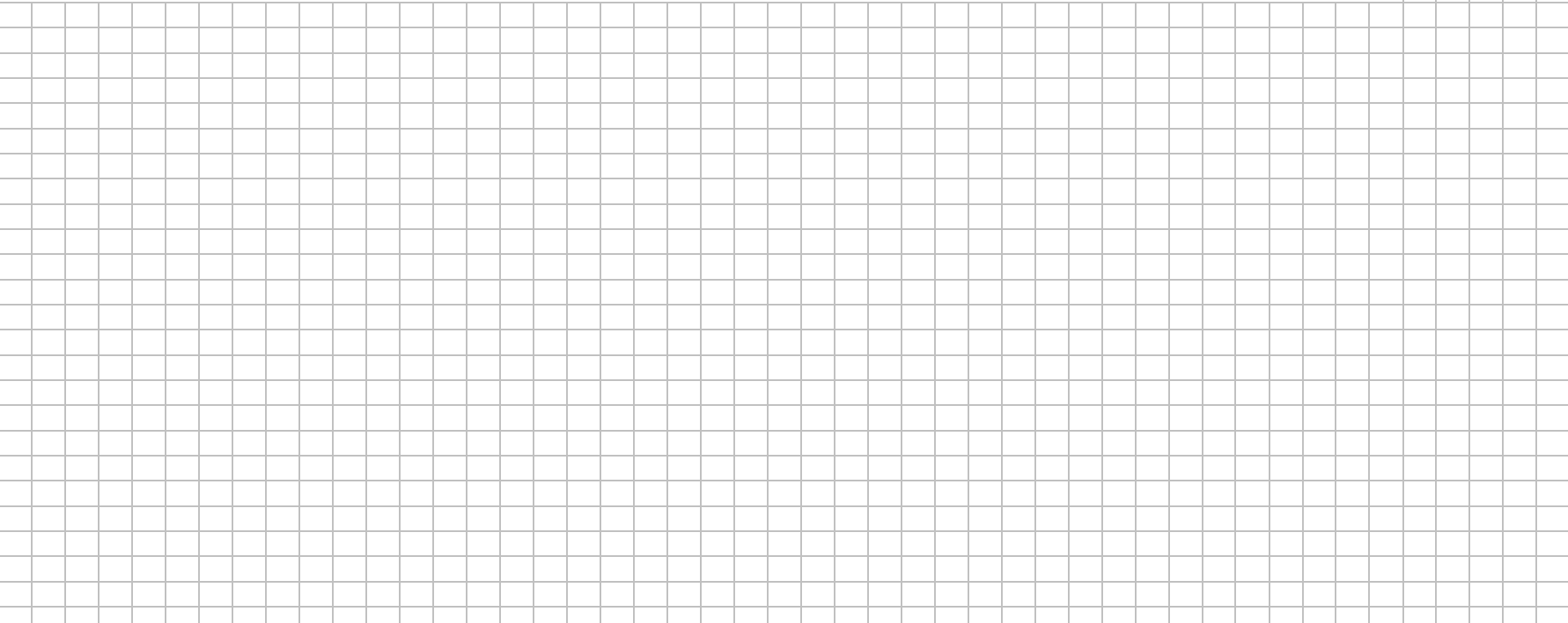**List the make and model number of each applicable device.**

Water System Pump _____

Pressure Tank _____

Floating pond filter _____

Chemical Pump 1 _____

Rapid Sand Filter _____

Chemical Pump 2 _____

Other Devices _____

Coagulation Chemical _____

Cyst Reduction Filters _____

Ultraviolet Light _____

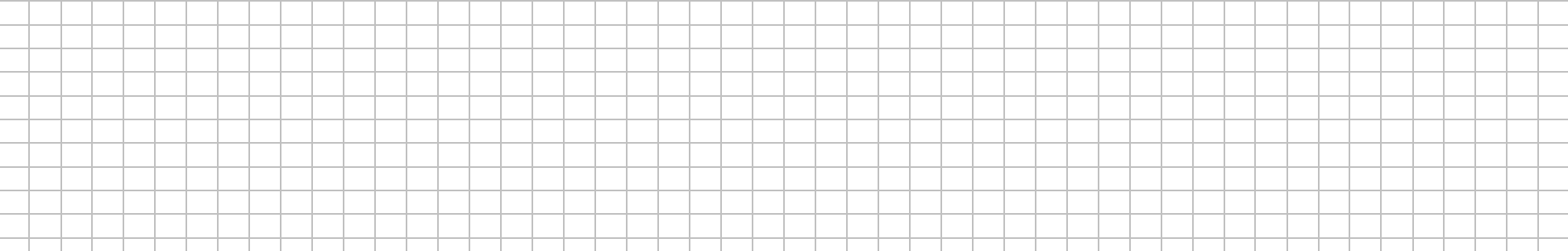Ozone Device _____

Slow Sand Filter _____

Pre-coat Filter _____

Ohio Department of Health
Private Water System Site Plan – Additional Plans for Ponds

Health District	Permit Number	Property Address

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.

↑ **N**

Insert a copy of, draw, or attach topographic map section with proposed spring or pond, location and indicate all water-shed flow directions.

Alternate cross section view for irregular shaped ponds