

**COMPLETION FORM - WELL/PUMP/DISTRIBUTION/DISINFECTION****IS 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.

<b>Private water systems contractor (legal company name):</b>	<b>ODH Registration #:</b>	<b>Phone #:</b>
<b>Email Address:</b>		
<b>Property Address:</b>	<b>County:</b>	<b>Permit #</b>

**WORK COMPLETED****Date of Completion:** \_\_\_\_\_

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).

<b>DISINFECTION</b>	<b>Date of Disinfection:</b>	<b>Disinfection Process Performed:</b> <input type="checkbox"/> Disinfection <input type="checkbox"/> Enhanced Disinfection	<b>Reason for Disinfection:</b> <input type="checkbox"/> Completion of Work <input type="checkbox"/> TC Positive samples <input type="checkbox"/> <i>E. coli</i> positive samples
<b>Explain method, materials, and procedure used for disinfection process performed. (Use back of form if additional space is needed.)</b>			
<i>Example: Introduced 100 gallons of a 200 ppm bleach solution stabilized with white vinegar to bring the pH to 7.</i>			

<b>CASING EXTENSION</b> (if applicable)	<b>Type of Original (Existing) Well Casing</b> <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness ____ in.	<b>Casing Type used for Extension (if applicable)</b> <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness: ____ in.
<b>Method of attaching casing extension</b>	<b>Make and model of coupling device (if applicable)</b>	<b>Final casing height above finished grade</b> _____ inches

<input type="checkbox"/> <b>PITLESS ADAPTER</b> <input type="checkbox"/> <b>PITLESS UNIT</b>	<b>Manufacturer:</b>	<b>Style:</b> <input type="checkbox"/> Clear-way <input type="checkbox"/> Pull-through <input type="checkbox"/> Other (specify):
<b>Method of cutting hole:</b>	<b>Method of Attachment:</b> <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Compression-gasket & Bolts <input type="checkbox"/> Flanged (Pitless Unit only)	
<b>Attached to:</b> <input type="checkbox"/> Original Casing <input type="checkbox"/> Casing Extension	<b>Depth place below final grade:</b> _____ feet/inches	<b>Grout placed around pitless adapter / unit to surface?</b> <input type="checkbox"/> Bentonite <input type="checkbox"/> Cement _____ lbs. used

<b>PUMP</b>	<b>Type:</b> <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Hand pump <input type="checkbox"/> Other (specify):	<b>Manufacturer:</b>	<b>Depth of pump setting or intake:</b> _____ feet
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<b>WATER PIPE/LINE</b>	<b>Material used Outside foundation</b>	<b>ASTM Number</b>	<b>Material used Inside foundation</b>	<b>ASTM Number</b>
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<b>SERVICE CONNECTIONS, BACKFLOW PREVENTION, &amp; YARD HYDRANTS</b>	<b>No. of Service Connections</b>	<b>Backflow Prevention Device Installed</b> ASSE: <input type="checkbox"/> 1013 <input type="checkbox"/> 1015 <input type="checkbox"/> 1024	<b>Yard Hydrant Installed</b> <input type="checkbox"/> Frost-free <input type="checkbox"/> Sanitary (ASSE 1057)
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<b>PRESSURE TANKS</b>	<b>Location of pressure tank</b>	<b>NSF 61 Approved?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Pressure Relief Valve Installed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Sample tap installed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Location of Sample tap</b>
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Continue - Page 2 (for Well Caps, Continuous Disinfection System, Intakes and Filters, and Retention and Mixing Tanks)

**COMPLETION FORM - WELL/PUMP/DISTRIBUTION/DISINFECTION**

<b>WELL CAP</b>	Manufacturer / Model	Is the well cap weather tight, vented, and insect proof? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the Electrical Conduit securely attached and sealed to prevent entrance of insects? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>CONTINUOUS DISINFECTION SYSTEM</b>	<b>Type and Design of Continuous Disinfection System</b> <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> UV (Ultraviolet Light) – NSF Standard 55 Class A only		
<b>Required minimum disinfectant residual</b> <input type="checkbox"/> Chlorine (0.4 mg/l) <input type="checkbox"/> Iodine (0.5 mg/l) <input type="checkbox"/> Ozone (0.1 mg/l) <input type="checkbox"/> Chlorine when supplementing UV systems with multiple service connections (0.2 mg/l)		<b>Appropriate Test kit on site</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Manufacturer and Model of each disinfection system component</b> Manufacturer/Model _____ Manufacturer/Model _____ Manufacturer/Model _____		<b>Water Softener installed prior to UV System</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
		<b>UV ineffective performance indicator:</b> <input type="checkbox"/> Visual Alarm <input type="checkbox"/> Audio Alarm <input type="checkbox"/> Terminates discharge of water	

<b>INTAKES AND FILTERS</b>	<b>Intakes</b> <input type="checkbox"/> Floating Filters <input type="checkbox"/> Suspended Filters <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Other (Specify):		
<b>Continuous Filtration Type (Ponds)</b> <input type="checkbox"/> Slow Sand Filter <input type="checkbox"/> Pressurized Sand Filter <input type="checkbox"/> Pre-coat Filter <input type="checkbox"/> Other (specify):			
<b>Cyst and other Cartridge Filters</b>			
Type	Micron Size Rating	Flow rate of filter(s)	
_____	_____	_____ GPM	
_____	_____	_____ GPM	
_____	_____	_____ GPM	
<b>Comments</b>			

<b>RETENTION or MIXING TANK</b>	Make	Model	Capacity gallons
<b>List all additional filters or treatment systems installed on system</b> (i.e. cartridge filters, slow sand, rapid sand, carbon filter, water softeners, anion exchange, other)			

<b>ADDITIONAL INFORMATION</b>
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**NOTE:** Well sealing shall be submitted on the proper sealing report form from the Ohio Department of Natural Resources. Contact ODNR at (614) 265-6740.

**LOCAL HEALTH DISTRICT ONLY**

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