Local Health District	Local Fee	State Fee	Total Fee Owed	Date Received	Receipt #	Permit #
Paulding						

OHIO DEPARTMENT OF HEALTH APPLICATION / PERMIT FOR A PRIVATE WATER SYSTEM

			age 2 of this form.									
		BOXES, IN THIS SECTION, THAT APPLY										
	pe of Work:	Serves, served or will serve:	Type of System	Additional components:								
	New Construction Alteration	☐ 1, 2, 3 family dwelling	□ Well	□ *Continuous disinfection								
	Replacement Construction Emergence		☐ Hauled water storage tank	and/or filtration system								
	3 ,	- Public Water dwelling	☐ *Cistern	□ *Water treatment								
		n, not sealing ☐ *Multiple dwellings	□ *Pond	system – whole house								
	Test Well Construction ☐ Sealing or		☐ *Spring	☐ *Buried pressure tank								
	Temporary Hauled Water Decommi	ssioning only	□ *Drive point well	☐ *Gas powered pump								
*FLOODPLAIN - Is the property or any portion of the property located within the 100-year floodplain?												
	, , , .											
	*FLOWING WELL AREA - Is the property located in an area known for flowing well conditions? ☐ YES ☐ NO *LAND APPLICATION - Is this property located within 300 feet of septage and wastewater land application area? ☐ YES ☐ NO											
*L#												
	NOTE: An asterisk (*) denotes the requirement for additional plans and information as required in OAC rule 3701-28-03(F) and (G).											
COMPLETE THE FOLLOWING INFORMATION – If there is no phone number or email address, place "none" in the box												
D												
Pro	operty address or location (include city a	na zip coae)	Parcel # (optional)	Township/City/Village								
0.4	vner's Name	Owners welling address		Phone number								
Ow	viier 5 Naiile	Owner's mailing address	e as property address	Phone number								
O۱۸	vner's Email Address			Alt. phone number								
	5 Elliuli Audi 655			All phone number								
_	Chack this boy if the Owner and Applies	nt Information is the same. If checked do not	ill in applicant information									
			пі пі арріїсані ініогніаціон.	1								
Ap	plicant's name	Applicant's mailing or email address		Phone number								
A 11	nanana inalialian banaan madan	miner weeks are a maintake weeks a system assate as more than	aniatanad with the Ohia Danam	was at the other or we will and in								
		ning work on a private water system must be i A). If the contractor information is not known a										
		nents in Ohio Administrative Code Rule 3701-2		e provided prior to trie								
1				Phone number								
1	Private water systems contractor legal company name (as registered) ODH Registration # Phone number											
-		, (OBIT Registration #	r none number								
•		,	obn registration "	r none number								
			obii regionanon n	r none number								
•	Email address		ODIT Registration //	r none number								
			ODIT REGISERALOR #	r none number								
2			ODH Registration #	Phone number								
	Email address											
	Email address Private water systems contractor legal											
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2	Email address Private water systems contractor legal Email address	company name (as registered)	ODH Registration #	Phone number								
2 No	Email address Private water systems contractor legal Email address otice to Applicant: This application wil	company name (as registered) not be processed until the form bears the si	ODH Registration #	Phone number the date (below). This								
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Once issued this permit will expire one (1) year from the date approved. All work must be completed by the date expiration.

Local Health District	
Paulding	

Permit #	

HEALTH DEPARTMENT USE ONLY

This permit is not valid without the sanitarian signature, approval date, and audit number.

APPLICATION APPROVED	BY (RS or SIT only)	DATE APPROVED Permit expires one (1) year from this	date.
			PLACE AUDIT
PERMIT EXTENSION			STICKER HERE
Approved by	Date Approved	Date Extension Expir	res

APPLICATION INSTRUCTIONS

- 1. This is a two part form: APPLICATION and SITE PLAN
- 2. The form may be completed:
 - a. By computer, then printing; or
 - b. By printing the blank document, and filling all information with a typewriter or pen;
- 3. Contact the Local Health Department for the following information:
 - a. Fee information;
 - b. Site Plan completion information (some local health districts require staff to complete site plans):
 - c. Rule information.
 - d. Registered private water system contractor information.
 - i. A complete list of registered private water system contractors is available on the Ohio Department of Health website at https://odh.ohio.gov/wps/portal/gov/odh/know-our-programs/private-water-systems-program/info-for-homeowners/.
- 4. The applicant must sign and date the application prior to submitting to the Local Health District.
- 5. The applicable <u>FEES</u> must accompany all applications when submitting to the Local Health District. Applications will not be processed until all fees have been received by the Local Health District.
- 6. The Local Health District will review the application and site plan and notify you as to the application's status.
- 7. Contact the Local Health District if you do not receive information about the application status within fifteen (15) business days of submitting the application.

Local Health District Paulding	Date Received	Permit #
APPLICATION/P	OHIO DEPARTMENT OF HEALTH ERMIT FOR A PRIVATE SITE PLAN	-

													•)		- 1	L		114					
Prope	erty A	Addr	ess																					
Owner / Applicant										Prepared by														
As requ	1) 2) 3)	any any	orivat orivat orivat	te wa te wa te wa	ater s ater s ater s	syste syste syste	m se m se m ins	rvicii rvicii stalla	ng gr ng a ition i	eate pond	r tha I, cis	n a tł tern,	nree. sprii	-famil ng, oi	ly dw r priva	ellin ate v	g, a l vater	build syst	ng, or em lo	witl cate	hin the	ree h an are	undred ea of k	ystem permit request is being obtained for: If feet of a land application area; nown flowing well conditions. mp, continuous disinfection system, or point-
SITE PLAN DRAWING Check this box if the drawing is supplied on a separate sheet. -Clearly indicate the location of all proposed and existing private water systems. -Clearly indicate all possible sources of contamination from the list to the right, including but not limited to the house, the sewage system and the driveway. -Clearly indicate the north direction, property lines, roads and road intersections.								eet.		LIST OF POTENTIAL CONTAMINATION SOURCES. Write the distance from the proposed private water system location to the source listed below, if applicable. All distances must be specific to the private water system.														
																								ft House, Building
																								ft Deck or porch, <u>not</u> part of foundation
																								ft Lot lines and easements
																				_		-		ft Existing properly constructed well, private
																								ft Existing properly constructed well, public
																								ft Properly sealed well
																								ft Well or borehole of unknown or unregulated unpermitted construction
																								ft Road right-of-way and road utility easements
																								ft Road driving surface
																				-				ft Driveway or parking lot
																				-				ft Watertight sewer or drain
																								ft Sewage tanks, sewage absorption fields, watertight vault privies, or gray water recycling system
																								ft Leaching privies, leaching pits, dry wells, or drainage wells
																								ft Geothermal systems Identify Type:
																								ft Streams, lakes, ponds
																				_				ft Storm water structure, special conduits, or other ditches with intermittent flow
																				-				ft Bulk salt storage piles
																								ft Natural gas or propane tanks
																								ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquids (< 1100gal)
																								ft Fuel oil, diesel, chemical, gasoline tanks or other petroleum liquid (>1100 gal)
																								ft Oil and gas wells or oil and gas well pad
0																								ft Municipal solid, residential, and industria waste, and composting facilities
Comn	nents	S																						ft Construction and demolition debris facilit
																								ft Land application of septage, manure, or biosolids storage facility. stockpile, storage or staging area
																								ft Agricultural manure ponds, lagoons, or Piles
																								ft Othori

Please refer to OAC 3701-28-07 for required isolation distances.