

Ohio Department of Health

Private Water System Contractor Inspection Report for Ponds, Springs, Cisterns, and Hauled Water Storage Tanks

Contractor name	Company name
ODH Registration #	Work-site contractor(s)
Local Health District	System owner name
Address of system	

Check all that apply

Ponds Pond conforms to plan <input type="checkbox"/> yes <input type="checkbox"/> no Alternate water source <input type="checkbox"/> yes <input type="checkbox"/> no Watershed and Pond Size: Pond size calculation _____ _____ (acre-feet or gallons) Water shed _____ acres Other water sources _____ Vegetation <input type="checkbox"/> yes <input type="checkbox"/> no Sources of contamination <input type="checkbox"/> yes <input type="checkbox"/> no Used as pasture <input type="checkbox"/> yes <input type="checkbox"/> no Fenced from livestock <input type="checkbox"/> yes <input type="checkbox"/> no Designed for recreation <input type="checkbox"/> yes <input type="checkbox"/> no Use of diversion ditches <input type="checkbox"/> yes <input type="checkbox"/> no Construction Sealing Materials Liner ANSI/ NSF 54 <input type="checkbox"/> yes <input type="checkbox"/> no Bentonite ANSI/NSF 60 <input type="checkbox"/> yes <input type="checkbox"/> no Twenty-five percent pond area 8 feet deep <input type="checkbox"/> yes <input type="checkbox"/> no Side slope ratio: 2:1 <input type="checkbox"/> yes <input type="checkbox"/> no Top width of dam at least 8 feet <input type="checkbox"/> yes <input type="checkbox"/> no Dam slope dry side 3:1 <input type="checkbox"/> yes <input type="checkbox"/> no Dam wet side slope 2:1 <input type="checkbox"/> yes <input type="checkbox"/> no No. of spillways _____ Anti-seep collars <input type="checkbox"/> yes <input type="checkbox"/> no Intake <input type="checkbox"/> Floating <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Screened <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Submersible pump cased intake Storage tank dimensions _____x_____x_____	Cistern and Hauled Water Storage Tanks Excavation level <input type="checkbox"/> yes <input type="checkbox"/> no Dimensions of Tank _____x_____x_____ Calculated volume _____gal. Material <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass NSF 61 or FDA <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Concrete ASTM C 913 <input type="checkbox"/> yes <input type="checkbox"/> no Manhole diameter min. 24 inches <input type="checkbox"/> yes <input type="checkbox"/> no Means manhole cover secured _____ Force breakers present <input type="checkbox"/> yes <input type="checkbox"/> no Intake 4 inches below top of water <input type="checkbox"/> yes <input type="checkbox"/> no 12 inches off bottom <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Floating <input type="checkbox"/> Other _____ Describe _____ 4 inch fill pipe <input type="checkbox"/> yes <input type="checkbox"/> no Water tight cap <input type="checkbox"/> yes <input type="checkbox"/> no Fittings cast in place <input type="checkbox"/> yes <input type="checkbox"/> no ASTM C-923 <input type="checkbox"/> yes <input type="checkbox"/> no Vents inverted <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Not vented 4 inch overflow <input type="checkbox"/> yes <input type="checkbox"/> no Overflow and vents protected with forty-three thousandths fly screen <input type="checkbox"/> yes <input type="checkbox"/> no Cisterns Only Estimated roof area _____ Rainfall diversion device <input type="checkbox"/> yes <input type="checkbox"/> no No. of roof washers _____ Manufactured <input type="checkbox"/> yes <input type="checkbox"/> no Brand _____ Homemade <input type="checkbox"/> yes <input type="checkbox"/> no Min. 10 gallons <input type="checkbox"/> yes <input type="checkbox"/> no	Treatment Pond Filter Slow sand filter <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Home made <input type="checkbox"/> Factory brand _____ Size dimensions _____x_____x_____ Surface area _____ Layers Sand _____inches Gravel _____inches Pre-coat (diatomaceous earth) <input type="checkbox"/> yes <input type="checkbox"/> no Brand _____ Pressurized rapid sand filter <input type="checkbox"/> yes <input type="checkbox"/> no Brand _____ Alum feeder <input type="checkbox"/> yes <input type="checkbox"/> no Other filter <input type="checkbox"/> yes <input type="checkbox"/> no Description _____ ANSI/NSF 53 <input type="checkbox"/> yes <input type="checkbox"/> no Disinfection <input type="checkbox"/> Chlorination <input type="checkbox"/> Iodine <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Ozone Chlorine and Iodine Chemical feed pump description and brand _____ Retention tank size _____gal. Baffled <input type="checkbox"/> yes <input type="checkbox"/> no Chemical residual _____mg/l Calculated retention time _____min. CT value _____ Ozone Corona arc <input type="checkbox"/> yes <input type="checkbox"/> no Venturie <input type="checkbox"/> yes <input type="checkbox"/> no Bubble Defuser <input type="checkbox"/> yes <input type="checkbox"/> no Retention tank size _____gal. Ozone destruction <input type="checkbox"/> yes <input type="checkbox"/> no Venting <input type="checkbox"/> yes <input type="checkbox"/> no Ozone residual _____mg/l CT value _____ Chemical resistant components <input type="checkbox"/> yes <input type="checkbox"/> no Ultraviolet Micron filter brand _____ NSF 53 Filter meets NSF Standard 55 Class A <input type="checkbox"/> yes <input type="checkbox"/> no Water softener <input type="checkbox"/> before UV <input type="checkbox"/> after UV No. of service connections _____
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PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-4(D)

Inspection date 1	Inspecting sanitarian	PWS contractor
Inspection date 2	Inspecting sanitarian	PWS contractor
Inspection date 3	Inspecting sanitarian	PWS contractor