

OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. Fees and forms must be submitted as required in section 3709.092 of the Revised Code.

Name of Health District:

Ohio Department of Health State Fee

Number	Amount	Type
x	\$ 74.00	New Installation Permits
x	\$ 0.00	Alteration Permits
x	\$ 0.00	Sealing Permits
	\$	Total ODH State Fee amount accompanying this report

Ohio Department of Natural Resources State Fee

Number	Total Amt Collected	LHD Retained	Submitted ODNR Amt	Type		
x	\$ 20.00	x	\$ 2.00	x	\$ 18.00	New Installation Permits requiring a well log
	\$	\$	\$	Total ODNR State Fee amount accompanying this report		

This is to certify that the private water systems listed on the attached permit report and summarized above have been issued in accordance with Chapter 3701-28 of the Ohio Administrative Code and that permits were issued.

Date From:	Date To:
Signature of Health Commissioner	Date

Return two (2) copies of each form and a check payable to the: TREASURER, STATE OF OHIO

OHIO DEPARTMENT OF HEALTH
ACCOUNTS RECEIVABLE UNIT
P.O. BOX 15278
COLUMBUS, OH 43215

***Fees, transmittals, and reports must be submitted as follows:**

- For fees collected from:** January 1 through March 31 must be submitted by no later than May 15
April 1 through June 30 must be submitted by no later than August 15
July 1 through September 30 must be submitted by no later than November 15
October 1 through December 31 must be submitted by no later than February 15

****If state fees are not collected or permits are not issued during the above referenced quarterly time periods, transmittals and reports must still be submitted by the above referenced submittal date.**

OHIO DEPARTMENT OF HEALTH PRIVATE WATER SYSTEMS PERMIT REPORT

<u>Name of Health District</u>		<u>Permits Issued</u>	<u>Permit Year</u>	<u>Quarter</u>
<u>Contact Person</u>	<u>Phone #</u>	<u>Date From</u>		<u>Date To</u>

Audit Number	System Owner (first and last name)	System Address (include street number, street name, direction, city, zip)	Source Code	Permit Type	Private Water Systems Contractor Name	ODH Amount (\$74.00)	ODNR Amount (\$18.00)
						\$	\$
						\$	\$
						\$	\$
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						\$	\$
						\$	\$
						\$	\$

Source Code

1. Well 2. Spring 3. Pond 4. Cistern 5. Hauled Water Storage Tank 6. Combination of systems including a well
 7. Combination of systems not including a well 8. Conversion of a well not previously approved as a PWS into a PWS 9. Test Well

Permit Type

N - New Construction A - Alteration S - Sealing

Quarters

1st Quarter: Jan 1 - Mar 31 3rd Quarter: Jul 1 - Sep 30
 2nd Quarter: Apr 1 - Jun 30 4th Quarter: Oct 1 - Dec 31

TOTALS:

\$	\$
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(only add totals to last page)