Ohio Department of Health
Bureau of Environmental Health

DOWN-HOLE CAMERA (DHC) REQUEST FORM

Press the "printer" above to PRINT, EMAIL and CLEAR FORM FIELDS.

DATE OF REQUEST: REQUESTING AGENCY/DEPARTMENT:

PRIMARY CONTACT: EMAIL:

ALTERNATE CONTACT: EMAIL:

PHONE #: FAX #: BEST TIME TO CONTACT:

ADDRESS OF WELL: CITY: ZIP CODE:

PROPERTY OWNER NAME: PHONE #:

Check one: ☐New Construction ☐Replacement Construction ☐Alteration ☐Other:

WELL LOG #: DATE OF COMPLETION: FINAL DEPTH:

PWS CONTRACTOR: ODH REG #: PHONE #:

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REASON FOR THE REQUEST AND ADDITIONAL INFORMATION ABOUT THE WELL:

DHC investigations are performed in conjunction with local health departmentôs investigation of a well as indicated in Ohio Administrative Code (OAC) rule 3701-28-03(W). The following information must be complete prior to submitting this form.

1 WATER SAMPLES *(samples must be collected as required in OAC rule 3701-28-04(G))*

DATE: SAMPLE LOCATION: TC COUNT: E. coli COUNT:

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2 PROCEDURE PER OAC 3701-28-11(H) COMPLETED INCLUDING A PHYSICAL SCRUBBING OF THE WELL CASING INTERIOR

PWS CONTRACTOR: ODH REG #: DATE:

3 3rd WATER SAMPLE *(samples must be collected as required in OAC rule 3701-28-04(G))*

DATE: SAMPLE LOCATION: TC COUNT: E. coli COUNT:

4 DYE TEST RESULTS: ☐Positive ☐Inconclusive DYE COLOR USED: DATE PERFORMED:

* ODH may conduct DHC investigations on wells within the bond claim period for turbidity and sediment problems. Contact the private water systems staff at 614-644-7558 about these problems prior to submitting a DHC request.

Please mail, fax, or email this form with a copy of the permit file. Send all requests to the attention of:

Rachel Townsend, R.S.
Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage Program
246 North High Street
Columbus, OH 43215
Fax: (614)466-4556 BEH@odh.ohio.gov

Assigned to: _____
Date Assigned: _____
Date Scheduled: _____
Comments: _____

Make sure ALL information is provided, then go to the top of the page to PRINT and EMAIL.