









# 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)

