

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

<p>Ponds</p> <p>Pond conforms to plan <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Alternate water source <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Watershed and Pond Size: Pond size calculation _____ (acre-feet or gallons)</p> <p>Water shed _____ acres</p> <p>Other water sources _____</p> <p>Vegetation <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Sources of contamination <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Used as pasture <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Fenced from livestock <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Designed for recreation <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Use of diversion ditches <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Construction</p> <p>Sealing Materials</p> <p>Liner ANSI/ NSF 54 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Bentonite ANSI/NSF 60 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Twenty-five percent pond area 8 feet deep <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Side slope ratio: 2:1 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Top width of dam at least 8 feet <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Dam slope dry side 3:1 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Dam wet side slope 2:1 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>No. of spillways _____</p> <p>Anti-seep collars <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Intake</p> <p><input type="checkbox"/> Floating</p> <p><input type="checkbox"/> Screened <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Submersible pump cased intake</p> <p>Storage tank dimensions _____x_____x_____</p> <p>Springs</p> <p>Watershed in compliance <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Diversion ditch up-gradient <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Spring box watertight <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Spring box material _____</p> <p>Sealing material for spring box, joints, and components meets NSF 61 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Manhole min 24 inches <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Means of securing manhole _____</p> <p>Inlet pipe located above drain <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Inlet screened ¼ inch animal guard <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Gravity drain <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Powered sump drain <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Overflows protected with ¼ inch animal guards <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Cistern and Hauled Water Storage Tanks</p> <p>Excavation level <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Dimensions of Tank _____x_____x_____</p> <p>Calculated volume _____gal.</p> <p>Material</p> <p><input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass</p> <p>NSF 61 or FDA <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Concrete</p> <p>ASTM C 913 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Manhole diameter min. 24 inches <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Means manhole cover secured _____</p> <p>Force breakers present <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Intake</p> <p>4 inches below top of water <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>12 inches off bottom <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Floating</p> <p><input type="checkbox"/> Other Describe _____</p> <p>4 inch fill pipe <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Water tight cap <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Fittings cast in place <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>ASTM C-923 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Vents inverted <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Not vented</p> <p>4 inch overflow <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Overflow and vents protected with forty-three thousandths fly screen <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Cisterns Only</p> <p>Estimated roof area _____</p> <p>Rainfall diversion device <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>No. of roof washers _____</p> <p>Manufactured <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Brand _____</p> <p>Homemade <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Min. 10 gallons <input type="checkbox"/> yes <input type="checkbox"/> no</p>	<p>Treatment</p> <p>Pond Filter</p> <p>Slow sand filter <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p><input type="checkbox"/> Home made</p> <p><input type="checkbox"/> Factory brand _____</p> <p>Size dimensions _____x_____x_____</p> <p>Surface area _____</p> <p>Layers</p> <p>Sand _____inches</p> <p>Gravel _____inches</p> <p>Pre-coat (diatomaceous earth) <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Brand _____</p> <p>Pressurized rapid sand filter <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Brand _____</p> <p>Alum feeder <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Other filter <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Description _____</p> <p>ANSI/NSF 53 <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Disinfection</p> <p><input type="checkbox"/> Chlorination <input type="checkbox"/> Iodine</p> <p><input type="checkbox"/> Ultraviolet <input type="checkbox"/> Ozone</p> <p>Chlorine and Iodine</p> <p>Chemical feed pump description and brand _____</p> <p>Retention tank size _____gal.</p> <p>Baffled <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Chemical residual _____mg/l</p> <p>Calculated retention time _____min.</p> <p>CT value _____</p> <p>Ozone</p> <p>Corona arc <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Venturie <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Bubble Defuser <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Retention tank size _____gal.</p> <p>Ozone destruction <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Venting <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Ozone residual _____mg/l</p> <p>CT value _____</p> <p>Chemical resistant components <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Ultraviolet</p> <p>Micron filter brand _____</p> <p>NSF 53 Filter meets NSF Standard 55 Class A <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Water softener <input type="checkbox"/> before UV <input type="checkbox"/> after UV</p> <p>No. of service connections _____</p>
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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