



Ohio Department of Health

Private Water Systems Contractor Inspection Report

Well Construction / Well Sealing

Company Name	Work-site Contractor(s)	ODH Registration #
Local Health District	Permit #	System Owner's Name
Address of System (street number, street name, city, state, zip)		

PLEASE CHECK AND COMPLETE ALL THAT APPLY

Type of Work:	<input type="checkbox"/> Construction <input type="checkbox"/> Alteration <input type="checkbox"/> Sealing <i>(Complete the Sealing section on page 3)</i>
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Isolation Distance requirements met <small>(OAC rule 3701-28-07)</small>	<input type="checkbox"/> Yes, see permit <input type="checkbox"/> No, specify: _____
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Drilling Method or Rig Type:	<input type="checkbox"/> Cable-tool <input type="checkbox"/> Air Rotary <input type="checkbox"/> Other: _____ <input type="checkbox"/> Bucket Auger <input type="checkbox"/> Mud Rotary
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Bore Hole Construction:	<input type="checkbox"/> Oversized bore hole Primary drill bit size: _____ inches <input type="checkbox"/> Driven casing Primary bore hole depth: _____ feet	Secondary drill bit size: _____ inches Secondary bore hole depth: _____ feet
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Well Casing and Joints <small>(OAC 3701-28-09)</small>	Primary <i>(use as outside casing when double-cased)</i>		Secondary <i>(use as inside casing when double-cased)</i>	
	<input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Fiberglass *If <u>steel and driven</u> , Manufactured Drive Shoe used: <input type="checkbox"/> Yes <input type="checkbox"/> No Casing Length (below grade): _____ feet Outside Diameter _____ inches Bell/Flare/Coupling Diameter _____ inches		<input type="checkbox"/> Steel <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Fiberglass Casing Length (below grade): _____ feet Outside Diameter _____ inches Bell/Flare/Coupling Diameter _____ inches	
	Placed from (bottom): _____ feet	Placed to (top): _____ feet	Placed From (bottom): _____ feet	Placed To (top): _____ feet
	Any portion Perforated/Slotted? <input type="checkbox"/> Yes <input type="checkbox"/> No Placed from (bottom): _____ feet Placed to (top): _____ feet		Any portion Perforated/Slotted? <input type="checkbox"/> Yes <input type="checkbox"/> No Placed from (bottom): _____ feet Placed to (top): _____ feet	
	Casing Height above grade _____ inches		Casing Height above grade _____ inches	

Steel	Wall Thickness:	<input type="checkbox"/> .188 <input type="checkbox"/> .250 <input type="checkbox"/> .375 <input type="checkbox"/> other: _____ in.	<input type="checkbox"/> .188 <input type="checkbox"/> .250 <input type="checkbox"/> .375 <input type="checkbox"/> other: _____ in.
	Standards printed on casing:	<input type="checkbox"/> ASTM A53 <input type="checkbox"/> ASTM A500 <input type="checkbox"/> ASTM A106 <input type="checkbox"/> ASTM A589 <input type="checkbox"/> API 5L/5C	<input type="checkbox"/> ASTM A53 <input type="checkbox"/> ASTM A500 <input type="checkbox"/> ASTM A106 <input type="checkbox"/> ASTM A589 <input type="checkbox"/> API 5L/5C
	Joints <input type="checkbox"/> Welded	<input type="checkbox"/> butt joint <input type="checkbox"/> flare joint # weld passes _____ <input type="checkbox"/> welded collar	<input type="checkbox"/> butt joint <input type="checkbox"/> flare joint # weld passes _____ <input type="checkbox"/> welded collar
	<input type="checkbox"/> Threaded	<input type="checkbox"/> 8 thread <input type="checkbox"/> 14 thread # exposed _____	<input type="checkbox"/> 8 thread <input type="checkbox"/> 14 thread # exposed _____

Thermoplastic	Standards printed on casing:	<i>Mark all that apply:</i> SDR: <input type="checkbox"/> 13.5 <input type="checkbox"/> 17 <input type="checkbox"/> 21 <input type="checkbox"/> ASTM F-480 <input type="checkbox"/> PVC <input type="checkbox"/> ABS Schedule: <input type="checkbox"/> 40 PSI _____ (min. 200) NSF Designation: <input type="checkbox"/> WC <input type="checkbox"/> PW <input type="checkbox"/> Marked "Well Casing"		<i>Mark all that apply:</i> SDR: <input type="checkbox"/> 13.5 <input type="checkbox"/> 17 <input type="checkbox"/> 21 <input type="checkbox"/> ASTM F-480 <input type="checkbox"/> PVC <input type="checkbox"/> ABS Schedule: <input type="checkbox"/> 40 PSI _____ (min. 200) NSF Designation: <input type="checkbox"/> WC <input type="checkbox"/> PW <input type="checkbox"/> Marked "Well Casing"	
	Joints	<input type="checkbox"/> Solvent welded	<input type="checkbox"/> bell-end NSF 61 on solvent label? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> collar	<input type="checkbox"/> bell-end <input type="checkbox"/> collar NSF 61 on label? <input type="checkbox"/> Yes <input type="checkbox"/> No Screws used? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> bell-end <input type="checkbox"/> collar NSF 61 on label? <input type="checkbox"/> Yes <input type="checkbox"/> No Screws used? <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Threaded and Coupled	<input type="checkbox"/> (check if used as primary casing)	<input type="checkbox"/> (check if used as secondary casing)	<input type="checkbox"/> (check if used as secondary casing)
	<input type="checkbox"/> Spline Lock	<input type="checkbox"/> Certa-Loc <input type="checkbox"/> Shur-A-Lock	<input type="checkbox"/> Certa-Loc <input type="checkbox"/> Shur-A-Lock		
	<input type="checkbox"/> Quickloc	<input type="checkbox"/> (check if used as primary casing)	<input type="checkbox"/> (check if used as primary casing)		



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Well Casing and Joints <i>(OAC 3701-28-09) Continued</i>		Primary <i>(use as outside casing when double-cased)</i>		Secondary <i>(use as inside casing when double-cased)</i>	
Fiberglass	Manufacturer: _____				
	Diameter: _____ inches		Depth below grade: _____ feet	Placed from (bottom): _____ feet	Placed to (top): _____ feet
	Joints: <input type="checkbox"/> Bell and Spicket		Buried seal with cap? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sealant: _____	

Use secondary information as directed above for type of casing used for extension from fiberglass casing.

Shale traps	# shale traps: _____ <i>(min. 2 for first 200 feet, add 1 per 100 feet)</i>	Overlapping? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bottom of lower shale trap <= 6 inches from end of casing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dry course grade bentonite placed in shale traps? <input type="checkbox"/> Yes <input type="checkbox"/> No

Liners	Type of liner: <input type="checkbox"/> Steel <input type="checkbox"/> Plastic	Liner Diameter: _____ inches	<input type="checkbox"/> Solid <input type="checkbox"/> Perforated / Slotted
	Placed from _____ to _____ feet		Purpose of Installation: _____

Screens	<input type="checkbox"/> Steel <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass	Placed from _____ to _____ ft	Method of Attachment: <input type="checkbox"/> Telescoped w/ K-packer <input type="checkbox"/> Welded <input type="checkbox"/> Solvent welded <input type="checkbox"/> Threaded
	Factory Manufactured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Screen Slot Size: _____	
	<input type="checkbox"/> Continuous Wrap <input type="checkbox"/> Louvered, shutter <input type="checkbox"/> Machine slotted <input type="checkbox"/> Perforated, perforations per square inch _____		

Filter (Gravel) Pack	Material: _____	Material Size: _____	Disinfected? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Placed from _____ to _____ feet <i>(rule 3701-28-10(J)(1) of the Ohio Administrative Code)</i>		

Grouting Annular Space <i>(not well sealing)</i>	Annular space 1: <input type="checkbox"/> between borehole and primary casing <input type="checkbox"/> between borehole and outside casing (when well is double-cased)		Annular space 2: <input type="checkbox"/> between borehole and secondary casing <input type="checkbox"/> between inside casing and outside casing (when well is double-cased)	
	Annular Space Size	<i>Subtract the outside diameter of casing from the borehole diameter then divide by 2 or if sealing, inside diameter of well casing:</i> _____ inches		<i>Subtract the outside diameter of casing from the borehole diameter (or inside diameter of the outside casing) then divide by 2 or if sealing, borehole diameter below casing:</i> _____ inches
Depth to be Grouted	_____ feet		_____ feet	
Calculated Annular Space Volume Needed	_____ gallons _____ cubic feet		_____ gallons _____ cubic feet	
Grout Material Used and Type:	<input type="checkbox"/> Bentonite <input type="checkbox"/> Granular, Dry <input type="checkbox"/> Granular, Slurry <input type="checkbox"/> Coarse-grade <input type="checkbox"/> Pellets	<input type="checkbox"/> Cement (neat) <input type="checkbox"/> Concrete (Cement-Sand only mix) Cement Type: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Mixed on-site <input type="checkbox"/> Delivered mixed Cement-Sand Mix 1:1 ratio? <input type="checkbox"/> Yes	<input type="checkbox"/> Bentonite <input type="checkbox"/> Granular <input type="checkbox"/> Coarse-grade <input type="checkbox"/> Pellets	<input type="checkbox"/> Cement (neat) <input type="checkbox"/> Concrete (Cement-Sand only mix) Cement Type: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Mixed on-site <input type="checkbox"/> Delivered mixed Cement-Sand Mix 1:1 ratio? <input type="checkbox"/> Yes
	Grout Manufacturer			
Amount of Grout used:	_____ bags	_____ lbs	_____ bags	_____ lbs
Amount of Water Used:	_____ gal / bag	_____ gal	_____ gal / bag	_____ gal
Total Volume Used <i>(Slurry only)</i>	_____ gallons _____ cubic feet		_____ gallons _____ cubic feet	



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Method of Placement:	<input type="checkbox"/> Pressure Grout Slurry <input type="checkbox"/> Conductor Pipe pumped <input type="checkbox"/> Grout shoe, injection <input type="checkbox"/> Gravity Placement <input type="checkbox"/> Well seal, conductor pipe – pumped <input type="checkbox"/> Grout Displacement <input type="checkbox"/> Halliburton <input type="checkbox"/> Dry Driven Grout method (cable-tool only) <input type="checkbox"/> Grout kept around casing during driving process <input type="checkbox"/> Dry Pour method <input type="checkbox"/> Wire mesh screened <input type="checkbox"/> Bags/Min _____ <input type="checkbox"/> Hydrated <input type="checkbox"/> Grout visible at surface	<input type="checkbox"/> Pressure Grout Slurry <input type="checkbox"/> Conductor Pipe pumped <input type="checkbox"/> Grout shoe, injection <input type="checkbox"/> Gravity Placement <input type="checkbox"/> Well seal, conductor pipe – pumped <input type="checkbox"/> Grout Displacement <input type="checkbox"/> Halliburton <input type="checkbox"/> Dry Driven Grout method (cable-tool only) <input type="checkbox"/> Grout kept around casing during driving process <input type="checkbox"/> Dry Pour method <input type="checkbox"/> Wire mesh screened <input type="checkbox"/> Bags/Min _____ <input type="checkbox"/> Hydrated <input type="checkbox"/> Grout visible at surface
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Well Cap	Brand: _____	Weather-tight <input type="checkbox"/> Yes <input type="checkbox"/> No	Vermin Proof <input type="checkbox"/> Yes <input type="checkbox"/> No	Vented <input type="checkbox"/> Yes <input type="checkbox"/> No
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Well Sealing <i>OAC 3701-28-17</i> <small>(use the information provided on the well log if available)</small>	Type of Well: <input type="checkbox"/> Cased well (>= 3 inches to <24 inches in diameter) <input type="checkbox"/> Flowing well <i>OAC 3701-28-17(N)</i> <input type="checkbox"/> Point well (<3 inches in diameter) <input type="checkbox"/> Large diameter wells constructed with a bucket auger (>=24 in diameter) <i>OAC 3701-28-17(M)</i> <input type="checkbox"/> Dug well <i>OAC 3701-28-17(L)</i>
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Well Log available? <input type="checkbox"/> Yes <input type="checkbox"/> No	Well Log #: _____	Well Depth _____ ft	Well Diameter _____ inches	Well Volume _____ gal	Aquifer depths known? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ ft
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Grout Material Used and Type:	<input type="checkbox"/> Bentonite <input type="checkbox"/> Granular, Dry <input type="checkbox"/> Coarse-grade <input type="checkbox"/> Granular, Slurry <input type="checkbox"/> Pellets	<input type="checkbox"/> Cement (neat) <input type="checkbox"/> Concrete (Cement-Sand only mix) Cement Type: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> Mixed on-site <input type="checkbox"/> Delivered mixed Cement-Sand Mix 1:1 ratio? <input type="checkbox"/> Yes
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Other materials used <i>(cannot be used if aquifer location is unknown - OAC 3701-28-17(I)(4)(c))</i> : <input type="checkbox"/> Clean sand <input type="checkbox"/> Clean gravel <input type="checkbox"/> Clay <input type="checkbox"/> Cuttings <i>(Dug wells only)</i>	Amount of Casing removed from the surface: _____ ft
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Placement of Grout material: Pressure Grout Slurry (tremie pipe) Dry Pour (screened) Gravity pour

Grout and Other material placed:	Depth placed from	Depth place To	Vol / Wt of grout used
1) _____	_____ feet	_____ feet	_____ lb
2) _____	_____ feet	_____ feet	_____ lb
3) _____	_____ feet	_____ feet	_____ lb
4) _____	_____ feet	_____ feet	_____ lb
5) _____	_____ feet	_____ feet	_____ lb

Well Documentation	Well Log Number: _____	Well Sealing Report Number: _____
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Additional Comments	_____
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* For components of the well private water system – Use the Private Water Systems Contractor Inspection Report for Pump, Pitless Adapter, Distribution Components, and Continuous Disinfection.

PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-04(F) and submit a copy with your Registration Application.

Inspection Date 1	Inspecting Sanitarian's Name (printed)	Inspecting Sanitarian's Signature
Inspection Date 2	Inspecting Sanitarian's Name (printed)	Inspecting Sanitarian's Signature