

Private Water Systems Contractor Well Inspection Report

For Pump, Pitless Adapter, Distribution Components, and Continuous Disinfection

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

PLEASE CHECK AND COMPLETE ALL THAT APPLY

Work type: <input type="checkbox"/> New Construction <input type="checkbox"/> Replacement <input type="checkbox"/> Alteration <input type="checkbox"/> Sealing <i>(in conjunction with construction)</i>

<p>Pitless Adaptor / Pitless Unit</p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p><input type="checkbox"/> Conforms to Water Systems Council PAS-97(4) Standard</p> <p><input type="checkbox"/> Pitless Adapter</p> <p>Style: <input type="checkbox"/> Clear-way <input type="checkbox"/> Pull-Through <input type="checkbox"/> Other: _____</p> <p>Method of cutting hole: <input type="checkbox"/> Hole saw <input type="checkbox"/> Cutting Torch <input type="checkbox"/> w/ cutting guide</p> <p>Depth below grade: _____ ft / in <input type="checkbox"/> Below frost-line</p> <p>Method attached to casing: <input type="checkbox"/> Welded <input type="checkbox"/> Bolted <input type="checkbox"/> Clamped</p> <p>Grout placed to bottom of pitless adapter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Pitless Unit</p> <p>Method attached to casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Rubber expansion sealer <input type="checkbox"/> Bolted flanges with rubber gaskets</p> <p><input type="checkbox"/> Extends a min. of 12 inches above grade</p> <p>Pump</p> <p>Manufacturer: _____</p> <p>Model #: _____</p> <p>Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Hand Pump <input type="checkbox"/> Other: _____</p> <p>Source of Power: <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Pressurized Air <input type="checkbox"/> Other: _____</p> <p>Pump depth set at: _____ feet</p> <p>Casing Extension</p> <p>Type of Casing Attaching to: <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Steel <input type="checkbox"/> Fiberglass</p> <p>Nominal size: _____ in.</p>	<p>Casing Extension (cont.)</p> <p>Thickness: _____ in.</p> <p>Casing Extension Material <input type="checkbox"/> Thermoplastic <input type="checkbox"/> PVC <input type="checkbox"/> ABS SDR <input type="checkbox"/> 13.5 <input type="checkbox"/> 17 <input type="checkbox"/> 21 <input type="checkbox"/> SCH 40 PSI _____ <input type="checkbox"/> ASTM F-480 designation</p> <p><input type="checkbox"/> Steel <input type="checkbox"/> .188 <input type="checkbox"/> .250 <input type="checkbox"/> .375 <input type="checkbox"/> other: _____ in.</p> <p>Method of attaching the extension: <input type="checkbox"/> Compression coupling device</p> <p>Manufacturer: _____</p> <p>Model number: _____</p> <p><input type="checkbox"/> Steel Welded # of passes: _____ <input type="checkbox"/> Butt joint weld <input type="checkbox"/> Collar <input type="checkbox"/> Flare</p> <p><input type="checkbox"/> Threaded and coupled</p> <p><input type="checkbox"/> Solvent Weld/Glue (Glue) <input type="checkbox"/> Coupler <input type="checkbox"/> Flare</p> <p>Water service pipe distribution <i>(refer to OAC 3701-28-08 Table 1 and 2)</i></p> <p>Pipe material (outside foundation): _____</p> <p>ASTM designation: _____</p> <p>Pipe material (inside foundation): _____</p> <p>ASTM designation: _____</p> <p><input type="checkbox"/> Additional service connections</p> <p>Pipe material: _____</p> <p>ASTM designation: _____</p> <p># of service connections: _____</p> <p>Servicing: <input type="checkbox"/> Dwelling, # _____ <input type="checkbox"/> Building, # _____ <input type="checkbox"/> Business <input type="checkbox"/> Barn/Pole barn <input type="checkbox"/> Other: _____ <input type="checkbox"/> Yard Hydrant</p>	<p>Additional service connections (cont.)</p> <p><input type="checkbox"/> Yard Hydrants</p> <p>Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number installed: _____</p> <p>Type: <input type="checkbox"/> Sanitary meeting ASSE 1057 <input type="checkbox"/> Frost-free</p> <p><input type="checkbox"/> Backflow Prevention Devices</p> <p>Backflow device(s) installed for service connections? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Number installed: _____</p> <p>Type of backflow prevention device installed <input type="checkbox"/> ASSE 1024 <input type="checkbox"/> ASSE 1013 <input type="checkbox"/> Other: _____</p> <p>Well Cap</p> <p>Brand: _____</p> <p>Weather-tight: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vermin Proof: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Vented: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pressure Tank</p> <p>Number installed: _____</p> <p>Location(s): _____</p> <p><input type="checkbox"/> NSF 61 Approved <input type="checkbox"/> Buried <input type="checkbox"/> Manufacturer documentation approving burial <input type="checkbox"/> Pressure Relief Valve Installed</p> <p>Sample faucet</p> <p><input type="checkbox"/> Accessible as per OAC 3701-28-08</p> <p>Location: <input type="checkbox"/> at Pressure Tank <input type="checkbox"/> Well side of Pressure Tank <input type="checkbox"/> Extended to an accessible location <input type="checkbox"/> after Continuous Disinfection System <input type="checkbox"/> Other: _____</p> <p>Reason: _____</p> <p><input type="checkbox"/> Down-turned at least 45 degrees <input type="checkbox"/> 8 in. or more above floor or ground <input type="checkbox"/> Smooth-nosed (non-threaded)</p>
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Continuous Disinfection: <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> Ultraviolet (UV)		
Chlorine and Iodine Chemical feed pump Brand: _____ Model #: _____ Retention tank size: _____ gallons Baffled: <input type="checkbox"/> Yes <input type="checkbox"/> No Chemical Residual: _____ mg/l Calculated Retention Time: _____ min. CT Value: _____	Ozone <input type="checkbox"/> Corona Arc <input type="checkbox"/> Venturi <input type="checkbox"/> Bubble diffuser Retention tank size: _____ gallons <input type="checkbox"/> Ozone destruction <input type="checkbox"/> Venting Ozone residual: _____ mg/l CT value: _____ <input type="checkbox"/> Chemical resistant components	Ultraviolet (UV) <input type="checkbox"/> meets NSF standard 55 Class A <input type="checkbox"/> Automatic shut-off <input type="checkbox"/> Warning device <input type="checkbox"/> Pre-treatment device installed prior to UV <input type="checkbox"/> Cyst Reduction filter Brand: _____ Number of filters: _____ Absolute micron filter size: _____ microns <input type="checkbox"/> meets NSF 53 standard <input type="checkbox"/> Flow rate: _____ gal/min <input type="checkbox"/> Labeled w/ absolute micron size <input type="checkbox"/> Installed prior to UV

Retention / Storage Tanks (must be compliant with Ohio Administrative Code rules 3701-28-07(C), 3701-28-08(O) and (P), and 3701-28-12) <small>*If the tank is also being used as a hauled water storage tank or cistern, the inspection must be documented on the Private Water Systems Contractor Inspection Report for Ponds, Springs, Cisterns, and Hauled Water Storage Tanks.</small>		
Reason for installation <input type="checkbox"/> Disinfection retention <input type="checkbox"/> Supplemental water storage <input type="checkbox"/> Low yield well reservoir tank Tank Location <input type="checkbox"/> Basement <input type="checkbox"/> Outside the foundation Dimensions: _____ x _____ x _____ Volume: _____ gallons Material <input type="checkbox"/> Concrete <input type="checkbox"/> meets ASTM specifications C 913 <input type="checkbox"/> Plastic <input type="checkbox"/> Fiberglass <input type="checkbox"/> meets NSF standard 61	<input type="checkbox"/> Water-tight <input type="checkbox"/> Smooth, clean interior surface <input type="checkbox"/> Easily accessible for cleaning Tank Installation <input type="checkbox"/> set level <input type="checkbox"/> placed at an adequate depth to prevent frost heave Bottom of excavation (outside foundation) <input type="checkbox"/> continuous, smooth, free of rocks <input type="checkbox"/> 4 inches of sand <input type="checkbox"/> backfill free of large stones or debris <input type="checkbox"/> earth cover graded to prevent standing water	Manhole <input type="checkbox"/> 24 inch diameter <input type="checkbox"/> Water-tight <input type="checkbox"/> Secure cover Inlet from well Inlet Diameter: _____ inches Protected by: <input type="checkbox"/> Backflow prevention device <input type="checkbox"/> ASSE 1024 <input type="checkbox"/> ASSE 1013 <input type="checkbox"/> Air gap <input type="checkbox"/> 2 times the diameter of the inlet Pump Intake <input type="checkbox"/> Submersible pump <input type="checkbox"/> Jet <input type="checkbox"/> Other: _____ <input type="checkbox"/> Water intake no less than 4 inches off bottom of tank

Additional Comments

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

Inspection Date	Inspecting Sanitarian's Signature	PWS Contractor's Signature
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*The completed Inspection Report shall be distributed to the Private Water Systems Contractor, Local Health District, and the Ohio Department of Health.