



Contractor Inspection for Non-Well Drillers (Pump Installers)

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Residential Water and Sewage

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Responsibility

- The Local Health District is responsible for conducting the contractor inspections for non-well drillers.
 - Pump Installers, Water Treatment Systems Installers
 - Pond, Spring, Cistern, & Hauled Water Storage Tank Contractors



Inspection Period

- The 5 year inspection cycle became effective April 1, 2011.
- The inspection period began January 1, 2012 and ends December 31, 2016.
- The PWS Contractor must receive an inspection during this time period in order to get registered for 2017.
 - No inspection, no registration for 2017
- Push for inspections as early as possible
 - Do Not inform PWS contractors to wait until 2016



Inspection Period (cont.)

- Pump Contractors that received an inspection in 2011 can use this inspection towards the 5 year cycle.
- Well, Pond, Spring, Cistern & HWST Contractors who were registered in 2010 and received an inspection during that year will have until the end of 2016 to be inspected again.
- Well, Pond, Spring, Cistern & HWST Contractors who were registered in 2010 but did not receive an inspection that year must be inspected on their next job in 2013 or have made arrangements to have an upcoming job inspected.
 - ODH is notifying those contractors who need to be inspected immediately.



Inspections (cont.)

- Well Drillers must have a minimum of one Well Driller Contractor Inspection from ODH or designated Local Health Districts starting April 1, 2011 through December 31, 2016
 - A pump installer inspection will not take the place of having a well contractor inspection
- Local Health Districts wanting to conduct Well Driller Inspections must contact Rebecca Fugitt at ODH prior to conducting an inspection.
 - Contact ODH to evaluate the first inspection.



Pump Installer Inspection Report

Ohio Department of Health
Private Water Systems Contractor Well Inspection Report
 For Pump, Pitless Adapter, and Distribution Components

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

PLEASE CHECK AND COMPLETE ALL THAT APPLY

Work type: New Construction Replacement Alteration Sealing

Existing Components:
 Steel casing Casing above grade Well Cap - vented Pitless Adapter Pump Pressure Tank Sample Tap
 Thermoplastic casing Casing below grade Well Cap - sealed Pitless Unit Water pipe Pressure Relief Valve

<p>Pitless Adapter Manufacturer: _____ Model #: _____ <input type="checkbox"/> Conforms to Water Council PAS-97(4) Standard Style: <input type="checkbox"/> Clear-way <input type="checkbox"/> Pull-Through Method of cutting hole: <input type="checkbox"/> Hole saw <input type="checkbox"/> Cutting Torch <input type="checkbox"/> w/ cutting guide Depth below grade: _____ ft/in <input type="checkbox"/> Below frost-line Method attached to casing: <input type="checkbox"/> Welded <input type="checkbox"/> Bolted <input type="checkbox"/> Clamped Groat placed to bottom of pitless adapter? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Pitless Unit Manufacturer: _____ Model #: _____ <input type="checkbox"/> Conforms to Water Council PAS-97(4) Standard Unit size: _____ in. (ED) 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 <input type="checkbox"/> Extends a minimum of 12 inches above grade.</p> <p>Pump Manufacturer: _____ Model #: _____ <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Air <input type="checkbox"/> Hand Pump <input type="checkbox"/> Other: _____ Pump depth set at: _____ feet</p>	<p>Casing Extension <input type="checkbox"/> Thermoplastic <input type="checkbox"/> Steel Nominal size: _____ in. (Printed on casing) Thickness: _____ in. <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"/> SCH 90 PSI _____ <input type="checkbox"/> ASTM F-480 designation _____ Method of attaching the extension: <input type="checkbox"/> Compression coupling device Manufacturer: _____ Model number: _____ <input type="checkbox"/> Steel Welded # of passes: _____ <input type="checkbox"/> Butt joined weld <input type="checkbox"/> Collar <input type="checkbox"/> Flair <input type="checkbox"/> Threaded and coupled <input type="checkbox"/> Solvent Weld/Glue (Glue) <input type="checkbox"/> Cooper <input type="checkbox"/> Flair</p> <p>Water service pipe distribution (refer to OAC 3701-28-08 Table 1 and 2) Pipe material (outside foundation): _____ ASTM designation: _____ Pipe material (inside foundation): _____ ASTM designation: _____</p> <p>Additional service connections Pipe material (outside foundation): _____ ASTM designation: _____ # of service connections: _____ Servicing: <input type="checkbox"/> Dewatering <input type="checkbox"/> Building Type: _____ <input type="checkbox"/> Yard Hydrant</p>	<p>Yard Hydrants Installed: <input type="checkbox"/> Yes <input type="checkbox"/> No Number installed: _____ Type: _____ <input type="checkbox"/> Sanitary meeting ASSE 1057 <input type="checkbox"/> Frost-free</p> <p>Backflow Prevention Devices Backflow device(s) installed for service connections? <input type="checkbox"/> Yes <input type="checkbox"/> No Number installed: _____ Type of backflow prevention device installed <input type="checkbox"/> ASSE 1024 <input type="checkbox"/> ASSE 1015 <input type="checkbox"/> Other: _____</p> <p>Pressure Tank Model number: _____ Location(s): _____ <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 <input type="checkbox"/> Accessible as per OAC 3701-28-08 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: _____ Reason: _____ <input type="checkbox"/> Down-turned at least 45 degrees <input type="checkbox"/> 9 in. or more above floor or ground <input type="checkbox"/> Smooth-nosed (non-threaded)</p> <p><small>* For Continuous Disinfection - Use the <u>Private Water Systems Contractor Inspection Report for Continuous Disinfection Installation</u>.</small></p>
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PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-04(F)

Inspection Date 1	Inspecting Sanitarian's Signature	PWS Contractor's Signature
Inspection Date 2	Inspecting Sanitarian's Signature	PWS Contractor's Signature
Inspection Date 3	Inspecting Sanitarian's Signature	PWS Contractor's Signature

HEA Form 5235 (created 04-2012)

Ohio Department of Health
Private Water Systems Contractor Well Inspection Report
 For Pump, Pitless Adapter, and Distribution Components
(OPTIONAL USE - the completion of this worksheet is not required)

PRIVATE WATER SYSTEM LAYOUT WORKSHEET

Additional Comments

PWS Contractor: Keep this record to demonstrate compliance with OAC 3701-28-04(F)

Inspection Date	Inspecting Sanitarian's Signature	PWS Contractor's Signature
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HEA Form 3235 (created 04-2012)



Pitless Adapters

Pitless Adaptor

Manufacturer: _____

Model #: _____

Conforms to Water Council PAS-97(4) Standard

Style: Clear-way Pull-Through

Method of cutting hole:

- Hole saw
- Cutting Torch
 - w/ cutting guide

Depth below grade: _____ ft / in

Below frost-line

Method attached to casing:

- Welded
- Bolted
- Clamped

Grout placed to bottom of pitless adapter?

- Yes
- No

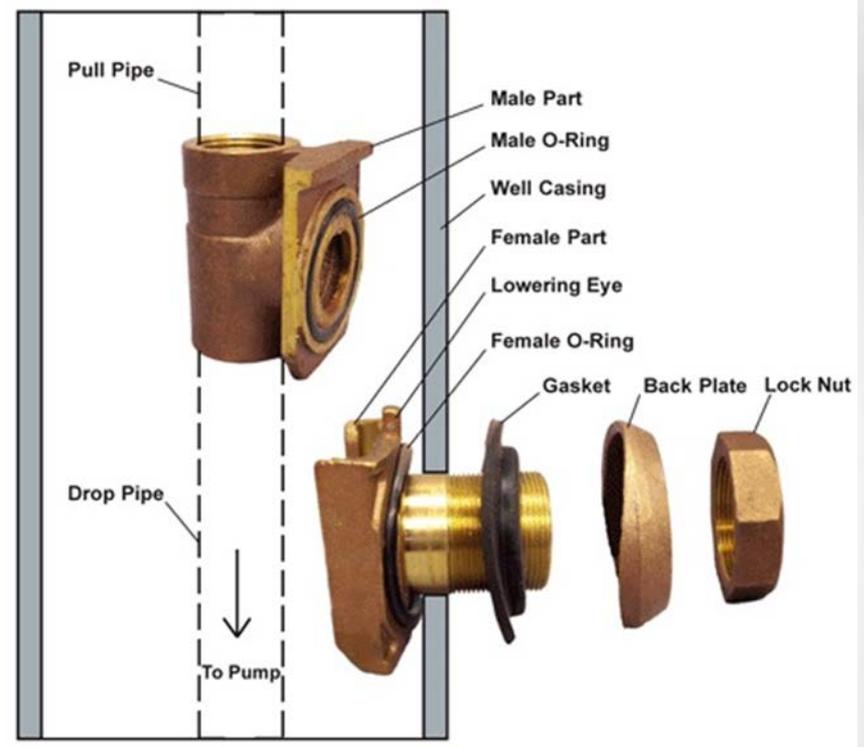


Water Systems Council PAS-97

- Updated to PAS-97 (2012)
 - Pitless Adapters, Pitless Units, & Well Caps
- Now includes “lead free” products
- Brochure
 - http://www.watersystemscouncil.org/VAiWebDocs/standards_docs/PAS97_Brochure2012.pdf
- Listing is by Manufacturer
 - http://www.watersystemscouncil.org/standards_products.php?std=2



Pull-Through Pitless Adapter



Clearway Pitless Adapter

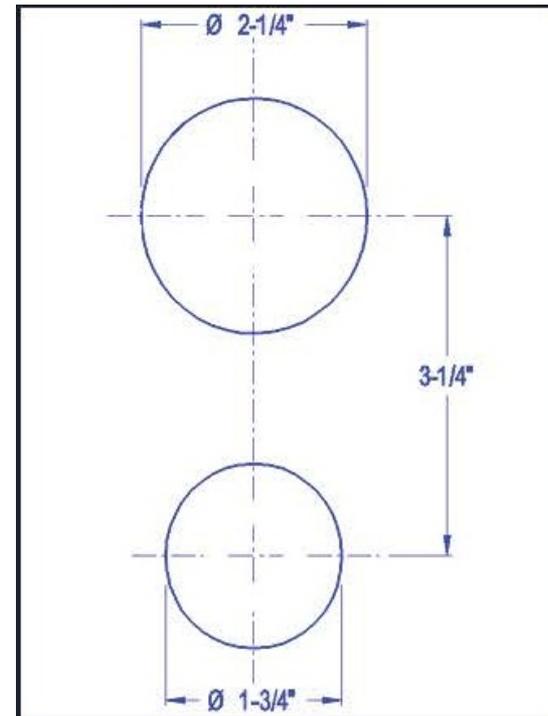
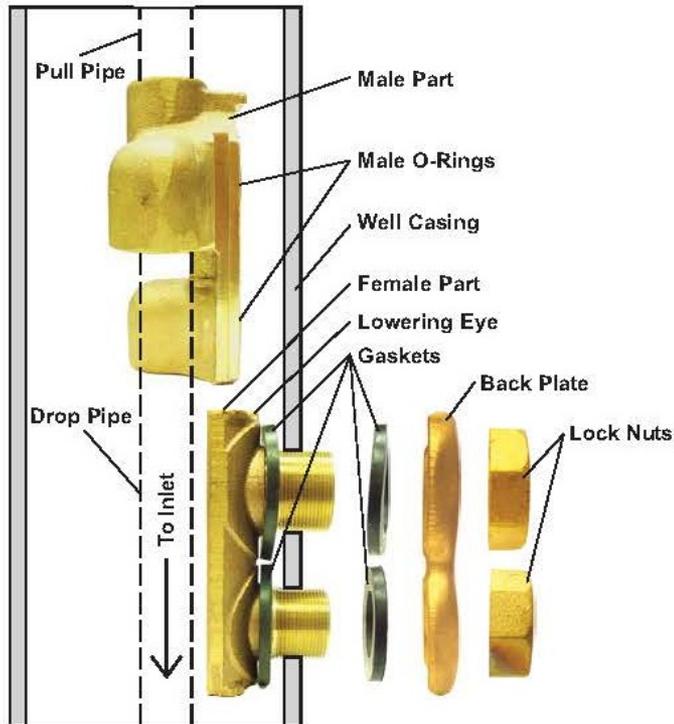


Method of cutting hole

- Hole Saw
- Cutting Torch



Cutting Guide



Pitless Unit

Pitless Unit

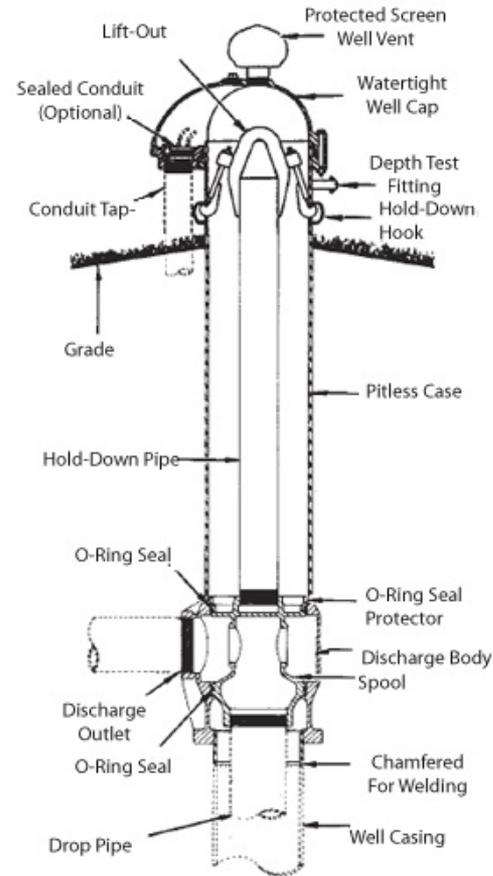
Manufacturer: _____

Model #: _____

- Conforms to Water Council PAS-97(4) Standard
Unit size: _____ in. (ID)

Method attached to casing:

- Threaded
 Welded Solvent Weld
 Rubber expansion sealer
 Bolted flanges with rubber gaskets
- Extends a minimum of 12 inches above grade.



Pumps

Pump

Manufacturer: _____

Model #: _____

- Submersible Jet
 Air Hand Pump
 Other: _____

Pump depth set at: _____ feet



Pumps



Casing Extension

Casing Extension

- Thermoplastic Steel

Nominal size: _____ in. (Printed on casing)

Thickness: _____ in.

- PVC ABS

SDR 13.5 17 21

SCH 40 PSI _____

SCH 98 PSI _____

ASTM F-480 designation

Method of attaching the extension:

- Compression coupling device

Manufacturer: _____

Model number: _____

- Steel Welded # of passes: _____

Butt joined weld

Collar Flair

- Threaded and coupled

- Solvent Weld/Glue (Glue)

Coupler Flair



Casing Extension



Steel



Thermoplastic



Improper Casing Extensions



Water Service Pipe

Water service pipe distribution (*refer to OAC 3701-28-08 Table 1 and 2*)

Pipe material (outside foundation): _____

ASTM designation: _____

Pipe material (inside foundation): _____

ASTM designation: _____

Additional service connections

Pipe material (outside foundation): _____

ASTM designation: _____

of service connections: _____

- Servicing: Dwelling
 Building Type: _____
 Yard Hydrant



Yard Hydrants

Yard Hydrants

Installed: Yes No

Number installed: _____

Type:

- Sanitary meeting ASSE 1057
- Frost-free



Backflow Prevention

Backflow Prevention Devices

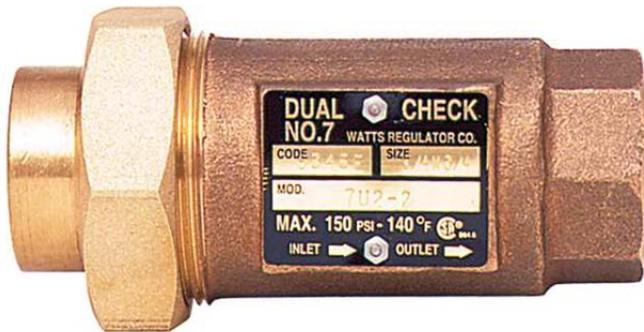
Backflow device(s) installed for service connections?

- Yes No

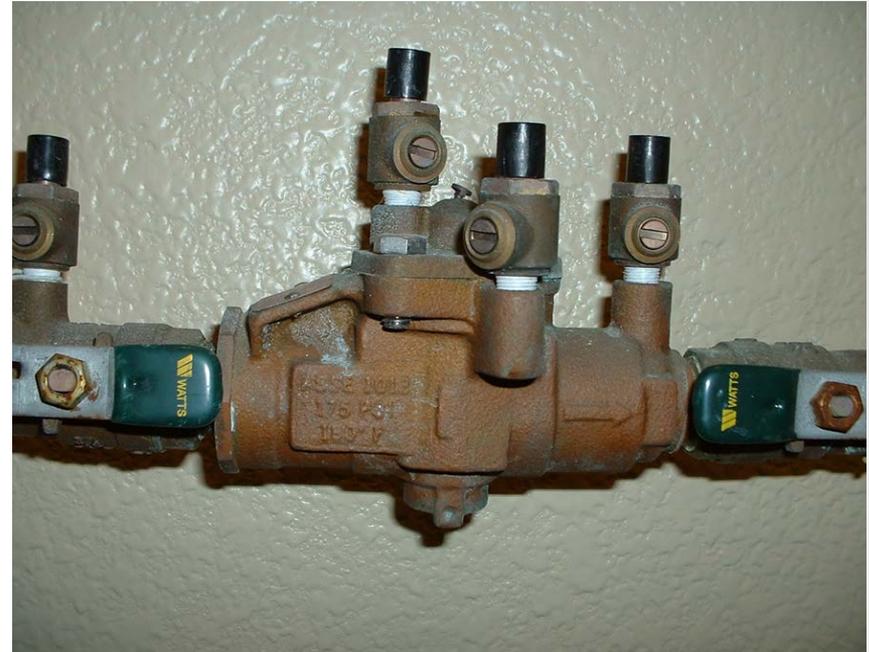
Number installed: _____

Type of backflow prevention device installed

- ASSE 1024 ASSE 1013
 Other: _____



ASSE 1024



ASSE1013

Pressure Tank

Pressure Tank

Number installed: _____

Location(s): _____

- NSF 61 Approved
- Buried
 - Manufacturer documentation approving burial
- Pressure Relief Valve Installed



Sample Faucet

Sample faucet

- Accessible as per OAC 3701-28-08

Location:

- at Pressure Tank
- Well side of Pressure Tank
- Extended to an accessible location
- after Continuous Disinfection System
- Other: _____

Reason: _____

- Down-turned at least 45 degrees
- 8 in. or more above floor or ground
- Smooth-nosed (non-threaded)



Sample Faucet



Well Cap

VI. Well Cap

Brand _____

Weather-tight / vermin proof

Yes No

Vented Yes No



Ponds, Springs, Cisterns, HWST & Continuous Disinfection

- Currently use the existing form
 - HEA Form 5241 (Rev. 11-01)
- The form is in the process of being updated but the date of availability is unknown at this time
- Check the ODH Private Water Systems website for the current form.
- An email will be sent out when the new form is available.



Questions

