PRINT FORM

Ohio Department of Health

JOB STATUS / COMPLETION FORM

Well-Pump-Distribution

PERMIT INFORMATION (must be completed when submitting for the Job Status or the Completion Form portions)

Private water systems contractor	Registration number	Phone #
Address of property	County	Permit #

JOB STATUS

The job status portion is used to document the stages of completion for the private water system. The job status form must be completed and submitted in person, by fax, or by email to the local health district within ten (10) business days of completion of the portion of work completed by the private water systems contractor noted above. This job status form is required according to Ohio Administrative Code Rule 3701-28-03 (O) effective April 1, 2011.

Date you completed this portion of the work	Is this installation for: ☐ New Construction ☐ Alteration
Briefly list all work completed - (*Examples: "drilled well"; "set pump", "installed pressure tank", "installed UV disinfection system"*)	

COMPLETION FORM - Record all information of work completed

The completion form portion documents the specific materials, placement, and installation methods used to complete the work. This form must be completed and returned to the local health district prior to final approval of the private water system. This completion form is required according to Ohio Revised Code 3701.34, 3701.44 and Ohio Administrative Code 3701-28-03(P), and must be submitted within thirty (30) days of completion of work.

Pitless Adapter or Unit ☐ **Pitless Adapter** ☐ **Pitless Unit**

Manufacturer	Style ☐ Clear-way ☐ Pull-through ☐ Other (specify):
Method of cutting hole in casing	Depth below grade ft. / in.
Method of attachment to casing	Pitless Attached to ☐ Original Casing ☐ Casing Extension

Casing Extension (if applicable)

Type of Original (Existing) Well Casing ☐ PVC ☐ Steel Thickness _____ in.	Casing Type used for Extension (if applicable) ☐ PVC ☐ Steel Thickness _____ in.	Final casing height above finished grade inches
Method of attaching casing extension	Make and model of coupling device (if applicable)	

Pump

Type ☐ Submersible ☐ Jet ☐ Hand Pump ☐ Other (specify):	Depth of pump setting or intake ft.

Water pipe/line

Material used outside foundation	ASTM Standard	Material used inside foundation	ASTM Standard

Service Connections, Backflow Protection Devices and Yard Hydrants

No. of Service Connections	Backflow Protection Devices installed ASSE ☐ 1013 ☐ 1015 ☐ 1024	Yard hydrants Installed ☐ Frost-free ☐ Sanitary (meets ASSE 1057)

Pressure Tanks

Location of Pressure Tank	NSF 61 Approved ☐ Yes ☐ No	Pressure Relief Valve Installed ☐ Yes ☐ No	Location of Sample Port

Continuous Disinfection (UV, Chlorine, Iodine, Ozone Systems must meet the requirements in OAC 3701-28-15)

Installed ☐ Yes ☐ No If "Yes", complete the Continuous Disinfection Job Status / Completion Form.