

JOB STATUS / COMPLETION FORM

Continuous Disinfection and Filtration Systems

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

Private water systems contractor		Registration number	Phone #
Permit #	Type of System: <input type="checkbox"/> Well <input type="checkbox"/> Spring <input type="checkbox"/> Pond <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Storage Tank		
Address of property		Health District (City or County)	

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: <input type="checkbox"/> New Construction <input type="checkbox"/> Alteration
Briefly list all work completed - (Examples: "installed five micron filter and 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.

Disinfection System

Type and Design of Disinfection System <input type="checkbox"/> Chlorine <input type="checkbox"/> Iodine <input type="checkbox"/> Ozone <input type="checkbox"/> UV (Ultraviolet Light) – NSF Standard 55 Class A	
Required minimum disinfectant residual <input type="checkbox"/> Chlorine 0.4 mg/l (ppm) <input type="checkbox"/> Iodine (0.5 mg/l) <input type="checkbox"/> Ozone (0.1 mg/l) <input type="checkbox"/> Chlorine when supplementing UV systems with multiple service connections (0.2 mg/l)	Appropriate test kit on site <input type="checkbox"/> Yes <input type="checkbox"/> No
Manufacturer and Model of each disinfection system component	
Manufacturer _____	Model _____
Manufacturer _____	Model _____
Manufacturer _____	Model _____

Intakes and Filters

Intakes <input type="checkbox"/> Floating Filters <input type="checkbox"/> Suspended Filters <input type="checkbox"/> Submersible pump <input type="checkbox"/> Other:		
Continuous Filtration Type (ponds) <input type="checkbox"/> Slow Sand Filter <input type="checkbox"/> Pressurized Rapid Sand Filter <input type="checkbox"/> Precoat Filter <input type="checkbox"/> Other (specify):		
Cyst and other Cartridge Filters Type	Micron size rating	Flow rate of filter(s) GPM
_____	_____	_____
_____	_____	_____
_____	_____	_____
Comments		

Retention or Mixing Tank

Make	Model	Capacity Gallons
List all additional filters or treatment systems installed on system (i.e. cartridge filters, slow sand, rapid sand, carbon filter, water softeners, anion exchange, other)		
