

Ohio Department of Health
JOB STATUS / COMPLETION FORM
Cistern / Hauled Water Storage Tank

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	Type of System <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Storage Tank
Briefly list all work completed - (Examples: "dug hole for tank"; "set tank", "installed pump")	

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.

Construction Details Cistern Hauled Water Storage Tank

Roof Washer / Debris Trap (Cistern)

Roof Area	Sq Ft	Manufacturer	Materials		
Location		Size		Height	
		Length	Width	inches	
				inches	inches

Tank

Tank Manufacturer	Materials	Capacity
Dimensions		Size of Manhole/Riser
Length	Width	Height
feet	feet	feet
		inches

Method of Water Intake

Type
<input type="checkbox"/> Flotation Device <input type="checkbox"/> Submersible Pump <input type="checkbox"/> Other (specify):

Filter

Type	Location	Size
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Pump

Location	Capacity
	GPM

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

Installed
<input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", complete the Continuous Disinfection Job Status / Completion Form.

Other Water Treatment Components

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