

County / City
Wood

Local Fee
\$245.00

State Fee
\$74.00 / \$20.00

Total Fee Owed
\$339.00

Receipt #
269978

Permit #
514430

OHIO DEPARTMENT OF HEALTH APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM

NOTE: Read the application instructions on the next page.

Complete form as directed. Form may be completed on the computer then printed or printed and completed by pen or typewriter.

CHECK ALL BOXES, IN THIS SECTION, THAT APPLY TO THE PERMIT REQUEST.

Type of Work: <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Alteration (includes expanding existing systems) <input checked="" type="checkbox"/> Emergency Construction <input type="checkbox"/> Sealing Only <input type="checkbox"/> Test Well	<input type="checkbox"/> Replacement System <input type="checkbox"/> Emergency Alteration <input type="checkbox"/> Conversion to a PWS	System will Serve: <input checked="" type="checkbox"/> Single family dwelling <input type="checkbox"/> Two or Three family dwelling <input type="checkbox"/> Multiple dwelling units* (includes MHPs / Campgrounds) <input type="checkbox"/> Building*	Type of PWS or Component: <input checked="" type="checkbox"/> Well <input type="checkbox"/> Pond* <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Continuous Disinfection <input type="checkbox"/> Other _____	System being Sealed: <input checked="" type="checkbox"/> Well <input type="checkbox"/> Cistern <input type="checkbox"/> Hauled Water Tank <input type="checkbox"/> Pond <input type="checkbox"/> Spring
---	--	--	---	--

Public Water Supply is being connected to the residence Geothermal system exists or is planned for this property

*NOTE: If the private water system will serve other than a one, two, or three family dwelling, detailed plans must also be submitted in compliance with rule 3701-28-03 (E) of the Ohio Administrative Code. See site plan addendums for ponds, springs, cisterns, multiple dwelling units, and buildings.

COMPLETE THE FOLLOWING INFORMATION

Property Street Address or Location (include City and Zip Code) 20872 Dunbridge Dunbridge 43414	Parcel # (optional)	Township/City/Village Middleton
--	---------------------	------------------------------------

Owner's Name Herald R Laviol	Owner Mailing Address (Street #, Street, City, State, Zip Code) PO Box 74 Dunbridge 43414	Phone # (419) 308-1542
---------------------------------	--	---------------------------

Check this box if the Owner and Applicant Information is the same. If checked do not fill in applicant information.

Applicant's Name	Applicant Mailing Address (Street #, Street, City, State, Zip Code)	Phone #
------------------	---	---------

All persons, including homeowners, performing work on a private water system must be registered with the Ohio Department of Health as required in Ohio Administrative Code Rule 3701-28-18(A). If the contractor information is not known at time of application, it must be provided prior to the commencement of work as per the requirements in Ohio Administrative Code Rule 3701-28-03(A)(1).

Private Water Systems Contractor Able Well Drilling	ODH Registration # 003131	Phone # 419-352-0007
Private Water Systems Contractor	ODH Registration #	Phone #
Private Water Systems Contractor	ODH Registration #	Phone #

Notice to Applicant: This application will not be processed until the form bears the signature of the applicant and the date (below). This application must be accompanied by the site plan form(s) and the appropriate fee. This application is not approved until it has the date and signature of a registered sanitarian or sanitarian-in training employed by the local board of health.

- I, the undersigned, hereby agree to install, construct, develop or alter the private water system named in this permit application in accordance with the attached site plan and all applicable rules governed by Chapter 3701-28 of the Ohio Administrative Code.
- I, the undersigned, also understand that the issuance of this permit is conditioned upon the right of the department to enter upon the premises of the private system named in this permit at any reasonable time prior to, during, or after completion of the work specified in this permit for the purpose of determining compliance with Chapter 3701-28 of the Ohio Administrative Code.
- I, the undersigned, agree to contact the local health department upon completion of the private water system in order for the local health department to perform the final inspection and collect the water sample.
- I, the undersigned, understand that this permit will expire one (1) year from the date approved and all work must be completed by that date.

APPLICANT'S SIGNATURE Herald R Laviol	DATE OF SIGNATURE 6-28-16
--	------------------------------

READ THE INSTRUCTIONS ON THE NEXT PAGE, THEN COMPLETE THE SITE PLAN FORM

County / City
Wood

Permit #
514436

HEALTH DEPARTMENT USE ONLY

This permit is not valid without the sanitarian signature, approval date, and audit number.

Is a variance being requested prior to the permit being issued?

Yes If checked yes, complete the variance section on the Administrative Summary.

APPLICATION APPROVED BY (RS or SIT Only) <i>Shirley B. Nash</i> <i>Renee Halpern</i>	DATE APPROVED Permit expires one (1) year from this date. <i>6/28/16</i>
--	--



PERMIT EXTENSION		
Approved By	Date Approved	Date Extension Expires

See comments on the Administrative Summary

APPLICATION INSTRUCTIONS

1. This is a two part form: APPLICATION and SITE PLAN
2. The form may be completed:
 - a. By computer, then printing; or
 - b. By printing the blank document, and filling all information with a typewriter or pen;
3. Contact the Local Health Department for the following information:
 - a. Fee information;
 - b. Site Plan completion information (some local health districts require staff to complete site plans);
 - c. Rule information.
 - d. Registered private water system contractor information.
 - i. A complete list of registered private water system contractors is available on the Ohio Department of Health website at <http://www.odh.ohio.gov/odhPrograms/eh/water/water1.aspx>.
4. The applicant must sign and date the application prior to submitting to the Local Health District.
5. The applicable FEES must accompany all applications when submitting to the Local Health District. Applications will not be processed until all fees have been received by the Local Health District.
6. The Local Health District will review the application and site plan and notify you as to the application's status.
7. Contact the Local Health District if you do not receive information about the application status within fifteen (15) business days of submitting the application.

County / City

Permit #

514436

OHIO DEPARTMENT OF HEALTH APPLICATION/PERMIT FOR A PRIVATE WATER SYSTEM SITE PLAN

Property Address

20872 Dunbridge

Owner / Applicant

Gerald Savial

Prepared by

Shirley R. Vack

A site plan addendum form will be required in addition to this site plan form if this private water system permit request is being obtained for:

- 1) any private water system servicing greater than a three family dwelling, or a building;
- 2) any private water system servicing a pond, cistern, spring, or private water system located in an area of known flowing well conditions.

SITE PLAN DRAWING

Check this box if the drawing is supplied on a separate sheet.

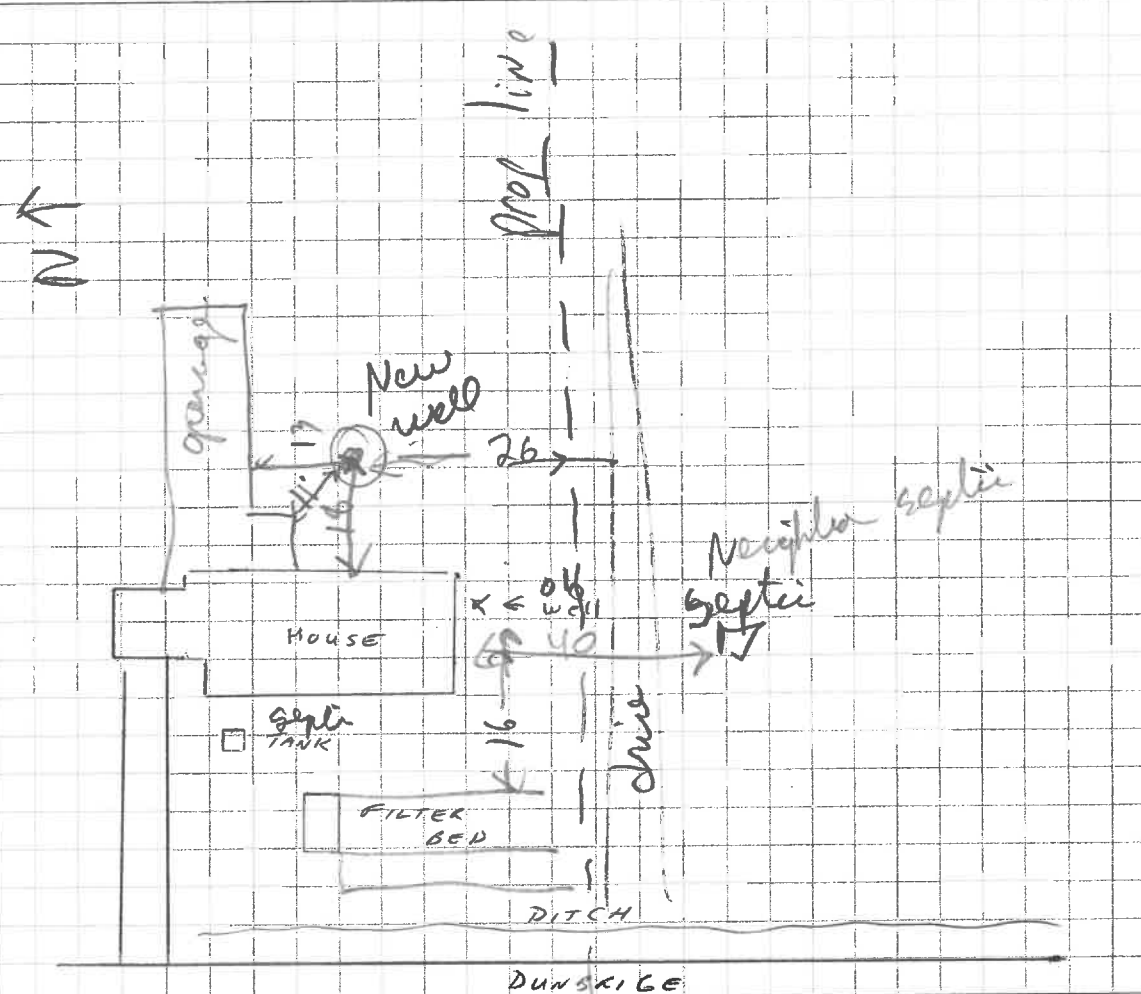
- Clearly indicate the location of all proposed and existing private water systems.
- Clearly indicate all possible sources of contamination from the list to the right, including but not limited to the house, the sewage system and the driveway.
- Clearly indicate the north direction, property lines, roads and road intersections.

LIST OF POTENTIAL CONTAMINATION SOURCES.

Write the distance from the proposed private water system location to the source listed below, if applicable. The minimum distance requirements are indicated in () to the right of the source.

All distances must be specific to the private water system.

- 11 ft House, Building (10ft)
- 26 ft Property lines (10 ft)
- 45 ft Existing or properly sealed water wells (10 ft)
- >10 ft Road right-of-ways and road utility easements (10 ft)
- >10 ft Public Roadways (25 ft)
- 75 ft Driveway or parking lot (5 ft)
- 60 ft Sewer - watertight (10 ft)
- 60 ft Sewage tanks, sewage absorption fields and watertight vault privies (50 ft)
- N/A ft Leaching privies, leaching pits, dry wells, or drainage wells (100 ft)
- N/A ft Unregulated constructed wells or boreholes (50ft)
- N/A ft Geothermal systems (50 ft)
- N/A ft Streams, lakes, ponds (25 ft)
- N/A ft Storm water and other ditches with intermittent water flow (15 ft)
- N/A ft Natural gas or propane tanks (20 ft)
- ft Fuel oil, diesel, chemical, gasoline and other petroleum liquid tanks (50 ft)
- ft Oil and gas wells (100 ft)
- ft Landfills (1000 ft)
- ft Construction and demolition debris facility (500 ft)
- ft Agricultural manure ponds, lagoons, or piles (50-300 ft)
- ft Other: _____



Comments

Emergency attenuation → out of water
Emergency - new well

Please refer to OAC 3701-28-07 for additional required distances.

WOOD COUNTY
HEALTH
DISTRICT
Environmental Health Division

July 28, 2016

Gerald R. Savial
P.O. Box 74
Dunbridge, OH 43414

RE: 20872 Dunbridge Road (Middleton Twp.)

Dear Mr. Savial,

A water sample was taken from the newly installed 63' drilled well servicing the above referenced property on July 25, 2016. The water was **bacteriologically acceptable** at the time of the sample. There was no evidence of total coliform, E. coli or nitrates present at the time of sampling. The well was installed by James Willams (Able Well Drilling).

The well was given final approval by this department on July 28, 2016.

If you have any questions regarding your well, water treatment and/or water sampling please feel free to contact me at (419)354-2702 [Ext. 3235].

Sincerely,



Paul Hagen, R.S.
Registered Sanitarian

CC: Able Well Drilling

JOB STATUS / COMPLETION FORM

RECEIVED JUL 05 2016

Well-Pump-Distribution

ENTERED JUL 05 2016

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

Private water systems contractor <i>Able Well Drilling</i>	Registration number <i>003131</i>	Phone # <i>419-352-0007</i>
Address of property <i>20872 Dunbridge Rd Bg OH</i>	County <i>WOOD</i>	Permit # <i>514436</i>

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 <i>6/29/16</i>	Is this installation for: <input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Alteration
Briefly list all work completed - (Examples: "drilled well", "set pump", "installed pressure tank", "installed UV disinfection system") <i>Dug new well, set pump & tank for homeowner Sealed old well</i>	

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 Manufacturer <i>Simmons</i>	<input checked="" type="checkbox"/> Pitless Adapter <input type="checkbox"/> Pitless Unit	Style <input type="checkbox"/> Clear-way <input checked="" type="checkbox"/> Pull-through <input type="checkbox"/> Other (specify):
Method of cutting hole in casing <i>Hole Saw</i>	Depth below grade <i>4</i> ft. / in.	
Method of attachment to casing <i>Bottom</i>	Pitless Attached to <input checked="" type="checkbox"/> Original Casing <input type="checkbox"/> Casing Extension	

Casing Extension (if applicable)

Type of Original (Existing) Well Casing <input type="checkbox"/> PVC <input type="checkbox"/> Steel Thickness _____ in.	Casing Type used for Extension (if applicable) <input type="checkbox"/> PVC <input type="checkbox"/> 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 <input checked="" type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Hand Pump <input type="checkbox"/> Other (specify):	Depth of pump setting or intake <i>56</i> ft.
---	--

Water pipe/line

Material used outside foundation <i>poly pipe</i>	ASTM Standard <i>D2239</i>	Material used inside foundation <i>poly pipe</i>	ASTM Standard <i>D2239</i>
--	-------------------------------	---	-------------------------------

Service Connections, Backflow Protection Devices and Yard Hydrants

No. of Service Connections	Backflow Protection Devices installed ASSE <input type="checkbox"/> 1013 <input type="checkbox"/> 1015 <input type="checkbox"/> 1024	Yard hydrants installed <input type="checkbox"/> Frost-free <input type="checkbox"/> Sanitary (meets ASSE 1057)
----------------------------	---	--

Pressure Tanks

Location of Pressure Tank <i>SW corner of Garage</i>	NSF 61 Approved <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Pressure Relief Valve Installed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Location of Sample Port <i>8' off ground at tank</i>
---	--	--	---

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

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

WELL LOG AND DRILLING REPORT

1019312

TYPE OR USE PEN
SELF TRANSCRIBING
PRESS HARD

RECEIVED JUL 05 2016

Ohio Department of Natural Resources
Division of Soil and Water Resources, 2045 Morse Road Building B
Columbus, Ohio 43229-6693 Voice (614) 265-6740 Fax (614) 265-6767

ENTERED JUL 05 2016

WELL LOCATION

County Wood Township Middleton

Owner/Builder Gerald Savial
(Circle One or Both) First Last

Address of Well Location 20872 Dunbridge
Number Street Name

City Bowling Green Zip Code +4 43402

Permit No. 514436 Section/Lot No. _____
(Circle One or Both)

Location of Well in State Plane coordinates, if available: Use of Well Domestic

N X _____ +/- _____ ft. or m

S Y _____ +/- _____ ft. or m

Elevation of Well _____ +/- _____ ft. or m

Datum Plain: NAD27 NAD83 Elevation Source _____

Source of Coordinates: GPS Survey Other maps

Sketch a map showing distance well lies from numbered state highways, street intersections, county roads, buildings or other notable landmarks. If latitude and longitude are available please include here: Lat: 41.455961 Long: -83.609554
North

West

East

South

WELL TEST*

Pre-Pumping Static Level 11.5 ft. Date 6/29/16

Measured from: Top of Casing Ground Level Other _____

Air Bailing Pumping* Other _____

Test Rate 11.5 gpm Duration of Test 1.5 hrs.

Feet of Drawdown 4.5 ft. Sustainable Yield 11 gpm

*(Attach a copy of the pumping test record, per section 1521.05, ORC)

Is Copy Attached? Yes No Flowing Well? Yes No

Quality Very good

PUMP/PITLESS

Type of pump Submersible Capacity 10 gpm

Pump set at 56 ft. Pitless Type Summers

Pump installed by Able Well Drilling

I hereby certify the information given is accurate and correct to the best of my knowledge.

Drilling Firm Able Well Drilling

Address 14962 Sand Ridge Rd

City, State, Zip Bowling Green OH 43402

Signed Daniel Hunt Date 6/29/16

ODH Registration Number 003131

CONSTRUCTION DETAILS

Rotary Cable Augered Driven Other _____

BOREHOLE/CASING (measured from ground surface)

1 Borehole Diameter 10 inches Depth 44'4 ft.
Casing Diameter 6 in. Length 46 ft. Thickness _____ in.

2 Borehole Diameter _____ inches Depth _____ ft.
Casing Diameter _____ in. Length _____ ft. Thickness _____ in.

Casing Height Above Ground _____ ft.

Type 1 Steel 1 Galv. 1 PVC 1 _____
2 _____ 2 _____ 2 Other _____

Joints 1 Threaded 1 Welded 1 Solvent 1 _____
2 _____ 2 _____ 2 Other _____

SCREEN

Diameter _____ Slot Size _____ Screen Length _____ ft.

Type _____ Material _____

Set Between _____ ft. and _____ ft.

GRAVEL PACK (Filter Pack)

Material/Size _____ Volume/Weight Used _____

Method of Installation _____

Depth: Placed FROM _____ ft. TO _____ ft.

GROUT

Material Bentrite Volume/Weight Used 250 lbs.

Method of Installation pumped with 2 inch pipe

Depth: Placed FROM 0 ft. TO 44'4 ft.

DRILLING LOG*

INDICATE DEPTH(S) AT WHICH WATER IS ENCOUNTERED.		
Show color, texture, hardness, and formation: sandstone, shale, limestone, gravel, clay, sand, etc.	From	To
Clay	0	42
Limestone	42	63
Water Encountered at <u>48 feet</u>		

*(If more space is needed to complete drilling log, use next consecutively numbered form.)

Date of Well Completion 6/29/16 Total Depth of Well 63 ft.

Completion of this form is required by section 1521.05, Ohio Revised Code - file within 30 days after completion of drilling.

ORIGINAL COPY TO - ODNR, DIVISION OF SOIL AND WATER RESOURCES, 2045 MORSE ROAD BLD. B, COLS., OHIO 43229-669

Blue - Customer's copy Pink - Driller's copy Green - Local Health Dept. copy

WATER WELL SEALING REPORT
OHIO DEPARTMENT OF NATURAL RESOURCES
Division of Soil and Water Resources
2045 Morse Road, Bldg B
Columbus, OH 43229-6693

0217911

RECEIVED JUL 05 2016

ENTERED JUL 05 2016

Voice: (614) 265-6740 Fax: (614) 265-6767

LOCATION

County Wood Township Middleton Circle One or Both Section/Lot Number _____

Owner/Builder Donald Savial
Circle One or Both

Address of Well Location 20872 Dunbridge Rd
Number Street Name

City Bowling Green Zip Code 43402

Property Location 2.05 miles north of Elm Street
Description n, e, s, w nearest intersection

on the East side of Dunbridge road name
n, e, s, w

Location of Well in either: State Plane OR X Y
Latitude/Longitude { Check ONE In Decimal Degrees Degrees Minutes Degrees Min. Sec. }
Latitude 41 45 59.61 Longitude 83 6 09.55 4

Elevation of Well _____ +/- _____ ft. or m Datum Plain: NAD27 NAD83

Source of Coordinates: GPS Survey Other maps
(circle one)

ORIGINAL WELL ODNR Well Log Number NA Copy attached? Yes or No (circle one)

MEASURED CONSTRUCTION DETAILS

Date of measurements 6/29/16

Depth of Well 62 Static Water Level 12

Size of Casing 4 Length of casing 42

Well Condition poor casing condition

SEALING PROCEDURE

Method of Placement dry pour Sealing Material stake ply Volume 250 lbs

Placement: From 0 To 62
From _____ To _____
From _____ To _____

Was Casing Removed? Yes or No (circle one)

Condition of Casing poor - cut off 2 feet below grade
Perforations: From _____ To _____
From _____ To _____

Date Sealing Performed 6/29/16
Reason(s) for Sealing poor condition needed upgraded mud more secure to drill new

CONTRACTOR

Name Mike Well Drilling ODH Registration # 005131

Address 1102 Sunnyside Blvd
City/State/Zip Bowling Green, OH 43402

Signature [Signature]

I hereby certify the information given is accurate and correct to the best of my knowledge.