



Private Water System Well Conversion Application

Applicant/Property Information (Complete The Following Information)		
Property Owner:	Phone:	Township:
Mailing Address:	City/State/Zip:	
Property Address:	City/Zip:	
Email:	Location on Property of Well to be Converted:	

According to Ohio Administrative Code (OAC) Section 3701-28-17 the following must be completed to maintain a well as an agricultural water source:

- (D) When a replacement private water system, or a public water system is installed, or a connection is made to a public water system, any private water system that is not providing the primary source of water shall be sealed or decommissioned pursuant to the provisions of this rule within thirty days, unless the following conditions can be met:
 - (1) The private water system owner demonstrates to the satisfaction of the board of health that the private water system(s) will not cause or contribute to contamination of the ground water supply, present a safety hazard, or present a public health nuisance;
 - (2) Except for conditions cited in this rule, the private water system is, and will be maintained in compliance with this chapter;
 - (3) Demonstration of compliance for a well must include an ability to be tested, a water sample, the presence of an operational pumping system and one or more of the following:
 - (a) A well log;
 - (b) A downhole camera video survey;
 - (c) A dye test; or
 - (d) An assessment performed by a registered private water systems contractor or the board of health that the system meets the requirements of this chapter.
- (E) Except when a private water system well is sealed, a completion form for decommissioning or retaining a private water system no longer providing water for human consumption as defined in paragraph (CCC) of rule [3701-28-01](#) of the Administrative Code shall be filed with the board of health.

I/We agree to maintain this well in compliance with OAC 3701-28 governing private water systems. If for any reason this well is no longer utilized I/We agree to contact the Wood County Health Department and follow proper well abandonment procedures.

Owner Signature(s) Date

*******Office Use Only*******

Approve Deny

Blue File: Yes No

Comments/Observations: _____

Environmental Health Specialist (Printed Name) (Signature) Date