



Public Health
Prevent. Promote. Protect.
Geauga Public Health

GEAUGA PUBLIC HEALTH

12611 Ravenwood Dr., Suite 301, Chardon, OH 44024-1071

RECEIPT # _____

HOUSEHOLD WATER SYSTEMS EVALUATION

Water Evaluation: \$90.00 / Re-samples: \$90.00 each

Fee is NON-REFUNDABLE

Part I: Applicant MUST complete ALL Items

Location to be evaluated:

Address: _____

Township: _____

Current Owner's Name: _____

Is House: () Occupied? () Vacant?

Party providing access to the property:

Name: _____

Address: _____

City, State, Zip: _____

Phone #: _____

Results to be mailed to:

Name: _____

Phone #: _____

Address: _____

City, State, Zip: _____

*****If a water sample is marked other than acceptable, this department requires one consecutive acceptable sample*****

The professional "OPINION" may be rendered without knowing of some of the individual components of the household water supply system and is highly contingent upon lab results. Since systems can be either totally or partially enclosed, and every component cannot be viewed. This "OPINION" and test results does not guarantee the future quality of the water or the performance of the household water supply system. **A \$55.00 revisit fee will be charged for a return trip if the building was unattended and a sample could not be collected or the sample contained excessive chlorine.**

Signature of Applicant / Date

BELOW THIS LINE FOR HEALTH DISTRICT USE ONLY

(Check appropriate box and complete all questions)

Part II: Water Supply () Known () Unknown () Not Applicable

***Source of Water:**

() Drilled Well () Cistern

() Driven Well () Pond

() Dug Well () Spring

***Location & Type of System:**

() Raised Casing () Outside Foundation

() Buried Casing () Inside Foundation

() Well Pit () Basement Off-Set

***Sample Collected From:** _____

*** Laboratory Results:**

() **Acceptable:** The laboratory report indicates that the water is **ACCEPTABLE** to drink.

The water sample tested _____ total coliform units.

The Ohio Department of Health standard is four (4) or less total coliform units.

() **Unacceptable:** Water is **UNACCEPTABLE** to drink; refer to the enclosed directions for disinfection procedure and re- sampling information.

The water sample tested _____ total coliform units.

The Ohio Department of Health standard is (4) or less total coliform units.

() **Unacceptable:** Water is **UNACCEPTABLE** to drink; refer to the enclosed directions for disinfection procedure and re- sampling information.

The water sample tested _____ E. Coli units.

The Ohio Department of Health standard is ZERO (0) detectable E. Coli.

*From test results obtained, it is my "OPINION" that this water system supply () IS () IS NOT satisfactory for the subject property. This "OPINION" does not assess the amount of water or chemical quality.

Inspector: _____

Date: _____



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HOUSEHOLD WATER SYSTEM EVALUATION WAIVER

IMPORTANT NOTE: ONCE A WRITTEN REQUEST HAS BEEN MADE FOR THIS SERVICE, THE FEE IS NON-REFUNDABLE

The professional “*OPINION*” may be rendered without knowledge of some of the individual components of the water supply system and is highly contingent upon observational information. Since systems can be either totally or partially covered and every component cannot be viewed, this “*OPINION*” does not guarantee the future performance of the system.

This department will perform an evaluation of an existing water supply system upon received of a completed application and waiver and correct fee. This service will consist of an evaluation report based on information from any of the sources listed below:

- Records and permits on file with department
- Property owner(s)
- Observations made during the field visit
- Laboratory results of water sample collection

This department’s evaluation may be inconclusive because of lack of information, forms, records, or field visit. Your signature below acknowledges your understanding of this service.

Address of property to be evaluated: _____ Twp: _____

BOTH LINES MUST BE SIGNED:

Current Owner: _____ Signature _____ Date _____
(please print)

Requestor: _____ Signature _____ Date _____
(please print)