OHIO DEPARTMENT OF HEALTH PERMIT TRANSMITTAL FOR PRIVATE WATER SYSTEMS

Fees submitted for the Private Water Systems Program by the Board of Health as per Sections 3701.344, 3701.347, and 1521.05 of the Revised Code and Section 3701-28-06 of the Administrative Code. Fee payment must be submitted as required in section 3709.092 of the Revised Code.

DEC 3 '15

Name of Health District: Meigs County

Ohio Department of Health State Fee

Number	*Amount*	*Type*
1	x $ 74.00	New Installation Permits
	x $ 0.00	Alteration Permits
	x $ 0.00	Sealing Permits
	$ 74.00	Total ODH State Fee amount accompanying this report

Ohio Department of Natural Resources State Fee

Number	*Total Amt Collected*	*LHD Retained*	*Submitted ODNR Amt*	*Type*
1	x $ 20.00	x $ 2.00	x $ 18.00	New Installation Permits requiring a well log
	$ 20.00	$ 2.00	$ 18.00	Total ODNR State Fee amount accompanying this report

This is to certify that the private water systems listed on the attached permit report and summarized above have been issued in accordance with Chapter 3701-28 of the Ohio Administrative Code and that permits were issued.

Date From: 7/1/15 Date To: 9/30/15

State Of Ohio
GENERAL RECEIPT

OHIO DEPARTMENT OF HEALTH
ENVIRNM. HLTH & RAD

Receipt #: 00612470
Batch #: 16-3213

Received For: MEIGS COUNTY HEALTH DISTRICT
From: MEIGS COUNTY AUDITOR

Date Received: 12/3/2015

Amount: $74.00
For: PRIVATE WATER SYSTEMS

Check #: 16921

Received By: Debi Santarelli

If state fees are not collected or permits are not issued during the above referenced quarterly time period, transmittals and reports must still be submitted by the above referenced submittal date.

HEA 5435 (REV 06/2011) Ohio Department of Health

2140

OHIO DEPARTMENT OF HEALTH PRIVATE WATER SYSTEMS PERMIT REPORT

Name of Health District	Permits Issued	Permit Year	Quarter
MEIGS COUNTY		2015	3RD

Contact Person	Phone #	Date From	Date To
Steve Swatzel	740 444 4281	07/01/2015	9/30/2015

Audit Number	System Owner (first and last name)	System Address (include street number, street name, direction, city, zip)	Source Code	Permit Type	Private Water Systems Contractor Name	ODH Amount ($74.00)	ODNR Amount ($18.00)
518991	Ex. 6 Personal Privacy (PP)		1	N	Smiths Well Drilling	$ 74.00	$ 18.00
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$
						$	$

TOTALS: $ 74.00 | $ 18.00

(only add totals to last page)

Source Code

1. Well 2. Spring 3. Pond 4. Cistern 5. Hauled Water Storage Tank 6. Combination of systems including a well
7. Combination of systems not including a well 8. Conversion of a well not previously approved as a PWS into a PWS 9. Test Well

Permit Type

N - New Construction A - Alteration S - Sealing

Quarters

1st Quarter: Jan 1 - Mar 31
2nd Quarter: Apr 1 - Jun 30
3rd Quarter: Jul 1 - Sep 30
4th Quarter: Oct 1 - Dec 31