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APPLICATION FOR:
 ☆ Existing Private Water System Evaluation
 ☆ Water Sample Request

Office use Only

Date received	Date paid	Receipt Number	Amount
Services Applied For	Schedule Date	Time	
___ Water Sample			
___ PWS Inspection			
Location/Name			

How to Apply:

- Please complete and return to this packet along with appropriate fee(s). Fill out application completely and return with payment to the Highland County Health Department (HCHD) at the address listed above. Incomplete applications may result in a delay of processing. If there are multiple systems servicing multiple buildings onsite, then an application must be submitted for each system to be evaluated/sampled.
- After receiving the completed form and payment, a representative from HCHD will contact you to arrange a time for sampling and/or your Private Water System evaluation (PWS).
- All requested services must be paid for in advance prior to the evaluation/sampling.
- No results will be released until all invoices are paid.
- No out of state personal checks are accepted.
- The fees are not refundable after the evaluation/water sample has been performed. If a refund is requested **prior to scheduling**, the **original receipt** must be returned to our department along with a written request for a refund. It may take several weeks to process the refund.

For Transfer of Sale /Refinancing inspections:

- It is important to plan ahead and schedule the evaluation at least 2-3 weeks prior to closing.
- It is recommended to have the evaluation performed prior to listing the property instead of during or even after its sale.
- Prior to sampling, contact lender regarding what type of water samples that may be required.

Things to be aware of:

- The opinion rendered by the Board of Health in this evaluation applies only to the date and time that the PWS evaluation and/or water sample was performed. This opinion does not guarantee future performance of the system.
- Inspections may require access inside home for some PWS components and water sampling.
- An adult must be onsite at scheduled appointment time to allow access for inspection as needed.
- Please allow 14 business days for completion of PWS evaluation report. Water sample results may take longer.
- Fill out application completely. Incomplete applications may result in a delay of processing.

Water Sampling:

- HCHD uses MASI Environmental Laboratories.
- Cost is based on multiple factors 1) type and # of samples, 2) lab pick-up fee, 3) if the sample is done by the HCHD or dropped off.
- Due to schedule of the lab pick up, **all water samples can only be taken on Monday afternoons** so please plan accordingly. Holidays may affect lab availability.
 When to expect results: Bacterial samples if taken on Monday are generally back by Friday that same week.
- Other types of samples (lead, nitrates, etc.), the lab has a least 10 business days for reporting.
- Some tests require specialized bottles and hold times – bottles may need to be ordered, so testing may be delayed 1 to 2 weeks.

SERVICES OFFERED, DESCRIPTION AND PRICING

Pricing effective local effective 11/6/2023;; MASI sample costs effective 1/1/2024

Private Water System (PWS) Evaluation

PWS evaluation will disclose the condition/status of the system. 1. Appears to be functioning properly (with or without additional comments) or 2. May pose a health risk and requires repair.

Results: Inspection report provided; **No water sample included**

Cost:

Fee	\$47.00
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Water sample Requests:

Sampling is pre- scheduled for Monday afternoons between noon and 4 pm. If dropping off samples: those samples must be brought to the HCHD between noon and 2:30 pm on the predetermined Monday that is scheduled at time of payment. Samples taken prior to Monday noon (12pm) will not be tested and fees will still be accessed.

Select sampling option below:

Water Sample(s) taken by HCHD

Select this option when needing sample results for inspection purposed to satisfy a transfer of sale, lending agency, licensure requirements, NPDES requirements or personal knowledge.

Results: A copy of the lab analysis will be provided

Cost: *Add the following together to obtain total cost)*

HCHD fee	\$38.00
Lab pickup fee	\$16.95
Total Sample fee From chart on pg. 2	
Total Cost	

Water Sample drop off

Select this option when a private Individual wants to take a water sample(s). This option shall not be used for inspection purposes to satisfy a transfer of sale or lending agency requests. See Homeowner Water Sampling instructions enclosed in this application.

Results: A copy of the lab analysis will be provided

Cost: *Add the following together to obtain total cost*

HCHD fee	n/a
Lab pickup fee	\$16.95
Total Sample fee From chart on pg. 2	
Total Cost	

Active PWS permit sample

HCHD must take Total Coliform water sample(s) and nitrate prescreen to satisfy permit process.

Results: A copy of the lab analysis will be provided

Cost covered by permit. (Up to 3 Total Coliform Samples while permit is open.)

Permit #:	
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2024 Water Sample Selection & Pricing Chart

N/A or What type of water sample(s) is being requested? Check all that apply

How many samples?	ENTER COST OF SAMPLE(S)	MASI Laboratories: 2023 Pricing Drinking Water: PARAMETER	COST	LAB SHEET COLOR	TEST NUMBER	Bottle
		Potable: PARAMETER				
		Total Coliform Quanti-Tray Result = Colony count	\$31.25	Green	376	100 ml
		Total Coliform MMO_MUG: Result = Presence/absence	\$22.35	Green	140	100 ml
		E-Coli Quanti-Tray	\$26.75	Green	QT 1173	100 ml
		E-Coli MMO_MUG	\$26.75	Green	265	100 ml
		Arsenic	\$24.50	Pink	13	250 ml
		Hardness	\$28.50	Pink	66	250 ml
		Herbicides – Full Method List	\$187.55	Pink	515	250 ml
		Iron	\$24.50	Pink	868	250 ml
		Lead (First Draw) (for plumbing)	\$24.50	Pink	977	1 liter
		Lead (Total) (for aquifer)	\$24.50	Pink	971	250 ml
		Lead & Copper Rule (First Draw)	\$49.05	Pink	857/977	250 ml
		Manganese	\$24.50	Pink	878	250 ml
		Nitrate (reported as Nitrate + Nitrite)	\$22.25	Pink	89	250 ml
		Nitrite	\$22.25	Pink	90	250 ml
		Pesticides – Full Method List	\$187.55	Pink	508	1L Amber jar
		pH	\$11.75	Pink		250 ml
		VOC/21 Regulated list	\$131.25	Pink	154	250 ml
		Non-Potable: PARAMETER				
		BOD 5 Day	TBD	Yellow	23	250 ml
		CBOD 5 Day <i>NPDES Permit requires annually</i>	\$39.85	Yellow	33	250 ml
		Dissolved Oxygen <i>NPDES Permit requires annually</i>	TBD	Yellow	56	250 ml
		E. Coli <i>NPDES Permit requires annually</i>	\$24.50	Yellow	219	100 ml
		Fecal Coliform - CFU	\$24.50	Yellow	58	100 ml
		Fecal Coliform - MPN	TBD	Yellow	272	100 ml
		Herbicides – Full Method List	\$187.55	Yellow	8151	1L Amber
		Nitrogen Ammonia <i>NPDES Permit requires annually</i>	\$29.35	Yellow	91	250 ml
		Pesticides & PCBs– Full Method List	\$187.55	Yellow	608/8081	1L Amber
		Suspended Solids (mg/l) <i>NPDES Permit requires annually</i>	\$24.50	Yellow	117	250 ml
		Other:	TBD	TBD	TBD	TBD

TOTAL LAB SAMPLE FEE

Enter this amount on page 1 where indicated.

Fee calculation Example

	<i>HCHD takes</i>	<i>Drop-off</i>
<i>HCHD fee if takes</i>	\$38.00	n/a
<i>Lab pickup fee</i>	\$16.95	\$16.95
<i>Lab sample fee total – example Total coliform QT</i>	\$31.25	\$31.25
Total cost	\$86.20	\$48.20

LOCATION TO BE EVALUATED:

Property Address:			Township:		
Property City:		Zip:	Parcel #:		
Has owner given permission for review to be completed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is the Owner the same person as the Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Owners/Sellers Name:			Applicant Name (if different from Owner/Seller):		
Owner Mailing Address:			Applicant Mailing Address:		
City:	State:	Zip:	City:	State:	Zip:
Owner phone:	Owner cell:		Applicant phone:	Applicant Cell:	
Owner e-mail:			Applicant e-mail:		
Name of person who should be contacted to schedule inspection?				Contact phone:	
___N/A or Name of individual granting access to the home during				Contact phone:	

Results to be Communicated* to:

One copy of the evaluation report/results will be released to owner or person as indicated in this application. It shall be that person's responsibility to distribute copies of the report to any purchaser, bank, realtor, title company, etc.

Name*			Phone
Address			Email
City	State	Zip	How do you want the results (Check one)? ___ Email., ___ Mail, or ___ Pick up at HCHD

Private Water System (PWS) information: (Please fill out to the best of your knowledge)

1. PWS System type: (circle one)
 Drilled Well Driven Well Dug Well Cistern Spring Pond Hauled Water Tank Unknown
2. Age of private water system: _____
3. Is the home/building currently occupied? Yes No
 If no, is the electric on to where water can be obtained from a tap? Yes No
4. Does the system have an automatic disinfection system? Yes No
 If yes, please select disinfection type: ___ UV Light ___ Chlorination ___ Other
5. Where is the pressure tank located?
 ___ Under house (crawl space) ___ Inside house ___ Outside in pit ___ Other
6. Are you having trouble with your private water system? Yes No
 If yes, please explain: _____

7. Has the system been chlorinated recently? Yes No If yes, when: _____
8. ___N/A or Which best describes why a water sample is being requested:
9. ___Part of new PWS permit ___Personal knowledge ___Required by licensure (day care, food facility etc.)
10. ___Part of real-estate sale/refinance ___ Other:

Applicant's Agreement

*** PLEASE READ THE FOLLOWING SECTION CAREFULLY BEFORE SIGNING ***

I, the undersigned, have read, understand, and agree to the conditions stated in this application.

I, the undersigned, certify that the information provided in this application is accurate and I have been authorized by the owner to make this application as his/her agent.

I, the undersigned, acknowledge that the conclusions in this evaluation are opinions based on written documentation available in the Health District archives, a visual inspection of accessible components of the private water system (PWS).

I also understand that the conclusions and/or results of this evaluation are with respect to the effectiveness of the PWS at the time of the inspection and in no way guarantees the future performance of the system.

I understand that any of the following MAY HINDER a full evaluation of the PWS system:

All components (as applicable) not being clearly visible to the Environmental Health Specialist, as is the responsibility of the homeowner or person requesting the evaluation.

No access to the property and house.

Power supply not available to run necessary components of the PWS.

For water tests, DO NOT CHLORINATE the well immediately prior to water sample. The water should not be tested for at least 48 hours after the chlorination process is complete. Our office will test for the presence of chlorine at the time of sampling, if chlorine residual is present, we cannot test the water. The only exception would be if the PWS has a continuous chlorination system. Chlorine test strips are available through this office.

Unless the applicant states where the water sample is requested to be taken, HCHD will take the sample from a point of human consumption.

If the Private Water System (PWS) is sampled and exceeds the maximum contaminant levels per OAC 3701-28-04, the PWS may be disinfected and re-sampled at cost to the requestor if it is well water. Additional requirements may be necessary for springs, cisterns, and other water sources.

I also understand that if the PWS is found to be posing a potential health risk, HCHD may issue orders to make the necessary corrections.

Owner/Agent Signature*:

Date:

HOMEOWNER WATER SAMPLING INSTRUCTIONS for drop-off samples

- 💧 **Stop in:** Come to the HCHD and pay for the sample PRIOR to scheduled day of test. At that time, you will receive a sampling packet [A pre-sterilized 100ml sampling bottle; a MASI sampling form; Chlorination test strips; and Isopropyl alcohol wipes]
- 💧 **Contact the HCHD:** On the Monday morning of the day, you will be taking the test, call the HCHD to let us know when you will be bringing in the water sample. Samples can be dropped off on Monday afternoon between 12pm and 2:30 pm. (This is due to the lab closing at 3 pm on Mondays)
- 💧 **Sampling Procedure**
 - Remove faucet cap and any plastic inserts if possible.
 - Sanitize with Isopropyl alcohol wipe the inside of faucet and around nozzle.

 - Turn on cold water. Test for chlorine. If strip turns color (purplish -blue) then stop. If no indication of chlorine is present, then proceed to allow water to run for 10 minutes.
 - Sanitize your hands.
 - Open bottle and fill past the 100 ml mark, into the neck of bottle, but allowing a small air gap between the top of the water and the lid. Try to minimize the amount of time the bottle is opened. DO NOT TOUCH the rim or the inside of bottle.
 - Do not touch the inside of the lid. Please the lid back on the bottle to reseal.
- 💧 **Record information on MASI form:** Sampler's name; Sample tap (ex. Kitchen sink, bathroom sink, etc.); Address of private water system - include city; Date the sample was taken; Time sample was taken – be sure to mark AM or PM and what the test is for.
- 💧 **Keep sample cool** at approximately 41 degrees Fahrenheit. DO NOT let sample FREEZE.
- 💧 **Return** to the HCHD as soon as possible. **Again, samples need to be dropped off on Monday between 12pm and 2:30 pm.**