

WATER SYSTEMS EVALUATION

FORM PROVIDED BY: **STARK COUNTY HEALTH DEPARTMENT**
3951 CONVENIENCE CIRCLE NW • CANTON, OH 44718 • PHONE (330) 493-9904 • FAX (330) 493-9920
www.starkhealth.org

THIS INSPECTION WAS CONDUCTED BY: _____

TESTS REQUESTED: _____ WATER [Data Required: _____ Total Coliform _____ Flow Rate _____ Lead _____ Nitrate/Nitrite]

PROPERTY LOCATION: _____ PARCEL #: _____

CITY: _____ ZIP: _____ MAIL RESULTS TO: _____

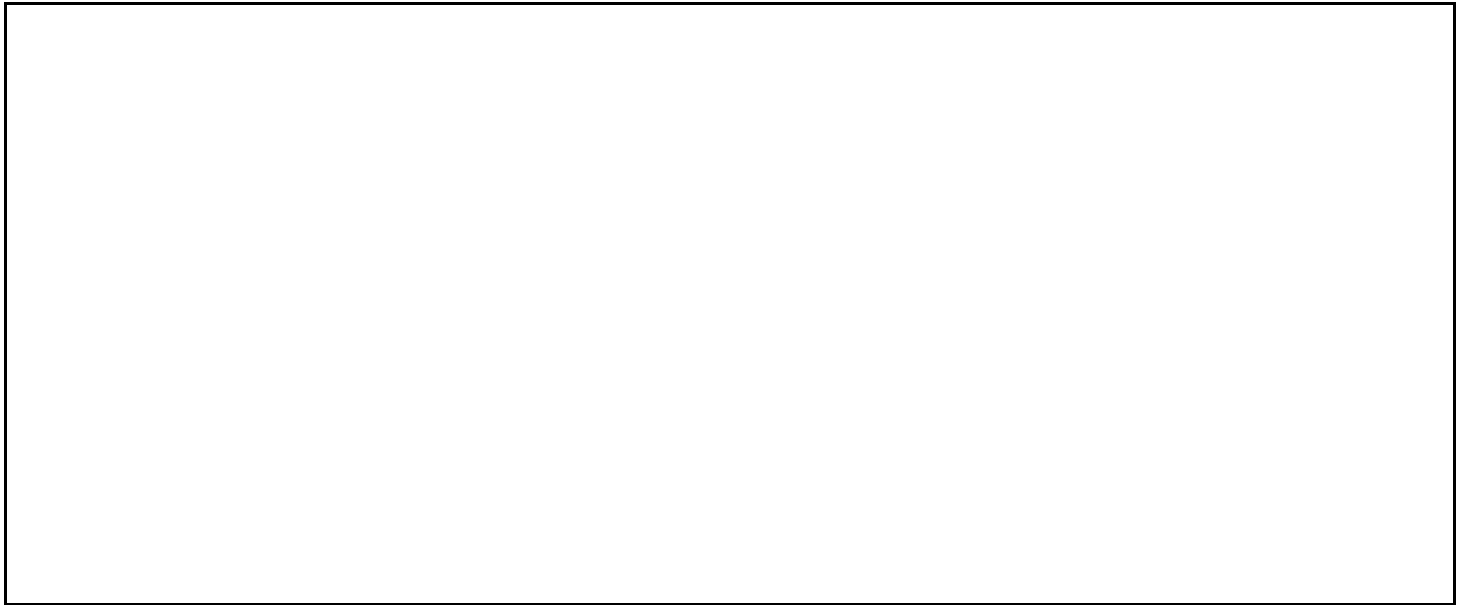
TOWNSHIP: _____ ADDRESS: _____

OWNER: _____ CITY: _____ STATE: _____

OWNERS PHONE: _____ ZIP: _____ PHONE: _____

PERSON RESPONSIBLE FOR ACCESS & TITLE: _____

TELEPHONE (H): _____ (W): _____ (CELL): _____



PROPERTY DIAGRAM, (INCLUDE NORTH ARROW AND DISTANCES)

MUNICIPAL WATER: _____ YES _____ NO WATER SYSTEM RECORDS AVAILABLE? _____ YES _____ NO (IF YES, ATTACH.)

PRIVATE WATER SYSTEM CONSISTS OF: _____ DRILLED WELL _____ DRIVEN WELL _____ DUG WELL _____ CISTERN _____ SPRING
_____ OTHER, EXPLAIN _____

TYPE OF CASING: _____ STEEL _____ PLASTIC _____ OTHER, (SEE COMMENTS) DIAMETER: _____ INCHES

CASING LOCATION: _____ OUTSIDE FOUNDATION _____ INSIDE FOUNDATION

CASING IS: _____ EXPOSED _____ WELL PIT _____ UNABLE TO LOCATE (BURIED) _____ OTHER, (SEE COMMENTS)

TYPE OF SEAL: _____ SANITARY WELL SEAL _____ PITLESS ADAPTER CAP _____ OTHER _____

TYPE OF PUMP: _____ SUBMERSIBLE _____ JET (LOCATION: _____) _____ OTHER _____

TYPE OF STORAGE: _____ PRESSURE _____ GRAVITY, DESCRIBE: _____

LOCATION, DISTANCE TO (FEET): _____ SEWER LINE _____ FOUNDATION _____ PRIMARY SEWAGE TREATMENT

_____ SECONDARY SEWAGE TREATMENT _____ OTHER POTENTIAL SOURCES OF CONTAMINATION

IS WELL ACCESSIBLE FOR CHLORINATION: _____ YES _____ NO IF NO, EXPLAIN: _____

HOME WATER SYSTEM HAS: _____ CHLORINATOR _____ SOFTENER _____ FILTER(S) _____ OTHER, (SEE COMMENTS)

TESTS RESULTS: BACTERIA SAMPLE , (ATTACH RESULTS)

LOCATION: _____ RESULT: _____ DATE: _____ INSPECTOR: _____

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LOCATION: _____ RESULT: _____ DATE: _____ INSPECTOR: _____

IF REQUIRED: LEAD: _____ MICROG/L 1ST DRAW _____ MICROG/L FLUSH **NITRATE:** _____ MG/L

APPROX. FLOW RATE: _____ GPM INITIAL FLOW _____ GPM AFTER RUNNING 35 MINUTES LOCATION: _____

BASED ON AVAILABLE INFORMATION THE WATER SYSTEM IS:

- _____ HOME IS VACANT. THEREFORE, WATER SYSTEM HAS NOT BEEN IN FULL USE AND MAY NOT SHOW SIGNS OF DEFECTS, IF ANY, UNTIL FURTHER USE.
- _____ SATISFACTORY
- _____ SATISFACTORY, HOWEVER SEE COMMENTS
- _____ UNSATISFACTORY

COMMENTS CONCERNING THIS WATER SYSTEM: _____

THIS EVALUATION ONLY APPLIES TO THE DATE AND TIME THE EVALUATION IS MADE, AND IS BASED ON A VISUAL INSPECTION ONLY. KNOWLEDGE OF THE INDIVIDUAL COMPONENTS MAY BE LIMITED. THIS EVALUATION DOES NOT GUARANTEE THE FUTURE CONDITION OR PERFORMANCE OF THE WATER SYSTEM. THE WATER SYSTEM TEST DOES NOT ASSESS THE CHEMICAL QUALITY OF THE WATER, OTHER THAN WHAT IS LISTED ABOVE. PLEASE NOTE THAT MANY FACTORS DETERMINE FLOW RATE, SUCH AS: PIPE SIZE, PUMP SIZE, SAMPLE LOCATION, STORAGE TANK PRESSURE, AND WELL PRODUCTION.

INSPECTOR'S SIGNATURE: _____ **DATE:** _____