



Water System 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

THE INSPECTION WAS CONDUCTED BY: _____

TEST REQUESTED: _____ TOTAL COLIFORM _____ FLOW RATE _____ NITRATE/NITRITE

PROPERTY ADDRESS: _____ **PARCEL:** _____

CITY: _____ **ZIP:** _____ **TOWNSHIP:** _____

OWNER: _____ **OWNER'S PHONE:** _____

BUYER: _____ **BUYER'S PHONE:** _____

PERSON RESPONSIBLE FOR ACCESS & TITLE: _____

PHONE: _____ **CELL:** _____ **FAX:** _____

EMAIL RESULTS TO: _____

(or) **FAX TO:** _____ **FAX NUMBER:** _____

(or) **MAIL RESULTS TO:** _____ **ADDRESS:** _____

PROPERTY DIAGRAM TO BE SUBMITTED ON 8.5 x 11 PAPER, ATTACH TO EVALUATION

MUNICIPAL WATER? (YES / NO) **WATER SYSTEM RECORDS AVAILABLE?** (YES / NO) if yes attach

PRIVATE WATER SYSTEM COSTRUCTION DATE: _____

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

TYPE OF CASING: ___ STEEL ___ PLASTIC ___ OTHER (see comments) **DIAMETER:** _____ **LENGTH:** _____

CASING LOCATION: ___ OUTSIDE FOUNDATION ___ INSIDE FOUNDATION

CASING IS: ___ EXPOSED ___ IN WELL PIT ___ UNABLE TO LOCATE (BURIED) ___ OTHER (see comments)

TYPE OF SEAL: ___ SANITARY WELL SEAL ___ PITLESS ADAPTER CAP ___ OTHER, LIST _____

ELECTRICAL CONDUIT IS SEATED/SEALED IN CAP: (YES / NO)

TYPE OF PUMP: ___ SUBMERSIBLE ___ JET (LOCATION: _____) ___ OTHER (see comments)

TYPE OF STORAGE: ___ PRESSURE ___ GRAVITY, DESCRIBE _____

LOCATION, DISTANCE TO: ___ SEWER LINE ___ FOUNDATION ___ OTHER POTENTIAL CONTAMINATION

___ PRIMARY SEWAGE TREATMENT ___ SECONDARY SEWAGE TREATMENT ___ PROPERTY LINE

IS WELL ACCESSIBLE FOR CHLORINATION: (YES / NO) IF NO EXPLAIN: _____

HOME WATER SYSTEM HAS: ___ CHLORINATOR ___ SOFTENER ___ FILTER(S) ___ OTHER (see comments)

IS AN ADDITIONAL WATER SOURCE AVAILIABLE: (YES / NO) IF YES EXPLAIN: _____

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PROPERTY ADDRESS: _____ **TOWNSHIP:** _____

BACTERIA TEST RESULTS, (ATTACH)

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

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APPROXIMATE FLOW RATE: _____ GPM INITIAL FLOW _____ GPM AFTER 35 MINTUES

LOCATION: _____ **IF REQUIRED:** NITRATE: _____ MG/L

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 LISTED BELOW.

_____ UNSATISFACTORY

COMMENTS CONCERNING THIS WATER SYSTEM: _____

THIS EVALUATION ONLY APPLIES TO THE DATE AND TIME THE EVALUATION WAS MADE, AND IS BASED ON A VISUAL INSPECTION ONLY. KNOWLEDGE OF THE INDIVIDUAL COMPONENTS MAY BE LIMITED. THIS EVALUATION DOES NOT GURANTEE 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.

**SEE WATER SYSTEM EVALUATION CERTIFICATE OF REVIEW FOR HEALTH DEPARTMENT
RECOMMENDATIONS**

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