



Public Health
Prevent. Promote. Protect.
Greene County

Evaluation of a Private Water Supply System

Date: _____
Receipt: _____

Location of PWS to be inspected:

Mail results to:

Name

Address

City

Township

Subdivision

Lot #

Date system was installed

Name

Address

City

State

Zip

Phone

Email

The evaluation of this private water system by Greene County Public Health does not constitute, nor imply, any warranty of the future performance of this system. The opinion given by this evaluation is rendered without the knowledge of condition for some of the system parts, and applies only to the date and time the inspection was made. Additionally, the Health District does not have the ability to render a judgement on water quantity.

This private water system (PWS) consists of:

- Drilled well
- Dug well
- Cistern
- Indoor storage tank
- Hauled water storage tank
- Pond
- Spring
- Unknown source

The well is terminated:

- Above ground with a pitless adapter
- In a well pit
- Below grade with a buried seal
- In the basement
- Unknown

The well is: _____ ft. from the sewage/septic system _____ ft. from a fuel tank
 _____ ft. from other sources of contamination: _____

- GCPH records indicate that:
- This PWS was approved on: _____
 - This PWS was installed but never approved
 - This PWS was installed before 1963, and no records exist
 - This PWS contains deficiencies that are hereby ordered to be corrected (see below)

Comments (and Orders to Correct):

Inspector

Date