



"Striving Toward a Healthier Community."

Water System Evaluation

Form provided by: Stark County Health Department

7235 Whipple Ave NW • North Canton, OH 44720 • Phone (330) 493-9904 • Fax (330) 493-9920 • www.starkhealth.org

Submit completed form to online@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 AVAILABLE: (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:** _____