



Ohio Department of Health
Bureau of Environmental Health

DOWN-HOLE CAMERA (DHC) REQUEST FORM

DATE OF REQUEST: REQUESTING AGENCY/DEPARTMENT:
PRIMARY CONTACT: EMAIL:
ALTERNATE CONTACT: EMAIL:
PHONE #: FAX #: BEST TIME TO CONTACT:

ADDRESS OF WELL: CITY: ZIP CODE:
PROPERTY OWNER NAME: PHONE #:

Check one: [] New Construction [] Replacement Construction [] Alteration [] Other:
WELL LOG #: DATE OF COMPLETION: FINAL DEPTH:
PWS CONTRACTOR: ODH REG #: PHONE #:
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REASON FOR THE REQUEST AND ADDITIONAL INFORMATION ABOUT THE WELL:

DHC investigations are performed in conjunction with local health department's investigation of a well as indicated in Ohio Administrative Code (OAC) rule 3701-28-03(W). The following information must be complete prior to submitting this form.

1 WATER SAMPLES (samples must be collected as required in OAC rule 3701-28-04(G))
DATE: SAMPLE LOCATION: TC COUNT RESULTS: [] E. coli positive
DATE: SAMPLE LOCATION: TC COUNT RESULTS: [] E. coli positive
2 ENHANCED CHLORINE DISINFECTION (as required in OAC rule 3701-28-11(H)) [] YES [] NO
PWS CONTRACTOR: ODH REG #: DATE:
3 3rd WATER SAMPLE (samples must be collected as required in OAC rule 3701-28-04(G))
DATE: SAMPLE LOCATION: TC COUNT RESULTS: [] E. coli positive
4 DYE TEST RESULTS: [] Positive [] Inconclusive DYE COLOR USED: DATE PERFORMED:

* ODH may conduct DHC investigations on wells within the bond claim period for turbidity and sediment problems. Contact the private water systems staff at 614-644-7558 about these problems prior to submitting a DHC request.

Please mail, fax, or email this form with a copy of the permit application, site plan, administrative summary, well log, completion form, and sealing report (if applicable). Send all requests to the attention of:

Rebecca Fugitt, R.S.
Ohio Department of Health
Bureau of Environmental Health
Residential Water and Sewage Program
246 North High Street, PO Box 118
Columbus, OH 43216-0118
Fax: (614)466-4556 BEH@odh.ohio.gov

Assigned to:
Date Assigned:
Date Scheduled:
Comments: