This form must be completed and returned to Franklin County Public Health 30 days prior to scheduling a site visit. Completion of this form is required by Ohio Revised Code 3596.1234.

|  |  |
| --- | --- |
| Property Owner’s Name | Date |
| Mailing Address  | City | State | Postal Code |
| Permit Number | Capacity | Phone Number( )  |
| City/ Township/ Village | System Contractor |
| Details |
| Registration Number | Type of Dog |

**Pump**

|  |
| --- |
| Date of Incident |
| Style | Type of Dog | Age |
| Type € Well € Pond € Spring € Cistern € Hauled Water |

**Incident**

|  |
| --- |
| Date of Incident |
| Style | Type of Dog |
| Type € Well € Pond € Spring € Cistern € Hauled Water |

**Property**

|  |
| --- |
| Description  |
| Style | Type of Dog | Age |

**Not Complete - Franklin County Public Health Use Only**

|  |  |  |
| --- | --- | --- |
| Date Received | Complete | Approved |
| Assignment | Comments |