



4800 Ledgewood Drive, Medina, Ohio 44256

Daniel J. Raub, DO, MA, FACOFP  
Health Commissioner

330-723-9688

888-723-9688

www.medinahhealth.org

## NOTICE

TO: Private Water Haulers

SUBJECT: 2012 Private Water Hauler Registration

DATE: November 15, 2011

Please be advised that it is time to register for 2012. For your registration, the following information will need to be submitted to this office for **each vehicle** on or before January 1, 2012, or prior to hauling drinking water in 2012 for residents in the Medina County Combined General Health District:

- 1) The enclosed application(s) which needs to be reviewed (please make any changes to the form, date, sign it, and add your fax number and email address if you have one);
- 2) The \$18.00 per vehicle registration fee; and
- 3) Completed water delivery records for each truck covering a time period of at least 90 days from the date of last delivery.

Please note that the Medina County Health Department no longer has a post office box. All mail should be directed to our street address: 4800 Ledgewood Drive, Medina, Ohio 44256.

Prior to licensing by this office, all vehicles used by your company to haul water must be inspected and meet the requirements of Rule 3701-28-18 of the Ohio Administrative Code. **TRUCK(S) WILL NEED TO BE FULL TO ASSURE TANK INTEGRITY.** To make arrangements for inspection, please call our office weekdays between 8:00 a.m. and 4:30 p.m. Otherwise, vehicles should be brought to the Health Department offices for inspection weekdays between 8:30 a.m. and 9:30 a.m.

For your convenience, the Medina County Health Department accepts **VISA** and **MASTERCARD**.

If you have any questions, please feel free to contact me between 8:00 a.m. and 4:30 p.m. weekdays or visit our website at [www.medinahhealth.org](http://www.medinahhealth.org).

Sincerely,

Stephen M. Mazak, R.S., Coordinator  
Sewage, Water, and Plumbing Programs

SMM/ls

Enclosures: Application(s)

Administration	Dental	Environmental	Nursing	WIC
330-723-9511	330-725-8794	330-723-9523	330-723-9688	330-723-9629
330-723-9659 fax	330-723-9674 fax	330-723-9650 fax	330-723-9697 fax	330-723-9630 fax



4800 Ledgewood Drive  
Medina, Ohio 44256

Direct (330) 723-9523 \* Toll Free (888) 723-9688 \* Fax (330) 723-9650  
www.medinahealth.org

### Water Hauler Registration/Inspection Form (Use one form for each truck.)

WATER HAULER COMPANY: \_\_\_\_\_

WATER HAULER OPERATOR: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

CITY, STATE, AND ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FAX: \_\_\_\_\_

TOTAL NUMBER OF COMPANY TRUCKS: \_\_\_\_\_

TRUCK LICENSE PLATE NUMBER: \_\_\_\_\_ TRUCK MODEL: \_\_\_\_\_

TRUCK AND TANK COLOR: \_\_\_\_\_ TRUCK YEAR: \_\_\_\_\_

TRUCK CAPACITY (GALLONS): \_\_\_\_\_

Number of water deliveries recorded for last ninety days:  From receipts  Verbal

The water hauler agrees to abide by Ohio Administrative Code (OAC) Chapter 3701-28 as it applies to these operations.

Signature of Applicant: \_\_\_\_\_  
Date: \_\_\_\_\_

\*\*\*\*\*For Health Department Use ONLY\*\*\*\*\*

TANK MATERIAL/ CONSTRUCTION:	EPOXY:		
CONDITION OF TANK:	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
CONDITION OF HOSES:	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
HOSE CAPS IN PLACE:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CONDITION OF FITTINGS:	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
NSF 61:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TYPE OF PUMP _____			

Note: Any items judged to be in poor condition should be replaced prior to continuation of service.

CHEMICAL TEST KIT WITH WATER HAULER:  YES  NO

CHEMICAL RESIDUAL OF WATER: \_\_\_\_\_ mg/l

COMMENTS: \_\_\_\_\_

DISAPPROVED  APPROVED  STICKER ISSUED STICKER/REGISTRATION NUMBER \_\_\_\_\_

Sanitarian Signature: \_\_\_\_\_ Date: \_\_\_\_\_