



**REQUEST FOR HOME LOAN EVALUATION OF WELL AND/OR SEWAGE SYSTEM**

Fax 304-523-6403

<b>▼ TO BE COMPLETED BY THE APPLICANT</b>						
Property Address to be Tested:			County Tax Map: _____ Parcel Number: _____ Lender: _____ Address: _____			
Purchaser: Mailing Address:			Mailing Address for Completed Form:			
Realtor: Phone:			Property Owner: Mailing Address:			
FAX:			Owner Phone:			
Directions to property:						
Subdivision Name:						Lot No.:
Multi-living units?	Number of Bedrooms	Water Supply	Sewage Disposal	Is house vacant?	Basement?	Dwelling
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Public <input type="checkbox"/> Private*	<input type="checkbox"/> Public <input type="checkbox"/> Private*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> Existing Year Built _____

\*If private well, permit number or approximate date well was drilled: \_\_\_\_\_ and, if private sewage system, permit number or approximate date of installation for sewage disposal system \_\_\_\_\_.

**▼ TO BE COMPLETED BY THE HEALTH DEPARTMENT SANITARIAN**

Water Supply:  Drilled Well  Dug Well  Cistern  Spring  Other \_\_\_\_\_  Public Water

Installed under permit:  Yes  No Disinfection system:  Yes  No Type: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Meets minimum physical design requirements:  Yes  No

Bacteriological sample collected:  Yes  No Date inspected / sampled: \_\_\_\_\_

Bacteriological sample results:  Satisfactory  Unsatisfactory Laboratory sample number: \_\_\_\_\_

NOTE: Inspection and sampling does not address chemical contamination, mineral concerns, or yield of the supply.

The water supply was found to be:  Satisfactory  Unsatisfactory as a potable water supply.

Sewage Disposal System: Type \_\_\_\_\_

Sewage system installed under a permit:  Yes  No Permit Number(s) \_\_\_\_\_

For HAU's with surface discharge permitted since January 1, 1999, is the WV DEP Registration current?  Yes  No  N/Ap

Note: HAU's (home aeration units) permitted with surface discharge cannot be approved without a current WV Dept. of Environmental Protection registration.

System met the minimum design standards at the time of installation:  Yes  No

Date of installation inspection: \_\_\_\_\_ Dye test date \_\_\_\_\_ Result:  Positive  Negative

The design loading (bedrooms) of the facility remains within the minimum standards as originally sized:  Yes  No

The system was found to be:  Functioning  Not Functioning satisfactorily at the time of the evaluation.

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Sanitarian: \_\_\_\_\_