SG-55
Rev. 10/07

West Virginia Department of Health & Human Resources
___Wheeling-Ohio County__ Health Department

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

TO BE COMPLETED BY THE APPLICANT	
Lender: Mailing Address: City: State: Zip Code:	Case Number: County Tax Map: Parcel Number:
Purchaser:	Property Owner:
Mailing Address: City: State: Zip Code:	Mailing Address: City: State: Zip Code:
Phone Number:	Phone Number:
Detailed directions to the property:	
Subdivision Name: _____ Section: Lot No.:	

Multi-living units	Number of Bedrooms	Water Supply	Sewage Disposal	Dwelling occupied for last 30 days?	Basement	Dwelling
☐ Yes ☐ No	_____	☐ Public ☐ Private*	☐ Public ☐ Private*	☐ Yes ☐ No	☐ Yes ☐ No	☐ New ☐ Existing Year Built _____

*If private well, permit number: _____, and approximate date well was drilled: _____
septic system, permit number: _____, and approximate date system was installed: _____

TO BE COMPLETED BY THE HEALTH DEPARTMENT SANITARIAN

Loan Number: _____ Date Received: _____ Amount Received: _____ From: _____

Water Supply: ☐ Drilled Well ☐ Dug Well ☐ Cistern ☐ Spring ☐ Other: _____

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: _____

For HAU's with surface discharge permitted since Janurary 1, 1999, is the DEP Registration current: ☐ Yes ☐ No

Note: system cannot be approved without a current registration.

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

Date of original inspection: _____ Date dye test conducted: _____ Dye observed: ☐ Positive ☐ Negative

The design loading 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: _____