SG-55 Rev. 11/11

Date:

Vest Virginia Department of Hea	Ilth & Human Resources
Wheeling-Ohio County	Health Department



TO BE COMPLETED BY THE APPLICANT							
Lender: Mailing Addre City:	ess: State:	Zip Code:		Case Number: County Tax Map: Parcel Number:			
			Property Owner:	erty Owner:			
Mailing Addre	ess: State:	Zip Code:		Mailing Address: City: State: Zip Code:			
Phone Number:			Phone Number:				
Detailed directions to the property:							
Subdivision Name:			Section:	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:							
Nater Supply	: Drilled W	ell 🔲 Dug Well	☐ Cistern [☐ Spring ☐ Other: _			
nstalled under permit: Yes No Disinfection system: Yes No Type:							
Permit Number: Meets minimum physical design requirements: ☐ Yes ☐ No ☐ Cannot be determined							
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.							
Γhe 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 surface discharge systems permitted since January 1, 1999, is the WVDEP Registration current: 🗌 Yes 🔲 No							
Note: system cannot be approved without a current registration. Registration cannot be transferred to new owner. New owner must register with							
West Virginia Department of Environmental Protection (WVDEP).							
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 sewage disposal system: Appears to be Functioning Appears to be Not Functioning Could not be							
determined satisfactorily at the time of the evaluation.							
REMARKS:							

Sanitarian: