SG-55
Rev. 11/11

West Virginia Department of Health & Human Resources
_____ 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 ☐ 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.

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 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: _____

_____

_____

_____

Date: _____ Sanitarian: _____