

**Service will be completed within thirty (30) days**  
**REFUNDS ARE NOT ISSUED EXCEPT IN THE CASE OF DUPLICATION OF PAYMENT**

SG-55  
 Rev. 6/08

STATE OF WEST VIRGINIA  
 MARSHALL COUNTY HEALTH DEPARTMENT

<u>Health Department Use Only</u>
HLE Number: _____
Amount Rec: _____
Date Rec: _____

REQUEST FOR INDIVIDUAL ON-SITE WATER SUPPLY  
 AND/OR SEWAGE DISPOSAL SYSTEM EVALUATION

**SECTION A (To be completed by applicant)**

<b>Lender &amp; Address:</b>	<b>County Tax Map:</b>
<b>Purchaser: Mailing Address:</b>	<b>Parcel Number:</b>
<b>Phone Number:</b>	<b>Current Owner: Mailing Address:</b>
	<b>Phone Number:</b>

**Detailed directions for locating property:**

Subdivision Information: Name of Subdivision		Section:	Lot Number:
<b>Multi-living Units</b>	<b>Number of Bedrooms</b>	<b>Water Supply</b>	<b>Sewage Disposal</b>
<input type="checkbox"/> Yes	<input type="checkbox"/> Public	<input type="checkbox"/> Public	<input type="checkbox"/> Public
<input type="checkbox"/> No	<input type="checkbox"/> <b>Private *</b>	<input type="checkbox"/> <b>Private **</b>	<input type="checkbox"/> <b>Private **</b>
		<b>Is house vacant?</b>	<b>Basement</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>How long?</b>	<b>Dwelling</b>
			<input type="checkbox"/> New <input type="checkbox"/> Existing
			<b>Year built:</b>

\* If private - approximate date water supply was established:  
 \*\* If private - approximate date sewage disposal was installed:

**SECTION B (To be completed by health department)**

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

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

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

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

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

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

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

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

Installed under permit:  Yes  No Permit Number: \_\_\_\_\_

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

Date of original inspection: \_\_\_\_\_ Date dye test conducted: \_\_\_\_\_  Pos  Neg

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: \_\_\_\_\_