



PUTNAM COUNTY HEALTH DEPARTMENT

11878 Winfield Road,
 PO Box 892, Winfield, WV 25213
 (304) 757-2541

www.pchd.wv.gov
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REQUEST FOR AN INDIVIDUAL ON-SITE WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM EVALUATION

Lending Agency:				Realtor:			
Address:				Phone #			
Attention:							
Purchaser:				Property Owner:			
Address:				Address:			
Phone:				Phone #			
Property Address/Location:							
Multi-living units	Number Bedrooms	Number Baths	Dishwasher	Garbage Disposal	Basement	Dwelling	Dwelling Vacant How Long?
() Yes () No			() Yes () No	() Yes () No	() Yes () No	() New () Exist.	() Yes () No

SECTION BELOW TO BE COMPLETED BY THE HEALTH DEPARTMENT

WATER SUPPLY

() Drilled Well () Spring () Dug Well () Cistern () Public () Other
 Meets minimum standards? () Yes () No Date inspected: _____
 Water Sample Collected? () Yes () No Date collected: _____
 Water Sample Results () Satisfactory () Unsatisfactory Lab Sample# _____

SEWAGE DISPOSAL SYSTEM

Septic installed under permit? Yes () No () Permit number# _____
 Date of original inspection: _____ Date dye test conducted: _____
 Dye test results () Positive () Negative

If sewage system was not installed under permit, complete the following:

System meets minimum design standards? () YES () NO
 Are you aware of any sewage disposal problems in the neighborhood? () YES () NO
 Lot adequate for system to be modified, or a new system installed? () YES () NO
 Was house vacant at the time of inspection? () YES () NO

WATER SUPPLY IS

() Satisfactory as a water supply for the subject property.

 () Not satisfactory as a water supply for the subject property.

SEWAGE DISPOSAL SYSTEM IS

() Functioning satisfactory at the time of evaluation.

 () Not functioning satisfactory at the time of evaluation.

REMARKS:

Date: _____

Sanitarian: _____