

Evaluation Fee: \$50

Berkeley County Health Department
122 Waverly Court
Martinsburg, WV 25403
(304) 267-7130

FOR HEALTH DEPT USE ONLY:

Date Application Rec'd: _____ Reviewed By: _____
Received From: _____
Date Site Evaluated: _____

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

Property Owner: _____

Mailing address: _____

Date: _____ Telephone: (Home) _____ (Work) _____

Location of Property (**Be Specific**) _____

Size of lot: _____ Sq.ft./acres Tax Map, Parcel # _____

Current use of property: _____

If applicable, number of bedrooms: _____

Proposed use of property: _____

If applicable, number of bedrooms: _____

Type of water supply: _____

Date of installation of sewer system: _____

If septic system was installed prior to 1970, form ES-57 (affidavit) must be completed and attached to this application.

If septic system was installed after 1970, a permit and inspection form must be attached to this form.

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Owner

On back of this form, please provide a drawing of the existing land use and proposed project changes. Include existing well, Septic system and house location.