



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
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	<input type="checkbox"/> Public <input type="checkbox"/> Private*	<input type="checkbox"/> Public <input type="checkbox"/> Private*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> New <input type="checkbox"/> 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

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 HAU's with surface discharge permitted since January 1, 1999, is the DEP Registration current: Yes No

Note: system cannot be approved without a current registration.

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 system was found to be: Functioning Not Functioning satisfactorily at the time of the evaluation.

REMARKS: _____

Date: _____

Sanitarian: _____