



Onsite Sewage System Application Review

Name: _____
Address: _____

Fee Paid: ☐ Yes ☐ No Date: _____
Submitted By: _____
Sanitarian Area: _____

Items marked are incomplete:

- ☐ Tax map and parcel number
- ☐ Deed information
- ☐ Specific directions to the property
- ☐ Installer name, Certification number, and/or WV Contractor's License number
- ☐ Number of bedrooms
- ☐ Application signature
- ☐ Type of water supply
- ☐ Size of lot
- ☐ Six foot hole – water, rock, or modeling
- ☐ Perc test results
- ☐ County planning or building permit
- ☐ Date property subdivided is prior to July 1, 1970
- ☐ Subdivision approval name and number
- ☐ Other concerns: _____

Your application for an on-site sewage disposal system permit has been reviewed and the item(s) marked above indicate(s) that the application is incomplete. Since your application is incomplete, your permit is DENIED.

We have enclosed a copy of your application so that you may provide the required information.
If you have any questions, please feel free to call this office at:

Date of Review: _____ Sanitarian Reviewer: _____

Notes: