



## HOME AERATION UNIT INSTILLATION INSPECTION REPORT

(Inspection to be printed or typed)

Name of Owner: \_\_\_\_\_  
Installer: \_\_\_\_\_  
Homeowner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Property Location (Be Specific): \_\_\_\_\_

Local Health Department Permit #: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
Country Road: \_\_\_\_\_  
Quad. Location on Topo. Map: \_\_\_\_\_  
Coordinates N,W: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Facility is: ☐ New ☐ Existing Design Loading/Number of Bedrooms: \_\_\_\_\_  
Source of water supply: \_\_\_\_\_ State Health Department Permit Number: \_\_\_\_\_

### HOME AERATION UNIT

Manufacturer of Unit: \_\_\_\_\_ Model Number: \_\_\_\_\_ ☐ With ☐ Without subsurface discharge  
Distance (in ft.) from: HAU to dwelling: \_\_\_\_\_ Public/Private water supply: \_\_\_\_\_ Property Line: \_\_\_\_\_  
Unit is: ☐ Class I ☐ Class II Service Provider: \_\_\_\_\_ Disinfection Installed: ☐ Yes ☐ No

### SUBSURFACE DISCHARGE

Discharged to: ☐ Drain Field ☐ Chambers ☐ Bed ☐ Gravelless Pipe ☐ Other \_\_\_\_\_  
Distance (in ft.) from system to: Dwelling \_\_\_\_\_, Private \_\_\_\_\_, Public \_\_\_\_\_, Water Source \_\_\_\_\_, Property Line \_\_\_\_\_  
Length of each line: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Size equates to \_\_\_\_\_ ft<sup>2</sup> of standard field.  
Approved materials used: ☐ Yes ☐ No

Remarks:

Sketch of Instillation with Triangulation or Distance to Specific Landmarks:

Draw Arrow Towards North:



An inspection indicates that the sewage disposal system described above ☐ does meet ☐ does not meet ☐ can not be determined to meet the minimum standards established by the West Virginia Bureau for Public Health.

To correct a health hazard, modifications to existing systems may be done to improve part of a system. Such modifications may not be able to be designated as does meet system since inadequate information is known. Although many factors contribute to the successful functioning of a sewage disposal system, this office recommends water conservation and maintaining an even usage of water throughout the week.

Visit Date(s): \_\_\_\_\_  
Final Inspection: \_\_\_\_\_  
Sanitarian: \_\_\_\_\_