



# Braxton County Health Department

617 Old Turnpike Road

Sutton, WV 26601

Phone: 304-765-2851 | Fax: 304-765-2020

## SURFACE DISCHARGE CONSULTATION FORM

Property Owner:			Date: ____/____/____
Telephone/Email:			
Mailing Address:			
Property Location (be specific):			
Property Size:		<input type="checkbox"/> Acres <input type="checkbox"/> Sq Ft	
Year lot created:			
Type Structure:	<input type="checkbox"/> Residence	<input type="checkbox"/>	
Last occupied:	<input type="checkbox"/> Presently	<input type="checkbox"/>	
Property uses:	<input type="checkbox"/> SFD	<input type="checkbox"/> Other (describe)	
Gallons per day:	(70 GPD/BR or actual water usage)		
Existing sewage system:	<input type="checkbox"/> Straight pipe to SD	<input type="checkbox"/> ST w/ SD	
<input type="checkbox"/> Unpermitted ST/fld	<input type="checkbox"/> Permitted ST/fld	<input type="checkbox"/> Other (Describe):	
Conventional not possible bc?	<input type="checkbox"/> Perc too slow	Perc Rate:	
<input type="checkbox"/> Not Enough Room	<input type="checkbox"/> Excessive slope	<input type="checkbox"/> Shallow SHWT	
Depth to GW (ft,in):	<input type="checkbox"/> High bedrock	Depth to bedrock (ft,in):	
<input type="checkbox"/> SS-182 attached	<input type="checkbox"/> Perc not performed (Explain):		
Not suitable to install alternative soil absorption system because:			
Pumping not suitable because:			
Access to year-round stream?	<input type="checkbox"/> Y <input type="checkbox"/> N	Name:	
Proposed discharge point:	<input type="checkbox"/> Road ditch	<input type="checkbox"/> Wet weather stream	
<input type="checkbox"/> Natural drainageway	<input type="checkbox"/> Culvert across road	<input type="checkbox"/> Existing pipe crossing neighbor's lot	
Describe:			
Easement necessary property?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Notarized easement attached?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stake placed at dschg point?	<input type="checkbox"/> Y <input type="checkbox"/> N	COORDINATES	
Pic of GPS coords. at stake?	<input type="checkbox"/> Y <input type="checkbox"/> N	N	W
Pics of site overview?	<input type="checkbox"/> Y <input type="checkbox"/> N	Panoramic or several shots to capture entire site	

### For Health Department Use Only

Date Rec'd/ Pd: \_\_\_\_\_ Amount Pd: \_\_\_\_\_ Rec'd From: \_\_\_\_\_ Receipt #: \_\_\_\_\_