



**GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES**

VIRGIN ISLANDS DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH

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BANK INSPECTION REPORT

MORTGAGEE NAME AND ADDRESS (include Zip Code)				MORTGAGOR OR SPONSOR					
				PROPERTY ADDRESS					
				SUBDIVISION LOT NO.					
TOTAL NUMBER			IS THERE A BASEMENT?	IS THIS A NEW INSTALLATION?	CAN THE ATTIC OR OTHER AREA BE MADE into ADDITIONAL BEDROOMS? <i>(If "Yes" how many?)</i>				
LIVING UNITS	BEDROOMS	BATHS				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
WATERSUPPLY BY:				SYSTEM DESIGNED FOR					
<input type="checkbox"/> PUBLIC SYSTEM <input type="checkbox"/> COMMUNITY SYSTEM <input type="checkbox"/> INDIVIDUAL				<table border="1"> <tr> <td>NO. OF BEDROOMS</td> <td>GARBAGE DISPOSAL</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>		NO. OF BEDROOMS	GARBAGE DISPOSAL		
NO. OF BEDROOMS	GARBAGE DISPOSAL								
SEWAGE-DISPOSAL BY:									
<input type="checkbox"/> PUBLIC SYSTEM <input type="checkbox"/> COMMUNITY SYSTEM <input type="checkbox"/> INDIVIDUAL				<input type="checkbox"/> YES <input type="checkbox"/> NO					

PART II – TO BE COMPLETED BY HEALTH DEPARTMENT OR COMPLIANCE INSPECTOR

It is the opinion of the <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local Department of Health that this individual water supply system <input type="checkbox"/> is <input type="checkbox"/> is not satisfactory as a domestic water supply for the subject property.		
It is the opinion of the <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Local Department of Health that this individual sewage-disposal system with proper maintenance <input type="checkbox"/> can be expected to function satisfactorily, and is not likely to create unsanitary conditions <input type="checkbox"/> cannot be expected to function satisfactorily.		
Date	Signature	Title
NOTE: The health authority should complete the appropriate opinion statement above and affix date, signature and title in the space provided.		
NOTE: Use of the reverse of this form is at the option of the health authority.		

REPORT OF INSPECTION - INDIVIDUAL SEWAGE-DISPOSAL SYSTEM

PRIMARY TREATMENT consists of Septic tank Cesspool

Septic Tank:

Distance from well, _____ feet. Material _____ Number of compartments _____

Total liquid capacity, _____ gallons. Capacity inlet compartment, _____ gallons.

Inside length, _____ feet. Inside width, _____ feet. Liquid depth, _____ feet.

Distance from well, _____ feet; foundation, _____ feet; nearest lot line at front side rear _____ feet.

Inside diameter, _____ feet. Depth, _____ feet. Liquid capacity, _____ gallons, Lining material _____.

SECONDARY TREATMENT consists of drain/leak field other (specify) _____.

Inspection made by: State County Local Health Authority

Inspected by _____

Date of Inspection _____
(Title)

REPORT OF INSPECTION - INDIVIDUAL WATER-SUPPLY SYSTEM

Distance to nearest public water main, _____ feet. Size of main, _____ inches.

Individual cisterns are are not customary in neighborhood.

Give most recent record of failure of cisterns in immediate vicinity to furnish adequate supply of water _____

Properties in neighborhood are are not being developed with both individual water-supply and sewage-disposal systems.

Lot size: _____ feet wide, _____ feet deep. Dwelling set back from front property line,
_____ feet.

Individual water supply from: concrete cistern (water catchment).

Distance of well from: Individual holding tank Well

Building foundation, _____ feet; nearest lot line at front side rear _____ feet; cast iron

sewer, _____ feet; tile sewer, _____ feet; septic tank, _____ feet; disposal field, _____ feet; seepage pit _____ feet;
cesspool, _____ feet; other sources of possible pollution, _____ feet.

REPORT OF INSPECTION - INDIVIDUAL WATER-SUPPLY SYSTEM CONT'D

Cistern Construction:

Diameter, _____ inches, Total depth, _____ feet. Type of casing, _____, Depth of casing, _____ feet.
Approximate depth to pumping level of water in cistern _____ feet. Approximate yield, _____ gallons per minute.
Sealed watertight to depth of _____ feet.

Exterior space around casing sealed with: Cement grout Puddled clay Ordinary backfill.

Cistern Cover: Concrete Wood Metal. Openings in cistern cover watertight: Yes No.

Pump: Cistern Well. Length of drop pipe, _____ feet. Pump capacity, _____ gallons per minute.

Located in: Basement Pumproom off basement Pumphouse above ground Pump pit.

Pumproom properly drained: Yes No. Pump mounting watertight: Yes No.

Type of storage: Pressure Gravity, Capacity, _____ gallons.

Has bacteriological examination of water been made? Yes No. If answer is "Yes", give date _____

Quality of water is is not satisfactory for human consumption.

Installation does does not comply with approved exhibits, if any.

Inspection made by: Local Health Authority Authorized Agent _____

Other _____

Inspected by _____

Date of Inspection _____

(Title)