



State of West Virginia  
Department of Administration  
Purchasing Division  
2019 Washington Street East  
Post Office Box 50130  
Charleston, WV 25305-0130

## Request for Quotation

RFQ NUMBER

EHS12035

PAGE

1

ADDRESS CORRESPONDENCE TO ATTENTION OF:

ROBERTA WAGNER  
304-558-0067

RFQ COPY  
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HEALTH AND HUMAN RESOURCES

BPH ENVIRO HLTH SERVICES  
350 CAPITOL STREET, ROOM 313  
CHARLESTON, WV  
25301-1757 304-558-8582

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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS		
08/11/2011						
BID OPENING DATE: 09/15/2011		BID OPENING TIME 01:30PM				
LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
0001	1	JB		920-49		
PHASE 1-CUSTOMIZABLE ENVIRONMENTAL HLTH. DATA SYSTEM						
REQUEST FOR QUOTATION						
TO PROVIDE AN OPEN END CONTRACT TO PROVIDE AN ENVIRONMENTAL HEALTH DATA SYSTEM THAT SUPPORTS INSPECTIONS, INVESTIGATIONS, REPORTING, BILLING, AND STAFF TIME MANAGEMENT FOR THE OFFICE OF ENVIRONMENTAL HEALTH SERVICES PUBLIC HEALTH SANITATION DIVISION AND LOCAL HEALTH DEPARTMENTS THAT ARE LOCATED ACROSS WEST VIRGINIA PER THE ATTACHED SPECIFICATIONS.						
EXHIBIT 3						
LIFE OF CONTRACT: THIS CONTRACT BECOMES EFFECTIVE ON AWARD..... AND EXTENDS FOR A PERIOD OF ONE (1) YEAR OR UNTIL SUCH "REASONABLE TIME" THEREAFTER AS IS NECESSARY TO OBTAIN A NEW CONTRACT OR RENEW THE ORIGINAL CONTRACT. THE "REASONABLE TIME" PERIOD SHALL NOT EXCEED TWELVE (12) MONTHS. DURING THIS "REASONABLE TIME" THE VENDOR MAY TERMINATE THIS CONTRACT FOR ANY REASON UPON GIVING THE DIRECTOR OF PURCHASING 30 DAYS WRITTEN NOTICE.						
UNLESS SPECIFIC PROVISIONS ARE STIPULATED ELSEWHERE IN THIS CONTRACT DOCUMENT, THE TERMS, CONDITIONS AND PRICING SET HEREIN ARE FIRM FOR THE LIFE OF THE CONTRACT.						
RENEWAL: THIS CONTRACT MAY BE RENEWED UPON THE MUTUAL WRITTEN CONSENT OF THE SPENDING UNIT AND VENDOR, SUBMITTED TO THE DIRECTOR OF PURCHASING THIRTY (30)						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						
SIGNATURE			TELEPHONE		DATE	
TITLE		FEIN		ADDRESS CHANGES TO BE NOTED ABOVE		

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

## GENERAL TERMS & CONDITIONS REQUEST FOR QUOTATION (RFQ) AND REQUEST FOR PROPOSAL (RFP)

1. Awards will be made in the best interest of the State of West Virginia.
2. The State may accept or reject in part, or in whole, any bid.
3. Prior to any award, the apparent successful vendor must be properly registered with the Purchasing Division and have paid the required \$125 fee.
4. All services performed or goods delivered under State Purchase Order/Contracts are to be continued for the term of the Purchase Order/Contracts, contingent upon funds being appropriated by the Legislature or otherwise being made available. In the event funds are not appropriated or otherwise available for these services or goods this Purchase Order/Contract becomes void and of no effect after June 30.
5. Payment may only be made after the delivery and acceptance of goods or services.
6. Interest may be paid for late payment in accordance with the *West Virginia Code*.
7. Vendor preference will be granted upon written request in accordance with the *West Virginia Code*.
8. The State of West Virginia is exempt from federal and state taxes and will not pay or reimburse such taxes.
9. The Director of Purchasing may cancel any Purchase Order/Contract upon 30 days written notice to the seller.
10. The laws of the State of West Virginia and the *Legislative Rules* of the Purchasing Division shall govern the purchasing process.
11. Any reference to automatic renewal is hereby deleted. The Contract may be renewed only upon mutual written agreement of the parties.
12. **BANKRUPTCY:** In the event the vendor/contractor files for bankruptcy protection, the State may deem this contract null and void, and terminate such contract without further order.
13. **HIPAA BUSINESS ASSOCIATE ADDENDUM:** The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, is available online at [www.state.wv.us/admin/purchase/vrc/hipaa.htm](http://www.state.wv.us/admin/purchase/vrc/hipaa.htm) and is hereby made part of the agreement. Provided that the Agency meets the definition of a Cover Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.
14. **CONFIDENTIALITY:** The vendor agrees that he or she will not disclose to anyone, directly or indirectly, any such personally identifiable information or other confidential information gained from the agency, unless the individual who is the subject of the information consents to the disclosure in writing or the disclosure is made pursuant to the agency's policies, procedures, and rules. Vendor further agrees to comply with the Confidentiality Policies and Information Security Accountability Requirements, set forth in <http://www.state.wv.us/admin/purchase/privacy/noticeConfidentiality.pdf>.
15. **LICENSING:** Vendors must be licensed and in good standing in accordance with any and all state and local laws and requirements by any state or local agency of West Virginia, including, but not limited to, the West Virginia Secretary of State's Office, the West Virginia Tax Department, and the West Virginia Insurance Commission. The vendor must provide all necessary releases to obtain information to enable the director or spending unit to verify that the vendor is licensed and in good standing with the above entities.
16. **ANTITRUST:** In submitting a bid to any agency for the State of West Virginia, the bidder offers and agrees that if the bid is accepted the bidder will convey, sell, assign or transfer to the State of West Virginia all rights, title and interest in and to all causes of action it may now or hereafter acquire under the antitrust laws of the United States and the State of West Virginia for price fixing and/or unreasonable restraints of trade relating to the particular commodities or services purchased or acquired by the State of West Virginia. Such assignment shall be made and become effective at the time the purchasing agency tenders the initial payment to the bidder.

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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### INSTRUCTIONS TO BIDDERS

1. Use the quotation forms provided by the Purchasing Division. Complete all sections of the quotation form.
2. Items offered must be in compliance with the specifications. Any deviation from the specifications must be clearly indicated by the bidder. Alternates offered by the bidder as **EQUAL** to the specifications must be clearly defined. A bidder offering an alternate should attach complete specifications and literature to the bid. The Purchasing Division may waive minor deviations to specifications.
3. Unit prices shall prevail in case of discrepancy. All quotations are considered F.O.B. destination unless alternate shipping terms are clearly identified in the quotation.
4. All quotations must be delivered by the bidder to the office listed below prior to the date and time of the bid opening. Failure of the bidder to deliver the quotations on time will result in bid disqualifications: Department of Administration, Purchasing Division, 2019 Washington Street East, P.O. Box 50130, Charleston, WV 25305-0130
5. Communication during the solicitation, bid, evaluation or award periods, except through the Purchasing Division, is strictly prohibited (W.Va. C.S.R. §148-1-6.6).

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I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, limited liability company, partnership, or person or entity submitting a bid for the same material, supplies, equipment or services and is in all respects fair and without collusion or Fraud. I further certify that I am authorized to sign the certification on behalf of the bidder or this bid.

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ROBERTA WAGNER  
304-558-0067

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HEALTH AND HUMAN RESOURCES

BPH ENVIRO HLTH SERVICES  
350 CAPITOL STREET, ROOM 313  
CHARLESTON, WV  
25301-1757 304-558-8582

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DATE PRINTED	TERMS OF SALE	SHIP VIA	F.O.B.	FREIGHT TERMS
08/11/2011				

BID OPENING DATE:

09/15/2011

BID OPENING TIME

01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>DAYS PRIOR TO THE EXPIRATION DATE. SUCH RENEWAL SHALL BE IN ACCORDANCE WITH THE TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AND SHALL BE LIMITED TO TWO (2) ONE (1) YEAR PERIODS.</p> <p>CANCELLATION: THE DIRECTOR OF PURCHASING RESERVES THE RIGHT TO CANCEL THIS CONTRACT IMMEDIATELY UPON WRITTEN NOTICE TO THE VENDOR IF THE COMMODITIES AND/OR SERVICES SUPPLIED ARE OF AN INFERIOR QUALITY OR DO NOT CONFORM TO THE SPECIFICATIONS OF THE BID AND CONTRACT HEREIN.</p> <p>OPEN MARKET CLAUSE: THE DIRECTOR OF PURCHASING MAY AUTHORIZE A SPENDING UNIT TO PURCHASE ON THE OPEN MARKET, WITHOUT THE FILING OF A REQUISITION OR COST ESTIMATE, ITEMS SPECIFIED ON THIS CONTRACT FOR IMMEDIATE DELIVERY IN EMERGENCIES DUE TO UNFORESEEN CAUSES (INCLUDING BUT NOT LIMITED TO DELAYS IN TRANSPORTATION OR AN UNANTICIPATED INCREASE IN THE VOLUME OF WORK.)</p> <p>QUANTITIES: QUANTITIES LISTED IN THE REQUISITION ARE APPROXIMATIONS ONLY, BASED ON ESTIMATES SUPPLIED BY THE STATE SPENDING UNIT. IT IS UNDERSTOOD AND AGREED THAT THE CONTRACT SHALL COVER THE QUANTITIES ACTUALLY ORDERED FOR DELIVERY DURING THE TERM OF THE CONTRACT, WHETHER MORE OR LESS THAN THE QUANTITIES SHOWN.</p> <p>ORDERING PROCEDURE: SPENDING UNIT(S) SHALL ISSUE A WRITTEN STATE CONTRACT ORDER (FORM NUMBER WV-39) TO THE VENDOR FOR COMMODITIES COVERED BY THIS CONTRACT. THE ORIGINAL COPY OF THE WV-39 SHALL BE MAILED TO THE VENDOR AS AUTHORIZATION FOR SHIPMENT, A SECOND COPY MAILED TO THE PURCHASING DIVISION, AND A THIRD COPY RETAINED BY THE SPENDING UNIT.</p> <p>BANKRUPTCY: IN THE EVENT THE VENDOR/CONTRACTOR FILES</p>						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

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FOR BANKRUPTCY PROTECTION, THE STATE MAY DEEM THE CONTRACT NULL AND VOID, AND TERMINATE SUCH CONTRACT WITHOUT FURTHER ORDER.						
THE TERMS AND CONDITIONS CONTAINED IN THIS CONTRACT SHALL SUPERSEDE ANY AND ALL SUBSEQUENT TERMS AND CONDITIONS WHICH MAY APPEAR ON ANY ATTACHED PRINTED DOCUMENTS SUCH AS PRICE LISTS, ORDER FORMS, SALES AGREEMENTS OR MAINTENANCE AGREEMENTS, INCLUDING ANY ELECTRONIC MEDIUM SUCH AS CD-ROM.						
REV. 05/26/2009						
INQUIRIES:						
WRITTEN QUESTIONS SHALL BE ACCEPTED THROUGH CLOSE OF BUSINESS ON 8/30/2011. QUESTIONS MAY BE SENT VIA USPS, FAX, COURIER OR E-MAIL. IN ORDER TO ASSURE NO VENDOR RECEIVES AN UNFAIR ADVANTAGE, NO SUBSTANTIVE QUESTIONS WILL BE ANSWERED ORALLY. IF POSSIBLE, E-MAIL QUESTIONS ARE PREFERRED. ADDRESS INQUIRIES TO:						
ROBERTA WAGNER DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25311						
FAX: 304-558-4115 E-MAIL: ROBERTA.A.WAGNER@WV.GOV						
EXHIBIT 4						
LOCAL GOVERNMENT BODIES: UNLESS THE VENDOR INDICATES IN THE BID HIS REFUSAL TO EXTEND THE PRICES, TERMS,						

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804-558-0067

RFQ COPY

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LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
AND CONDITIONS OF THE BID TO COUNTY, SCHOOL, MUNICIPAL AND OTHER LOCAL GOVERNMENT BODIES, THE BID SHALL EXTEND TO POLITICAL SUBDIVISIONS OF THE STATE OF WEST VIRGINIA. IF THE VENDOR DOES NOT WISH TO EXTEND THE PRICES, TERMS, AND CONDITIONS OF THE BID TO ALL POLITICAL SUBDIVISIONS OF THE STATE, THE VENDOR MUST CLEARLY INDICATE SUCH REFUSAL IN HIS BID. SUCH REFUSAL SHALL NOT PREJUDICE THE AWARD OF THIS CONTRACT IN ANY MANNER.						
REV. 3/88						
THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.						
PURCHASING CARD ACCEPTANCE: THE STATE OF WEST VIRGINIA CURRENTLY UTILIZES A VISA PURCHASING CARD PROGRAM WHICH IS ISSUED THROUGH A BANK. THE SUCCESSFUL VENDOR MUST ACCEPT THE STATE OF WEST VIRGINIA VISA PURCHASING CARD FOR PAYMENT OF ALL ORDERS PLACED BY ANY STATE AGENCY AS A CONDITION OF AWARD.						
REV 07/16/2007						
VENDOR PREFERENCE CERTIFICATE						
THIS TEAM EXHIBIT HAS BEEN REPLACED BY THE ONLINE VERSION WHICH IS AVAILABLE HERE: <a href="http://www.state.wv.us/admin/purchase/vrc/venpref.pdf">HTTP://WWW.STATE.WV.US/ADMIN/PURCHASE/VRC/VENPREF.PDF</a>						
SEE REVERSE SIDE FOR TERMS AND CONDITIONS						

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BID OPENING DATE: 09/15/2011 BID OPENING TIME 01:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
NOTICE						
A SIGNED BID MUST BE SUBMITTED TO:						
DEPARTMENT OF ADMINISTRATION PURCHASING DIVISION BUILDING 15 2019 WASHINGTON STREET, EAST CHARLESTON, WV 25305-0130						
PLEASE NOTE: A CONVENIENCE COPY WOULD BE APPRECIATED.						
THE BID SHOULD CONTAIN THIS INFORMATION ON THE FACE OF THE ENVELOPE OR THE BID MAY NOT BE CONSIDERED:						
SEALED BID						
BUYER:-----RW/FILE 22-----						
RFQ. NO.:-----EHS12035-----						
BID OPENING DATE:-----9/15/2011-----						
BID OPENING TIME:-----1:30 PM-----						
PLEASE PROVIDE A FAX NUMBER IN CASE IT IS NECESSARY TO CONTACT YOU REGARDING YOUR BID:						
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CONTACT PERSON (PLEASE PRINT CLEARLY):						

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0002	1	JB	920-49	PHASE 2-CUSTOMIZABLE ENVIRONMENTAL HLTH. DATA SYSTEM		
0003	9	EA	920-49	PHASE 3- INSTALLATION - CHARLESTON, WEST VIRGINIA		
0004	31	EA	920-49	PHASE 3- INSTALLATION - BECKLEY, WEST VIRGINIA		
0005	52	EA	920-49	PHASE 3- INSTALLATION - FAIRMONT, WEST VIRGINIA		

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0006	25	EA		920-49		
PHASE 3 - INSTALLATION - KEARNEYSVILLE, WEST VIRGINIA						
0007	64	EA		920-49		
PHASE 3 - INSTALLATION - ST. ALBANS, WEST VIRGINIA						
0008	18	EA		920-49		
PHASE 3 - INSTALLATION - WHEELING, WEST VIRGINIA						
0009	3	EA		920-49		
PHASE 3 - TRAINING SESSIONS - CHARLESTON, WV						
0010	3	EA		920-49		
PHASE 3 - TRAINING SESSIONS - BECKLEY, WV						

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0011	3	EA	920-49	PHASE 3 - TRAINING SESSIONS - FAIRMONT, WV		
0012	3	EA	920-49	PHASE 3 - TRAINING SESSIONS - KEARNYSVILLE, WV		
0013	3	EA	920-49	PHASE 3 - TRAINING SESSIONS - ST. ALBANS, WV		
0014	3	EA	920-49	PHASE 3 - TRAINING SESSIONS - WHEELING, WV		
***** THIS IS THE END OF RFQ EHS12035 ***** TOTAL:						

SEE REVERSE SIDE FOR TERMS AND CONDITIONS

SIGNATURE	TELEPHONE	DATE
TITLE	FEIN	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO RFQ, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'



## EHS12035 – ENVIRONMENTAL HEALTH DATA SYSTEM

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### **SPECIFICATIONS**

The State of West Virginia, Department of Health and Human Resources (DHHR), Bureau for Public Health (BPH), Office of Environmental Health Services (OEHS), Public Health Sanitation Division (PHSD) is seeking vendor quotations for providing an Environmental Health Data System that supports inspections, investigations, reporting, billing, and staff time management for PHSD and local health departments (LHDs) located in five PHSD district office areas throughout West Virginia. The successful vendor will provide a hosted data system, browser based software, software installation, training, and support to OEHS and LHDs.

### **BACKGROUND**

OEHS' mission is to enhance environmental health protection for every West Virginia citizen and visitor through quality programs that are designed and administered to serve, educate, and regulate in the least restrictive and most efficient manner. The Public Health Sanitation Division is responsible for developing, administering, and implementing a statewide program designed and dedicated to the eradication, control, and constant improvement of environmental and public health sanitation factors that may, through direct or indirect causes, adversely affect the health and well-being of people.

OEHS has received funding, as part of an infrastructure grant, from the Centers for Disease Control and Prevention to use information technology to apply performance management and quality improvement concepts in environmental health programs statewide with the goal of improving effectiveness and efficiency of environmental health services. These efforts have the ultimate goal of preventing disease and improving health outcomes through the more effective delivery of public health programs, services and enhanced partnerships. The use of electronic systems to support environmental health service delivery will enable data analysis of common violations, guide policy development, and support targeted training and outreach services to reduce environmental health risks and improve health.

### **OEHS OBJECTIVE**

OEHS' objective is to re-engineer its environmental health reporting processes to systematically improve the standardization of data elements, data collection methods and assessment of performance which will lead to increased efficiency in program operations, guide program policy and training efforts, and improved cross-jurisdictional cooperation through a vendor developed data system to track environmental health activities and service information.

The focus of this project is to develop an environmental health data system and implement it at OEHS and LHD sites. Upon completion of year one, this contract may be renewed to roll the project out to the remaining West Virginia LHDs. Even though costs are requested and estimated locations for years 2 and 3 are noted on the Bid Price sheet, any renewal after Year 1 is at the option of the State and OEHS in mutual agreement with the vendor.

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### **DELIVERABLES**

#### **Phase #1: Base System**

Vendor will deliver a base system consisting of a customizable-off-the-shelf environmental health data system that will be configured to meet the needs of OEHS and complies with all of the Business Requirements of this Request for Quotation. Delivery of the base system will include:

- Vendor will host Base System on its database and secure (https) website.
- Vendor will monitor Base System.
- Vendor will be responsible for maintenance and support of Base System and all associated applications for all users.
- Vendor will provide confirmation that Base System code has been placed in escrow.
- Vendor will provide verification that OEHS has access to the hosted website where Base System resides.

#### **Phase #2: Customized WV Environmental Health Data System**

Vendor will deliver a customized environmental health data system that meets the needs of OEHS and complies with all of the Business Requirements of this Request for Quotation. Delivery of the customized WV Environmental Health Data System will include:

- Vendor will develop detailed project plan.
- Vendor will participate in an on-site meeting with OEHS leadership at OEHS office location for review and approval of project plan.
- Vendor will execute approved project plan.

Vendor will meet with OEHS leadership at OEHS' office located at 350 Capitol Street, Charleston, West Virginia for at least one day within the first month of the contract to review vendor's proposed work plan (see Project Management Requirements). Vendor's project plan will detail the steps in the customization process that will result in the WV Environmental Health Data System. At a minimum, the plan will address steps necessary to modify database fields and tables to support electronic forms and applications that are functionally equivalent to the current paper-based forms; establishment of a public portal; provision of a structured query capability such that OEHS and LHD staff may perform ad hoc queries against the collected data and prepare standard and ad hoc reports and letters; and internal accounting and tracking functionality. An acceptable project plan will include project schedules; specific, measurable and verifiable deliverables; and notations of required input/participation by State, OEHS and LHD staff.

Upon OEHS approval of vendor's project plan, vendor will execute plan and customize the base environmental health data system resulting in the WV Environmental Health Data system.

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### Phase #3: Installation and Training

Vendor will schedule and provide on-site installation and training of WV Environmental Health Data System and software on OEHS and LHD supplied hardware at OEHS and LHD sites located in the following OEHS Central and District Office areas:

- OEHS Central Office, Charleston, West Virginia
- Beckley District, West Virginia
- Fairmont District, West Virginia
- Kearneysville District, West Virginia
- St. Albans District, West Virginia
- Wheeling District, West Virginia

**WV Bureau for Public Health  
Office of Environmental Health Services  
Public Health Sanitation Division**

Brooke, Calhoun,  
Hancock,  
Marshall, Ohio

Wheeling District  
117 Methodist Building  
1060 Chapline St.  
Wheeling, WV 26003  
304-238-1145/1001  
FAX: 304-238-1002

Fairmont District  
9083 Middletown Mall  
Whitehall, WV 26554  
304-368-2530  
FAX: 304-367-2755

Barbour, Braxton,  
Doddridge, Gilmer,  
Harrison, Lewis, Marion,  
Monongalia, Preston,  
Randolph, Taylor, Tucker,  
Upshur

St. Albans District  
808 B. St., Suite G  
St. Albans, WV 25177  
304-722-0811  
FAX: 722-0815

Boone  
Cabell  
Clay  
Jackson  
Kanawha  
Lincoln  
Logan  
Mason  
Mingo  
Pleasants  
Putnam  
Richie  
Roane  
Wayne  
Wirt  
Wood

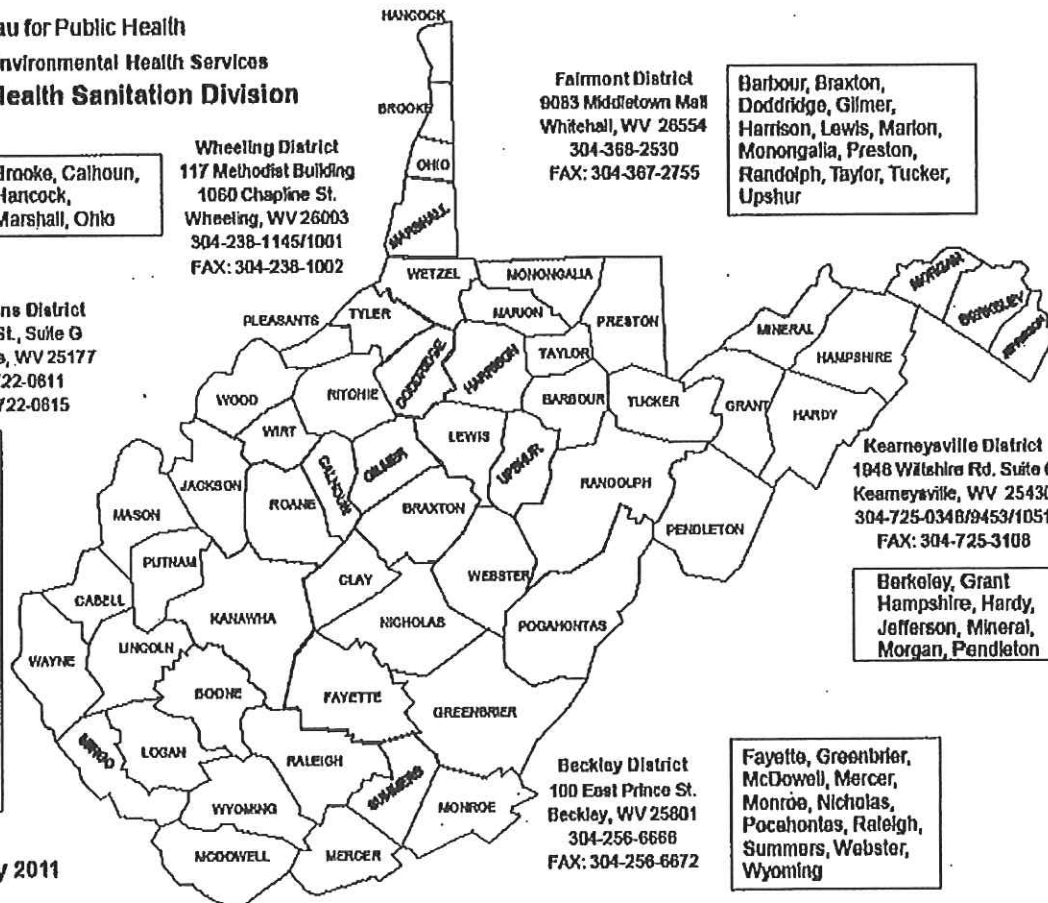
Kearneysville District  
1048 Wilshire Rd. Suite 6  
Kearneysville, WV 25430  
304-725-0346/9453/1051  
FAX: 304-725-3108

Berkeley, Grant  
Hampshire, Hardy,  
Jefferson, Mineral,  
Morgan, Pendleton

Beckley District  
100 East Prince St.  
Beckley, WV 25801  
304-256-6668  
FAX: 304-256-6672

Fayette, Greenbrier,  
McDowell, Mercer,  
Monroe, Nicholas,  
Pocahontas, Raleigh,  
Summers, Webster,  
Wyoming

July 2011





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### **BUSINESS REQUIREMENTS**

Vendor will meet all of the following Business Requirements:

- Software Requirements
- Project Management Requirements
- Vendor Experience Requirements
- WV Environmental Health Data System Functional Requirements
- WV Environmental Health Data System Security Requirements
- WV Environmental Health Data System Financial Producing/Tracking Requirements
- Form Requirements

#### Software Requirements:

1. Vendor will provide a permanent software license to OEHS for its WV Environmental Health Data System.
2. Vendor will place all software source code(s) pertaining to WV Environmental Health Data System in escrow. All source code(s) pertaining to WV Environmental Health Data System will become property of OEHS if vendor declares bankruptcy or ceases to exist.
3. Vendor software for WV Environmental Health Data System will link application(s), permit(s), inspection data, and official notices for each establishment or individual.
  - a. i.e., Software will auto-populate a field in the Permit or Inspection sheet based on information in the application.
4. Vendor software for WV Environmental Health Data System will allow for capturing of an electronic signature.
5. Vendor software for WV Environmental Health Data System will have the capability to link re-inspection dates to Microsoft Outlook calendars.
6. Vendor software for WV Environmental Health Data System will have the capability of web based entries for filing complaints by the general public.
7. Vendor software for WV Environmental Health Data System will be capable of importing existing current data that is in versions of Microsoft Excel or Microsoft Access that are currently supported by Microsoft.
8. Vendor software for WV Environmental Health Data System will be capable of exporting data in currently supported Microsoft Excel or Microsoft Access formats. Financial data must be able to export to CSV and currently supported Excel formats.

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9. Vendor software will run on a minimum of Microsoft Windows 7 based operating system.
10. Vendor software will be compatible with currently supported versions of Microsoft Outlook.
11. Vendor software will be compatible at a minimum with Microsoft Internet Explorer, Version 7.
12. Vendor client software will be able to operate with 1GB of RAM memory.
13. Vendor client software will allow users in the field to connect wirelessly to the host system or to work off-line where a wireless connection is unavailable and synch to the host system later.
14. Vendor software will be able to generate reports (i.e., daily, monthly, quarterly, annually) based on activities of individual sanitarians and LHD offices.
15. Vendor software will be able to generate and print invoices.
16. Vendor software will be able to generate ad hoc reports.

**Project Management Requirements:**

1. Vendor will provide a proposed work plan that discusses its approach to providing the products and services required to fulfill the terms of this Request for Quotation. Vendor's work plan must demonstrate a clear grasp of the overall project and services to be provided with the specific action steps that will guarantee the successful provision/completion of the project.
2. Vendor will use a formal and documented project management approach based on Project Management Institute (PMI) industry standards and guidelines. PMI industry standards and guidelines can be found at <http://www.pmi.org/>. Microsoft Project or comparable software tools will be used to develop the work plan that includes tasks, milestones and deliverables. Vendor's project management approach and work plan must provide OEHS with a means of determining if the statement of work is being accomplished as scheduled with acceptable deliverables. Vendor will designate a full-time project manager who will be available to OEHS staff 100% of the time after the project implementation begins.
3. Vendor will provide a list of all deliverables and the due dates of those deliverables by task. The vendor will estimate a ten (10) workday review period by OEHS, revision time by vendor, and an additional (5) day re-review period by OEHS.

**Vendor Experience Requirements:**

1. Vendor will have a minimum of five years experience supporting environmental health data systems.

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2. Vendor will have a minimum of five years experience working with public health agencies at a State or local level.

**WV Environmental Health Data System Functional Requirements:**

1. Vendor solutions, including back-ups and disaster recovery solutions for the WV Environmental Health Data System will be hosted on vendor's servers.
2. Vendor system development, maintenance and support activities, including help desk activities, for the WV Environmental Health Data System will be conducted by vendor.
3. Vendor servers and ancillary equipment in primary and back-up facilities used to host the WV Environmental Health Data System will be owned by or under the total control of the vendor (i.e., the vendor alone is responsible for allocating resources to meet contractual obligations).
4. Vendor will provide for three environments:
  - a. Live/Production environment
  - b. Training environment
  - c. Staging/Testing environment
5. Vendor will guarantee that the WV Environmental Health Data System's production, staging, test and training environments will be available a minimum of 99% of the time for the peak periods of Monday through Friday, 8 a.m. to 7:00 p.m., Eastern Standard Time (excluding recognized Federal Holidays), and a minimum of 90% of the time for all other non-peak periods.
6. Vendor will guarantee that the WV Environmental Health Data System's live environment will be available a minimum of 99.99% of the time for the peak periods of Monday through Friday, 8 a.m. to 7:00 p.m., Eastern Standard Time (excluding recognized Federal Holidays), and a minimum of 90% of the time for all other non-peak periods.
7. Unless otherwise specified, maintenance and technical support requirements are the same for all environments.
8. Vendor will have help desk support available via phone, e-mail, and on-line entry to OEHS and LHDs.
9. Vendor will respond to unlimited trouble tickets at no additional charge to OEHS and LHDs for the entire term of the contract.
10. Vendor will have live help desk support for OEHS and LHDs available from 8 a.m. to 5 p.m., Eastern Standard Time, Monday through Friday, except on recognized federal holidays for the entire term of the contract.

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11. Vendor will have voicemail, e-mail, or on-line help available to OEHS and LHD staff during hours when live assistance is not available.
12. Vendor will provide unlimited bug fixes for the life of the contract at no additional charge.
13. Vendor will backup WV Environmental Health Data System's data daily and will secure the backup at an off-site location.
14. Vendor guarantees that the maximum loss of data in the event of a catastrophic failure of the primary data center is limited to one business day's data.
15. Vendor will have a business resumption/continuity of operations plan in place for the host site that is tested at a minimum of one time annually.
16. Vendor will reply to customer questions submitted by email or telephone by the next business day. Vendor will respond to customer questions by email or telephone.
17. Vendor will guarantee that the WV Environmental Health Data System live and production environments will be restored and available for data entry and inquiry within 24 hours of a catastrophic failure.
18. Vendor will guarantee that the WV Environmental Health Data System staging, test and training environments will be restored and available for use within 72 hours of a catastrophic failure.
19. Vendor will develop all forms and reports so that additional sheets can be attached to it, including inspection report documents, scanned documents, and images.
20. Vendor will allow for various levels of access, depending on the individual using it. LHDs will assign levels of access.
21. OEHS will have access to all levels of data.

**WV Environmental Health Data System Security Requirements:**

1. System will retain an access log of when a user logs on, logs out, or his/her session times out. This text log will contain the user's account identifier (ID), date, time of logon/logout, and activity type (log in log out, time out).
2. System will support strong password functionality that can be configured by the system administrator. These capabilities include the length of passwords, types of characters required (numbers, symbols, uppercase letters, lowercase letters), the password change interval in days, and the user password expiration notification in days.

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3. System will use Advanced Encryption Standard (AES) or equal information technology industry standard of data security through strong encryption, minimum of 128-bit, in all external communication.
4. System will monitor and report any unauthorized access attempts to the system administrator.
5. System will support multiple user account status options to minimally include: 'Inactive or locked', 'Active', and 'Must change password upon next login'. System will provide an audit log of access changes.
6. System will alert users to expiring passwords based on the user password expiration notification set by the administrator and prompt users to change their passwords in advance of expiration.
7. System will allow users to change their own passwords after successfully logging onto the application and enforce strong password functionality.
8. System will support an audit log of access changes, e.g.: who granted user access, what type of access, user name, date of creation, and modification.
9. Vendor will provide "back out" procedures in the event a version of the application needs to be uninstalled by OEHS or LHD staff.
10. System will store all passwords in Advanced Encryption Standard (AES) or equal information technology industry standard encryption format.
11. System will not use schema owner or privileged user (SYS, SYSTEM) to connect to the database.
12. System will use least privileged user to connect to database. The user utilized to connect to the database for configuring strong password parameters will not be the same user connecting to the database for other administrative processes and will not be the same user connecting to the database for update, or the user connecting to the database for query, etc.
13. System will be tested to mitigate the Top 25 Most Dangerous Programming Errors as developed by SANS (SysAdmin, Audit, Network, Security) Institute/Mitre Corporation that can be found at the following link to the 2010 CWE/SANS (Common Weakness Enumeration) Top 25 Most Dangerous Programming Errors: <http://cwe.mitre.org/top25>.
14. System will be tested to mitigate the Open Web Application Security Project (OWASP) Top Ten Web Application Vulnerabilities-current version that can be found at [https://www.owasp.org/index.php/Category:OWASP\\_Top\\_Ten\\_Project](https://www.owasp.org/index.php/Category:OWASP_Top_Ten_Project).



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15. There will not be any structured query language (SQL), either static or dynamic, executed on any web page. All queries, inserts and updates will be handled by passing parameters to stored procedures.

### WV Environmental Health Data System Financial Producing/Tracking Requirements:

1. Vendor will develop WV Environmental Health Data System capable of generating and tracking accounts receivable for each application entered.
2. Vendor will develop WV Environmental Health Data System capable of generating and tracking accounts receivable for each inspection entered.
3. Vendor will develop WV Environmental Health Data System capable of generating and tracking accounts receivable for other fees charged entered.
4. Vendor will develop WV Environmental Health Data System capable of changing fee schedules as necessary. These will be individualized for OEHS and each LHD.
5. Vendor will develop WV Environmental Health Data System capable of generating invoices to all facilities.
6. Vendor will develop WV Environmental Health Data System capable of generating receipts for all monies collected.
7. Vendor will allow for Ad Hoc financial reports.
8. Receipts will be numbered sequentially and receipt numbers will not be repeated.
9. Each LHD will have a separate number system that identifies it. Vendor will use the county numbering system shown in Attachment A1, A-14, as part of the receipt number.

### Form Requirements:

Vendor will develop electronic versions of the following forms. Vendor's electronic versions of the forms do not have to match pixel by pixel to the paper-based forms, but they will include the following, which will be visible and legible on any document printed.

- All fields contained on the paper-based form except where changes are indicated.
- DHHR logo or "West Virginia Department of Health and Human Resources" and include the West Virginia State Seal, Attachment A2.
- Permit numbers that follow the coding requirements set forth in the DHHR Manual of Environmental Health Procedures, Attachment A1, and Coding Requirements, Attachment A3.
- Form number (i.e., SG-91, SF-6) that corresponds with that document.
- The capability to attach photos, scanned files, PDF files, and additional files to the form.

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- Software will link "application(s)", "permit(s)", complaints(s), "inspection data" and other applicable forms for each establishment or individual.

### Permit to Operate Forms (Forms 1 – 14)

#### 1. Application for a Permit to Operate/Registration Form

- 1.1. Vendor will develop an electronic version of the General Application for a Permit to Operate/Registration form based on SG-49, Attachment B1.
- 1.2. Vendor will include a dropdown list on the "General Application for a Permit to Operate" form to select "Type of Facility." Facilities vendor will include in the dropdown list are:
  - 1.2.1. Adult Day Care Center
  - 1.2.2. Bed and Breakfast Inn
  - 1.2.3. Body Piercing Studio
  - 1.2.4. Campground
  - 1.2.5. Child Care Center
  - 1.2.6. Family Day Care Center
  - 1.2.7. Correctional Facility
  - 1.2.8. Institution/School
  - 1.2.9. Labor Camp
  - 1.2.10. Manufactured Home Community
  - 1.2.11. Mass Gathering/Fair/Festival
  - 1.2.12. Motel/Hotel
  - 1.2.13. Organized Camp
  - 1.2.14. Park/Playground
  - 1.2.15. Recreational Water Facility
  - 1.2.16. Residential Care Facility
  - 1.2.17. Tattoo Studio
  - 1.2.18. Other
- 1.3. Vendor will include a field to enter the "total number of units/spaces" if Manufactured Home Community is selected.
- 1.4. Vendor will include a field to enter "number of children" if Child Care Center is selected.
- 1.5. Vendor will include a field to enter "estimated number of attendees" if Mass Gathering is selected.
- 1.6. Vendor will include a dropdown list if Recreational Water Facility is selected. Vendor will include the following in the dropdown list:
  - 1.6.1. Bathing Beach
  - 1.6.2. Diving Pool

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- 1.6.3. Hot Tub
  - 1.6.4. Hydrotherapy Pool
  - 1.6.5. Lazy River
  - 1.6.6. Spa
  - 1.6.7. Spray Pool
  - 1.6.8. Swimming Pool
  - 1.6.9. Therapeutic Pool
  - 1.6.10. Wading Pool
  - 1.6.11. Water Slide
  - 1.6.12. Wave Pool
  - 1.6.13. Whirlpool
  - 1.6.14. Interactive Water Feature
  - 1.6.15. Wet Deck
  - 1.6.16. Spray Pad
- 1.7. Vendor will include fields to enter "Infectious Medical Waste Disposal" and "Spore Testing Facility" if Body Piercing Studio is selected.
- 1.8. Vendor will include an entry field if Other is selected.
2. Application for a Permit to Operate a Food Service Establishment
- 2.1. Vendor will develop two electronic versions of Application for a Permit to Operate a Food Service Establishment based upon if it is a temporary ( $\leq 14$  days) or permanent operation. In the event it is a permanent operation, vendor will develop an electronic version of the "Food Service Establishment Application for a Permit to Operate" form based on SF-5, Attachment B2.
- 2.2. Vendor will include a dropdown list on the "Food Service Establishment Application for a Permit to Operate" form to select "Type of Establishment." Establishments vendor will include in the dropdown list are:
- 2.2.1. Food Service Establishment
  - 2.2.2. Retail Food Store
  - 2.2.3. Mobile Food Unit
  - 2.2.4. Vending Machine
- 2.3. Vendor will include a dropdown list if Food Service Establishment is selected. Dropdown list will include:
- 2.3.1. No PHF (i.e., Potentially Hazardous Foods)
  - 2.3.2. Limited
  - 2.3.3. Full
- 2.4. Vendor will include a field labeled "Highly Susceptible Population" and a dropdown list under the field if Food Service Establishment is selected. Vendor will include the following in the dropdown list or checkbox:

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- 2.4.1. Yes
- 2.4.2. No
- 2.5. Vendor will include fields labeled as follows to enter information if Food Service Establishment is selected:
  - 2.5.1. Seating Capacity
  - 2.5.2. Average Number of Meals Served Per Day
- 2.6. Vendor will include a field labeled "Alcohol Beverage Control Administration Licensed Facility" and a drop down list under the field if Food Service Establishment is selected. Vendor will include the following in the drop down list or checkbox:
  - 2.6.1 Yes
  - 2.6.2 No
- 2.7. Vendor will include a field to enter the number of "Checkout Stations" if Retail Food Store is selected.
- 2.8. Vendor will not include a selection for the following:
  - 2.8.1. Permanent
  - 2.8.2. Temporary
- 3. Application for a Permit to Operate a Temporary Food Service Establishment Form
  - 3.1. Vendor will develop an electronic version of the "Application for a Permit to Operate a Temporary Food Service Establishment" based on Attachment B3.
- 4. Sewage Application for a Permit to Install or Modify an Onsite Sewage Disposal System Form
  - 4.1. Vendor will develop an electronic version of the "Sewage Application for a Permit to Construct or Modify" form based on SS-182A, Attachment B4.
  - 4.2. Vendor will add a field to select "Water Source" Existing or Proposed.
  - 4.3. Vendor will add a field to select "Type of Water Source". Vendor will include the following in a dropdown list.
    - 4.3.1. Public
    - 4.3.2. Drilled Well
    - 4.3.3. Cistern
    - 4.3.4. Spring
    - 4.3.5. Surface Water Body

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- 4.4. Vendor will either have a drop down-list that includes existing or new, or will allow only one box to be checked.
- 4.5. Vendor will either have a drop down for install or modify, or only allow one box to be checked.
- 4.6. Vendor will add a Field "Additional Percolation Test" :
  - 4.6.1. Yes
  - 4.6.2. No

If yes, vendor will include additional fields to enter Test 2 Hole #1, Test 2 Hole #2, Test 2 Hole #3, Test 2 Hole #4, Total Minutes – Test 2, Test 2 Divided by 24. Vendor will include additional fields to enter "Additional Percolation Tests" until No is selected.
- 4.7. Vendor will add a field "Percolation Test Performed By":
  - 4.7.1. Homeowner
  - 4.7.2. Certified Septic Tank Installer
- 4.8. Vendor will add a field to enter "Name of Individual That Performed Percolation Test"
- 4.9. Vendor will add a field to page 2 of this form to enter Septic Tank "Yes" or "No." If Yes is selected then the fields – Capacity, Material, selection for Top Seam and Mid Seam, Septic Tank Manufacturer, Outlet Filter Used (Yes or No), Outlet Filter Brand will be added.
- 4.10. Vendor will add a field to page 2 of this form to enter Pump Tank "Yes" or "No." If Yes is selected then the fields Capacity, Material, selection for Top Seam and Mid Seam, Pump Tank Manufacturer will be added.
- 5. Subdivision Approval Application Form
  - 5.1. Vendor will develop an electronic version of the "Subdivision Approval Application" form based on ES-76, Attachment B5.
- 6. Application for Permit to Install or Modify an Individual Sewer System with Surface Discharge
  - 6.1. Vendor will develop an electronic version of "Application for Permit to Install or Modify an Individual Sewer System with Surface Discharge" form based on SS-188, Attachment B6.
    - 6.1.1. Vendor will allow for an electronic drawing of the system from page two of SS-188.



**EHS12035 – ENVIRONMENTAL HEALTH DATA SYSTEM****7. Surface Discharge Site Evaluation Report**

7.1. Vendor will develop an electronic version of the "Surface Discharge site Evaluation Report" form based on SS-188A, Attachment B7.

7.2. Vendor will include an expandable Comments field.

**8. Individual Water Well Application for a Permit to Construct, Modify or Abandon Form**

8.1. Vendor will develop an electronic version of the "Individual Water Well Application for a Permit to Construct, Modify or Abandon" form based on SW-256, Attachment B8.

**9. Registration for Water Haulers Form**

9.1. Vendor will develop an electronic version of the "Registration for Water Haulers" form based on EW-79A, Attachment B9.

**10. Application For Sewage Tank Cleaning Permit Form**

10.1. Vendor will develop an electronic version of the "Application for Sewage Tank Cleaning Permit" form based on SS-181, Attachment B10.

**11. General Operational Permit Form**

11.1. Vendor will develop an electronic version of the "General Operational Permit" form based on SG-91, Attachment C1.

**12. Food Service Permit Form**

12.1. Vendor will develop an electronic version of the "Food Service Permit" form based on SF-6, Attachment C2.

**13. Sewage On-Site Permit Form**

13.1. Vendor will develop an electronic version of the "Sewage On-Site Permit" form based on SS-183, Attachment C3.

**14. Individual Water Well Permit Form**

14.1. Vendor will develop an electronic version of the "Individual Water Well Permit" form based on SW-257, Attachment C4.

**Inspection Report Forms (Forms 15-31)****15. General Sanitation Inspection Form**

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- 15.1. Vendor will develop an electronic version of the "General Sanitation Inspection Report" form based on SG-52, Attachment D1.
  - 15.2. Vendor will include a dropdown list on the "General Sanitation Inspection Report" form to select "Type of Facility." Facilities vendor will include in the dropdown list are:
    - 15.2.1. Adult Day Care Center
    - 15.2.2. Bed and Breakfast Inn
    - 15.2.3. Campground
    - 15.2.4. Colleges/Universities
    - 15.2.5. Correctional Facility
    - 15.2.6. Institution/School
    - 15.2.7. Labor Camp
    - 15.2.8. Mass Gathering/Fair/Festival
    - 15.2.9. Motel/Hotel
    - 15.2.10. Organized Camp
    - 15.2.11. Park/Playground
    - 15.2.12. Public Restrooms
    - 15.2.13. Residential Care Facility
    - 15.2.14. Other (Specify)
    - 15.2.15. Vendor will include an expandable "Remarks" section on the "General Sanitation Inspection Report" form.
  - 15.3. Vendor will include a "check box" on the "General Sanitation Inspection Report" form for marking code sections so that when one or more code sections are marked the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
  - 15.4. Vendor will include an expandable "Remarks" section on the "General Sanitation Inspection Report" form.
16. Food Service Inspection Report Form
- 16.1. Vendor will develop an electronic version of the "Food Establishment Inspection Report" form based on SF-1, Attachment D2.
  - 16.2. When a code section is entered, the wording for the code section will automatically be entered into the "Violation Description/Remarks/Corrections" section using predetermined language from the FDA 2005 Model Food Code with the capability for adding additional specific language.
  - 16.3. Vendor will include an expandable "Violation Description/Remarks/ Corrections" section on the Food Service Inspection Report form.

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- 16.4. Vendor will include an expandable section to include a field for "Unit/Location/Item" and a field for "temperature/PPM."

**17. Tattoo Inspection Report Form**

- 17.1. Vendor will develop an electronic version of the "Tattoo Inspection Report" form based on SG-56, Attachment D3.
- 17.2. Vendor will include an expandable "Remarks" section on the Tattoo Inspection Report form.
- 17.3. Vendor will include a "check box" on the "Tattoo Inspection Report" form for marking code sections so that when one or more code sections are marked the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.

**18. Child Care Inspection Report Form**

- 18.1. Vendor will develop an electronic version of the "Child Care Inspection Report" form based on SG-50, Attachment D4.
- 18.2. Vendor will include an expandable "Remarks" section on the "Child Care Inspection Report" form.
- 18.3. Vendor will include a "check box" on the "Child Care Inspection Report" form for marking code sections so that when one or more code sections are marked the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
- 18.4. Vendor will include a dropdown list on the Child "Child Care Inspection Report" form to select "Type of Facility." Facilities vendor will include in the dropdown list are:
- 18.4.1. Day Care Center
  - 18.4.2. Family Day Care Facility

**19. Body Piercing Studio Inspection Report Form**

- 19.1. Vendor will develop an electronic version of the "Body Piercing Studio Inspection Report" form based on SG-87, Attachment D5.
- 19.2. Vendor will include an expandable "Remarks" section on the "Body Piercing Studio Inspection Report" form.

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- 19.3. Vendor will include a "check box" on the "Body Piercing Studio Inspection Report" form for marking code sections so that when one or more code sections are marked, the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
- 19.4. Vendor will provide a field on the "Body Piercing Studio Inspection Report" form for entering multiple "Technicians."

### 20. Manufactured Home Community Inspection Report Form

- 20.1. Vendor will develop an electronic version of the "Mobile Home Park Inspection Report" form based on SG-94, Attachment D6.
  - 20.1.1. Vendor will substitute "Manufactured Home Community" for "Mobile Home Park" – wherever it appears on the form.
  - 20.1.2. The vendor will substitute "Manufactured Home" for "Mobile Home" wherever it appears on the form.
- 20.2. Vendor will include an expandable "Remarks" section on the "Mobile Home Park Inspection Report" form.
- 20.3. Vendor will include a "check box" on the "Mobile Home Park Inspection Report" form for marking code sections so that when one or more code sections are marked the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.

### 21. Recreational Water Facilities Inspection Report Form

- 21.1. Vendor will develop an electronic version of the "Recreational Water Facilities Inspection Report" form based on SR-152, Attachment D7.
- 21.2. Vendor will include a dropdown list on the "Recreational Water Facilities Inspection Report" form. Vendor will include the following in the dropdown list for type of facility:
  - 21.2.1. Bathing Beach
  - 21.2.2. Diving Pool
  - 21.2.3. Hot Tub
  - 21.2.4. Hydrotherapy Pool
  - 21.2.5. Lazy River
  - 21.2.6. Spa
  - 21.2.7. Spray Pool
  - 21.2.8. Swimming Pool
  - 21.2.9. Therapeutic Pool

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- 21.2.10. Wading Pool
  - 21.2.11. Water Slide
  - 21.2.12. Wave Pool
  - 21.2.13. Whirlpool
  - 21.2.14. Interactive Water Feature
  - 21.2.15. Wet Deck
  - 21.2.16. Spray Pad
- 21.3. Vendor will provide fields to enter multiple "Certified RWF Operator(s)" for each facility.
- 21.4. Vendor will provide a field on the "Recreational Water Facilities Inspection Report" for entering multiple readings for the following:
- 21.4.1. Free Chlorine Residual
  - 21.4.2. Bromine Residual
  - 21.4.3. pH
  - 21.4.4. Rate of Flow Meter
  - 21.4.5. Gauges
- 21.5. Vendor will include an expandable "Remarks" section on the "Recreational Water Facilities Inspection Report" form.
- 21.6. Vendor will develop the "Recreational Water Facilities Inspection Report" so that if chlorine and/or pH readings are outside specified parameters, the applied code will automatically be marked and entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
- 21.7. Vendor will include a "check box" on the "Recreational Water Facilities Inspection Report" form for marking code sections so that when one or more code sections are marked the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
22. Water Hauler Truck Inspection Report Form
- 22.1. Vendor will develop an electronic version of the "Water Hauler Truck Inspection Report" form based on EW-79B, Attachment D8.
- 22.2. Vendor will include a "check box" on the "Water Hauler Truck Inspection Report" form for marking code sections so that when one or more code sections are marked, the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.



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- 22.3. Vendor will include an expandable "Remarks" section on the "Water Hauler Truck Inspection Report" form.

**23. Emergency Shelter Inspection Report Form**

- 23.1. Vendor will develop an electronic version of the "Emergency Shelter Inspection Report" form based on SG-67, Attachment D9.
- 23.2. Vendor will include a "check box" on the "Emergency Shelter Inspection Report" form for marking code sections so that when one or more code sections are marked, the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
- 23.3. Vendor will include an expandable "Remarks" section on the Emergency Shelter Inspection Report form.

**24. Nuisance Investigation Report Form**

- 24.1. Vendor will develop an electronic version of the "Nuisance Investigation Report" form based on SG-51, Attachment D10.
- 24.2. Vendor will include a dropdown list for "Type of Complaint" on the "Nuisance Investigation Report" form. Types of complaints vendor will include in the dropdown list are:
- 24.2.1. Animal Feces/Manure
  - 24.2.2. Animal Nuisance/Odor
  - 24.2.3. Body Piercing/Tattooing
  - 24.2.4. Campground
  - 24.2.5. Child Care/Family Day Care Center
  - 24.2.6. Correctional Facility
  - 24.2.7. Dead Animal
  - 24.2.8. Drainage/Runoff
  - 24.2.9. Fair/Festival/Mass Gathering
  - 24.2.10. Flood/Natural Disaster
  - 24.2.11. Food Service Establishment
  - 24.2.12. Retail Food Establishment
  - 24.2.13. Hospital/Medical Waste
  - 24.2.14. Hotel/Motel, Housing
  - 24.2.15. Institution, Labor Camp
  - 24.2.16. Indoor Air/Mold
  - 24.2.17. Junk Cars
  - 24.2.18. Manufactured Home Community
  - 24.2.19. Noise
  - 24.2.20. Recreational Water Facility
  - 24.2.21. Public Restroom

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- 24.2.22. Public/Private School
- 24.2.23. Sewage/Septic System
- 24.2.24. Septic Installer
- 24.2.25. Sewer Gas/Odor
- 24.2.26. Solid Waste Accumulation
- 24.2.27. Solid Waste Collection
- 24.2.28. Unsanitary Conditions
- 24.2.29. Vectors/Vector Control
- 24.2.30. Water, Public/Private
- 24.2.31. Water Sampling
- 24.2.32. Weeds/Grass
- 24.2.33. Other
- 24.2.33.1. Vendor will include an entry field if "Other" is selected.

24.3. Vendor will include expandable sections on the "Nuisance Investigation Report" form for the following:

- 24.3.1. Complaint Request (i.e. "I hereby request ...")
- 24.3.2. Location
- 24.3.3. Condition(s) Found
- 24.3.4. Comments

24.4. Vendor will include a dropdown list for "Type of Action" on the "Nuisance Investigation Report" form. Types of actions vendor will include in the dropdown list are:

- 24.4.1. Investigation
- 24.4.2. Justified
- 24.4.3. Written Notice
- 24.4.4. Verbal Notice

24.5. Vendor will provide fields on the "Nuisance Investigation Report" form to enter multiple action types and dates for each complaint.

24.6. Vendor will include a dropdown list for "Complaint Status" on the "Nuisance Investigation Report" form. Complaint statuses vendor will include in the dropdown list are:

- 24.6.1. Corrected/Abated
- 24.6.2. Referred
- 24.6.3. Legal Action Pending
- 24.6.4. Follow-up Pending

24.7. Vendor will provide fields on the "Nuisance Investigation Report" form to enter multiple complaint statuses and dates.

## 25. Sewage Tank Cleaning Truck Inspection Form

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- 25.1. Vendor will develop an electronic version of the "Sewage Tank Cleaning Truck Inspection Report" form based on SS-179, Attachment D11.
- 25.2. Vendor will include a "check box" on the "Sewage Tank Cleaning Inspection Report" form for marking code sections so that when one or more code sections are marked, the code(s) will automatically be entered into the "Remarks" section using predetermined language with the capability for adding additional specific language.
- 25.3. Vendor will include an expandable "Remarks" section on the "Sewage Tank Cleaning Inspection Report" form.
- 26. On Site Sewage System Survey
  - 26.1. Vendor will develop an electronic version of the "On-Site Sewage System Survey" form based on SS-182C, Attachment D12.
  - 26.2. Vendor will include an expandable "Concern/Notes" field.
- 27. On Site Sewage Disposal System Inspection Report
  - 27.1. Vendor will develop an electronic version of the "On-Site Sewage Disposal System Inspection Report" form based on SS-177, Attachment D13.
    - 27.1.1. Vendor will provide the capability for electronic drawing of the on-site disposal system.
    - 27.1.2. Vendor will provide fields on the "On-Site Sewage Disposal System Inspection Report" form for entering multiple "Certified Septic Tank Installers."
- 28. Home Aeration Unit Installation Inspection Report
  - 28.1. Vendor will develop an electronic version of the "Home Aeration Unit Installation Inspection Report" form based on SS-190, Attachment D14.
  - 28.2. Vendor will include an expandable "Remarks" field.
- 29. Water Well Construction Inspection Form
  - 29.1. Vendor will develop an electronic version of the "Water Well Construction Inspection" form based on SW-263, Attachment D15.
    - 29.1.1. Vendor will allow for electronic drawing of the inspection on this form.
- 30. Official Notice Form

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- 30.1. Vendor will develop an electronic version of the "Official Notice" form based on SG-54, Attachment D16.

### **31. Official Visit Report Form**

- 31.1. Vendor will develop an electronic version of the "Official Visit Report" form based on SG-66, Attachment D17.

- 31.1.1. This "Official Visit" form will have the capability to be linked to other records that may exist in this Environmental Health Data System.

### **Reports (Forms 32-33)**

### **32. Sanitarian's Daily Report Form**

- 32.1. For all programs in the WV Environmental Health Data System, information will automatically be collected for the date, time spent on the activity, program code and activity code.
- 32.2. Vendor will develop an additional entry form to capture other Sanitarian activities not included with programs in the WV Environmental Health Data System.
  - 32.2.1 Information to capture includes: Date, Time spent, Description of activity, Program Code, and Activity Code
- 32.3. Program Codes and Program Activities are found on the "Sanitarian's Monthly Activity Report" form, SG-61, Attachment E1.
- 32.4. Vendor will develop an electronic version of the "Sanitarian's Daily Report" form based on SG-66, Attachment E2.
- 32.5. This report will summarize the daily activities for the each sanitarian.

### **33. Sanitarian's Monthly Activity Report Form**

- 33.1. Vendor will develop an electronic version of the "Sanitarian's Monthly Activity Report" form based on SG-61, Attachment E1.
  - 33.1.1. This report will summarize the monthly activities for each sanitarian for each LHD as well as a combined LHD report.
  - 33.1.2. Vendor will allow for Ad Hoc activity reports (i.e., quarterly, yearly, etc.)
- 33.2. Vendor will allow for Ad Hoc reporting that can generate various reports from data in the existing database.

### **OEHS CONTRIBUTION TO CONTRACT**

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1. OEHS will provide vendor contact information for key State and LHD staff necessary for completion of the project. OEHS will provide updated contact information as necessary throughout the contract period.
2. OEHS will monitor the level of involvement of designated State and LHD staff to ensure that the vendor can execute the project plan without delays. OEHS will replace designated staff if they are unable to provide the minimum level of support required throughout the contract period.
3. OEHS will serve as liaison between the vendor and other State agencies (e.g., WV Office of Technology, DHHR Office of Management Information Services, etc.) throughout the contract period.
4. OEHS will review and approve vendor's project plan.

### **VENDOR BID**

Vendor will meet the following requirements for submitting a bid:

1. Vendor will complete, sign, and date the Bid Price Sheet provided with the understanding that the vendor submitting the lowest Total Bid Price that meets specifications will be awarded a contract.
2. Vendor will provide documentation depicting five years experience supporting environmental health data systems.
3. Vendor will provide documentation depicting five years experience working with public health agencies at a State or local level.
4. OEHS realizes that vendors utilize different licensing schemes for software and it is not OEHS' intent to force a vendor to change its business model. For the purpose of this Request for Quotation, pricing must be shown on the Bid Price Sheet as Per Unit Bid Prices. If vendor offers an unlimited user license, the following information suggests how vendor can convert its licensing scheme into a Unit Bid Price for the purpose of completing the Bid Price Sheet for this Request for Quotation.
  - The estimated number of annual installations and trainings equates to the estimated number of named users to be placed on the WV Environmental Health Data System by location and year.
  - Vendor will assume that each of the estimated annual installations and trainings represents a user who will need access concurrently with all others identified.
  - Each estimated annual installation and training equates to a single device that will require a license.



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- Year 1: Vendor will identify a block size large enough to accommodate the estimated number of annual installations and trainings for Year 1. Vendor will divide the block price by the estimated number of Year 1 users as identified on the Bid Price Sheet as "Estimated Annual Installations and Trainings" and bid a "Unit Bid Price" per location for Year 1.
  - Year 2: Vendor will use Year 1 and Year 2 estimated number of users as identified on the Bid Price Sheet as "Estimated Annual Installations and Trainings," adjust the block size if necessary, and divide the block price by the total estimated number of installations and trainings for Year 1 and Year 2 to bid a "Unit Bid Price" per location for Year 2.
  - Year 3: Vendor will use Year 1, Year 2, and Year 3 estimated number of users as identified on the Bid Price Sheet as "Estimated Annual Installations and Trainings," adjust the block size if necessary, and divide the block price by the total estimated number of installations and trainings for Year 1, Year 2, and Year 3 to bid a "Unit Bid price" per location for Year 3.
5. If unlimited user license is offered, vendor will provide OEHS with an explanation of how it translated its licensing cost into a "Unit Bid Price" for use on the Bid Price Sheet.

### METHOD OF EVALUATION

The State will use the Total Bid Price from the Bid Price Sheet to determine the low bid vendor and will award an open end contract. The winning bidder will be the one that submits the lowest total bid price and assures OEHS that services to be performed as outlined in these specifications will be provided.

### LIFE OF CONTRACT

This Contract becomes effective on the date of award and will extend for a period of one (1) year. Contract may be renewed for two additional one-year periods upon the mutual written consent of the State and Vendor in accordance with the terms and conditions of the original contract.

### INSURANCE REQUIREMENTS

Vendor, as an independent contractor, will be solely liable for the acts and omissions of its employees and agents. Vendor will maintain and furnish OEHS proof of coverage of liability insurance for loss, damage, or injury (including death) of third parties arising from acts and omissions on the part of the vendor, its agents and employees prior to the awarding of this contract. Said coverage will provide minimum coverage in the following amounts:

1. For bodily injury (including death): \$500,000.00 per person, to a minimum of \$1,000,000.00 per occurrence

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2. For property damage: to a minimum of \$1,000,000 per occurrence
3. For professional liability: to a minimum of \$1,000,000.00 per occurrence

**WORKERS COMPENSATION REQUIREMENT**

Vendor, as an independent contractor, will have and maintain Workers Compensation coverage for the life of the contract and will furnish OEHS proof of coverage prior to the awarding of this contract.

**INVOICES**

Vendor will invoice OEHS monthly in arrears for phase deliverables completed during the previous month. Invoices may not be submitted more than once monthly. Invoices will include the date of the software installation, name of State Office or LHD and number licenses installed, name of vendor employee(s) who conducted the software installation, and names of State Office personnel and /or LHD personnel who participated during the software installation. Invoices will include the date of the software training, name of State Office, LHD or other site where training was conducted, name of vendor employee(s) who conducted the software training and names of State Office personnel and /or LHD personnel who participated during the software training.

**PAYMENT SCHEDULE****Phase 1:**

One hundred percent (100%) cost of the base customizable-off-the-shelf environmental health data system will be payable to vendor when all Phase 1 deliverables have been accepted and signed off by OEHS, and upon presentation of appropriate invoice by the vendor to OEHS.

**Phase 1 Deliverables Include:**

- Base System source code has been placed in escrow
- OEHS has been given a URL that allows its staff to access to the hosted data system on the site owned and operated by the vendor

**Phase 2:**

One hundred percent (100%) cost of customization of the environmental health data system will be payable when all Phase 2 deliverables identified in the OEHS approved project plan have been accepted and signed off on by OEHS, and upon presentation of the appropriate invoice by the vendor to OEHS.

**Phase 2 Deliverables Include:**

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- Develop detailed project plan
- On-site meeting with OEHS leadership at OEHS office location for review and approval of project plan
- Execute approved project plan

**Phase 3:**


Cost of on-site installation and training of the WV Environmental Health Data System and Software will be payable on a site-by-site basis when installation and training is complete, fully functional, and has been accepted and signed off on by OEHS. Payments will be in the amount included in the vendor's completed Bid Price Sheet for the location and year in question.

**Phase 3 Deliverables Include:**

- On-site installation and training of WV Environmental Health Data System and software at OEHS and LHD locations

# ATTACHMENTS

## Attachment A1 - Code Numbers

		West Virginia Department of Health and Human Resources			
		MANUAL OF ENVIRONMENTAL HEALTH PROCEDURES			
Section	Administration	Date	May 31, 2000	Procedure #	A-14
Subject	Code Numbers	Page		1	of 1

The following code numbers are assigned to local health departments, district offices, and the central office. This code number is to be used for reporting activities, such as the monthly activity report, and as part of the prefix to the permit number assigned to an establishment or firm as outlined in procedures manual memorandum A-15, Permit Coding System.

Barbour	1	Hancock	15	Mineral	29	Ritchie	43
Berkeley	2	Hardy	16	Mingo	30	Roane	44
Boone	3	Harrison	17	Monongalia	31	Summers	45
Braxton	4	Jackson	18	Monroe	32	Taylor	46
Brooke	5	Jefferson	19	Morgan	33	Tucker	47
Cabell	6	Kanawha	20	Nicholas	34	Tyler	48
Calhoun	7	Lewis	21	Ohio	35	Upshur	49
Clay	8	Lincoln	22	Pendleton	36	Wayne	50
Doddridge	9	Logan	23	Pleasants	37	Webster	51
Fayette	10	Marion	24	Pocahontas	38	Wetzel	52
Gilmer	11	Marshall	25	Preston	39	Wirt	53
Grant	12	Mason	26	Putnam	40	Wood	54
Greenbrier	13	McDowell	27	Raleigh	41	Wyoming	55
Hampshire	14	Mercer	28	Randolph	42		

Beckley District Office	61	Philippi District Office	64	Central Office	99
St. Albans District Office	62	Wheeling District Office	65		
Kearneysville District Office	63	Fairmont District Office	66		

References A-15, Permit Coding System

History Supersedes A-14 dated July 10, 1986

Attachments




## Attachment A2- Logos

Vendor must include either the WVDHHR logo (shown below) or, typed "West Virginia Department of Health and Human Resources" and the West Virginia State Seal (shown below)



## Attachment A3- Permit Coding System

		<b>West Virginia Department of Health and Human Resources</b>			
		<b>MANUAL OF ENVIRONMENTAL HEALTH PROCEDURES</b>			
<b>Section</b>	<b>Administration</b>	<b>Date</b>	<b>August 2, 2008</b>	<b>Procedure #</b>	<b>A-15</b>
<b>Subject</b>	<b>Permit Coding System</b>			<b>Page</b>	<b>1 of 1</b>

The following prefixes and coding should be used when issuing permits. See procedures manual memorandum A-14, Code Numbers, for your office code. Example: MD-99-01-001 will be the number for the first of a series of permits issued in fiscal year 2000-2001 by the central office for milk distributors. Use of this coding system will facilitate in determining the number and types of facilities operating in a given area each year.

Adult Day Care	ADD	Milk Distributor	MD
Bed & Breakfast	BB	Milk Hauler	MH
Body Piercing Studio	BPS	Mobile Home Park	MHP
Bottled Water Plant	BW	Organized Camp	OC
Bulk Milk Tanker	BMT	Park	PK
Campground	CG	Playground	PG
Child Care Center	CCC	Producer Dairy	PD
Correctional Facility	CF	Recreational Water Facility	RWF
Drilled Well	DW	School	SCH
Emergency Shelter	ES	Septic Tank	ST
Food Establishment	FE	Septic Tank Cleaner	STC
Group Home	GH	Sewage Holding Tank	SHT
Food Vending Machine	FVM	Sewage Treatment System	STS
Home Aeration Unit	HAU	Subdivision	SUB
Hotel/Motel	HM	Tattoo Studio	TS
Infectious Medical Waste	IMW	Temporary Food Establishment	TFE
Labor Camp	LC	Water Treatment System	WTS
Mass Gathering	MG	Work Release Center	WRC

**References** A-14, Code Numbers

**History** Supersedes A-15 dated May 31, 2000

**Attachments**

## Attachment B1 - General Application for a Permit to Operate

SG-49  
Rev. 9/08West Virginia Department of Health and Human Resources  
Health Department

## APPLICATION FOR A PERMIT TO OPERATE

In accordance with applicable West Virginia Department of Health and Human Resources Legislative Rules, application is hereby made for a permit to operate a:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Adult Day Care Center            | <input type="checkbox"/> Institution, School                    | <input type="checkbox"/> Park, Playground  |
| <input type="checkbox"/> Bed & Breakfast Inn              | <input type="checkbox"/> Labor Camp                             | <input type="checkbox"/> Producer Dairy Farm                                       |
| <input type="checkbox"/> Body Piercing Studio             | <input type="checkbox"/> Mass Gathering, Fair, Festival         | <input type="checkbox"/> Public Restroom   |
| <input type="checkbox"/> Campground<br>No. of sites _____ | <input type="checkbox"/> Mobile Home Park<br>No. of sites _____ | <input type="checkbox"/> Recreational Water Facility<br>(Pool, Bathing Beach, Spa) |
| <input type="checkbox"/> Child Care Center                | <input type="checkbox"/> Motel / Hotel<br>No. of rooms _____    | <input type="checkbox"/> Residential Care Facility<br>(Shelter, Group Home)        |
| <input type="checkbox"/> Correctional Facility            | <input type="checkbox"/> Organized Camp                         | <input type="checkbox"/> Tattoo Studio   |
| <input type="checkbox"/> Other _____                      |   |  |

Facility Name \_\_\_\_\_  
 Location \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
 Owner / Agent \_\_\_\_\_

I hereby certify that I have received a copy of the applicable rules and that I am familiar with the contents and requirements therein.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Applicant  
 ( ) Owner ( ) Agent

## For Department Use Only

Date application received: _____	Permit no. _____
Date plans received: _____ By: _____	Date issued: _____ By: _____
Date plans reviewed: _____ By: _____	Expiration date: _____
Date plans approved: _____ By: _____	Date denied: _____ By: _____
Date inspected: _____ By: _____	Comments: _____
Permit Fee: \$ _____ Date paid: _____	_____

## Attachment B2 - Application For A Permit To Operate A Food Establishment

SF-5  
Rev 5/08West Virginia Department of Health & Human Resources  
Department of Health

## APPLICATION FOR A PERMIT TO OPERATE A FOOD ESTABLISHMENT

Food Establishment: Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

Location \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Applicant: Name \_\_\_\_\_ Age ≥ 18? ☐ Yes ☐ No Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_ Email \_\_\_\_\_

Permit Holder: Permit to be issued to: ☐ Applicant ☐ Corporation ☐ Partnership ☐ Other Legal Entity \_\_\_\_\_Ownership: ☐ Individual ☐ Association ☐ Corporation ☐ Partnership ☐ Other Legal Entity \_\_\_\_\_

Provide the Name, Title, and Address of each person comprising legal ownership (Owners, Officers, Local Resident Agent, etc).

## Person Directly Responsible for Establishment (Manager, Person-In-Charge):

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

## Immediate Supervisor of Person Directly Responsible (Zone, District, Regional Supervisor):

Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type Establishment: ☐ Mobile or ☐ Stationary ☐ Permanent or ☐ Temporary (≤ 14 days)☐ Restaurant - includes fast food, caterer, commissary, concession stand, bed & breakfast inn, camp, feeding site, etc.☐ Retail Food Store - grocery store, convenience store, meat market, etc.

Indicate Number of Checkout Stations: \_\_\_\_\_

☐ Retail Food Store Specialty Department - deli, bakery, seafood, etc.☐ Institution - child care center, hospital, jail, nursing home, personal care home, school, etc.☐ Bar or Tavern ☐ Vending Machine(s) ☐ Food Bank / Food PantryMeals Provided: ☐ Breakfast ☐ Lunch ☐ Dinner Services Provided: ☐ Sit Down ☐ Take Out ☐ Delivery ☐ Mail Order

Seating Capacity: \_\_\_\_\_ Average number of meals served per day: \_\_\_\_\_

☐ Yes ☐ No Serve Highly Susceptible Population (HSP)?

HSP includes: preschool children, child care facilities, immunocompromised or older adults, nursing home or assisted living facilities, hospitals, etc.

Type Operation: Attach sample menu or list menu on reverse. PHF means Potentially Hazardous Food, those requiring temperature controls.

☐ No PHF Prepackaged non-PHF only or limited preparation of non-PHF☐ Limited One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.

Limited advanced preparation for next day service. Raw ingredients require minimal assembly. Includes retail food stores, excluding specialty departments within retail food stores.

☐ Full Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.

Extensive handling of raw ingredients. Advanced prep for next day service. Includes specialty departments in retail food stores.

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule 64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

## For Health Department Use Only

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Permit Fee \_\_\_\_\_

Permit ☐ Issued ☐ Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_

## Attachment B3 - Application for a Permit to Operate a Temporary Food Establishment

SF-5B  
Rev 6/11West Virginia Department of Health & Human Resources  
Department of Health

## APPLICATION FOR A PERMIT TO OPERATE A TEMPORARY FOOD ESTABLISHMENT

EVENT NAME: \_\_\_\_\_

Establishment is a Not for Profit ☐ Establishment is a For Profit ☐

Food Establishment: Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mailing  
Address \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Operation \_\_\_\_\_

Applicant: Name \_\_\_\_\_ Age  $\geq$  18? ☐ Yes ☐ No Phone \_\_\_\_\_ Fax \_\_\_\_\_Mailing  
Address \_\_\_\_\_ E-mail \_\_\_\_\_**Type Operation:** PHF means Potentially Hazardous Food, those requiring temperature controls.☐ **No PHF** Prepackaged non-PHF only or limited preparation of non-PHF☐ **Limited** One or two main menu items. Cooking, cooling, reheating limited to 1 or 2 PHF. Limited hot and cold holding of PHF.Limited advanced preparation for next day service. Raw ingredients require minimal assembly.  
Includes retail food stores,☐ **Full** Preparing PHF using two or more of the following steps: cooking, cooling, reheating, hot or cold holding, freezing, or thawing.

Extensive handling of raw ingredients. Advanced prep for next day service.

Construction of establishment: Tent ☐ Mobile Unit (Trailer) ☐ Permanent Structure ☐  
Other \_\_\_\_\_**Attach sample menu or list menu on reverse side of this application.**

I hereby certify that the above information is accurate. Further, I agree to comply with Legislative Rule §64 CSR 17, Food Establishments, and to allow the regulatory authority access to the establishment and to records as specified in that rule.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

For Health Department Use Only

Date Received \_\_\_\_\_ Reviewed By \_\_\_\_\_ Permit Fee \_\_\_\_\_  
Permit ☐ Issued ☐ Denied Date \_\_\_\_\_ Permit No. \_\_\_\_\_ Comments \_\_\_\_\_

## Attachment B4 - Application to install or modify an on-site sewage disposal system

SS-182A  
Rev 6/07West Virginia Department of Health & Human Resources  
Department of Health

## Application for a Permit to Install or Modify an Onsite Sewage Disposal System

Property Owner \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Property Location \_\_\_\_\_

Has this property ever been previously denied for a permit? Yes ☐ No ☐ Date \_\_\_\_\_  
 Facility is New ☐ Existing ☐ Lot Size \_\_\_\_\_ Acres ☐/Sq. Ft. ☐ Water Source \_\_\_\_\_  
 Type Facility Residence ☐ Other ☐ \_\_\_\_\_  
 Number of Bedrooms \_\_\_\_\_ Number Individuals Served \_\_\_\_\_ Design Daily Flow \_\_\_\_\_ gpd  
 Deed Recorded in Deed Book \_\_\_\_\_ Page \_\_\_\_\_ County Tax Map \_\_\_\_\_ Parcel No. \_\_\_\_\_  
 Subdivision Name \_\_\_\_\_ Approval No. \_\_\_\_\_ Section \_\_\_\_\_ Lot \_\_\_\_\_

The minimum lot size or area reserved for a sewage disposal system in a subdivision may vary based on the date the subdivision was created. On lots created after July 1, 1970, permits for individual sewage disposal systems shall be withheld until a subdivision approval has been granted which indicates that such systems may be expected to comply with applicable design standards on all proposed building lots contained within the original tract.

To the best of my knowledge, the information provided on this application is true and I understand that I am responsible for informing the sewage system installer of the existing or proposed locations of sewage systems and water sources including wells. I further understand that it is my responsibility to consult the sanitarian for assistance as necessary and to determine the location of any existing or proposed sewage systems or wells if presently unknown to me.

Date: \_\_\_\_\_ Signature of Owner: \_\_\_\_\_

## Sewage Disposal System Information

Application is for a permit to: Install ☐ Modify ☐  
 Check all that apply: Septic Tank ☐ Absorption Field ☐ Holding Tank ☐ Pit Privy ☐ Vault Privy ☐  
 Alternative System (attach detailed plans) ☐ Chemical/Composting Toilet ☐ Other ☐ \_\_\_\_\_

Percolation Test: Test Holes #1 \_\_\_\_\_ mins. #2 \_\_\_\_\_ mins. #3 \_\_\_\_\_ mins. #4 \_\_\_\_\_ mins.  
 Total Minutes = \_\_\_\_\_ Divided by 24 = \_\_\_\_\_ Average time for water to fall one inch.

Six-foot hole is free of water or solid rock? Yes ☐ No ☐ Test conducted on (date) \_\_\_\_\_

I hereby certify that the percolation test was conducted in accordance with the procedures outlined in the Sewage Treatment and Collection System Design Standards, 64CSR47. Notice: all homeowner installers must pass a certification examination administered by the Local Health Department prior to conducting perc testing.

Date: \_\_\_\_\_ Signature of Certified Installer: \_\_\_\_\_

For Health Department Use: Coordinates N \_\_\_\_\_ W \_\_\_\_\_ Date Rec'd \_\_\_\_\_  
 Site Eval \_\_\_\_\_ By \_\_\_\_\_ Date Fee Pd \_\_\_\_\_ Rec'd From \_\_\_\_\_  
 Permit Issued ☐ Denied ☐ Permit # \_\_\_\_\_ Comments \_\_\_\_\_



**Septic Tank:** Capacity (gallons) \_\_\_\_\_ Material \_\_\_\_\_ Top Seam ☐ or Mid Seam ☐  
 Manufacturer \_\_\_\_\_ Outlet Filter Used? Yes ☐ No ☐ Manufacturer \_\_\_\_\_

**Drain Field:** Materials: Gravel ☐ Gravelless Pipe ☐ Chambers ☐ Other \_\_\_\_\_ Brand \_\_\_\_\_  
 300 ft<sup>2</sup>/BR ☐ 400 ft<sup>2</sup>/BR ☐ Other \_\_\_\_\_ No. Bedrooms \_\_\_\_\_ X \_\_\_\_\_ ft<sup>2</sup>/BR = \_\_\_\_\_ total ft<sup>2</sup>  
 No. Lines \_\_\_\_\_ Length of Lines (ft) \_\_\_\_\_  
 Trench Width (ft) \_\_\_\_\_ Average Depth \_\_\_\_\_ Max Depth \_\_\_\_\_ Pipe ASTM No. \_\_\_\_\_  
 Effluent distribution (check all that apply): Distribution Box ☐ Serial ☐ Pump dosed ☐ Siphon dosed ☐  
 If Absorption Bed: Length (ft) \_\_\_\_\_ Width \_\_\_\_\_ If chambers: # Used \_\_\_\_\_ Brand \_\_\_\_\_

**Separation Distances (ft)** Septic tank to: Bldg Foundation \_\_\_\_\_ Property Line \_\_\_\_\_ Water Supply \_\_\_\_\_  
 Absorption field to: Bldg Foundation \_\_\_\_\_ Property Line \_\_\_\_\_ Water Supply \_\_\_\_\_

Draw a sketch of the property showing any existing or proposed well locations, the location of all structures, property line locations, and the proposed sewage system as it is to be installed. Show all structures and facilities to be served by on-site sewage on the lot.

**Design Sketch:**

Certified Installer \_\_\_\_\_ Telephone \_\_\_\_\_  
 Business Address \_\_\_\_\_  
 Certification No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Contractor's License No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Issued to \_\_\_\_\_

I hereby certify that the installation or modification of all parts of the sewage disposal system, including required material standards, will be done in compliance with the Sewage Treatment and Collection System Design Standards Rule, 64CSR47, and appropriate manufacturer's recommended procedures and practices.

Date: \_\_\_\_\_ Signature of Certified Installer: \_\_\_\_\_

## Attachment B5 - Subdivision Approval Application Form

ES-76  
Rev 1/08West Virginia Department of Health & Human Resources  
Department of Health

## SUBDIVISION APPROVAL APPLICATION FORM

**I. General Information**

Name of Applicant: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Deed Recorded in Book: \_\_\_\_\_ Page: \_\_\_\_\_ County: \_\_\_\_\_

Location of Property (be specific - map may be attached): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Acreage of Tract: \_\_\_\_\_ Total Acreage to be Developed: \_\_\_\_\_

Number of Lots to be Developed: \_\_\_\_\_ Drinking Water Source: \_\_\_\_\_

Type of Structure to be Constructed: \_\_\_\_\_

Have any previous subdivision approvals or declaratory rulings been issued on this tract or adjacent tracts? Yes ☐ No ☐

If yes, give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**II. Check List**

Four (4) copies each of the following must accompany this application form.

- Plat plan of property (show lot layout, lot dimensions, lot numbers, streets, location of percolation test holes and six foot observation trench, location of wells and public water lines, location of 10,000 square foot reserve area).
- Percolation test report sheet with results for each proposed lot.

The Local Health Department must evaluate each proposed lot as part of the subdivision approval process. Note: all proposed lots may not receive approval at the same time due to proposed layouts and actual site conditions.

**III. For Health Department Use Only**Approval Issued: Yes ☐ No ☐

Approval Number: \_\_\_\_\_

Date: \_\_\_\_\_

By: \_\_\_\_\_

**ES-70**

Revised 1/08

Page 2

## REPORT SHEET

**FOR**

### PERCOLATION RATE TESTING AND SIX FOOT HOLE OBSERVATIONS

Subdivision Name \_\_\_\_\_ County \_\_\_\_\_

**Total Number of Lots** \_\_\_\_\_ **Name of Applicant** \_\_\_\_\_

Name of Certified Installer Responsible for Testing \_\_\_\_\_

**Installer Certification No.** \_\_\_\_\_ **Installer Signature** \_\_\_\_\_

[illegible]

Attach additional sheets if necessary.

# Attachment B6 – Application for Permit to Install or Modify an Individual Sewer System with Surface Discharge

SS-188

Rev. 7/06

West Virginia Department of Health & Human Resources  
Department of Health



## APPLICATION FOR A PERMIT TO INSTALL OR MODIFY AN INDIVIDUAL SEWER SYSTEM WITH SURFACE DISCHARGE

Note: A W.Va. D.E.P. Wasteload Allocation must be included with this application.

### I. OWNERSHIP INFORMATION

Name of Applicant: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Deed Recorded in Book: \_\_\_\_\_ Page: \_\_\_\_\_ County of: \_\_\_\_\_  
 Property Location (be specific): \_\_\_\_\_  
 Type of facility to be served: \_\_\_\_\_  
 No. of people to be served: \_\_\_\_\_ Application is to install ☐ modify ☐

### II. INSTALLER INFORMATION

Name of Class II Installer: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Business Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Class II Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 WV Dept of Labor Contractor License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### III. MAINTENANCE INFORMATION

Note: The owner of any mechanical sewer system with surface discharge must have a Perpetual Maintenance Agreement.

Under what arrangements and by whom will the system be maintained (a copy of the maintenance contract must be submitted with this application)?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### IV. TECHNICAL INFORMATION

Discharge Point (be specific): \_\_\_\_\_  
 Receiving Stream: \_\_\_\_\_  
 Sewer System Manufacturer & Model Number: \_\_\_\_\_ Size (G.P.D.): \_\_\_\_\_  
 Local Distributors Name: \_\_\_\_\_ Address: \_\_\_\_\_

Describe equipment to be installed; include chlorinators, pump chamber, pretanks, and filters. - Note: If the D.E.P. Wasteload Allocation requires tertiary treatment; specifications for the tertiary treatment must be included with this application.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**V. SYSTEM LAYOUT**

In the space below, draw a sketch of the proposed system. (Show location of all equipment to be installed, structures, drinking water supplies, water lines, property lines, receiving stream and other pertinent factors. Show pertinent distance measurements.)

If more than one dwelling is to be served: include approximate age (in years) of each dwelling site.

**VI. ATTACHMENTS**

The following attachments must be submitted with this application:

- Form SS-188A from the County or State Health Department documenting why no other approved system can be installed.
- WVDEP 2/98 (Wasteload Allocation)
- Treatment unit specifications.
- A maintenance contract for the period of the N.P.D.E.S. Permit.
- Any other information and/or specifications requested by the County or State Health Department.
- Permit fee.
- Copy of easements if off-site discharge is required.
- Topographical map or road map with site location marked on it.

Date

Owner's Signature

Date

Installer's Signature

**THIS SPACE FOR HEALTH DEPARTMENT USE ONLY**

Date application received: \_\_\_\_\_ Date site evaluated: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permit denied: \_\_\_\_\_ (See attached letter)

Sanitarian: \_\_\_\_\_

## Attachment B7 - Surface Discharge Evaluation Report

SS-188A  
Rev. 07/06West Virginia Department of Health & Human Resources  
Health Department

## SURFACE DISCHARGE SITE EVALUATION REPORT

Property Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Property Location (be specific): \_\_\_\_\_

Property Size: \_\_\_\_\_ sq. ft. / acres Year lot was created: \_\_\_\_\_

List the number of structures to be served by the proposed HAU. An existing structure is a dwelling or structure that has a failing sewage system. Failing means that either 1) sewage is coming to the surface of the ground, 2) sewage is backing up into the structure and it has been determined that it is not a plumbing or system failure that can be corrected, or 3) groundwater is potentially being contaminated by the failing system. A pre-existing lot means that there was a structure previously at the site that has been removed for new construction or home siting. Everything else is considered new.

No. of Existing Structures w/ Failing Septic System: \_\_\_\_\_ No. of New Structures: \_\_\_\_\_  
 No. of Pre-existing lots: \_\_\_\_\_ Date previous home was last occupied: \_\_\_\_\_

Property uses: ☐ Single Family Dwelling(s) ☐ Other (describe) \_\_\_\_\_  
 Gallons per day: Per Table 64-47-B of the Sewage Design Standards design loading: \_\_\_\_\_ gpd OR  
 Per actual water usage: \_\_\_\_\_ gpd

Existing sewage system:

- ☐ Straight pipe to surface discharge ☐ Septic tank with surface discharge  
☐ Unpermitted septic tank / soil absorption system ☐ Permitted septic tank / soil absorption system  
☐ Other. Describe: \_\_\_\_\_

The following site conditions preclude installing a conventional soil absorption system:

- ☐ Percolation Rate too slow Reported percolation test result: \_\_\_\_\_  
☐ Inadequate room for soil absorption field  
☐ High groundwater Depth to groundwater table: \_\_\_\_\_ feet \_\_\_\_\_ inches  
☐ High bedrock Depth to bedrock: \_\_\_\_\_ feet \_\_\_\_\_ inches  
☐ Available ground has a slope of greater than 25%  
☐ Copy of the denied SS-182 or SS-182A Application attached OR ☐ Percolation tests were not performed because:

\_\_\_\_\_

Site is not suitable to install alternative soil absorption systems, such as LPP, peat, contour, etc., because:

\_\_\_\_\_

\_\_\_\_\_

Site ☐ does ☐ does not have access to a year round stream.

Proposed discharge point: ☐ Year round stream. Name: \_\_\_\_\_  
☐ Wet weather stream ☐ Road ditch ☐ Culvert discharging to stream ☐ Absorption field w/overflow ☐ Natural drainage area.  
 Describe: \_\_\_\_\_

Recorded easement necessary to cross adjoining property? ☐ Yes ☐ No

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Based on the above site evaluation, a surface discharge sewage system is the only acceptable option for this property.

Date: \_\_\_\_\_ Sanitarian Signature: \_\_\_\_\_



## Attachment B8 - Application For A Permit To Construct, Modify, Or Abandon A Water Well

SW-256  
Rev 3/08  
Side AWest Virginia Department of Health & Human Resources  
Department of Health

## APPLICATION FOR A PERMIT TO CONSTRUCT, MODIFY, OR ABANDON A WATER WELL

Property Owner: \_\_\_\_\_ Telephone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Property Address with Detailed Directions: \_\_\_\_\_

Facility served is: New ☐ Existing ☐ Residence ☐ Other ☐ \_\_\_\_\_

Deed Recorded in Deed Book: \_\_\_\_\_ Page: \_\_\_\_\_ Date Recorded: \_\_\_\_\_ Tax Parcel ID #: \_\_\_\_\_

## Distance of Well from Sources of Contamination (In Feet):

Streams, Rivers & Impoundments: \_\_\_\_\_ Sewers & Drains (Non Water Tight): \_\_\_\_\_ Privies (Vault): \_\_\_\_\_

Sewage Absorption Fields: \_\_\_\_\_ Sewers & Drains (Hydrostat. Tested): \_\_\_\_\_ Sewage Holding Tanks: \_\_\_\_\_

Septic Tank: \_\_\_\_\_ Barnyard/Feeding/Watering Area: \_\_\_\_\_ Cemetery: \_\_\_\_\_ Underground Storage Tank: \_\_\_\_\_

Other: \_\_\_\_\_

Distance to Property Line: \_\_\_\_\_ Lot Size: \_\_\_\_\_

By signing this application, I, the property owner, acknowledge that the information provided herein is true; that I am responsible for informing the well driller of the location of any existing or proposed onsite sewage systems; and that all sewage generated onsite must be disposed of in accordance with Department of Health and Human Resources Legislative Rules 64CSR9 and 64CSR47. I further understand that it is my responsibility to consult with the local health department sanitarian for assistance in determining location of and receiving approval for any proposed sewage system. Failure to do so may result in my inability to obtain a permit to install an onsite waste water disposal system. If the homeowner decides to install the pump, they understand that they must take an exam before installation and submit completion report after.

Signature of Property Owner \_\_\_\_\_ Date: \_\_\_\_\_

Water Well Will Be: Constructed ☐ Modified ☐ Abandoned ☐ and Will Be Used For: Potable Water ☐ Exploration ☐

Geothermal ☐ Number of Wells: \_\_\_\_\_ Other ☐ \_\_\_\_\_

Well Driller Will Install Pump: Yes ☐ No ☐ If No, Who Will Install: \_\_\_\_\_

Business Name, Owner or Authorized Officer: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Franchise Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

Driller Certification Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Liability Insurance Exp. Date: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Issued To: \_\_\_\_\_

Contractor's Bond or Letter of Credit Exp. Date: \_\_\_\_\_

I certify that the installation or modification of all parts of the well, including required material standards, shall be done in compliance with applicable design standards issued by the Office of Environmental Health Services, and appropriate manufacturer's recommended procedures and practices. I further certify that I have a current contractor's bond or letter of credit, current liability insurance coverage, and current business franchise number.

Signature of Certified Master Well Driller who visited site: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Business Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Reverse of form must be completed

SW-256  
Rev. 3/08  
Side B

Please draw a sketch of the property showing existing or proposed well locations, and distance to structures, existing or proposed sewage systems within 100 feet of well location (include adjacent lots). Slope and lot dimensions need to be shown. Locate and show distances to animal pens and feedlots. Note sewage treatment facilities within 200 feet and fertilizer and pesticide storage or preparation areas within 150 feet.

- |  |  |  |   |
|--|--|--|---|
| <input checked="" type="checkbox"/> House/Facility | <input type="radio" value="W"/> Existing Water Supply                | <input type="radio" value="P"/> Proposed Water Supply            | <input type="checkbox" value="ST"/> Septic Tank |
| --- Soil Absorption Line                           | → Dir. of Ground Slope   | — Property Line  | Trees   |
| .... Stream, Rivers and Impoundments               | <input type="checkbox" value="MH"/> Mobile Home                      | <input type="checkbox" value="UST"/> Under Ground Storage Tank   | <input type="checkbox" value="C"/> Cemetery     |
| <input type="checkbox" value="B"/> Barn / Barnyard | <input type="checkbox" value="FP"/> Fertilizer and Pesticide Storage | <input type="checkbox" value="STF"/> Sewage Treatment Facilities |   |



**FOR HEALTH DEPARTMENT USE ONLY**

County: \_\_\_\_\_ Coordinates: Lat: \_\_\_\_\_ Long: \_\_\_\_\_ Date Received: \_\_\_\_\_  
 Date Site Evaluation: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ Date Fee Paid: \_\_\_\_\_ Received From: \_\_\_\_\_  
 Contractor's Bond/Letter of Credit Exp. Date Verified By: \_\_\_\_\_ Liability Insurance Exp. Date Verified By: \_\_\_\_\_  
 Water Well Permit ☐ Issued ☐ Denied Permit No.: \_\_\_\_\_ Comments: \_\_\_\_\_

## Attachment B9 - Registration for Water Haulers

EW-79A  
10/10West Virginia Department of Health & Human Resources  
Health Department

## Registration for Water Haulers

Registration is hereby made for water hauler in: \_\_\_\_\_ County, WV.

1. Company: \_\_\_\_\_ Address: \_\_\_\_\_
2. Owner / Operator: \_\_\_\_\_ Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail address: \_\_\_\_\_
3. County(s) where customers will be located: \_\_\_\_\_
4. Vehicles: Total Number of Vehicles: \_\_\_\_\_ Carrier Tanks: \_\_\_\_\_
  - a. License Numbers: \_\_\_\_\_
  - b. All vehicles and carrier tanks marked with Company or Owner/Operator's name: ☐ Yes ☐ No
5. Carrier Tanks:
  - a. Capacity: Tank 1: \_\_\_\_\_, Tank 2: \_\_\_\_\_, Tank 3: \_\_\_\_\_, Tank 4: \_\_\_\_\_
  - b. Watertight: ☐ Yes ☐ No Fully Enclosed: ☐ Yes ☐ No
  - c. Filled by: ☐ Gravity ☐ Motor Driven Pump
  - d. Emptied by: ☐ Gravity Flow ☐ Motor Driven Pump
  - e. "DRINKING WATER ONLY" Marked On Tank: ☐ Yes ☐ No
  - f. Caps provided for valves and hoses: ☐ Yes ☐ No
  - g. Pump is self-priming: ☐ Yes ☐ No ☐ N/A
  - h. Hoses in good condition, approved construction (NSFpw): ☐ Yes ☐ No
6. All equipment maintained in good condition: ☐ Yes ☐ No
7. Water Source:
  - a. ☐ Public Water Source collected at the water treatment plant.
  - b. ☐ Public Water Source collected at \_\_\_\_\_

NOTE: Written permission secured from a responsible official of the entity owning or operating the water supplying facility. A copy of the document granting authorization to use the facility will accompany this application form.

Date: \_\_\_\_\_ Signature of Applicant/Agent: \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY**

Inspection conducted on: \_\_\_\_\_ By: \_\_\_\_\_  
 Registration Completed: ☐ Yes ☐ No Date: \_\_\_\_\_ Number: \_\_\_\_\_  
☐ Registration Suspended: Date: \_\_\_\_\_ ☐ Registration Revoked: Date: \_\_\_\_\_  
☐ Registration Denied: Date: \_\_\_\_\_ Reason(s): \_\_\_\_\_

## Attachment B10- Application For Sewage Tank Cleaning Permit

SS-181  
Rev. 12/05West Virginia Department of Health & Human Resources  
Health Department

## APPLICATION FOR SEWAGE TANK CLEANING PERMIT

Application is hereby made for a permit to clean sewage tanks in \_\_\_\_\_ county, WV.

1. Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 2. Owner / Operator: \_\_\_\_\_ Address: \_\_\_\_\_  
 3. County(s) where sewage tank cleaning will be done: \_\_\_\_\_

4. Vehicles: Total Number of Vehicles: \_\_\_\_\_ Carrier Tanks: \_\_\_\_\_

- a. License Numbers: \_\_\_\_\_  
 b. All vehicles and carriers marked with Company or Owner/Operator's name: ☐ Yes ☐ No  
 c. Carriers marked with health department permit number: ☐ Yes ☐ No

5. Carrier Tanks:

- a. Capacity: Tank 1: \_\_\_\_\_, Tank 2: \_\_\_\_\_, Tank 3: \_\_\_\_\_, Tank 4: \_\_\_\_\_  
 b. Watertight: ☐ Yes ☐ No Fully Enclosed: ☐ Yes ☐ No Painted: ☐ Yes ☐ No  
 c. Filled by: ☐ Vacuum ☐ Motor Driven Pump  
 d. Emptied by: ☐ Gravity Flow ☐ Motor Driven Pump  
 e. "FOR SEWAGE ONLY" Marked On Tank: ☐ Yes ☐ No  
 f. Caps provided for valves and hoses: ☐ Yes ☐ No  
 g. Pump is self-priming: ☐ Yes ☐ No  
 h. Hoses in good condition, approved construction: ☐ Yes ☐ No  
 6. All equipment maintained in good condition: ☐ Yes ☐ No  
 7. Sewage tank contents disposed of by:

- a. ☐ Discharged at an acceptable point at a sewage treatment plant.  
 b. ☐ Discharged at an approved point into a public sewer system.  
 c. ☐ Properly buried with compacted earth cover over contents.  
 d. ☐ Incinerated by an approved high-temperature incinerator.  
 e. ☐ Other method: \_\_\_\_\_

NOTE: Written permission must be secured from a responsible official of the entity owning or operating the receiving facility. A copy of the document granting authorization to use the facility must accompany this application form.

8. Exact location of disposal: \_\_\_\_\_

9. Written records for all sewage tank cleaning jobs: ☐ Yes ☐ No

10. Rate and/or fee charges based on:

- a. ☐ Lump Sum Bid  
 b. ☐ Pounds of sewage tank contents removed  
 c. ☐ Gallons of sewage tank contents removed

11. Necessary repairs to sewage tanks and soil absorption system made: ☐ Yes ☐ No

12. Equipment and materials for repair services available: ☐ Yes ☐ No

Date: \_\_\_\_\_ Signature of Applicant/Agent: \_\_\_\_\_

**FOR HEALTH DEPARTMENT USE ONLY**

Inspection conducted on: \_\_\_\_\_ By: \_\_\_\_\_

Permit issued: ☐ Yes ☐ No Date: \_\_\_\_\_ Number: \_\_\_\_\_

☐ Permit Suspended: Date: \_\_\_\_\_ ☐ Permit Revoked: Date: \_\_\_\_\_

## WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

**PERMIT**

\_\_\_\_\_ is hereby issued a permit to  
operate a \_\_\_\_\_ known as \_\_\_\_\_  
located at \_\_\_\_\_, in accordance  
with Chapter 16, Code of West Virginia, and West Virginia Legislative Rules 64 CSR \_\_\_\_\_.

Issued \_\_\_\_\_

Health Officer

Expires \_\_\_\_\_

County Health Department

Permit No. \_\_\_\_\_

This permit is the property of the Health Department, is not transferable, and must be  
surrendered on demand. Keep posted at all times in a conspicuous place.



West Virginia Department of Health and Human Resources

# PERMIT



In accordance with Legislative Rule 64 CSR 17

\_\_\_\_\_

is hereby issued a permit to operate a food establishment

known as \_\_\_\_\_

located at \_\_\_\_\_

Type Establishment: \_\_\_\_\_

Type Operation: \_\_\_\_\_

Restrictions/Exceptions: \_\_\_\_\_

\_\_\_\_\_

This permit is the property of the health department and must be surrendered on demand. This permit may not be transferred from one person to another person, from one food establishment to another food establishment, or from one type of establishment or type of operation to another, as specified above and in the application, unless the change is approved by the health department.

*Post permit in location conspicuous to consumers.*

Date Issued: \_\_\_\_\_ Title: \_\_\_\_\_

Expires: \_\_\_\_\_ Signature: \_\_\_\_\_

Permit No.: \_\_\_\_\_ Agency: \_\_\_\_\_



## Attachment C3 - Permit for an On-Site Sewage Disposal System

SS-183  
Rev 8/04  
Side A

West Virginia Department of Health & Human Resources  
Health Department

Permit No.: ST-\_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
County Road: \_\_\_\_\_  
Coordinates: N \_\_\_\_\_ W \_\_\_\_\_

**PERMIT**  
**ON-SITE SEWAGE DISPOSAL SYSTEM**

Owner: \_\_\_\_\_ Certified Installer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_

You are hereby issued a permit to: ☐ install, or ☐ modify an on-site sewage disposal system located:

Facility: \_\_\_\_\_ Design Flow: \_\_\_\_\_ Lot Size: \_\_\_\_\_ Sq. Ft./Acres Water Source: \_\_\_\_\_

Based upon review of the information on your submitted application, dated \_\_\_\_\_, and the proper installation of the herein described system, the system shall be in compliance with applicable West Virginia Sewage System Rules and Design Standards.

The sewage system shall consist of a:

- ☐ Septic tank - Capacity: \_\_\_\_\_ gallons or more. Constructed of: \_\_\_\_\_  
☐ Soil disposal system with a minimum equivalency of \_\_\_\_\_ square feet of conventional gravel trench area.  
 Depth to the bottom of the trench or bed installation shall be \_\_\_\_\_ inches from original ground surface.  
☐ Gravel system: Lengths of lines: \_\_\_\_\_ feet. Width: \_\_\_\_\_ inches.  
☐ Chamber system: Number of units: \_\_\_\_\_ Lengths of lines: \_\_\_\_\_ units.  
 Manufacturer of chamber: \_\_\_\_\_  
☐ Bed system: ☐ Gravel ☐ Chamber Length: \_\_\_\_\_ feet. Width \_\_\_\_\_ feet.  
☐ Other: \_\_\_\_\_

This permit is non-transferable and automatically expires 12 months after issue date.

This permit is NULL and VOID when official inspection reveals conditions different than those stipulated on the permit or facts are later found that would indicate non-compliance with applicable rules.

All systems must be inspected and approved prior to being covered with earth or placed into use.

The applicant or his agent must notify this department \_\_\_\_\_ hours or more prior to planned inspection time.  
County Office / Phone Number: \_\_\_\_\_

**Additional Specifications  
on Reverse.**

Sketch of system



Draw Arrow  
Toward North

Issue Date: \_\_\_\_\_

Health Officer or Sanitarian: \_\_\_\_\_

## Attachment C4 - Permit to Construct, Modify or Abandon a Water Well

SW-257  
Rev. 8/01WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**PERMIT**

OWNER: \_\_\_\_\_ and DRILLER \_\_\_\_\_

are hereby issued a permit to \_\_\_\_\_ a well located  
(Construct, Modify or Abandon)  
at \_\_\_\_\_

In accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued \_\_\_\_\_ Issuing Officer \_\_\_\_\_ Title \_\_\_\_\_

Expires \_\_\_\_\_

Permit No. \_\_\_\_\_ County Health Department

This permit is not transferable and any change of information submitted in application dated \_\_\_\_\_ will  
automatically render this permit invalid.**THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES**SW-257  
Rev. 8/01WEST VIRGINIA  
DEPARTMENT OF HEALTH AND HUMAN RESOURCES**PERMIT**

OWNER: \_\_\_\_\_ and DRILLER \_\_\_\_\_

are hereby issued a permit to \_\_\_\_\_ a well located  
(Construct, Modify or Abandon)  
at \_\_\_\_\_

In accordance with Chapter 16, Article 1, Section 9 of the Code of West Virginia.

Date issued \_\_\_\_\_ Issuing Officer \_\_\_\_\_ Title \_\_\_\_\_

Expires \_\_\_\_\_

Permit No. \_\_\_\_\_ County Health Department

This permit is not transferable and any change of information submitted in application dated \_\_\_\_\_ will  
automatically render this permit invalid.**THIS PERMIT IS NOT APPLICABLE TO PUBLIC WATER SUPPLIES**

## Attachment D1 - General Sanitation Inspection Report

SG-52  
Rev 7/99West Virginia Department of Health & Human Resources  
Department of Health

## GENERAL SANITATION INSPECTION REPORT

Name of Facility \_\_\_\_\_ Owner/Operator \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- ( ) ADULT DAY CARE CENTER ( ) CORRECTIONAL FACILITY ( ) HOTEL, MOTEL ( ) ORGANIZED CAMP ( ) WORK RELEASE CENTER  
 ( ) BED & BREAKFAST INN ( ) EMERGENCY SHELTER ( ) INSTITUTION ( ) PARK, PLAYGROUND ( ) OTHER - SPECIFY: \_\_\_\_\_  
 ( ) CAMPGROUND ( ) FAIR, FESTIVAL ( ) LABOR CAMP ( ) PUBLIC RESTROOM \_\_\_\_\_  
 ( ) COLLEGE, UNIVERSITY ( ) GROUP HOME ( ) MASS GATHERING ( ) SCHOOL \_\_\_\_\_

Notice: Based on an inspection this day, the items marked below and on the reverse must be corrected within the period of time specified in writing by the health authority. Failure to comply with this notice may result in official enforcement action. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for the correction of the violations. Please note that the numbers in parentheses to the right of each heading correspond to the applicable section numbers in the General Sanitation Rule, 64 CSR 18.

## REMARKS

VIOLATIONS MUST BE CORRECTED ON OR BEFORE \_\_\_\_\_

SANITARIAN \_\_\_\_\_

<b>1. ANIMALS (Sec. 2)</b> a) Housing conditions conducive to proper sanitation and good health. b) No live reptiles without written plan. c) No threat from wild, dangerous, ill animals. d) Domestic animals not running at large. e) Dogs, cats immunized. f) Quarters clean, located, maintained. g) Manure removal, disposal; no odor, insects, or rodents. h) No water supply contamination from disposal of drainage from quarters. i) Animals limited to number that can be adequately housed, fed, maintained. j) Excluded from food prep., storage, serving and in-use dining areas (does not apply to edible fish, crustaceans, shellfish, aquariums or service animals).	e) 30 sq. ft./person for multiple occupancy & combination eating/sleeping/cooking areas. f) Ceiling height 7 ft. from floor excluding ducts. g) 3 ft. between beds on all sides; heads 6 ft. apart. Excludes hotel/motel/ b&b inns. h) Double-decker beds min. 27" between and above. No triple-decker beds. i) Bed and bedding for each person. j) Napping mats/cots 3 ft. apart. k) Bedding, furniture clean, good repair. l) Fabric mattresses have pads/covers. m) Linens provided where required, clean, changed weekly, between occupants. n) Storage area for luggage, clothing, etc.	<b>4. GARBAGE &amp; REFUSE (Sec. 8)</b> a) No odor, insects, rodents, nuisance. b) Stored in approved watertight, vermin proof easily cleanable containers; sufficient number provided; kept clean. c) Covered when not in use unless used only for non-purifiable, non-infectious wastes. d) Outside containers, enclosures elevated, metal rack, concrete/asphalt pad; clean, good repair. e) Outside areas/enclosures adequately sized, kept clean. f) Storage rooms & outside enclosures easily cleanable, nonabsorbent, washable, clean, vermin proof. g) Containers accessible for use, servicing. h) Frost-proof hose bib & sanitary drain. i) Disposal complies with Solid Waste Act.
<b>2. BEDDING AND SLEEPING AREAS (Sec. 3)</b> Primitive, outpost camping except. a) Clean, sanitary, safe, good repair. b) Floors easily cleanable, good repair, located to prevent water entry. c) Tents for permanent sleeping quarters on platform, floor or concrete pads min. 1 foot above ground. d) 70 sq. ft./person for single occupancy.	<b>3. COMMUNICABLE DISEASE (Sec. 4)</b> a) Good hygienic practices, disease control. b) Ill staff members restricted. c) Schools, care, correctional facilities staff: Clean outer garments, personal cleanliness. Good hygienic practices. Wash hands, arms before work, after smoking, eating, drinking, using toilet, & as needed. Tobacco use restricted. d) Register of occupants maintained for 12 mos. with name, address & dates of use. Excludes mass gatherings, fairs, playgrounds, public restrooms.	<b>5. HEATING &amp; VENTILATION (Sec. 9)</b> a) Indoor occupied spaces ventilated. 3 cu. ft./minute outdoor air per person. b) No excessive heat, steam, condensation, vapors, obnoxious odors, smoke, fumes. c) No nuisance when venting to outside. d) HVAC systems comply with State Building Code. e) Ducts located, maintained to prevent entry of dust, dirt, contaminants. f) Indoor design temp. 68°F heating, 78°F cooling.

<p><b>5. HEATING &amp; VENTILATION</b> (Sec. 9)</p> <p>a) Provide, maintain 68°F if occupied in normal heating season, unless designed for low temperature operation.</p> <p>b) Oil, gas fired heating devices vented to outside air per State Building Code.</p> <p>c) Clothes dryer vent systems independent and vented to outside.</p>	<p>c) Comply with State Fire Marshal's rules.</p> <p>d) Fence barrier for outdoor playground or activity area as needed or if used by children or those not capable of self preservation.</p> <p>e) First aid kit (not required for parks, playgrounds, public restrooms).</p>	<p>1 lavatory and 2 water closets.</p> <p>f) Urinal substituted for max. 50% of water closets.</p> <p>g) Designed, constructed, installed, maintained, operated sanitary manner.</p> <p>h) Toilet rooms vented to outside. Adequate ventilation in showers, high humidity areas.</p> <p>i) Toilet tissue provided, adequate.</p> <p>j) Soap, sanitary towels, drying device at each sink.</p> <p>k) Waste container for towels.</p> <p>l) Unless occupant provided, soap, clean washcloths, towels minimum once/week.</p> <p>m) No common use to well.</p> <p>n) Hand wash facilities in or adjacent to toilet.</p> <p>o) Self-closing, metered faucets 15 seconds.</p> <p>p) Privacy barrier, or toilet room enclosed, tight-fitting doors, doors kept closed.</p> <p>q) Covered waste container for women.</p> <p>r) For children, fixtures sized or safe, easily cleanable (staple).</p>
<p><b>6. HOUSEKEEPING &amp; MAINTENANCE</b> (Sec. 10)</p> <p>a) Premises, contents maintained in good repair, clean, sanitary. Adequate maintenance/repairing facilities, equipment.</p> <p>b) Written housekeeping schedule for institutions, schools, care &amp; lodging facilities, and organized camps.</p>	<p><b>12. SEWAGE</b> (Sec. 16)</p> <p>a) Comply with sewerage rules.</p> <p>b) Good repair, maintained, operated.</p> <p>c) No nuisance from liquid waste deposited on ground.</p> <p>d) Adequate access for cleaning vehicles and operations for self-contained privies and portable disposal units.</p>	<p><b>13. SIZE, SPACE</b> (Sec. 17)</p> <p>a) Campgrounds: 1200 sq ft/campsite. Max. average density 25 campsites/acre.</p> <p>b) Campgrounds: 10 ft. separation from camping units, buildings, street, common use or parking area. Excludes backpack type camping.</p> <p>c) Mass gatherings: 20 sq ft/person for day time assemblies. 40 sq ft/person for overnight assemblies, exclusive of parking areas. Parking space for every 4 persons. Max. density 100 cars or 30 buses/acre.</p> <p>d) School classrooms: 28 sq ft/student.</p>
<p><b>7. LAUNDRY</b> (Sec. 11)</p> <p>a) Separate area, room.</p> <p>b) Soiled laundry stored in nonabsorbent, easily cleanable, covered containers or covered laundry bags.</p> <p>c) Clean laundry protected from contamination.</p> <p>d) Handled, stored, processed, transported to prevent spread of infection.</p> <p>e) Rooms, equip., clean, sanitary.</p> <p>f) Chemically labeled, stored, handled, used for maximum efficiency and safety.</p> <p>g) Wash temp., time, agitation, chemical action adequate, per manufacturer.</p> <p>h) Articles rinsed. Mechanically dried; or chemically sanitized &amp; air dried.</p> <p>i) Individuals handling own belongings exempt from g) &amp; h) if they do not contaminate other laundry or areas.</p> <p>j) Laundry facilities available on regular basis to occupants of labor camps.</p>	<p><b>14. STORAGE</b> (Sec. 18)</p> <p>a) Appropriate facilities of cleanable construction provided (for food, utensils, toys, work materials, cleaning supplies, clothing, linens, medicines, toxic materials, etc.)</p> <p>b) Neat, orderly, clean condition.</p> <p>c) Only necessary articles on premises.</p> <p>d) Protected from contamination.</p> <p>e) Poisons, potentially hazardous items labeled, separated, locked, keys restricted to staff.</p>	<p><b>15. STRUCTURE, MATERIALS CONSTRUCTION, REPAIR</b> (Sec. 19)</p> <p>a) Foundations, roofs, exterior walls, doors, skylights, windows weather-tight, watertight, damp-free, in sound condition, good repair.</p> <p>b) Floors, interior walls, ceilings sound, in good repair.</p> <p>c) No offensive, hazardous emissions from materials, adhesives, coverings.</p> <p>d) Exterior wood surfaces decay resistant or painted, covered, non-toxic if accessible to children.</p> <p>e) Interior finish materials suitable for intended use and for type and frequency of cleaning methods.</p> <p>f) In food preparation, bathing, and all wet-cleaned areas: floors, walls, ceilings easily cleanable, and nonabsorbent.</p> <p>g) Accessory structures sound, good repair or removed. Exterior weather-resistant.</p> <p>h) Foundations, roofs, floors, walls, ceilings, stairs, porches, etc., safe, capable of supporting normal loads.</p>
<p><b>8. LIGHTING</b> (Sec. 12)</p> <p>Primitive, outpost camping areas exempt</p> <p>a) Commensurate with type of activity.</p> <p>b) 20 ft. candles in critical cleaning areas (food prep, utensil wash, bathing, toilets, laundry; excludes dining areas)</p> <p>c) 10 ft. candles in normal cleaning areas (corridors, lobbies, janitor's closets, storage areas, lodging quarters)</p> <p>d) 100 ft. candles in hazardous work areas (workshops, laboratories)</p> <p>e) 40 ft. candles in reading &amp; activity areas (classrooms, dayplay/meeting rooms)</p> <p>f) Shields, shatterproof bulbs in food preparation areas, showers, gyms, classrooms in primary, secondary schools &amp; where safety is a concern.</p> <p>g) Tamper-proof fixtures where needed.</p>	<p><b>16. SURROUNDINGS</b> (Sec. 20)</p> <p>a) Neat, clean, adequately drained, free of litter and vermin harborage.</p> <p>b) Does not endanger public health or create nuisance or safety hazard.</p>	<p><b>18. VECTOR CONTROL</b> (Sec. 21)</p> <p>a) Effective measures used to minimize rodents, insects, vermin.</p> <p>b) No harborage, breeding of vermin.</p> <p>c) Openings protected.</p> <p>d) Screening material <math>\geq 16</math> mesh/inch.</p> <p>e) Approved pesticides.</p> <p>f) Poisons, toxic use per manufacturer. Non-hazardous use, storage, disposal.</p>
<p><b>9. NOISE</b> (Sec. 13)</p> <p>a) Acoustic planning in design, site selection. Consider physical, mental health, comfort.</p>	<p><b>17. TOILET, HANDWASHING, BATHING FACILITIES</b> (Sec. 21)</p> <p>a) Number meet State Building Code.</p> <p>b) Labor &amp; Organized Camps: 1 lavatory and 1 water closet/10; 1 bathtub or shower/10.</p> <p>c) Parks, Playgrounds: 1 lavatory and 1 water closet for each sex.</p> <p>d) Campground comfort stations: For each 20 campsites: 1 water closet for males, 2 water closets for females, 1 lavatory and 1 bathtub or shower for each sex.</p> <p>e) Mass gatherings: 1 water closet/100 for 1st 1000, then 2/1000. If water under pressure provided,</p>	<p><b>19. WATER SUPPLY</b> (Sec. 23)</p> <p>a) Provided, potable, approved, adequate, easily accessible. May be waived for remote campgrounds, campsites, mass gatherings, etc.</p> <p>b) Comply with Div. of Health rules on public water supplies, water walls, cross connections, and backflow.</p> <p>c) Hot &amp; cold provided thru mixing valve, combined faucet where food prepared, and at hand wash and bathing facilities. Hot water <math>\geq 110^\circ\text{F}</math>. No steam-mixing valves. Temp. controlled for safety.</p> <p>d) Drinking fountains, if provided: Number per State Building Code. Approved construction, maintained, sanitary.</p> <p>e) No common use cups/vasels.</p> <p>f) Dispenser for single service cups.</p> <p>g) Portable containers/coolers approved construction, good repair, clean, sanitized between uses, properly stored, handled.</p> <p>h) Ice from approved source, stored, transported, handled sanely.</p> <p>i) Automatic dispensers for self-service.</p> <p>j) Potable water tanks approved source, min. 1mg/liter free chlorine residual or other approved disinfectant. Approved equipment and procedures.</p>
<p><b>10. PLUMBING</b> (Sec. 14)</p> <p>a) Comply with State Building Code.</p> <p>b) Good repair, sanitary, serviceable.</p> <p>c) Fixtures easily accessible for cleaning; no interference with use, operation of doors, windows, exit openings.</p> <p>d) Exposed lines, pipes do not obstruct, prevent cleaning floors/walls/ceilings.</p> <p>e) Lines, pipes not unnecessarily exposed on floors/walls/ceilings.</p> <p>f) Vents extend to clear air; clogging and return of foul air minimized.</p> <p>g) Water-seal traps as needed.</p> <p>h) Service/utility sink for wet cleaning.</p> <p>i) No cross connection, backflow, back-siphonage.</p>	<p><b>11. SAFETY</b> (Sec. 15)</p> <p>a) Designed, maintained, operated to minimize safety hazards.</p> <p>b) Protection against electrical hazards.</p>	

West Virginia Department of Health & Human Resources  
Department of Health

**FOOD ESTABLISHMENT INSPECTION REPORT**

NUMBER OF VIOLATIONS: CRITICAL \_\_\_\_\_ NONCRITICAL \_\_\_\_\_ TOTAL \_\_\_\_\_

[illegible]

Unit/Location	Temp (°C)	Unit/Location	Temp (°C)	Unit/Location	Temp (°C)	Unit/Location	Temp (°C)

## Attachment D3 – Tattoo Studio Inspection Report

SC-56  
Rev 2/04West Virginia Department of Health and Human Resources  
Health Department

## TATTOO STUDIO INSPECTION REPORT

Name of Studio \_\_\_\_\_ Address \_\_\_\_\_

Owner / Operator \_\_\_\_\_

1. STUDIO SANITATION	<input type="checkbox"/> Hands washed/dried, gloves worn <input type="checkbox"/> Single use articles; commercial source; proper handling/storage <input type="checkbox"/> No animals	<input type="checkbox"/> Storage cabinets provided, sanitary <input type="checkbox"/> Skin applied materials: single use articles or transferred from bulk to single use containers
2. WORK TABLES, CHAIRS, BENCHES	<input type="checkbox"/> Provided for each artist <input type="checkbox"/> Light colored (exempted prior to 7/9/93)	<input type="checkbox"/> Smooth, nonabsorbent, corrosive resistant, easily sanitized, sanitized after each use
3. RECORDS	<input type="checkbox"/> Maintained 5 years, in ink, available for inspection. <input type="checkbox"/> Patron education provided, recorded	<input type="checkbox"/> For each patron: name, signature, address, age, date tattooed, design & location on body, artist's name
4. CONSENT	<input type="checkbox"/> Parent/guardian consent for minors; on file for 5 years	<input type="checkbox"/> Patron attests he/she is not under the influence of drugs or alcohol
5. TATTOOING PROCEDURES	<input type="checkbox"/> Skin care instructions provided orally and in writing to each patron; posted in conspicuous place <input type="checkbox"/> Razors sterilized or disposable <input type="checkbox"/> Artist wears clean outer garment; good health; hands/fingernails washed with brush and antibacterial soap; dried properly <input type="checkbox"/> Disposable gloves worn; changed as needed	<input type="checkbox"/> Acetate stencil: cleaned and rinsed in germicidal solution for minimum 20 minutes, air dried or dried with sterile gauze <input type="checkbox"/> Paper stencil: single use, disposable <input type="checkbox"/> If design drawn directly onto skin, single use article used <input type="checkbox"/> Completed tattoo washed with antibacterial solution with single use towel
6. DYES, PIGMENTS	<input type="checkbox"/> Source: professional suppliers; for human skin; nontoxic; sterile	<input type="checkbox"/> Unused portions discarded <input type="checkbox"/> Prepared in sterilized or disposable single use containers
7. STERILIZATION OF EQUIPMENT	<input type="checkbox"/> Individual sterilized needles for each patron <input type="checkbox"/> Minimum 24 sets of needles and tubes for entire day or night <input type="checkbox"/> Autoclave bags: used; dated; temperature color coded; if nontransparent, contents listed on bag; placed in autoclave properly <input type="checkbox"/> Sterilized, handled, stored to prevent contamination <input type="checkbox"/> No rusty, defective, faulty instruments	<input type="checkbox"/> Used, non-disposable instruments stored in germicidal or soap solution in separate puncture-resistant container; OR placed in ultrasonic, rinsed in running hot water and placed in separate puncture-resistant container. <input type="checkbox"/> Ultrasonic unit sanitized daily. <input type="checkbox"/> Instruments brush scrubbed in soap and hot water, autoclaved at: 15 psi, 250 °F (121 °C) for 25 minutes. <input type="checkbox"/> Unused instruments re-sterilized every six months
8. GENERAL PHYSICAL ENVIRONMENT	<input type="checkbox"/> Minimum 50 foot-candles of light <input type="checkbox"/> Toilet and hand washing facilities for customers provided; clean; sanitary; convenient <input type="checkbox"/> Work room floor impervious; swept and mopped daily <input type="checkbox"/> No sweeping or cleaning during tattooing	<input type="checkbox"/> Adequate ventilation; windows screened <input type="checkbox"/> Building, equipment, premises in good repair; clean; neat; no litter or rubbish <input type="checkbox"/> Light colored walls and ceilings
9. WORK ROOM	<input type="checkbox"/> Hot and cold running water <input type="checkbox"/> 1 sink/basin per artist operating at same time <input type="checkbox"/> Separate; not used as corridor <input type="checkbox"/> Tattooing in work room only <input type="checkbox"/> No eating, drinking, smoking	<input type="checkbox"/> Sinks: restricted use; foot, wrist, or single lever action controls; plumbing approved <input type="checkbox"/> For each artist: soap, germicidal solution, single use towels, hand brush which is clean and in good repair
10. WASTES	<input type="checkbox"/> Wastes disposed of properly, per Infectious Medical Waste Rule, 64-CSR-56, manifest records available for 3 years	
11. WATER SUPPLY	<input type="checkbox"/> Approved, potable per 64-CSR-3, 19, & 46	
12. SEWAGE DISPOSAL	<input type="checkbox"/> Approved, in good repair, proper construction per 64-CSR-9, 47	

 Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_

Sanitarian: \_\_\_\_\_



## Attachment D4 - Child Care Center Inspection Report

SG-50  
Rev 12/05West Virginia Department of Health & Human Resources  
Department of Health

## CHILD CARE CENTER INSPECTION REPORT

Name of Facility		Address	
Owner/Operator	City/County	Date	
Type of Child Care Center: <input type="checkbox"/> Day Care Center (Capacity > 12) <input type="checkbox"/> Family Day Care Facility (Capacity 7-12)			
Recommendation for Licensure or Certification by Division of Human Services: <input type="checkbox"/> Regular <input type="checkbox"/> Provisional <input type="checkbox"/> Withhold			

Notice: based on an inspection this day, the items marked below and on the reverse must be corrected within the period of time specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit. An opportunity for an appeal will be provided if a written request for a hearing is filed with the health authority within the period of time established in this notice for the correction of the violations. Please note that the numbers in parentheses to the right of each heading correspond to the applicable section numbers in the Child Care Center Rules, 64 CSR 21.

ITEM	REMARKS

VIOLATIONS MUST BE CORRECTED ON OR BEFORE \_\_\_\_\_

SANITARIAN \_\_\_\_\_

<b>1. FOOD SERVICE</b> (Sec. 11) <u>Day care centers</u> must comply with the Food Service Sanitation Rules, 64 CSR 17. See inspection form SF-1. <u>Family day care facilities:</u> a) All areas/equipment/utensils clean, good repair. b) Food contact surfaces non-toxic, cleanable; cleaned and sanitized. c) Dishwashing facilities provided. Mechanical dishwasher capable of sanitizing or dishes manually washed, rinsed & sanitized. Air dried. d) Food sound condition, approved sources. No home canned food. e) Adequate refrigeration ≤ 41°F. f) Food protected from contamination. g) Thoroughly cooked. h) Served immediately, refrigerated, or held at 140°F or above. i) Staff wash hands as required. j) Good hygienic practices, clean clothing, hair restraints, no tobacco. k) Food service workers permits.	<b>2. STAFFING/SUPERVISION</b> (Sec. 16) <u>FAMILY DAY CARE FACILITY</u> Maximum capacity = 12 children. No more than 4 infant/toddlers (0 - 2 years). 2 staff for: >2 infants (0 - 12 months) OR >6 children (0 - 12 years) Total child care staff present: _____ Total children present: _____ Ages: 0 - 12 months _____ 12 - 24 months _____ >24 months _____ <u>DAY CARE CENTER</u> <table border="1"> <thead> <tr> <th>Required Ratio</th> <th>No. Children</th> <th>Actual Ratio</th> </tr> <tr> <th>Adult/Child</th> <th>Present</th> <th>Adult/Child</th> </tr> </thead> <tbody> <tr> <td>0 - 2 yrs.</td> <td>1:4</td> <td>_____</td> </tr> <tr> <td>2 - 3 yrs.</td> <td>1:8</td> <td>_____</td> </tr> <tr> <td>3 - 4 yrs.</td> <td>1:10</td> <td>_____</td> </tr> <tr> <td>4 - 5 yrs.</td> <td>1:12</td> <td>_____</td> </tr> <tr> <td>5 - 6 yrs.</td> <td>1:15</td> <td>_____</td> </tr> <tr> <td colspan="2">School Age 1:10</td> <td>_____</td> </tr> <tr> <td colspan="2">Total present: _____ children</td> <td>_____ child care staff</td> </tr> </tbody> </table>	Required Ratio	No. Children	Actual Ratio	Adult/Child	Present	Adult/Child	0 - 2 yrs.	1:4	_____	2 - 3 yrs.	1:8	_____	3 - 4 yrs.	1:10	_____	4 - 5 yrs.	1:12	_____	5 - 6 yrs.	1:15	_____	School Age 1:10		_____	Total present: _____ children		_____ child care staff	<b>3. ANIMALS</b> (Sec. 7) a) Animals and quarters clean. b) No wild, dangerous, aggressive, ill animals. c) Aquariums in activity area, out of reach. d) Dogs and cats vaccinated. e) In day care centers, outdoor quarters separate from children's areas. f) Indoor quarters and litter boxes not in food prep, storage, or serving areas. g) No live animals in food areas or in-use dining areas. <b>4. LAUNDRY</b> (Sec. 15) a) In day care centers, laundry may not be done in activity or food areas. b) Soiled laundry in nonabsorbent, cleanable, covered containers. c) Soiled and clean laundry separated. d) Clean laundry stored protected. e) Laundry mech. washed & dried; or mech. washed, sanitized, air-dried. <p style="text-align: center;">SEE REVERSE SIDE</p>
Required Ratio	No. Children	Actual Ratio																											
Adult/Child	Present	Adult/Child																											
0 - 2 yrs.	1:4	_____																											
2 - 3 yrs.	1:8	_____																											
3 - 4 yrs.	1:10	_____																											
4 - 5 yrs.	1:12	_____																											
5 - 6 yrs.	1:15	_____																											
School Age 1:10		_____																											
Total present: _____ children		_____ child care staff																											

<b>5. LOCATION, STRUCTURE, SIZE (Sec. 5.1)</b> a) Noise and pollution free. b) Sound structure, in good repair. c) Painted surfaces free of lead, toxics. d) Spacing 35 sq. ft. per child	<b>12. DIAPERING &amp; TOILET TRAINING (Sec. 9)</b> a) Established area, approved location. b) Surface clean, safe, impervious, nonabsorbent, used for no other purpose. c) Child's perineal area cleaned. d) Staff hands wiped on moist towelfette or paper towel after removing soiled diaper and before putting on fresh diaper. e) Staff and child's hands washed. f) Surface cleaned and disinfected after each use. Disposable paper discarded after each diapering. g) Soiled disposable diapers stored in approved container; kept clean. h) Soiled cloth diapers/training pants stored in labeled, covered, commercial diaper service container. i) Toilet training chairs easily cleanable. Emptied into toilet, cleaned, sanitized in utility sink after each use. j) Hand-washing sinks not used for rinsing soiled diapers/clothing or for cleaning toilet training equipment.	<b>15. TOILET, LAVATORY &amp; BATHING (Sec. 5.7)</b> a) Toilet rooms provided, accessible. b) In day care centers, separate facilities for males and females >6 yrs. c) 1 flush toilet, 1 lavatory per 15 d) Hand-wash sink located, accessible to diaper changing area. e) Fixtures child-sized or modified seats or step stools, properly constructed. f) Lavatories provided. Mixing faucets or tempered water, soap, towels. g) Waste receptacles at lavatories. h) If separate employee toilet room: Minimum 1 flush toilet, 1 lavatory. i) Covered waste container provided. j) For night time care, bathtub, shower plus facilities for infants/toddlers. Anti-slip. No child <6 unsupervised. Soap, washcloths, and towels.
<b>6. ACTIVITY AREAS &amp; EQUIPMENT (Sec. 6)</b> a) Safe, smooth, easily cleanable. b) Outdoor space 75 sq. ft. per child or staggered play times c) Outdoor play spaces well drained, no hazards. d) All day care centers, outdoor play spaces fenced or barriers 3 ft. tall. e) All family day care facilities, unsafe areas fenced or with barriers 3 ft. tall. f) Outdoor equipment properly installed. g) Sandboxes covered when not in use. h) Wading pools in compliance with Recreational Water Facilities rule.	<b>13. HAND WASHING (Sec. 13)</b> a) Staff wash hands before work, after diapering, after visiting toilet room, and as needed. b) Children's hands washed before and after eating; after handling animals; after visiting toilet room; and before any food service activity.	<b>17. EMPLOYEE HEALTH (Sec. 10)</b> a) Clean outer garments, personal cleanliness, good hygienic practices. b) Tobacco use restricted. c) Persons with communicable disease prohibited or restricted. d) Universal precautions used. Spills of body fluids properly cleaned up, surfaces disinfected.
<b>7. FLOORS, WALLS, &amp; CEILINGS (Sec. 5.2)</b> a) Easily cleanable construction. b) Toilet rooms and food service areas: Approved construction, covered floor/wall juncture. No carpeting (except in family day care facilities kitchen and dining areas). c) Carpets secure, non-skid	<b>14. HOUSEKEEPING/SANITATION (Sec. 14)</b> a) All areas and equipment clean, in good repair, neat and orderly. Indoor surfaces cleaned and disinfected when soiled or weekly. b) Toys cleaned and disinfected; if soiled or mouthed, between uses. Infants/toddlers toys, daily; non-washables not shared. Non-diapered children toys, weekly or when soiled. Washable cloth toys kept clean.	<b>18. SAFETY (Sec. 16)</b> a) Accident-free environment. b) Children supervised at all times. c) Free of hazards. Railings/barriers on porches/platforms >3ft. above ground and on top and bottom of stairs when preschoolers present. d) First aid kit available; inaccessible to children; taken on field trips. Minimum contents provided.
<b>8. BEDDING &amp; SLEEPING AREAS (Sec. 9)</b> a) Bed, cot, crib, couch, playpen, or mat for each child who naps. b) Separate cribs for infants, 24" apart. Bars < 2 3/8" apart. Safe construction c) Individual sheets and covers, laundered as required. d) Sleeping surfaces waterproof. e) No stackable cribs. No child <9 years on upper level of double-deck beds.	<b>15. WATER SUPPLY (Sec. 19)</b> a) In compliance with rules. b) Hot and cold running water at 20 psi. Maximum temperature for child areas 120°F. c) Drinking fountains approved construction, accessible, pressure regulated. 1 per 40 children. Cups from dispenser.	<b>19. GARBAGE &amp; REFUSE (Sec. 12)</b> a) Approved containers. b) Covered when not in use. c) Removed weekly or as needed. d) In day care centers, concrete platform or metal rack for outside storage. e) Containers cleaned when emptied. f) Frost-proof hose bibb.
<b>9. HEATING &amp; VENTILATION (Sec. 5.3)</b> a) Approved ventilation. Fans shielded, openings <1/2" or out of reach. b) Approved heating units. Floor level temperature at least 68°F. c) No unguarded open-face heaters. d) Oil and gas fired devices vented. e) Shielding on radiators, registers, etc. f) Thermometer 30" above floor level.	<b>20. PLUMBING (Sec. 5.6)</b> a) Meets local or state building code. b) No cross-connection/back siphonage.	<b>21. SEWAGE SYSTEM (Sec. 17)</b> a) In compliance with sewage rules. b) No cross-connections/back siphonage.
<b>10. LIGHTING (Sec. 5.5)</b> a) Play and activity surfaces 50 ft. candles; all other areas 30 ft. candles. b) Effective shields.	<b>11. INSECT &amp; RODENT CONTROL (Sec. 5.4)</b> a) Building rat-proof construction. b) Outer doors close fitting, self-closing. c) Outer openings protected. d) Center free of insects and rodents. e) Insecticides and rodenticides approved.	<b>22. STORAGE (Sec. 18)</b> a) Approved facilities. b) Poisons and hazardous items in original containers and inaccessible.

## Attachment D5 – Body Piercing Studio Inspection Report

SG-87  
Rev 5/01Health Department  
State of West Virginia

## BODY PIERCING STUDIO INSPECTION REPORT

Name of Studio: \_\_\_\_\_ Address: \_\_\_\_\_

Technician 1: \_\_\_\_\_ Valid Certificate of Registration: ( ) Yes ( ) No

Technician 2: \_\_\_\_\_ Valid Certificate of Registration: ( ) Yes ( ) No

1. STUDIO SANITATION	( ) Hands washed/dried, gloves worn ( ) Single use articles from approved source, proper handling and storage	( ) Approved sanitizers used; stored, labeled ( ) No animals
2. WORK TABLES CHAIRS & BENCHES	( ) Sanitized before and after each use ( ) Light colored	( ) Smooth, nonabsorbent, corrosive resistant, easily sanitized
3. GENERAL PHYSICAL ENVIRONMENT	( ) Toilet & handwashing facilities for customers provided; sanitary; soap and hand towels provided ( ) Building, equipment, premises in good repair; clean; no litter or rubbish; no insects or rodents ( ) Light colored walls and ceilings ( ) Work room floor, walls, and ceilings impervious ( ) Adequate ventilation	( ) Approved pre-sterilized jewelry or ornaments used; jewelry used for intended body part ( ) Cleaning room sink reserved for instrument clean up ( ) Cleaning room provides separate areas for cleaning and storage of sterilized equipment ( ) Ultrasonic cleaning units properly labeled; cleaned ( ) Minimum 50 foot-candles of light
4. WORK AREA	( ) Separated by solid wall from other activities ( ) Foot operated waste receptacles provided ( ) Sharps container provided	( ) Hot and cold running water ( ) Hand sink in each work area, operated by wrist/elbow ( ) No eating, drinking, or smoking
5. PIERCING PROCEDURES	( ) Skin care instructions provided orally and in writing to each client; posted in conspicuous place ( ) Technician wears clean outer garment; good health ( ) Disposable gloves worn; changed as needed	( ) Skin treated with antibacterial solution prior to piercing. ( ) Razors single use ( ) New disposable bibs or clean linens used ( ) Needles single use; disposed of in sharps container
6. STERILIZATION OF EQUIPMENT	( ) Instruments cleaned in ultrasonic, sterilized, properly packaged in sterilizer bags with color change indicator ( ) Clean instruments have date and initials of preparer ( ) Non-sterilizable instruments properly disinfected	( ) Used equipment stored in disinfectant until properly cleaned ( ) Autoclave spore tested monthly, appropriate equipment to spore test, records kept for 3 years
7. RECORDS AND CONSENT RELEASE	( ) Maintained 3 years, available for inspection ( ) Patient education provided, recorded ( ) For each client: name, date of birth, address, type and location of pierce, date pierced, technician's name	( ) Technician has current registration ( ) Parent/guardian consent for minors; on file ( ) Exposure control plan completed; provided
8. WASTES	( ) Wastes disposed of properly, per Infectious Medical Waste Rule, 64-CSR-56	
9. WATER SUPPLY	( ) Approved, potable per 64-CSR-3, 19, & 46	
10. SEWAGE SYSTEM	( ) Approved, in good repair, proper construction per 64-CSR-9	

ITEM	REMARKS

DATE: \_\_\_\_\_ SANITARIAN: \_\_\_\_\_

TECHNICIAN SIGNATURE: \_\_\_\_\_

## Attachment D6 – Mobile Home Park Inspection Report

SG-94  
Rev 03/04West Virginia Department of Health and Human Resources  
Health Department

## MOBILE HOME PARK INSPECTION REPORT

Name of Mobile Home Park \_\_\_\_\_ Address \_\_\_\_\_

Operator \_\_\_\_\_ Address \_\_\_\_\_

Water Supply	_____ Public _____ Private	No. Acres in Mobile Home Park	_____
Sewage Treatment	_____ Public _____ Private	No. Mobile Home Lots	_____
Solid Waste Collection	_____ Public _____ Private	No. Occupied Mobile Home Lots	_____
Solid Waste Disposal	_____ Public _____ Private		

**NOTICE-** An inspection of these premises has this day been made and you are notified of these violations marked with a cross (X). All violations must be corrected within the time period specified in the notice.

- |   |  |
|---|--|
| <p><b>1. LOCATION, SPACE, LAYOUT</b></p> <p>a. Site _____</p> <p>b. Lot / Stand / Spacing _____</p> <p>c. Streets / Walkways _____</p> <p>d. Parking Area / Lighting _____</p> <p><b>2. WATER SUPPLY</b></p> <p>a. Approved Supply _____</p> <p>b. Maintenance / Operations _____</p> <p>c. Piping / Fixtures _____</p> <p>d. Outlets / Risers / Connections _____</p> <p>e. Line Location / Caps or Plugs _____</p> <p><b>3. SEWAGE SYSTEM</b></p> <p>a. Approved System _____</p> <p>b. Maintenance / Operations _____</p> <p>c. Piping / Fixtures _____</p> <p>d. Outlets / Risers / Connections _____</p> <p>e. Line Location / Caps or Plugs _____</p> <p><b>4. SOLID WASTE</b></p> <p>a. Storage / Collection / Disposal _____</p> <p>b. Insects / Rodents / Noxious Plants _____</p> | <p><b>5. MANAGEMENT BUILDINGS &amp; SERVICE FACILITIES</b></p> <p>a. Construction / Maintenance / Operation _____</p> <p>b. Toilet / Lavatory / Bathing Facilities _____</p> <p>c. Lighting / Heating / Ventilation _____</p> <p>d. Plumbing Fixtures / Laundry _____</p> <p>e. Recreational Areas _____</p> <p><b>6. FUEL SUPPLY</b></p> <p>a. Construction / Maintenance / Connections _____</p> <p>b. Piping / Fittings / Connections _____</p> <p>c. Line Location / Supports / Caps or Plugs _____</p> <p><b>7. REGISTRATION AND SUPERVISION</b></p> <p>a. Records / Posting of Permit _____</p> <p>b. Mobile Home Placement &amp; Hookup _____</p> <p><b>8. MISCELLANEOUS</b></p> <p>a. Fire Protection / Safety Hazards _____</p> <p>b. Electrical System _____</p> <p>c. Auxiliary Facilities _____</p> <p>d. Skirting / Appurtenances _____</p> <p>e. Storage Areas _____</p> <p>f. Pet Control _____</p> |
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## REMARKS

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Date \_\_\_\_\_

Sanitarian \_\_\_\_\_

## Attachment D7 - Recreational Water Facility Inspection Report

SR-152  
Rev 12/05West Virginia Department of Health & Human Resources  
Health Department

## Recreational Water Facility Inspection Report

Facility \_\_\_\_\_ Certified RWF Operator \_\_\_\_\_  
 Location \_\_\_\_\_  
 Telephone \_\_\_\_\_ Permit Holder \_\_\_\_\_ Permit Number \_\_\_\_\_

Type Facility (check all that apply): ☐ Swimming Pool ☐ Wading Pool ☐ Diving Pool ☐ Bathing Beach ☐ Spa/Hot Tub ☐ Wave Pool  
☐ Hydrotherapy/Therapeutic Pool ☐ Spray Pool ☐ Water Slide ☐ Lazy River ☐ Other \_\_\_\_\_

<b>1. Disinfection</b> a. Continuous chemical feed equip.* b. No hand batch feeding except for super-chlorination or shocking. c. Materials, methods approved. d. Gas chlorination - separate chlorine room. e. Chlorine room ventilation, cylinder storage, cylinder scales. f. No unsafe safety hazard. g. Hatched, stored, used per directions. h. Compatible with other chemicals. i. Does not impart toxic properties. j. Effective residual; easily, accurately tested. k. Free chlorine residual of 1 - 3 mg/l. Deep _____ Shallow _____ Other _____ l. Bromine residual 2 - 5 mg/l. Deep _____ Shallow _____ Other _____ m. Other disinfectants approved; EPA reg.; residual, easily measured. n. Cyanuric acid as stabilizer 10-100 mg/l.	g. If free chlorine residual $\leq 0.5$ mg/l, cease operations until $\geq 1.0$ *. h. If free bromine residual $\leq 1.0$ mg/l, cease operations until $\geq 2.0$ *. <b>7. Supervision of Patrons</b> a. Qualified operator available.* b. Operator authority to exclude patron(s), evacuate facility. c. No urination, defecation, spitting, spouting water, blowing nose in water. d. No open sores or infectious disease transmissible by water. e. Patrons and apparel visibly clean. f. Children not toilet trained wear tight-fitting, plastic underwear that prevents leakage. g. Exclude disruptive patrons and those under influence of drugs or alcohol. h. No animals except service animals. i. Food, drink, gum, tobacco in designated, controlled areas. j. Glass, unsafe materials excluded. k. Diving from deck only at $\geq 3$ ft. depth. l. Post rules, readily visible to patrons.	<b>9. Routine Maintenance and Operating</b> a. Decks, sidewalks, areas surrounding facilities and bathroom clean. b. Visible debris removed every 12 hrs. or as needed for visibility and safety.* c. No visible scum, floating matter, grease line.* d. Skimmers, overflow gutters, hair and lint catches maintained.* e. Pumps, filters maintained.* f. Drain as needed to inspect, clean, repair.* g. Water treatment equip. operated 24hrs/day.* h. Ventilation for indoor RWF meets ANSI/ASHRAE Standard 62-1999. <b>10. Bathhouses, Concessions, Etc.</b> a. Toilets, lavatories, fountains, showers per 87 CSR 04 State Building Code. b. Bathhouse, clothing storage facil., toilets, showers, other facil. good repair, clean. c. Toilet tissue at each toilet. d. Hand cleanser, approved drying device at each lav. or group of adjacent lavs. e. Hot & cold running water, or tempered water, mixing faucets. f. Concession stand in compliance with 64 CSR 17 Food Establishments.
<b>2. Chemical Requirements</b> a. Per 64 CSR 3 Public Water Systems b. Bathing Beach: Per 46 CSR 01, Category A, Appendix E.	<b>8. Safety Requirements</b> a. Shepherd's crook and reach pole. b. Lifesaving tube/lifeguard, accessible. c. Without lifeguards, 1 unit of life saving equipment available for patron use. d. Equipment in good repair. e. First aid kit, fully stocked, available. f. Lifeguard into open sores or infectious diseases transmissible by water. g. Each lifeguard wears personal protective equip. including resuscitation mask, gloves. h. Certified lifeguards, if required. No. per Table 64-16B. Certificates current: life guarding, CPR, first aid. i. Children not left unattended in wading pool by parent/adult. j. If no lifeguards, post sign "Warning: No lifeguard on duty. All persons under the age of 14 must be accompanied by an adult." k. OSHA bloodborne pathogen plan. l. Telephone within 100 ft.; nos. posted. m. Written emergency plan. n. Drain entrapment of patrons avoided. o. Single drains meet ANSI/NSPI-1 and ANSI/NSPI-2 by 7/01/2003. p. Spa: Emergency shut-off switch and audible alarm within 20 ft. q. Comply with 87 CSR 01 Fire Code. r. Patron load per ANSI/NSPI-1.	<b>11. Compliance</b> a. Permit posted. b. Except for bathing beaches, operator shall close RWF per Table 64-16A. c. If water clarity not in compliance, close only affected area.* d. At a bathing beach, operator shall close b. beach if an inadequate no. of lifeguards or lifesaving equip. is provided; or an accident occurs causing lifeguard to leave station. e. Written record of closure events.
<b>3. Bacteriological Requirements</b> a. Sample - coliform organisms: Super-chlorinate, retest, correct. b. Bathing Beach: Sample - $\leq 235$ E coli per 100 ml, cease operation, retest, correct. <b>4. pH and Alkalinity Control</b> a. pH 7.2 - 7.8.* Deep _____ Shallow _____ Other _____ b. For gas chlorination - continuous mechanical feeder. No hand batch feeding. c. Total alkalinity 60 - 180 mg/l as calcium carbonate.*	<b>5. Water Clarity</b> a. Main drain or 6" black disk on bottom of deepest part visible from sidewall.* b. Yellow Table 64-16C, Water Quality Guidelines. <b>6. Control Tests &amp; Operation Records</b> a. Approved test kits. b. DPD method for free or total chlorine. c. Maintain records 1 yr.: testing, attendance, hrs. of equip. operation. d. Weekly summary submitted. e. Tests for pH, free chlorine twice/day.* f. Maintain test kits, retest reagents semi-annually for indoor RWF, prior to opening for seasonal RWF. Correct reagents used.	<b>12. Design, Construction*</b> a. In compliance with ANSI/NSPI-1 1991 and ANSI/NSPI-2 1999 Standards. b. Lifelines, depth markings provided. c. Rate of flow meters Main pool _____ gpm Wading pool _____ gpm d. Placed in filter room lists water volume, gpm needed for turnover rate. e. Gauge:- Main Pool _____ Wading Pool _____ Influent _____ Effluent _____ Vacuum _____ f. Fencing, Lighting adequate. (* = not applicable to bathing beaches.)

Remarks \_\_\_\_\_

Violations must be corrected by \_\_\_\_\_ Inspected by \_\_\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_ Telephone No. \_\_\_\_\_



## Attachment D8 - Water Hauler Truck Inspection Report

EW - 79B  
Oct. 2010West Virginia Department of Health & Human Resources  
Department of Health

## WATER HAULER TRUCK INSPECTION REPORT

Company \_\_\_\_\_ Address \_\_\_\_\_

Operator \_\_\_\_\_

Notice: Based on this inspection, the violations marked below must be corrected within the period of time specified in this notice. Failure to comply with this notice may result in suspension of your registration by the issuing health authority. An opportunity for an appeal will be provided if a written request for a hearing is filed with health authority within the period of time specified in this notice for correction of violations.

1. GENERAL WATER SOURCE	<input type="checkbox"/> Proper registration <input type="checkbox"/> Water Supply - Public _____	<input type="checkbox"/> Access Point - Specify _____ <input type="checkbox"/> Water Supply Valve in good condition, not leaking
2. RECORDS	<input type="checkbox"/> Maintained <input type="checkbox"/> Adequate	<input type="checkbox"/> Twelve (12) month coverage
3. BACTERIOLOGICAL WATER SAMPLE	<input type="checkbox"/> Yes - Sample Collected - Date _____ <input type="checkbox"/> No Sample Collected	<input type="checkbox"/> Chlorine Residual - _____ ppm
4. CARRIER TANK (Tanker)	<input type="checkbox"/> Sign Provided "Drinking Water Only" <input type="checkbox"/> Vent provided/not obstructed <input type="checkbox"/> Opening provided for cleaning <input type="checkbox"/> Opening covered	
5. CARRIER TANK (Coating)	<input type="checkbox"/> Water contact surfaces smooth, impervious, free of corrosion	<input type="checkbox"/> Non-toxic - approved by WV Bureau for Public Health; no flaking apparent
6. HOSES	<input type="checkbox"/> Rubber <input type="checkbox"/> Plastic - NSF pw	<input type="checkbox"/> Open end capped <input type="checkbox"/> 8 inch disk present
7. EQUIPMENT	<input type="checkbox"/> Approved Chlorine Test Kit provided	
8. OPERATION	<input type="checkbox"/> 5.25% chlorine bleach added _____ ppm <input type="checkbox"/> Chlorine Residual _____ ppm <input type="checkbox"/> Protected from contamination - filling, transporting, delivery, and when empty	<input type="checkbox"/> Proper disinfection procedures for emergency - disaster/drought <input type="checkbox"/> N/O - not observed

Remarks \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violations must be corrected on or before \_\_\_\_\_

Date: \_\_\_\_\_

Sanitarian: \_\_\_\_\_



## Attachment D9 – Emergency Shelter Inspection Report

SG-67  
Rev 8/07West Virginia Department of Health & Human Resources  
Department of Health

## EMERGENCY SHELTER INSPECTION REPORT

Purpose: Initial Assessment ☐ Follow up ☐

Agency / Org. Conducting Assessment		Group #		Surveyor Name		Date and Time of Assessment	
Shelter Location Name		Street Address		City	State	Zip Code	Latitude/Longitude
Type of Facility <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Healthcare Facility <input type="checkbox"/> Convention Center <input type="checkbox"/> Sports Arena <input type="checkbox"/> Other (describe):				Location Description			
Facility Contact		Phone		Email		Other Communication (CB, radio, etc)	
		Office:					
		Cell:					
Estimated Total Population		Observed or Reported Illness		Temperature (circle units)			
				Inside		Outside	
Note large % elderly, disabled, special needs				°F/°C		°F/°C	

Assessment Item	Approved	Not Approved	Not Observed
<b>Food</b>			
A Prepared: <input type="checkbox"/> on-site <input type="checkbox"/> off-site			
If off-site, approved source			
B Adequate supply (quantity)			
C Food temperatures <41°F., >135°F.			
D Hand washing facilities available, used			
E Gloves/utensils available, used			
F Dishwashing: wash, rinse, sanitize available, used			
G Ice available onsite, approved source			
<b>Drinking Water</b>			
A Type: <input type="checkbox"/> Public <input type="checkbox"/> Temporary (hauled, boiled) <input type="checkbox"/> Private			
Approved source			
B System operating properly			
C Adequate supply			
D Bacteriological sample collected			
E Disinfectant level, measured _____ ppm			
F Well affected, repaired, disinfected			
<b>Sanitation</b>			
A Check type: <input type="checkbox"/> Public <input type="checkbox"/> Septic system <input type="checkbox"/> Portable			
B System operating properly			
C Adequate number of toilets, _____ (min. 1/20 persons)			
D Frequency of cleaning			
E Septic system affected, repaired			

Assessment Item	Approved	Not Approved	Not Observed
<b>Hand Washing</b>			
A Adequate number of sinks, _____ (min. 1/20 persons)			
B Soap, hand towels, hand sanitizer available			
<b>Facility Condition</b>			
A Facility condition			
B Secure facility			
C Electricity: <input type="checkbox"/> Grid Power <input type="checkbox"/> Generator <input type="checkbox"/> Other			
If generator, placement poses CO hazard			
D Bedding (cots, sheets, blankets) provided			
Adequate spacing (min. 3 ft)			
Sleeping arrangement: head to foot			
E Over crowding, <40 ft <sup>2</sup> per person			
F Temperature control, ventilation			
G Hot water available			
Number of shower/bathing facilities, _____			
H (min. 1/15 persons)			
I Laundry facilities available, adequate			
<b>Waste Management</b>			
A Adequate frequency of waste collection			
B Waste stored to prevent hazards			
C Adequate frequency of waste disposal			
<b>Pets</b>			
A Insect prevention and control measures			
B Animal control measures			
C Separate pet shelter available			
D Pet shelter cleaning frequency			
E # Pets onsite _____, over crowding			

Comments: \_\_\_\_\_

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## Attachment D10 - Nuisance Investigation Report

SG-51  
Rev. 8/04West Virginia Department of Health and Human Resources  
Health Department

## Nuisance Investigation Report

I herein request an investigation of the public health hazard or nuisance described below:

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Location (be specific): 

---

Person(s) Responsible for the Condition:

Name: 

---

Address: 

---

Phone Number: 

---

Owner of Property (if different):

Name: 

---

Address: 

---

Phone Number: 

---

How long has this condition existed? 

---

Have you report this condition to the person responsible? ☐ Yes ☐ NoWas this condition reported to the health department previously? ☐ Yes ☐ No When? 

---

Was this condition reported to another agency? ☐ Yes ☐ No What Agency? 

---

By making this request for an investigation, I acknowledge that the health department may take all necessary steps consistent with the appropriate laws to investigate and effect correction if such is warranted. Such action may involve referral to other agencies or legal action that may require the need for court appearance and testimony to collaborate the conditions stated in this complaint.

Person requesting the investigation:

Name: 

---

 Signature: 

---

 Date: 

---

Address: 

---

 Phone Number: 

---

## FOR HEALTH DEPARTMENT USE:

Complaint	Yes	No	Date	Action Taken	Yes	No	Date
Investigated				Written Notice			
Previously Investigated				Verbal Notice			
Justified							
Condition Found:							
<hr/>							
<hr/>							
<hr/>							
Complaint Status:	Yes	No	Date	Comments			
Corrected or Abated							
Referred							
Awaiting Legal Action							
Follow-up Pending							
Sanitarian Signature: <hr/>						Date: <hr/>	

## Attachment D11 - Sewage Tank Cleaning Truck Inspection Report

SS-179

Rev 3/04

West Virginia Department of Health and Human Resources  
Health Department

## SEWAGE TANK CLEANING TRUCK INSPECTION REPORT

Company \_\_\_\_\_ Address \_\_\_\_\_

Operator \_\_\_\_\_

Notice: Based on this inspection, the violations marked below must be corrected within the period of time specified in this notice. Failure to comply with this notice may result in suspension of your permit by the issuing health authority. An opportunity for an appeal will be provided if a written request for a hearing is filed with health authority within the period of time specified in this notice for correction of violations.

1. GENERAL	<input type="checkbox"/> Proper permit <input type="checkbox"/> Approved method, no dipping or bailing <input type="checkbox"/> Chlorinated lime or equivalent disinfectant <input type="checkbox"/> Spills cleaned immediately	<input type="checkbox"/> Adequate tools and supplies for excavation and tank repair <input type="checkbox"/> If used, portable receptacles approved
2. RECORDS	<input type="checkbox"/> Maintained <input type="checkbox"/> Adequate	<input type="checkbox"/> 12 month coverage
3. MOTOR VEHICLE AND CHASSIS	<input type="checkbox"/> Name and address conspicuous <input type="checkbox"/> Lettering at least 2 inches high	<input type="checkbox"/> Large enough for all equipment and tools needed
4. CARRIER TANK (General)	<input type="checkbox"/> Fully enclosed <input type="checkbox"/> Leak proof <input type="checkbox"/> Fly proof <input type="checkbox"/> Operated without spillage	<input type="checkbox"/> 750 gallon minimum capacity <input type="checkbox"/> Constructed to permit proper cleaning <input type="checkbox"/> Equipped with manhole <input type="checkbox"/> Heavy gauge metal, painted
5. CARRIER TANK OUTLET VALVE	<input type="checkbox"/> Properly located for complete draining <input type="checkbox"/> 3 inch diameter minimum	<input type="checkbox"/> Adapted for standard hose connection <input type="checkbox"/> Properly capped, secured with chain
6. CARRIER TANK NOTATION	<input type="checkbox"/> Tank clean, painted, good repair <input type="checkbox"/> Permit number on tank <input type="checkbox"/> Lettering at least 2 inches high	<input type="checkbox"/> Tank capacity on tank <input type="checkbox"/> "FOR SEWAGE ONLY" on tank <input type="checkbox"/> Lettering in good condition
7. PUMP	<input type="checkbox"/> Approved for sewage handling <input type="checkbox"/> Self-priming	<input type="checkbox"/> Non-clogging <input type="checkbox"/> Constructed for easy handling
8. HOSES	<input type="checkbox"/> Flexible <input type="checkbox"/> Easily cleanable <input type="checkbox"/> Clean, in good repair <input type="checkbox"/> Tightly capped while not in use	<input type="checkbox"/> Sufficient length for recirculation of contents and easy discharging <input type="checkbox"/> Stored to prevent leaking or dripping
9. DISPOSAL	<input type="checkbox"/> Method: _____ <input type="checkbox"/> Approved	
10. PUMPING TRUCK CLEANING FACILITY	<input type="checkbox"/> Approved construction <input type="checkbox"/> Wastes from cleaning properly disposed of	<input type="checkbox"/> Back-siphon prevention device where tank connected directly to potable water system

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Violations must be corrected on or before \_\_\_\_\_.

Date: \_\_\_\_\_

Sanitarian: \_\_\_\_\_

## Attachment D12 - On Site Sewage System Survey

SS-182C  
Rev 7/98West Virginia Department of Health & Human Resources  
Health Department

## ON-SITE SEWAGE SYSTEM SITE SURVEY

**I. General Information**

Property Owner: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Date Application Received: \_\_\_\_\_

Fee Paid: ☐ YES ☐ NO ☐ N/A

Property Location: \_\_\_\_\_

Subdivision: ☐ Approved, name & number: \_\_\_\_\_ ☐ Not Approved ☐ N/AFacility to be served: ☐ Residence, number of bedrooms: \_\_\_\_\_☐ Other: \_\_\_\_\_, Design flow/day: \_\_\_\_\_ gallonsFacility is: ☐ Proposed ☐ Under construction ☐ ExistingSurvey for: ☐ Complete system ☐ Septic tank ☐ Field system ☐ Letter of acceptance

Tax map: \_\_\_\_\_ Parcel number: \_\_\_\_\_

Certified installer number: \_\_\_\_\_ Class: ☐ I ☐ II**II. FIELD DISPOSAL AREA**Area available: \_\_\_\_\_ square feet. ☐ Level ☐ SlopingIf sloping: ☐ 0 - 15% ☐ 15-25% ☐ Exceeds 25%Six foot hole: ☐ Satisfactory ☐ Unsatisfactory, \_\_\_\_\_Reported perc test: \_\_\_\_\_ minutes per inch, ☐ Approved ☐ Unapproved

Concerns/Notes: \_\_\_\_\_

**III. SITE STATUS**This site is ☐ Approved ☐ Acceptable (no permit issued at this time) ☐ NOT APPROVED**IV. ACTION**☐ Permit will be issued ☐ Formal denial will be sent ☐ Application to be held: \_\_\_\_\_

Date evaluated: \_\_\_\_\_

Sanitarian: \_\_\_\_\_

## Attachment D13 - On-Site Sewage Disposal System Inspection Report

SS-177  
Rev 6/11West Virginia Department of Health & Human  
Resources

Permit #: ST- \_\_\_\_\_

Lat: N: \_\_\_\_\_

Department of Health

Tax Map Name: \_\_\_\_\_

Long: W \_\_\_\_\_

ON-SITE SEWAGE DISPOSAL SYSTEM  
INSPECTION REPORT

Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Installer: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Property Location: \_\_\_\_\_

Subdivision: \_\_\_\_\_ Lot number: \_\_\_\_\_

Type of Facility: \_\_\_\_\_ Facility is: New ☐ Existing ☐ Lot Size (ft<sup>2</sup>/acres): \_\_\_\_\_

Design Loading: Bedrooms: \_\_\_\_\_ or GPD: \_\_\_\_\_ Source of Water Supply: \_\_\_\_\_ for a \_\_\_\_\_

System requires a perpetual maintenance program as per §64CSR9.7.2: Yes ☐ No ☐

## SEWAGE TANK COMPONENTS

Component	Material	Size	Depth	Location	Notes	Remarks
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2						
3						
4						
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## ABSORPTION FIELD

Chamber: ☐ Eljen ☐ Gravelless Pipe: ☐ Gravel Media Trenches ☐ Other: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Square footage: Permitted \_\_\_\_\_ ft<sup>2</sup> Installed \_\_\_\_\_ ft<sup>2</sup>

Number of lines: \_\_\_\_\_ Trench width: \_\_\_\_\_ inches

Lengths of lines: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Inspection ports installed? Yes ☐ No ☐ Distribution box used? Yes ☐ No ☐ Outlets level? Yes ☐ No ☐

If chambers, length of each section: \_\_\_\_\_ Gravelless pipe diameter: \_\_\_\_\_

If bed configuration used, dimensions: \_\_\_\_\_ X \_\_\_\_\_ Maximum depth to bed bottom on upslope side: \_\_\_\_\_

Distance of absorption field to: Dwelling: \_\_\_\_\_, Water Supply: \_\_\_\_\_, Water Line: \_\_\_\_\_, Property Line: \_\_\_\_\_

Drainfield laterals installed on-contour: Yes ☐ No ☐ Average Depth: \_\_\_\_\_ Maximum depth: \_\_\_\_\_

Design type: \_\_\_\_\_

Remarks: \_\_\_\_\_

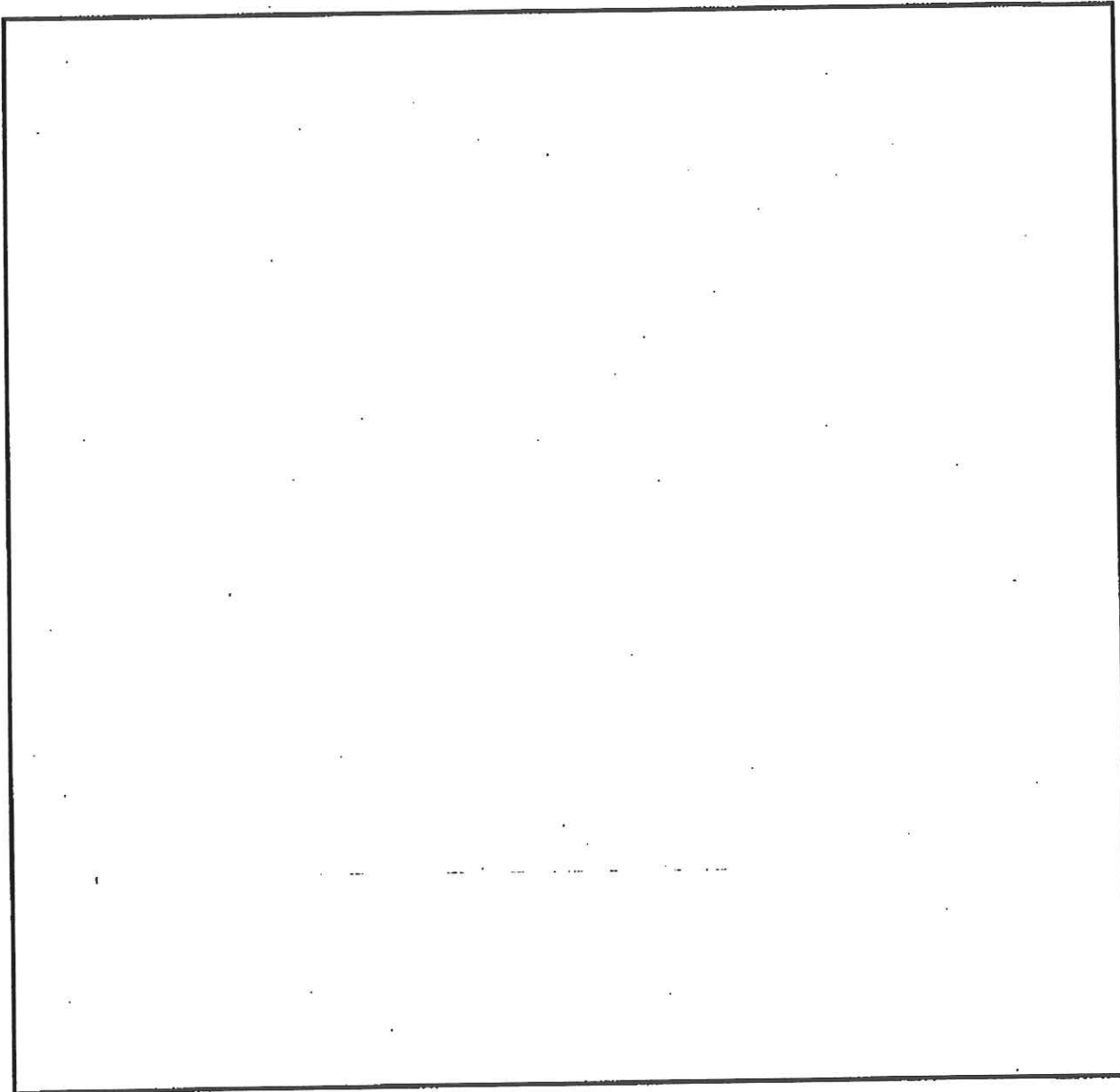
System is installed as per the permitted design and layout. Yes ☐ No ☐

Include sketch of installation on reverse.

**Sketch of Installation with Triangulation or Distance to Specific Landmarks.  
Include reserve area boundaries.**

**LEGEND:**

	House/Facility		Property Line		Fence		Pump Tank
	Soil Absorption Line		Single Wide Manufactured Home		North		Septic Tank
	Existing Water Supply		Distribution box		Stream Flow		
	Proposed Water Supply				Wooded Area Boundary		



System is: Approved ☐ System is NOT Approved: ☐

COMMENTS: \_\_\_\_\_

Dates visited: \_\_\_\_\_ Sanitarian \_\_\_\_\_ Date Final Inspection \_\_\_\_\_

## Attachment D14 - Home Aeration Unit Inspection Report

SS-190  
Rev. 3/04West Virginia Department of Health and Human Resources  
Department of HealthHOME AERATION UNIT INSTALLATION INSPECTION REPORT  
(Inspection to be Printed or Typed)

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

Local Health Dept. Permit #: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel #: \_\_\_\_\_  
 County 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

An inspection indicates that the sewage disposal system described above does meet ☐, does not meet ☐, or cannot 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 a 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: \_\_\_\_\_

Sketch of Installation with Triangulation or Distance to Specific Landmarks:

Draw Arrow Towards North: 



## Attachment D15 – Water Well Construction Inspection Form

SW-263

West Virginia Department of Health and Human Resources


 Department of Health  
 Water Well and Pump Construction Inspection Form

Permit Number		GPS Coordinates	N	W
Owner		Address		
Well Owner		Address		
Date Well Completed	Click here to enter a date.	Date Completion Form Submitted	Click here to enter a date.	
Date Pump Installed	Click here to enter a date.	Date Pump Completion Report Submitted	Click here to enter a date.	
Pump Installed by				
Typicality				
Property Location				

CASING	Height above ground & material meets minimum standards?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
CASE SEAL	Meets minimum standards?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
VENT	Meets minimum standards?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
WELL TAG	Meets minimum standards?	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
FITNESS CAPATER	Installed correctly? (look in casing)	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
COMPLETION REPORT INFO	Reflects approved materials & procedures used	<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/O	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other									

Septic Tank/SAU		feet	Distance based on	<input type="checkbox"/>	App Info.	<input type="checkbox"/>	Verification of tank location
Absorption Field		feet	Distance based on	<input type="checkbox"/>	App Info.	<input type="checkbox"/>	Verification of field location
Sewer Line		feet	Distance based on	<input type="checkbox"/>	App Info.	<input type="checkbox"/>	Verification of line location
Property		feet					
Stream/River		feet					
Other							

Based on this inspection, the signed Well Completion Report and the signed Pump Installation Report submitted to this office, the above described well: ☐ IS APPROVED ☐ IS NOT APPROVED.

Comments:

Click here to enter a date.

Date

Sanitarian

Drawing of information on reverse side

SG-54  
Rev. 7/96

West Virginia Department of Health and Human Resources

\_\_\_\_\_ Health Department



**OFFICIAL NOTICE**

To:

Location:

As a result of an inspection made of the above described property and/or establishment by a Sanitarian of this Department, it was determined that an unsanitary condition exists that is creating a real or potential health hazard and/or a nuisance affecting public health, and is in violation of a specific public health law, rule, and/or regulation.

Description of health violation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This unsanitary condition is in violation of the following rules, regulations, and/or public health laws:

\_\_\_\_\_  
\_\_\_\_\_

You are required to make the necessary corrections by \_\_\_\_\_. Please be advised that if a health violation is not corrected as required, this Department will submit this case to the appropriate authority for legal consideration.

An opportunity for an appeal will be provided if you file a written request for a hearing with this Department within the time specified above for correcting the violation(s).

\_\_\_\_\_  
Date Issued

\_\_\_\_\_  
Investigating Sanitarian

## Attachment D17 - Official Visit Form

SG-53  
Rev 8/00DEPARTMENT OF HEALTH  
STATE OF WEST VIRGINIA

## OFFICIAL VISIT REPORT

## Program Category:

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Animal Bites           | <input type="checkbox"/> Housing                | <input type="checkbox"/> Recreation  | <input type="checkbox"/> Vector Control        |
| <input type="checkbox"/> Epidemic Investigation | <input type="checkbox"/> Milk                   | <input type="checkbox"/> Sewage      | <input type="checkbox"/> Water                 |
| <input type="checkbox"/> Food                   | <input type="checkbox"/> Nuisance Investigation | <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Other (Specify) _____ |

Name of Facility or Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Owner/Operator: \_\_\_\_\_

Reason for or Nature of Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Sanitarian \_\_\_\_\_

SG-53  
Rev 8/00DEPARTMENT OF HEALTH  
STATE OF WEST VIRGINIA

## OFFICIAL VISIT REPORT

## Program Category:

- |   |   |                                      |  |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Animal Bites           | <input type="checkbox"/> Housing                | <input type="checkbox"/> Recreation  | <input type="checkbox"/> Vector Control        |
| <input type="checkbox"/> Epidemic Investigation | <input type="checkbox"/> Milk                   | <input type="checkbox"/> Sewage      | <input type="checkbox"/> Water                 |
| <input type="checkbox"/> Food                   | <input type="checkbox"/> Nuisance Investigation | <input type="checkbox"/> Solid Waste | <input type="checkbox"/> Other (Specify) _____ |

Name of Facility or Establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Owner/Operator: \_\_\_\_\_

Reason for or Nature of Visit: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_ Sanitarian \_\_\_\_\_

SG-61  
Rev. 601

SANITARIAN'S MONTHLY ACTIVITY REPORT

COUNTY		COUNTY CODE		DAYS WORKED (month)	
SANITARIAN		MONTH / YEAR		DAYS WORKED (to date)	

SUMMARY - TIME EXPENDED PER PROGRAM

MONTH		TO DATE	
	A. SUBTOTAL		B. SUBTOTAL
I. ADMINISTRATION			
II. TRAINING AND EDUCATION			
III. DISASTER AND DISEASE			
IV. FOOD			
V. HOUSING AND INSTITUTIONS			
VI. RECREATION			
VII. SEWAGE			
VIII. WATER			
IX. OTHER			
GRAND TOTALS			

REMARKS: (Provide summary of program highlights, problems, special projects, training courses and meetings)













## Attachment E2 - Sanitarian Daily Report

SG-66  
Rev. 12/76

## SANITARIAN'S DAILY REPORT

Sanitarian \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

Official Miles Traveled \_\_\_\_\_

Code Numbers		DESCRIBE SERVICES RENDERED	Man Hrs./Ea. Activity
Program	Activity		

List establishment and/or persons involved and location (address)

Total \_\_\_\_\_

SG-66  
Rev. 12/76

## SANITARIAN'S DAILY REPORT

Sanitarian \_\_\_\_\_

County \_\_\_\_\_

Date \_\_\_\_\_

Official Miles Traveled \_\_\_\_\_

Code Numbers		DESCRIBE SERVICES RENDERED	Man Hrs./Ea. Activity
Program	Activity		

List establishment and/or persons involved and location (address)

Total \_\_\_\_\_

EHS12035

## BID PRICE SHEET

DELIVERABLES (includes all requirements as described in specifications)				Bid Price (Annual Usage x Unit Bid Price)	
PHASE #1:	Deliverable Due Date	Annual Usage	Unit Bid Price		
<p>Vendor will deliver a base system consisting of a customizable-off-the-shelf environmental health data system that will be configured to meet the needs of OEHS and complies with all of the Business Requirements of this Request for Quotation.</p> <p>Delivery of the base system includes:</p> <ul style="list-style-type: none"><li>• Hosting the Base system</li><li>• Monitoring</li><li>• Maintenance and support of the system and all associated applications for all users</li></ul> <p>Deliverables for Phase #1 include:</p> <ul style="list-style-type: none"><li>• Confirmation that Base System code has been placed in escrow</li><li>• Verification that OEHS has access to the hosted web site where the environmental health Base System resides</li></ul>	Year 1 Month 1	1			
PHASE #2:	Deliverable Due Date	Annual Usage	Unit Bid Price		
<p>Vendor will deliver a customized environmental health data system that meets the needs of OEHS and complies with the Business Requirements of this Request for Quotation. Delivery of the customized WV Environmental Health Data System includes:</p> <ul style="list-style-type: none"><li>• Develop detailed project plan</li><li>• On-site meeting with OEHS leadership at OEHS office location for review and approval of project plan</li><li>• Execute approved project plan</li></ul> <p>Deliverables for Phase #2 will be agreed upon by OEHS and vendor based on vendor's project plan which is basis for this phase of the project.</p>	Year 1 Months 1 - 12	1			

<b>PHASE #3 - INSTALLATIONS:</b> Vendor will schedule and provide on-site installation(s) of WV Environmental Health Data System and software on OEHS and LHD supplied hardware at the following OEHS central and district office locations. Installations will take place during on-site training sessions.	<b>Deliverable Due Date</b>	<b>Estimated Annual Installations<sup>1</sup></b>	<b>Unit Bid Price<sup>2</sup></b>	<b>Bid Price (Estimated Annual Installations x Unit Bid Price)</b>
<b>Charleston, West Virginia</b>	Year 1-Month 1 - 12	2		
	Year 2-Month 1 - 12	6		
	Year 3-Month 1 - 12	1		
<b>Beckley, West Virginia</b>	Year 1-Month 1 - 12	4		
	Year 2-Month 1 - 12	12		
	Year 3-Month 1 - 12	15		
<b>Fairmont, West Virginia</b>	Year 1-Month 1 - 12	12		
	Year 2-Month 1 - 12	14		
	Year 3-Month 1 - 12	14		
<b>Kearneysville, West Virginia</b>	Year 1-Month 1 - 12	6		
	Year 2-Month 1 - 12	6		
	Year 3-Month 1 - 12	13		
<b>St. Albans, West Virginia</b>	Year 1-Month 1 - 12	41		
	Year 2-Month 1 - 12	11		
	Year 3-Month 1 - 12	12		
<b>Wheeling, West Virginia</b>	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	11		
	Year 3-Month 1 - 12	6		



<b>PHASE #3 - TRAINING SESSIONS:</b> Vendor will schedule and provide on-site training sessions of WV Environmental Health Data System and software on OEHS and LHD supplied hardware at the following OEHS central and district office locations.	<b>Deliverable Due Date</b>	<b>Estimated Annual Training Sessions<sup>1</sup></b>	<b>Unit Bid Price<sup>2</sup></b>	<b>Bid Price (Estimated Annual Training Sessions x Unit Bid Price)</b>
Charleston, West Virginia	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	1		
	Year 3-Month 1 - 12	1		
Beckley, West Virginia	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	1		
	Year 3-Month 1 - 12	1		
Fairmont, West Virginia	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	1		
	Year 3-Month 1 - 12	1		
Kearneysville, West Virginia	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	1		
	Year 3-Month 1 - 12	1		
St. Albans, West Virginia	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	1		
	Year 3-Month 1 - 12	1		
Wheeling, West Virginia	Year 1-Month 1 - 12	1		
	Year 2-Month 1 - 12	1		
	Year 3-Month 1 - 12	1		

<sup>1</sup>Actual annual installations and training sessions for Phase #3 are unknown. Annual installations and training sessions are estimated. Bidders "Unit Bid Price" per central and district office location under this phase must be the final unit cost per installation and training session per office location charged to OEHS under this contract whether one or more than one is provided.

<sup>2</sup>Bidders must complete the Unit Bid Price and Total Bid for each Phase deliverable (separate bids per central and district office location as indicated under Phase #3).

Bidders must complete, sign, and date the vendor section below:

Vendor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Fax: \_\_\_\_\_  
(Please Print)

Contact Person Email: \_\_\_\_\_

Authorized Vendor Representative: \_\_\_\_\_  
(Please Print)

Authorized Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: BIDDERS WILL NOT ALTER, MODIFY, OR ADD INFORMATION TO THIS BID PRICE SHEET**

RFQ No. EHS12035STATE OF WEST VIRGINIA  
Purchasing Division**PURCHASING AFFIDAVIT**

**West Virginia Code §5A-3-10a states:** No contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and the debt owed is an amount greater than one thousand dollars in the aggregate.

**DEFINITIONS:**

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Debtor" means any individual, corporation, partnership, association, limited liability company or any other form or business association owing a debt to the state or any of its political subdivisions. "Political subdivision" means any county commission; municipality; county board of education; any instrumentality established by a county or municipality; any separate corporation or instrumentality established by one or more counties or municipalities, as permitted by law; or any public body charged by law with the performance of a government function or whose jurisdiction is coextensive with one or more counties or municipalities. "Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**EXCEPTION:** The prohibition of this section does not apply where a vendor has contested any tax administered pursuant to chapter eleven of this code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

Under penalty of law for false swearing (*West Virginia Code §61-5-3*), it is hereby certified that the vendor affirms and acknowledges the information in this affidavit and is in compliance with the requirements as stated.

**WITNESS THE FOLLOWING SIGNATURE**

Vendor's Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_, to-wit:

Taken, subscribed, and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

My Commission expires \_\_\_\_\_, 20\_\_.

AFFIX SEAL HERE

NOTARY PUBLIC \_\_\_\_\_

State of West Virginia  
**VENDOR PREFERENCE CERTIFICATE**

Certification and application\* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

1. **Application is made for 2.5% resident vendor preference for the reason checked:**  
\_\_\_\_ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
\_\_\_\_ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,  
\_\_\_\_ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
2. **Application is made for 2.5% resident vendor preference for the reason checked:**  
\_\_\_\_ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
3. **Application is made for 2.5% resident vendor preference for the reason checked:**  
\_\_\_\_ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
4. **Application is made for 5% resident vendor preference for the reason checked:**  
\_\_\_\_ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
\_\_\_\_ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**  
\_\_\_\_ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (**West Virginia Code**, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: \_\_\_\_\_ Signed: \_\_\_\_\_  
Date: \_\_\_\_\_ Title: \_\_\_\_\_

\*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

ATTACHMENT  
P.O.# ETHS 12035

This agreement constitutes the entire agreement between the parties, and there are no other terms and conditions applicable to the licenses granted hereunder.

Agreed

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature                      Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency/Division

**AGREEMENT ADDENDUM**WV-96  
Rev. 10/07

In the event of conflict between this addendum and the agreement, this addendum shall control:

1. **DISPUTES** - Any references in the agreement to arbitration or to the jurisdiction of any court are hereby deleted. Disputes arising out of the agreement shall be presented to the West Virginia Court of Claims.
2. **HOLD HARMLESS** - Any clause requiring the Agency to indemnify or hold harmless any party is hereby deleted in its entirety.
3. **GOVERNING LAW** - The agreement shall be governed by the laws of the State of West Virginia. This provision replaces any references to any other State's governing law.
4. **TAXES** - Provisions in the agreement requiring the Agency to pay taxes are deleted. As a State entity, the Agency is exempt from Federal, State, and local taxes and will not pay taxes for any Vendor including individuals, nor will the Agency file any tax returns or reports on behalf of Vendor or any other party.
5. **PAYMENT** - Any references to prepayment are deleted. Payment will be in arrears.
6. **INTEREST** - Should the agreement include a provision for interest on late payments, the Agency agrees to pay the maximum legal rate under West Virginia law. All other references to interest or late charges are deleted.
7. **RECOUPMENT** - Any language in the agreement waiving the Agency's right to set-off, counterclaim, recoupment, or other defense is hereby deleted.
8. **FISCAL YEAR FUNDING** - Service performed under the agreement may be continued in succeeding fiscal years for the term of the agreement, contingent upon funds being appropriated by the Legislature or otherwise being available for this service. In the event funds are not appropriated or otherwise available for this service, the agreement shall terminate without penalty on June 30. After that date, the agreement becomes of no effect and is null and void. However, the Agency agrees to use its best efforts to have the amounts contemplated under the agreement included in its budget. Non-appropriation or non-funding shall not be considered an event of default.
9. **STATUTE OF LIMITATION** - Any clauses limiting the time in which the Agency may bring suit against the Vendor, lessor, individual, or any other party are deleted.
10. **SIMILAR SERVICES** - Any provisions limiting the Agency's right to obtain similar services or equipment in the event of default or non-funding during the term of the agreement are hereby deleted.
11. **ATTORNEY FEES** - The Agency recognizes an obligation to pay attorney's fees or costs only when assessed by a court of competent jurisdiction. Any other provision is invalid and considered null and void.
12. **ASSIGNMENT** - Notwithstanding any clause to the contrary, the Agency reserves the right to assign the agreement to another State of West Virginia agency, board or commission upon thirty (30) days written notice to the Vendor and Vendor shall obtain the written consent of Agency prior to assigning the agreement.
13. **LIMITATION OF LIABILITY** - The Agency, as a State entity, cannot agree to assume the potential liability of a Vendor. Accordingly, any provision limiting the Vendor's liability for direct damages to a certain dollar amount or to the amount of the agreement is hereby deleted. Limitations on special, incidental or consequential damages are acceptable. In addition, any limitation is null and void to the extent that it precludes any action for injury to persons or for damages to personal property.
14. **RIGHT TO TERMINATE** - Agency shall have the right to terminate the agreement upon thirty (30) days written notice to Vendor. Agency agrees to pay Vendor for services rendered or goods received prior to the effective date of termination.
15. **TERMINATION CHARGES** - Any provision requiring the Agency to pay a fixed amount or liquidated damages upon termination of the agreement is hereby deleted. The Agency may only agree to reimburse a Vendor for actual costs incurred or losses sustained during the current fiscal year due to wrongful termination by the Agency prior to the end of any current agreement term.
16. **RENEWAL** - Any reference to automatic renewal is hereby deleted. The agreement may be renewed only upon mutual written agreement of the parties.
17. **INSURANCE** - Any provision requiring the Agency to insure equipment or property of any kind and name the Vendor as beneficiary or as an additional insured is hereby deleted.
18. **RIGHT TO NOTICE** - Any provision for repossession of equipment without notice is hereby deleted. However, the Agency does recognize a right of repossession with notice.
19. **ACCELERATION** - Any reference to acceleration of payments in the event of default or non-funding is hereby deleted.
20. **CONFIDENTIALITY** - Any provision regarding confidentiality of the terms and conditions of the agreement is hereby deleted. State contracts are public records under the West Virginia Freedom of Information Act.
21. **AMENDMENTS** - All amendments, modifications, alterations or changes to the agreement shall be in writing and signed by both parties. No amendment, modification, alteration or change may be made to this addendum without the express written approval of the Purchasing Division and the Attorney General.

ACCEPTED BY:

**STATE OF WEST VIRGINIA**

Spending Unit: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**VENDOR**

Company Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_