

Request for Health Department Review

Health Department ID# _____

Building/Zoning Department Use Only:

The _____ (County/City) Building and/or Zoning Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property described below to determine whether:

- The existing onsite sewage disposal system is safe, adequate and proper (SAP) for the proposed use (see §32.1-165 of the *Code of Virginia*). Note: This block can only be marked if the structure is designed for human occupancy.
- The proposed use will encroach upon the existing onsite sewage disposal system and/or water supply.
- Other or Comments: _____
- Attachments (sketch, building plans, plat) _____

Building/Zoning Official Signature: _____ Date: _____

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To Be Completed by Property Owner or Agent:

Owner Name: _____	Home Telephone: _____
Mailing Address: _____	Office Telephone: _____
_____	Cell Phone: _____
e-mail address: _____	
Agent Name: _____	Home Telephone: _____
Mailing Address: _____	Office Telephone: _____
_____	Cell Phone: _____
e-mail address: _____	

Property Location (directions from local health department): _____

Tax Map: _____ Subdivision (if applicable): _____ Lot # _____

Current Use (include # of Bedrooms): _____

Proposed Use (include # of Bedrooms): _____

Please attach any recent records of onsite system (Pump-outs, or Operation and Maintenance Reports).

Has property been occupied during previous 30-day period: Y or N

The septic tank and distribution box are uncovered for inspection: Y or N

Components will be uncovered by _____ (date).

(To prevent potential damage to the system VDH recommends homeowners first contact Miss Utility for marking any underground utilities. The septic tank and distribution box should be carefully excavated by hand.)

Uncovering the septic tank and distribution box would cause an undue hardship: Y or N If Y reasons for hardship: _____

(Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)

Related Building Permit #: _____ Health Department I.D.#: _____

PLEASE READ CAREFULLY:

This report is only intended to address the above referenced request and does not address evaluation procedures for sewage systems being sold through real estate transfers, or systems and water supplies being reused as part of a subdivision process. This document specifically addresses VDH's implementation of §32.1-165 of the Code of Virginia and is not to be used for any unauthorized use.

The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.

Owner/Agent Signature: _____ Date: _____

GMP2017-03 Attachment 2b