

Health Department ID # _____

**Request for Health Department Safe, Adequate, and Proper Review
Building/Zoning Department Use Only:**

The _____ (County/City) Building 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 for the proposed use.

Building Official Signature: _____ Date: _____

To be completed by property owner or agent:

Owner Name (required): _____	Home Telephone: _____
Mailing Address: _____	Office Telephone: _____
_____	Cell Phone: _____
Agent Name: _____	Home Telephone: _____
Mailing Address: _____	Office Telephone: _____
_____	Cell Phone: _____
Directions to Property: _____	

Owner's Name at time system was installed: _____	Date Installed _____
Date of most recent Septic Tank pumping: _____	
Is there a well on this property? _____ Will you be using the _____ Well or Public Water? (Please circle one) Other (describe) _____	
Tax Map #: _____	911 addresses: _____
Subdivision Name (if applicable): _____	Lot # _____
Current Use (include # of Bedrooms): _____	
Proposed Use (include # of Bedrooms): _____	
Reason for evaluation: _____	
The sewage disposal system, property boundaries and building locations are clearly marked. I give permission to the Virginia Department of Health to enter the property described for the purpose of processing this application. An accurate sketch/plat of the property including shape of the property, length of property lines, existing and proposed structures, wells, sewage disposal systems, and proposed driveways is attached.	
Owner/Agent Signature: _____	Date: _____
<ul style="list-style-type: none">❖ Please locate, uncover and pump the septic tank. Please note you may be asked to uncover other system components.❖ Completion of the "Affidavit to Recognize and Affirm Compliance with Applicable Law and Regulation" is required.❖ It is the owner's responsibility to comply with all regulatory setback distances.❖ Some applicants may be required to submit additional documentation from a Professional Engineer.❖ It is always recommended to have an established Reserve Area for future repairs.	

Health Department Use Only:

Do records exist for the system? YES / NO Health Department I.D./File Identifier _____
Designed for: # of Bedrooms _____ Gallons per day _____ Installation Date _____

_____ The existing sewage disposal system is safe, adequate and proper for the proposed use and is approved.

_____ The request is denied (see Comments below). This decision may be appealed within 30 days.

Comments _____

