Commonwealth of Virginia

Application for: ☐ **Sewage System** ☐ **Water Supply**

VDH Use Only
Health Department ID# _____
Due Date _____

Owner _____ Phone_____

Mailing Address _____ Phone_____

_____ Fax _____

Agent _____ Phone_____

Mailing Address _____ Phone_____

_____ Fax _____

Site Address _____

_____ Email _____

Directions to Property: _____

_____

Subdivision_____ Section _____ Block_____ Lot_____

Tax Map _____ Other Property Identification _____ Dimension/Acreage of Property _____

Sewage System

Type of Approval: Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

For New Construction: ☐ Certification Letter ☐ Construction Permit
For Existing Construction: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement

Proposed Use:
☐ Single Family Home (**Number of Bedrooms** ___) ☐ Multi-Family Dwelling (**Total Number of Bedrooms** ___)

☐ Other (describe) _____

Will there be a basement: Yes ☐ No ☐ . If yes, will there be fixtures in Basement? Yes ☐ No ☐

Are any conditions proposed on this construction permit? ☐ Yes ☐ No. If yes, please check or describe all proposed conditions that apply: ☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Temporary use not to exceed 1 year ☐ Other (describe_____)

Water Supply

Will the water supply be ☐ Public or ☐ Private? Is the water supply ☐ Existing or ☐ Proposed?

If proposed, is this a replacement well? ☐ Yes ☐ No. Will the old well be abandoned? ☐ Yes ☐ No.

Will any buildings within 50' of the proposed well be termite treated? ☐ Yes ☐ No.

All Applicants

Is this an AOSE/PE application? ☐ Yes ☐ No If yes, is the AOSE package attached? ☐ Yes ☐ No.
Note: The well location must comply with §32.1-176.5:2

In order for VDH to process your application you must attach a site sketch and plat of the property. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

_____ _____
Signature of Owner/Agent Date