

Commonwealth of Virginia

VDH Use Only
Health Department ID# _____
Due Date : _____

Request for Courtesy Review

Owner _____	Phone _____
Mailing Address _____	Phone _____
_____	Fax _____
OSE/PE _____	Phone _____
Mailing Address _____	Phone _____
_____	Fax _____
Site Address _____	Email _____

Directions to Property: _____

Subdivision Name _____ or Tax Map _____

Other Property Identification _____ Dimension/size of lot/Property _____

<p>Describe the site or soil feature you have identified as marginal or questionable. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>What is the question to be discussed?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>In order to process this request you must attach a completed site and soil evaluation report. This application is used in lieu of a certification statement (i.e., do not include a certification statement with your site and soil evaluation report).</p>

I give permission to the Virginia Department of Health (VDH) to enter onto the property described above to perform a courtesy review as requested.

Signature of Owner/Agent

Date

I understand and acknowledge that VDH's findings will be advisory and non-binding on all parties.

OSE/PE

Date