

Albemarle County  
 PO Box 7546  
 Charlottesville, VA 22906  
 (434) 972-6259 - Office  
 (434) 972-6221- Fax

**VIRGINIA DEPARTMENT OF HEALTH**  
**Thomas Jefferson Health District**  
**ENVIRONMENTAL HEALTH SERVICES**

Louisa County  
 PO Box 336  
 Louisa, VA 23093  
 (540) 967-3707 - Office  
 (540) 967-3733 - Fax

Fluvanna County  
 PO Box 136  
 Palmyra, VA 22963  
 (434) 591-1965 - Office  
 (434) 591-1961- Fax

Greene County  
 PO Box 38  
 Stanardsville, VA 22973  
 (434) 985-2262 - Office  
 (434) 985-4822 - Fax

Nelson County  
 PO Box 98  
 Lovingson, VA 22949  
 (434) 263-4297 - Office  
 (434) 263-4304 - Fax

**REQUEST FOR NEW CONSTRUCTION WITH EXISTING SEWAGE DISPOSAL**

<b>Applicant's Name</b>				<b>Agent's Name</b>		
<b>Applicant's Address</b>				<b>Agent's Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone:</b>			<b>Home Phone:</b>			
<b>Work Phone:</b>			<b>Work Phone:</b>			
<b>Cell Phone:</b>			<b>Cell Phone:</b>			
<b>PROPERTY INFORMATION</b>						
<b>Parcel:</b>				<b>Building/Zoning Permit Number:</b>		
<b>Subdivision</b>	<b>Section</b>	<b>Block</b>	<b>Lot</b>	<b>Proposed New Construction</b>		
<b>Directions to Property:</b>						
<b>PLEASE ANSWER THE FOLLOWING QUESTIONS</b>						
					<b>Circle One</b>	
1.) Was your septic system installed and approved within the last 10 Years?				YES	NO	
2.) Does proposed addition or replacement come within 20' of the drain field or reserve area?				YES	NO	
3.) Does proposed addition or replacement come within 50' of your well?				YES	NO	
4.) Are there wet spots in your yard, slow running drains, backups, or discolored spots in lawn?				YES	NO	
<i>By signing this statement you are requesting that the Environmental Health Specialist evaluate your system and are granting him/her permission to enter your property. If a site visit is needed, you may be required to uncover your septic tank and distribution box lids.</i>						
_____				_____		
<b>Applicant/Agent Signature</b>				<b>Date</b>		

**HEALTH DEPARTMENT USE ONLY**

*Site Visit WAS NOT made and existing water supply WAS NOT evaluated,  
unless otherwise noted under comments.*

**ADEQUATE DESIGN**

A review of our records indicate the existing sewage disposal system (SDS) and reserve area (where indicated) appears to be adequately designed for the proposed use. This does not imply that the existing SDS will continue to function properly for any minimum period. No conflicts were noted when the attached site plan (including footprint) was compared to those records. Exact locations may vary from records and it is suggested that the exact location of the SDS be confirmed before beginning construction.

**INADEQUATE DESIGN**

Existing SDS inadequate. Applicant must apply at the Health Department for a sewage disposal construction permit. Permit must be issued and a copy submitted to building inspections before Building/Zoning permit is issued.

**AS-BUILT DRAWING:**

**COMMENTS:**

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Health Department Official

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Date