Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID#_____(VDH Use)
Date Received_____(VDH Use)

Owner _____ Address _____ Phone_____

_____

Agent _____ Address _____Phone_____

_____

Directions to Property: _____

_____

Subdivision_____ Section _____ Block_____ Lot_____

Other Property Identification_____ Map Reference_____

Dimension/size of Lot/Property_____

Residential Use _____Yes _____No
Termite Treatment _____Yes _____No
_____Single Family _____Multi-family
Number of bedrooms _____ Number of Units _____

Basement _____Yes _____No
Fixtures in Basement _____Yes _____No

Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ____Septic Tank Drainfield _____LPD _____Mound _____Other

Water Supply: _____Public _____New _____Existing
_____Private _____New _____Existing

Describe:_____

The property lines, building location and sewage disposal system site are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application and to perform quality assurance checks as necessary until the sewage disposal system has been constructed and approved.

_____ _____
Signature of Owner/Agent Date

C.H.S. 200