Commonwealth of Virginia

Sewage System and Private Well Application Refund Affidavit

VDH Use Only
HDIN #: _____

Name: _____ Phone: _____

Mailing Address: _____ Fax: _____

_____ Email: _____

Site Address: _____

_____

Subdivision: _____ Section: _____ Block: _____ Lot: ___

Tax Map/GPIN: _____ Other Property Identification: _____

Affidavit

I _____(owner name) hereby withdraw my application for a (check all that apply) ☐ onsite sewage disposal system and/or ☐ private well construction permit submitted on _____ (date of application) to the _____ (locality) Health Department.

_____ _____

Signature Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Created 12/1/2014