Rappahannock-Rapidan Health District

Environmental Health Division

Culpeper County
640 Laurel St.
Culpeper, VA
22701
(540)829-7466

Fauquier County
330 Hospital Dr.
Warrenton, VA
20186
(540)347-6363

Madison County
1480 N. Main St.
Suite A
Madison, VA
22727
(540)948-5481

Orange County
450 N.
Madison Rd.
Orange, VA 22960
(540)672-1291

Rappahannock County
338-A Gay St.
Washington, VA
22747
(540) 675-3516

Application for Revalidation of an Expired Onsite Sewage Disposal and/or Private Well Construction Permit

In accordance with §32.1-164.1:1 a septic permit may be extended for an additional 18 months from the date of expiration if a building permit has been obtained, and there has been no substantial, intervening change in the soil or site conditions where the septic system is to be located.

Do you have a current Building Permit: ☐ Yes (attach a copy)
☐ No (no revalidation - new application and full permit fee required)

Owner/Agent Name: _____

Owner/Agent Email: _____ Owner/Agent Phone: _____

Owner/Agent Mailing Address: _____

Tax Map/GPIN# _____

Previous/Expired HDID# _____ Permit Expiration Date _____

Before the health department can renew an expired permit that was originally issued upon the reliance of an OSE/PE, the health department requires either a signed statement from the OSE/PE or property owner affirming that no substantial changes to the soil and site conditions or design have occurred. If, indeed, there has been no substantial, intervening change in the soil or site conditions where the on-site sewage disposal system was permitted under the permit having the above referenced HDID number, then an OSE/PE or the property owner can affirm those facts by signing the Certification Statement below in accordance with the Virginia Department of Health policy (GMP 2017-01).

Certification Statement

I, _____, as the OSE ☐ PE ☐ or Property Owner ☐ hereby certify that there has been no substantial, intervening change in the soil or site conditions where the onsite sewage system and/or private well is to be located, and building construction commenced prior to expiration of the permit under permit HDID #_____.

Further, I certify that the proposed system design and location and use of all structures and proposed improvements, number of bedrooms/design flow, etc. are the same as previously permitted.

_____ _____

Signature Date

VDH VIRGINIA DEPARTMENT OF HEALTH
Protecting You and Your Environment