SAP Appendix 2b

Request for Health Department Review – Safe Adequate and Proper

To be completed by property owner or agent

Owner Name:					Home Te	elephone:				
Mailing Address:				Office Te	elephone:					
					Cell Pho	ne:				
E-mail address:										
Agent name:					Home Te	elephone:				
Mailing Address:					Office Telephone:					
					Cell Pho	ne:				
E-mail Address:										
Property Location (provide directions from										
local health departm	ent):									
Tax Map:					PIN #:					
Subdivision Name (if	:						Lot #:			
Current Use (include # of bedrooms):										
Proposed Use (include # of bedrooms):										
Please attach any recent records of onsite system (Pump-outs, or Operation and Maintenance Reports)										
Has property been occupied during previous 30 day period?:							Yes		No	
The septic tank and distribution box are uncovered for inspection:						Yes		No		
If no, the septic tank and distribution box will be uncovered by following date:										
(To prevent potential damage to the system, VDH recommends homeowners first contact Miss Utility for marking underground utilities. The septic tank and distribution box should be carefully excavated by hand)										
Uncovering septic tank & distribution box would cause an undue hardship:						Yes		No		
									u .	
If Yes, reason for hardship:										
(Examples of hardshi	ip: system is	relative	ly nev	w, recentl	y pumped	, accurate	records	exist, or	excavation	n would
(Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)										
Related Building Permit #:					Health Department I.D. #:					
PLEASE READ CAREFULLY: This report is only intended to address the above referenced request and does										
not address evaluation procedures for sewage systems being sold through real estate transfers, or systems										
and water supplies being reused as part of a subdivision process. This document specifically addresses										
VDH's implementation of § 32.1-165 of the Code of Virginia and is not to be used for any unauthorized use.										
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The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the										
purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage										
disposal systems, and proposed structure(s) is attached.										
Owner/Agent Signat	ure:					Da	ite:			

This form contains personal information subject to disclosure under the Freedom of Information Act