Virginia Department of Health
Petition for VDH Services Form

I, (owner name), am petitioning VDH to provide evaluation and design services based on (select one):

☐ Means test (household income at or below 100% of the federal poverty guidelines)

<table>
<thead>
<tr>
<th>Persons in Household</th>
<th>100% Federal Poverty Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$13,590</td>
</tr>
<tr>
<td>2</td>
<td>$18,310</td>
</tr>
<tr>
<td>3</td>
<td>$23,030</td>
</tr>
<tr>
<td>4</td>
<td>$27,750</td>
</tr>
<tr>
<td>5</td>
<td>$32,470</td>
</tr>
<tr>
<td>6</td>
<td>$37,190</td>
</tr>
<tr>
<td>7</td>
<td>$41,910</td>
</tr>
<tr>
<td>8</td>
<td>$46,630</td>
</tr>
</tbody>
</table>

☐ VDH Hardship Guidelines

If you selected VDH Hardship Guidelines, please check all of the following guidelines that apply:

☐ Qualify for fee waiver pursuant to 12VAC5-620-80.A.
☐ Replacement well.
☐ Well abandonment.
☐ Safe, Adequate, and Proper Evaluation.
☐ Onsite sewage system repair or pit privy fee waiver.
☐ Insufficient number of private sector service providers.
☐ Other: If other, please provide a detailed description of your hardship in obtaining private sector evaluation and design services along with any relevant documents that you believe supports your request. Please provide the names of private sector service providers you contacted, prior to submitting this petition. (Detailed description can be attached)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

___________________________________________________________

___________________________________________________________

Owners/Agents Signature ____________________________ Date ________

(Office Use Only) Petition for services ☐ Approved ☐ Denied

Reviewed by ____________________________ Date ________