

Commonwealth of Virginia

Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID _____

To Be Completed By The Applicant

Type of sewage system: New Repair Expanded Conditional
FHA/VA yes no Case No. _____

Owner _____ Mailing Address _____ Phone _____

Agent _____ Address _____ Phone _____

Property Address _____

GPIN # _____

(or old tax map #)

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of lot/Property _____

Other Application Information

I. Building/facility New Existing
Intermittent Use Yes No If Yes, describe _____

II. Residential Use Yes No
Termite Treatment Yes No
 Single Family Multi-family
(# of bedrooms ___) (# of bedrooms ___)

Basement Yes No
Fixtures in Basement Yes No

III. Commercial Use Yes No Describe: _____

Commercial/Wastewater Yes No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____

IV. Water Supply: Public New Existing
 Private New Existing

Describe: _____

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: Septic Tank Drainfield Spray Irrigation
 LPD Drip Irrigation
 Mound Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

NOTE: The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give my permission to the Department to enter onto the property described for the purpose of processing this application.

Signature of Owner/Agent

Date