**Request for Health Department Safe, Adequate, and Proper Review**

**Building Department Use Only:**

The \_\_\_ (County/City) Building Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system on the property described below to determine whether the existing onsite sewage disposal system is safe, adequate and proper for the proposed use and regulatory setbacks will be maintained.

Building/Zoning Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by property owner or agent:**

Owner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Property 911 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax Map #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subdivision Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section: \_\_\_\_\_\_\_\_ Lot # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions to property: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Original Owner’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date System Installed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of most recent Septic Tank pumping: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is there a well(s) on this property? YES / NO Will you be using this Well or Public Water ? (*Please circle one*)

Is there an existing basement? YES / NO Is a basement proposed? YES / NO

Current Use (include # of Bedrooms):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed Use (include # of Bedrooms):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reason for evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The sewage disposal system, property boundaries and building locations are clearly marked. I give permission to the Virginia Department of Health to enter the property described for the purpose of processing this application. A plat of the property **and** an accurate sketch including shape of the property, length of property lines, existing and proposed structures, wells, sewage disposal systems, and existing and proposed driveways is attached.

Owner/Agent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **\* Please note if no records are located you may be requested to uncover system components.**

* **It is the owner’s responsibility to comply with all regulatory setback distances.**
* **Commercial Properties may be required to submit additional documentation from a Professional Engineer.**

**Health Department Use Only:**

Do records exist for the system? YES / NO Health Department I. D. **#**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Original File Identifier or I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(This Application)*

Designed for: # of Bedrooms \_\_\_\_\_\_\_\_\_\_\_\_\_Gallons Per Day \_\_\_\_\_\_\_\_\_\_\_ Installation Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ The existing onsite sewage disposal system is safe, adequate and proper for the proposed use and is approved.

\_\_\_\_\_\_ The request is denied.

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Health Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Safe, Adequate, and Proper Sewage Disposal System Review – (rev. 1/30/19)

Our goal at the health department is to process your application as quickly as possible. Sometimes we take longer to process applications because of our workload, the weather, or the need to have you physically uncover system components if no records are available or are found not to match the existing sewage disposal system. These delays cannot be avoided. At other times, we are delayed because applicants have not provided us with the information we need to issue permits quickly. We cannot accept incomplete applications. In order for us to do our job properly, applicants need to provide us with a complete application, accurate site plan, and proposed improvements marked on the property.

The following checklist is provided to assist you with the application process. All of the items listed need to be completed by the applicant before the application is given to the health department. If you have questions, or need assistance with your application, please ask. One of our environmental health staff will be happy to help.

1. **The application**

**\_\_\_\_\_** has all items properly filled in, including building official’s signature

**\_\_\_\_\_** has a telephone number where I can be reached during the day

**\_\_\_\_\_** shows complete written directions to the property

**\_\_\_\_\_** clear description of property modification (i.e. reason for evaluation) \_\_\_\_\_ is signed and dated

1. **A plat of the property is required**

1. **The site plan clearly and accurately shows (see sample site sketch below)**

\_\_\_\_\_ all existing structures (house, garage, pool, etc.)

\_\_\_\_\_ the shape & dimensions of any proposed structure or addition

\_\_\_\_\_ the location of any existing wells and septic systems

\_\_\_\_\_ driveway

\_\_\_\_\_ proposed excavations such as basement walkout as applicable

\_\_\_\_\_ location of any existing utilities

\_\_\_\_\_ the shape of the property

\_\_\_\_\_ the length of each property line

Existing 3 bedroom trailer

Drainfield

Septic Tank

100

’

150

’

175

’

200

’

Holly Road .5 miles to Jibber

-

Jabber Road

Driveway

Well

Shed

Underground Electric Line

Water Line

Proposed 3 bedroom doublewide

#522 Holly Rd

1. **All proposed improvements shall be marked on the property.**

1. **Sample Site Plan**

You may use a copy of your plat to add any missing or needed information for your site plan. Old Health Department records or zoning site plans are not acceptable site plans. You must prepare a site plan for this specific request. Inaccurate or missing information may lead to delays in issuing permits or, in some cases; lead to problems that may be expensive and difficult to correct once the project is completed. Ultimately it is the owner’s responsibility to ensure setbacks are maintained.