Commonwealth of Virginia Application for: Sewage System Water Supply	VDH Use only Health Department ID# Due Date	
Owner	Phone	
Mailing Address	Phone	
	Fax	
Agent	Phone	
Mailing Address	Phone	
	Fax	
Site Address		
	Email	
Directions to Property:		
Subdivision Section	Block	Lot
Tax Map Other Property Identification D	imension/Acreag	ge of Property
Sewage System		
Other (describe)	Repa ng (Total Numb res in Basement ant? emporary use not	air Permit er of Bedrooms) Yes No to exceed 1 year
Water Supply		
Will the water supply bePublic orPrivate?Is the water supplyEaIf proposed, is this a replacement well?YesNoIf yes, will the old wellWill any buildings within 50' of the proposed well be termite treated?YesNo		
All Applicants		
Is this a private sector OSE/PE application? Yes No If yes, is the OSE/PE pa	ckage attached?	Yes No
Is this property indeed to serve as your (owners) principal place of residence? Yes	No	
In order for VDH to process your application for a sewage system you must attach a plat of the supplies, a plat of the property is recommended and a site sketch is required. The site sketch sh proposed buildings and the desired location of your well and/or sewage system. When the site building location and the proposed well and sewage sites must be clearly marked and the property is recommended.	ould show your pro	operty lines, actual and/or acted the property lines,
I give permission to the Virginia Department of Health to enter onto the property described during processing this application and to perform quality assurance checks of evaluations and designs of Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private approved.	certified by a priva	te sector Onsite Soil

Signature of Owner/ Agent

Date

This form contains personal information subject to disclosure under the Freedom of Information Act. Revised 3/22/2017