

PERMIT TRANSFER FORM
FOR
PRIVATE WELL AND ONSITE SEWAGE SYSTEM CONSTRUCTION PERMIT

Commonwealth of Virginia
Virginia Department of Health

_____ Health Department

Health Department Identification Number _____

Name of New Owner: _____

Address of New Owner: _____

New Owner Phone Number: _____

System Address: _____

Tax Map Number: _____

I certify the conditions such as house location, sewage system location, sewerage system location, well location, topography, drainage ways, or other site conditions have not changed from those shown on the application and conditions have not changed from those shown on the construction permit.

New Owner Signature

Date