

# Commonwealth of Virginia

Application for: ☐ Sewage System ☐ Water Supply

VDH Use Only  
Health Department ID# \_\_\_\_\_  
Due Date \_\_\_\_\_

Owner \_\_\_\_\_

Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Agent \_\_\_\_\_

Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_

Site Address \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Directions to Property: \_\_\_\_\_

Subdivision \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Other Property Identification \_\_\_\_\_ Dimension/Acreage of Property \_\_\_\_\_

## Sewage System

**Type of Approval:** Applicants for new construction are advised to apply for a certification letter to determine if land is suitable for a sewage system and to apply for a construction permit (valid for 18 months) **only when ready to build.**

For New Construction: ☐ Certification Letter ☐ Construction Permit

For Existing Construction: ☐ Repair ☐ Modification ☐ Expansion ☐ Replacement

### Proposed Use:

☐ Single Family Home (**Number of Bedrooms** \_\_\_\_ ) ☐ Multi-Family Dwelling (**Total Number of Bedrooms** \_\_\_\_ )

☐ Other (describe) \_\_\_\_\_

Will there be a basement: Yes No . If yes, will there be fixtures in Basement? Yes No

Are any conditions proposed on this construction permit? Yes No. If yes, please check or describe all proposed conditions that apply: ☐ Reduced water flow ☐ Limited occupancy ☐ Intermittent of seasonal use ☐ Temporary use not to exceed 1 year ☐ Other (describe \_\_\_\_\_)

## Water Supply

Will the water supply be Public or Private? Is the water supply Existing or Proposed?

If proposed, is this a replacement well? Yes No. Will the old well be abandoned? Yes No.

Will any buildings within 50' of the proposed well be termite treated? Yes No.

## All Applicants

Is this an AOSE/PE application? Yes No If yes, is the AOSE package attached? Yes No.

Note: The well location must comply with §32.1-176.5:2

In order for VDH to process your application you must attach a site sketch and plat of the property. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage system sites must be clearly marked and the property sufficiently visible to see the topography, otherwise this application will be denied.

I give permission to the Virginia Department of Health (VDH) to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by an Authorized Onsite Soil Evaluator (AOSE) or a Professional Engineer (PE) as necessary until the sewage disposal system has been constructed and approved.

Signature of Owner/Agent \_\_\_\_\_

Date \_\_\_\_\_