

Request for Health Department Review:  
**To Be Completed By Property Owner or Agent**

Owner Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_  
Office Telephone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Property Location (Provide Directions for Local Health Department): \_\_\_\_\_  
\_\_\_\_\_

Tax Map No: \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_

PIN No.: \_\_\_\_\_  
Lot No.: \_\_\_\_\_

Current Use (Including No. of Bedrooms): \_\_\_\_\_  
Proposed Use (Include No. of Bedrooms): \_\_\_\_\_

Please attach any recent records of onsite system (pump-outs, or Operation and Maintenance Reports).

Has property been occupied during previous 30-day period:  YES  NO

The septic tank and distribution box are uncovered for inspection:  YES  NO

Components will be uncovered by: \_\_\_\_\_ (date)

*To prevent potential damage to the system VDH recommends homeowners first contact Miss Utility for marking any underground utilities. The septic tank and distribution box should be carefully excavated by hand.*

Uncovering the septic tank and distribution box would cause an undue hardship  YES  NO

If YES, reason for hardship: \_\_\_\_\_

*(Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)*

Related Building Permit No.: \_\_\_\_\_

Health Department ID No.: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

**This report is only intended to address the above referenced request and does not address evaluation procedures for sewage systems being sold through real estate transfers, or systems and water supplies being reused a part of a subdivision process. This document specifically addresses VDH's implementation of §32.1-165 of the Code of Virginia and is not to be used for any unauthorized use.**

**The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.**

Owner/Agent Signature: \_\_\_\_\_

Date: \_\_\_\_\_