

**Request for Health Department Safe, Adequate, and Proper Review
Building/Zoning Department Use Only:**

The _____ (County/City) Building Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property described below to determine whether the existing onsite sewage disposal system is safe, adequate and proper for the proposed use.

Building Official Signature: _____ Date: _____

To be completed by property owner or agent:

Owner Name (required): _____ Home Telephone: _____
Mailing Address: _____ Office Telephone: _____
_____ Cell Phone: _____

Agent Name: _____ Home Telephone: _____
Mailing Address: _____ Office Telephone: _____
_____ Cell Phone: _____

Directions to Property: _____

Owner's Name at time system was installed: _____ Date Installed _____
Date of most recent Septic Tank pumping: _____

Is there a well on this property? _____ Will you be using this Well or Public Water? (Please circle one) Other (describe) _____

Tax Map #: _____ 911 addresses: _____
Subdivision Name (if applicable): _____ Lot # _____

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. An accurate sketch/plat of the property including shape of the property, length of property lines, existing and proposed structures, wells, sewage disposal systems, and proposed driveways is attached.

Owner/Agent Signature: _____ Date: _____

- ❖ Please locate, uncover and pump the septic tank. Please note you may be asked to uncover other system components.
- ❖ Completion of the "Affidavit to Recognize and Affirm Compliance with Applicable Law and Regulation" is required.
- ❖ It is the owner's responsibility to comply with all regulatory setback distances.
- ❖ Some applicants may be required to submit additional documentation from a Professional Engineer.
- ❖ It is always recommended to have an established Reserve Area for future repairs.

Health Department Use Only:

Do records exist for the system? YES / NO Health Department I.D./File Identifier _____
Designed for: # of Bedrooms _____ Gallons per day _____ Installation Date _____

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

_____ The request is denied (see Comments below). This decision may be appealed within 30 days.

Comments _____

Health Official Signature: _____ Date: _____

**AFFIDAVIT TO RECOGNIZE AND AFFIRM
COMPLIANCE WITH APPLICABLE LAW AND REGULATION**

STATE OF VIRGINIA

_____ CITY/COUNTY:

On the _____ day of _____ (month), _____, (year) _____,
(property owner) of _____ (property address),
_____ (tax map #), personally appeared before the undersigned Notary Public and,
having first been duly sworn, states as follows:

- a. That on the _____ (day) of _____ (month), _____ (year)
there is no evidence that the installed onsite sewage disposal system for the above
referenced property is malfunctioning or failing. Specifically, there is no raw or
partially treated sewage on the ground surface or in adjacent ditches or waterways.
The onsite sewage disposal system is not known to be contaminating groundwater
and sewage is not backing-up into the plumbing fixtures.

AND

- b. The proposed building, addition, or use described in the Request for Health
Department Safe, Adequate, and Proper Review will not encroach upon the existing
onsite sewage disposal system or cause a violation of the setback distances provided
in the Sewage Handling and Disposal Regulations. I have been advised to have the
septic tank located, uncovered and pumped out. I have adequately determined the
boundaries of the sewage system and reserve area (the footprint) as well as all system
components. I understand that any adverse encroachment upon the sewage system
could result in system failure and upon such discovery I will make all effort to correct
any future defect found and brought to my attention. I have taken into account the
age of the sewage disposal system and the local health department's suggestion to
establish a future reserve area at this time if none has previously been established and
understand that an application and fee is required in order to establish the suggested
reserve area.

DATE

OWNER SIGNATURE

Subscribed, acknowledged, and sworn to before me this _____ day of _____,
20____
in the City/County of _____, Commonwealth of Virginia:

NOTARY PUBLIC

NOTARY #

My commission expires: _____.