

SAP Appendix 2b
Request for Health Department Review – Safe Adequate and Proper
To be completed by property owner or agent

Owner Name:		Home Telephone:	
Mailing Address:		Office Telephone:	
		Cell Phone:	
E-mail address:			
Agent name:		Home Telephone:	
Mailing Address:		Office Telephone:	
		Cell Phone:	
E-mail Address:			
Property Location (provide directions from local health department):			
Tax Map:		PIN #:	
Subdivision Name (if applicable):		Lot #:	
Current Use (include # of bedrooms):			
Proposed Use (include # 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
If no, the septic tank and distribution box will be uncovered by following date:			
<i>(To prevent potential damage to the system, VDH recommends homeowners first contact Miss Utility for marking underground utilities. The septic tank and distribution box should be carefully excavated by hand)</i>			
Uncovering septic tank & 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 #:		Health Department I.D. #:	
<p>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 as 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.</p> <p>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.</p>			

Owner/Agent Signature:		Date:	
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This form contains personal information subject to disclosure under the Freedom of Information Act

Revised 5/13/2020