

Request for Health Department Review

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 sewage system (Pump-outs, or Operation and Maintenance Reports). ****

Has property been occupied during previous 30 day period: Y or N

You may be asked to uncover the septic tank and/or distribution box.

*****If you have any questions regarding this application, please call the Prince George Health Department at (804) 733-2630.***

Related Building Permit #: _____ Health Department I.D.#: _____

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.

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: _____

Site Sketch:

Owner Name: _____ Home Telephone: _____

Mailing Address: _____ Cell Telephone: _____

Agent Name: _____ Home Telephone: _____

Mailing Address: _____ Cell Telephone: _____

Site Address: _____ Tax Map: _____

Subdivision Name (if applicable): _____ Lot # _____

OWNER/AGENT SIGNATURE: _____ DATE: _____

An owner may challenge a denial by requesting an Informal Fact-Finding Conference (IFFC) within 30 days of receipt of a decision. All requests for an IFFC must be sent in writing to the District Health Director and cite the reason or reasons for the request.

HEALTH DEPARTMENT:

NAME: _____ SIGNATURE: _____ DATE: _____