Commonwealth of Virginia
Application for a Sewage Disposal and/or Water Supply Permit

Health Department ID_____

To Be Completed By The Applicant

Type of Sewage system: ____ New ___ Repair ___ Expanded ___ Conditional
FHA/VA yes ___ no ___ Case No_____

Owner _____ Address_____ Phone _____
_____

Agent _____ Address _____ Phone _____
_____

Directions of Property _____
_____

Subdivision _____ Section _____ Block _____ Lot _____

Other Property Identification _____

Dimension/size of Lot/Property _____

Other Application Information

I. Building/facility _____ New _____ Existing
Intermittent Use _____ Yes _____ No If yes, describe_____

II. Residential Use _____ Yes _____ No
Termite Treatment _____ Yes _____ No
_____ Single Family _____ Multi-family
(Number of Bedrooms_____) (Number of Units_____)

Basement _____ Yes _____ No
Fixtures in Basement _____ Yes _____ No

III. Commercial Use _____ Yes _____ No Describe: _____
_____

Commercial/Wastewater _____ Yes _____ No Number of Patrons _____
Number of Employees _____

If yes, give volumes and describe _____
_____

IV. Water Supply: _____ Public _____ New _____ Existing
_____ Private _____ New _____ Existing

Describe: _____

V. Proposed Sewage Disposal Method:

Onsite Sewage Disposal System: ____ Septic Tank Drainfield_____ LPD _____ Mound _____ Other

Public Sewerage System

Attach a site plan (rough sketch) showing dimensions of property, proposed and/or existing structures and driveways, underground utilities, adjacent soil absorption system, bodies of water, drainage ways, and wells and springs within 200 feet radius of the center of the proposed well or drainfield. Distances may be paced or estimated.

The property lines and building location are clearly marked and the property is sufficiently visible to see the topography. I give permission to the Department to enter onto the property described for the purpose of processing this application.

_____ _____
Signature of Owner/Agent **Date**

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