



COMMONWEALTH of VIRGINIA
DEPARTMENT OF HEALTH

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SERVING THE COUNTIES OF:
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**Requirements for Applications of Safe, Adequate, Proper Reviews of Existing
Sewage Disposal Systems for Residential Building Proposals**

- Local Building Inspector Request for Health Department review. This documentation is required by policy and an arrangement through MOU between the DHCD and VDH. This must be submitted with the SAP application and should be obtained prior to soliciting private sector services for a condition assessment of the existing sewage disposal system. The Building Inspector/Zoning Administrator can provide this to the Health Department by an emailed request, a standard form (template attached), or other manner of written documentation. Check with your building inspector or zoning administrator in regard to their procedure to request Health Department review.
- SAP Application completed by owner/agent (See Attachment). \$100 application fee required at time application is submitted.
- Private Sector Review Report prepared by a Virginia DPOR licensed private sector professional (Onsite Soil Evaluator, Onsite Sewage System Installer, Onsite Sewage System Operator, or a Professional Engineer). *** Review by an Onsite Soil Evaluator is recommended for sewage systems where no record exists. When no permit record is provided, a drawing of the sewage disposal system and details of the design (septic tank volume, trench install depth, number and length of absorption trenches, trench install depth) must be provided by the private sector professional.
- Septic tank pump out receipt or acknowledgement by a Sewage Handler verifying pump out service done within past five years.
- A copy of the legacy construction permit or information to locate it in the Health Department file (Name of owner that installed sewage system, approximate date of installation, tax map number, physical address).

Procedure for Existing Sewage System Reviews for Real Estate Transactions or Building Proposals for Purposes other than Human Occupancy

- Reports for reviews of existing sewage disposal systems needed for real estate transactions can be obtained from a Virginia DPOR licensed private sector professional (On-site Soil Evaluator, Sewage System Installer, Onsite Sewage System Operator, or Professional Engineer). Reports from these professionals can also be obtained for verification that building proposals not designed for human occupancy (ex. swimming pools, car ports, garages/sheds, etc.) do not encroach on the existing sewage disposal system or well. You may also look up individuals holding these licenses at www.dpor.virginia.gov.
- Private sector reports for these purposes do not need to be reviewed by the Health Department. Permit records for existing sewage systems on file can be obtained from the Health Department.

Attachment 2a: **Application for Health Department Review from Building Official**



Request for Health Department Review

Building/Zoning Department Use Only:

The Amelia County Building and/or Zoning 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 (SAP) for the proposed use (see §32.1-165 of the *Code of Virginia*). Note: This can only be marked if the structure is designed for human occupancy.
- ☐ The proposed use will encroach upon the existing onsite sewage disposal system and/or water supply.
- ☐ Other or Comments:

- ☐ Attachments (sketch, building plans, plat)

Building/Zoning Official Signature: _____

Date: _____

Note: This written application is not required if an electronic process is already in place for the local building official to request a SAP evaluation from the local health department.

Request for Safe, Adequate, and Proper (SAP) Review
of Onsite Sewage Disposal System *(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 #: _____

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

Current Use (include # of Bedrooms): _____

Proposed Use (include # of Bedrooms): _____

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

Has property been occupied during previous 30 day period: Yes _____ or No _____

The septic tank and distribution box are uncovered for inspection: Yes _____ or 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 _____ or No _____

If Yes, list reason(s) for hardship: _____

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

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. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.

I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application.

Owner/Agent Signature: _____ **Date:** _____