



Shenandoah County Building Inspection

Request for Health Department Review

To Be Completed By Property Owner or Agent:

Owner Name: _____ (Phone) _____ (e-mail address)
Mailing Address: _____ (Street or PO Box) _____ (City/Town) _____ (State) _____ (Zip Code)
Contractor/Agent: _____ (Phone) _____ (e-mail address)
Mailing Address: _____ (Street or PO Box) _____ (City/Town) _____ (State) _____ (Zip Code)
Property Physical Address: _____
Will the structure have plumbing fixtures? [] Yes [] No If yes, explain: _____
Tax Map #: _____ Current Number of Bedrooms: _____ Number of Bedrooms Added (if applicable): _____

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 re-used 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 or Agent Signature: _____ Date: _____

The Shenandoah County Building and Code Enforcement Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property prior to the issuance of a building permit.

Description of Proposed Work: _____

Related Building Permit #: _____

Building Inspections Representative: _____ Date: _____

Please take this completed form to Local Health Department (See reverse for Site Sketch & contact information)

- Please attach any recent records of system maintenance (Pump-outs or Operation and Maintenance Reports).
(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 uncovered by hand.)

Please indicate proposed addition(s) in relation to existing structure. Also, please show location of **existing septic tank, drainfield area and water supply** and indicate actual or estimated distances between the proposed improvement and the closest septic system component(s). The footprint of proposed addition(s) must be staked or otherwise marked on the property. **Please note:** you may be required to uncover certain sewage components for evaluation.

Site Sketch (may be attached)



Shenandoah County Health Department
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540-459-3733

