

**VIRGINIA DEPARTMENT OF HEALTH: "SAP"**  
**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: **Y** or **N** The septic tank and distribution box are uncovered for inspection: **Y** or **N** Components will be uncovered by \_\_\_\_\_ (date). (To prevent potential damage to the system VDH recommend 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: **Y** or **N** If yes, list reasons for hardship: \_\_\_\_\_ (Examples of hardships: system is relatively new, recently pumped, accurate exist or excavation would likely damage components.)

**Relate Building Permit #:** \_\_\_\_\_ **Health Department ID#:** \_\_\_\_\_

**PLEASE READ CAREFULLY.**

This **SAP** (*Safe, Adequate Proper*) form 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 S 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:** \_\_\_\_\_

**A \$150 fee may be associated, please contact Virginia Department of Health (757)-787-5886 to inquire about fees.**