



# COMMONWEALTH of VIRGINIA

IN COOPERATION WITH THE  
STATE DEPARTMENT OF HEALTH

HANOVER HEALTH DEPARTMENT  
12312 WASHINGTON HIGHWAY  
ASHLAND, VIRGINIA 23005-7646

PHONE: (804) 365-4313  
FAX: (804) 365-4355

## Minimum Required Information for Site Sketch

### Draw on Plat:

1. Existing house
2. Property addition i.e. garage, deck etc.
3. Septic Tank, Drainfield and Well location with measurements to addition
4. Minimum scale 1"=50'

I certify there will be no interference with the existing septic tank and drainfield lines, nor with the area designated as reserve repair area caused by the proposed project, addition, or alterations, etc. of the structure. I furthermore accept full responsibility in the event that any interference with the septic system does occur.

I, \_\_\_\_\_ state that the number of bedrooms will remain  
(Owner's name)  
the same, after the addition. Total number of bedrooms after addition to be \_\_\_\_\_.  
(#)

**Tax Map and Parcel Number:**

**Subdivision Name:**

**Section/Block/Lot:**

**Building Permit Number:**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Attachment 2b: 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 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 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: Y or N If Y reasons for hardship: _____ (Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)	
Related Building Permit #: _____	Health Department I.D.#: _____
<b><u>PLEASE READ CAREFULLY:</u></b>	
<b>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.</b>	
<b>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.</b>	
Owner/Agent Signature: _____	Date: _____