



Permit # _____

Spotsylvania Building Safety Department

Health Department Confirmation Form

Request for Confirmation of Operational Permit,
Review Requirements or Acknowledgement of
Demolition of a Structure

This document must be received and reviewed prior to issuance of permit

To Be Filled Out and Signed By Landowner or Agent

Owner (print name) _____

Owner or Agent signature _____

Address _____

Tax Map Number _____ Subdivision/Lot (if applicable) _____

Description of work _____

If Sewage Disposal System was installed prior to 1984, provide the name of the owner/ builder at time of construction (This information may be available through Spotsylvania County's land records): _____

This Section to Be Filled Out and Signed By Local Health Department

____ Existing Sewage Disposal System to be Used: Operation Permit Attached for ____ Number of Bed Rooms

____ Existing Sewage Disposal System Installed Before Operations Permits Were Issued: Permit and Inspection Attached For ____ Number of Bedrooms (serves as an Operation Permit)

____ No Records Located: "Safe, Adequate, and Proper" Evaluation by a Licensed Onsite Soil Evaluator Required: record search by _____ (initial) (**SAP must be reviewed and approved by the Health Department**).

Based on the OSE SAP report on file with the VDH, the sewage system for Tax Map# _____ is approved for ____ bedrooms, _____ gpd design flow. VDH representative _____ Date: _____

____ New Sewage Disposal Permit Required (expansion, modification, sewer line beyond 5' of foundation, etc.)

____ Existing Well to be Used (VDH recommends testing for Coliform Bacteria after connection).

____ Knowledge of Disconnect Due to Structure Demolition: Permit Required for Abandonment of Well/Septic ____ Yes (if permanent abandonment). ____ No (if well and septic may be used again in the future)

Disclaimer: This document represents a record search only. No field evaluation or plan review was conducted. Records may exist and be under different tax map numbers or previous owners. Owner is responsible for providing as much information as possible for a record search. Owner is responsible for meeting required setbacks and for any resulting damage to sewage disposal system and well per affidavit with Spotsylvania County. Records provided may not reflect actual site conditions. VDH recommends that sewage disposal systems be inspected by a licensed Soil Evaluator or Operator to determine the actual location and condition.

Print Name _____ Title _____

Signature _____ Date _____

Completed form to be returned to the Spotsylvania Building Safety Department