



## Madison County Building Department

410 N. Main St, Madison VA 22727; Phone: (540) 948-6102

Mailing address: PO Box 1206, Madison VA 22727

Website: [www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

To: General Public and all stakeholders

Date: 07-01-2023

Re: Mandatory Virginia Department of Health Reviews

In order to ensure existing wells and septic systems are not damaged or adversely affected by construction activities, the Virginia Department of Health must perform a review prior to a Building Permit being issued (and any work beginning).

The review will be one of two methods: either a VDH safe, adequate and proper (SAP) review - or- a VDH courtesy review.

- If an addition is proposed to an existing building (home, dwelling, commercial building, etc); a VDH safe, adequate, and proper (SAP) review shall be performed.
- A Courtesy Review will be performed on pools, ground mounted solar energy systems, and detached accessory structures (garages, sheds, etc).

Note: if an accessory structure is to have indoor plumbing, a VDH SAP will be required.

This packet contains both the VDH safe, adequate, and proper (SAP) review form, and the Courtesy review form.

The VDH SAP form is a 2-page document that must be completed and submitted to the Health Department.

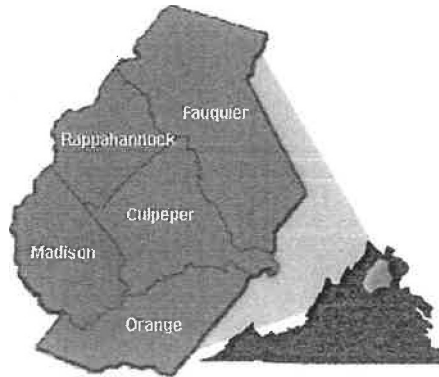
The Courtesy review form is a 1-page document that must be completed and submitted to the Health Department.

Please call the Madison County Building Department with any questions: (540) 948-6102

*Jamie R Wilks* CBO

Madison County Building Official

# Application for Health Department Review from Building & Zoning Department



## Request for Health Department Review

### Building/Zoning Department Use Only:

The Madison 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 block 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.
- ✓ The proposed use will not adversely affect the onsite sewage system and/or water supply.

Other or Comments:

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Attachments (sketch, building plans, plat)

Building/Zoning Official Signature: \_\_\_\_\_

Date: .....

**VIRGINIA  
DEPARTMENT  
OF HEALTH**

*To protect the health and promote the  
well-being of all people in Virginia.*

Attachment 2b: Request for Health Department Review  
To Be Completed By Property Owner Or Agent:

Owner Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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 IfY 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.#: \_\_\_\_\_

**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/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**



## Madison County Building & Zoning Department

Phone: (540) 948-6102; Website: [www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

### **Request for Courtesy Review from the Virginia Department of Health**

(This Form is being used in-lieu of a VDH Safe, Adequate & Proper Review Form)

This review is to ensure the proposed construction, etc. (accessory structure, pool, etc.) does not adversely affect the water supply (well) or the sewage disposal (septic) system.

Please complete this form and submit it to the Virginia Department of Health.

A site plan/plot plan/drawing/etc. needs to be submitted show the proposed work and all improvements on the property (including the well & septic locations).

Date	
Name of Owner	
911 Address	
Tax Map Number	
Description of Proposed work/construction	

#### **Madison County Health Department**

1480 North Main Street; Suite A

Madison, VA 22727

Phone: 540-948-5481; Fax 540-948-3841

**Hours: 8:00-4:30 Monday-Friday**