

REQUEST FOR A WAIVER TO THE SURVEY REQUIREMENT
(TO BE COMPLETED BY THE OWNER)

Owner's Name _____
Owner's Address _____
Owner's Telephone Number _____
Property Location _____ Health Department Identification Number _____

1. Yes No Is a complete site sketch provided with your application showing the property dimensions, all proposed and/or existing structures, driveways, underground and overhead utilities on the property, adjacent sewage disposal systems, bodies of water, drainage ways, agricultural drain tiles, wells, cisterns, and springs for a minimum of 200 feet radius of the proposed building and/or drain field?
2. Yes No Have you clearly marked the property boundaries?
3. Yes No Have you clearly marked the proposed building or buildings?
4. Yes No Are there any permanent structures within 200 feet of the proposed drain field?
5. Yes No Does your parcel of land consist of a single lot?
6. Yes No Is your parcel of land directly influenced by the off site location of any sewage disposal system, well and/or body of water?
7. Yes No Is your application for an onsite sewage disposal system construction permit to repair or replace a malfunctioning system serving a single family or duplex residential dwelling?
8. Yes No Is your application for an onsite sewage disposal system construction permit to expand an existing system serving a single family or duplex residential dwelling?
9. Yes No Is your proposed building and/or proposed drain field located within 200 feet of a property line?
10. Yes No Does a survey plat exist for your property?
11. Yes No Does the survey plat requirement pose an undue hardship upon you?

If yes, explain: _____

12. Yes No Do you understand that a certification statement shall be signed by you verifying the sewage disposal system is located on your property as permitted prior to issuance of an operation permit?

In all cases, it shall be the landowner's responsibility to ensure that the system is properly located as permitted.

Owner's Signature _____ Date _____

VDH USE ONLY

Waiver: **Granted** **Denied** (circle one) Date _____
Health Department Identification Number _____
Reason(s) for denial of waiver _____

Environmental Health Specialist Senior's Signature _____
Environmental Health Supervisor's Signature _____