## Commonwealth of Virginia

## **Application for Subdivision Review**

(page 1 of 2 to be filled out by the Owner or Agent)

VDH Use Only Health Department ID#
Due Date

Owner		Phone
Mailing Address		Phone
		Fax
Developer/Agent		Phone
		Fax
AOSE		
		Fax
Directions to Property:		
Name of Proposed Subo	livision	
-		Dimension/Acreage of Property
_		note: new or existing, public or individual)
	_	(give range if appropriate)
•		
Overview of soils and g	eology (optional but encouraged)	
onsite sewage disposal slot, if applicable. Each (absorption area and res require the plat to show by detail survey or othe When the OSE site eval must be clearly marked I give permission to the	systems and the reserve absorption are plat or subsection of a subdivision plat erve area). If not provided by the local streets, utilities, storm drainage, water information as required.  uations are reviewed, the property lin and the property sufficiently visible to Virginia Department of Health (VDH)	teas (if required) and the location of the water supply system on each at shall be accompanied by specific soil information for each lot all subdivision ordinance, the district or local health department may be supplies, easements, lot lines and original topographic contour lines are, building location and the proposed well and sewage system sites to see the topography, otherwise this application will be denied.  H) to enter onto the property described during normal business hours for ality assurance checks of evaluations and designs certified by an
Onsite Soil Evaluator (Constructed and approve	OSE) or a Professional Engineer (PE) ed.	as necessary until the sewage disposal system has been
Signature of Owner/Age	ent	Date

## **Commonwealth of Virginia**

## **Application for Subdivision Review**

(page 2 of 2 to be filled out by the county official requesting a VDH review)

VDH Use Only Health Department ID#
Due Date

ounty Office initiating request	
ontact Individual	Phone
egulations governing sewage treatment and dispersal	ay review subdivision applications for compliance with state rules and and private water supplies, compliance with local ordinance governing plies and potentially for compliance with other local ordinances. Please a department to conduct.
1. Review for conformance with the Sewa	age Handling and Disposal Regulations
2. Review for conformance with local onsi	ite wastewater ordinances
3. Other (describe below)	
ame and title of requestor	Date