

**PERMIT TRANSFER FORM**  
**FOR**  
**PRIVATE WELL AND ONSITE SEWAGE SYSTEM CONSTRUCTION PERMIT**

Commonwealth of Virginia  
Virginia Department of Health

\_\_\_\_\_ Health Department

Health Department Identification Number \_\_\_\_\_

Name of New Owner: \_\_\_\_\_

Address of New Owner: \_\_\_\_\_

New Owner Phone Number: \_\_\_\_\_

System Address: \_\_\_\_\_

Tax Map Number: \_\_\_\_\_

I certify the conditions such as house location, sewage system location, sewerage system location, well location, topography, drainage ways, or other site conditions have not changed from those shown on the application and conditions have not changed from those shown on the construction permit.

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New Owner Signature	Date
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