

## COMMONWEALTH of VIRGINIA

## RAPPAHANNOCK -RAPIDAN HEALTH DISTRICT

640 Laurel St, Culpeper, VA 22701 (540) 829-7466 FAX (540) 829-7492, CulpeperEH@vdh.virginia.gov 330 Hospital Dr., Warrenton, VA 20186 (540)347-6363 FAX(540)347-6373, FauquierEH@vdh.virginia.gov 1480 N. Main St., Madison, VA 22727 (540)948-5481 FAX (540)948-3841, MadisonEH@vdh.virginia.gov 450 N. Madison Rd., Orange, VA 22960 (540)672-1291 FAX (540)672-1093, OrangeEH@vdh.virginia.gov 338-A Gay St., Washington, VA 22747 (540)675-3516 FAX (540)675-1021, RappahannockCoEH@vdh.virginia.gov

## Application for Revalidation of an Expired Onsite Sewage Disposal and/or Private Well Construction Permit

Check one:Onsite Soil Eva	luator (OSE)	Professional Engin	eer (PE)	Prope	erty Owner
Tax Map/GPIN#					
Previous/Expired HDID #		Previous permit e	xpiration dat	te:	
This request is to:Revalid	date the above refere	enced permit.			
Do you have a current Building Permit	?YES (attach	a copy)NO (p	ermit fee rec	quired)	
Before the health department can renew an department requires either a signed statement					
soil and site conditions or design have occu conditions where the on-site sewage dispos then an OSE/PE or the property owner can Virginia Department of Health policy (GM	sal system was permitted affirm those facts by s	ed under the permit h	aving the abo	ve reference	ed HDID number,
	Certification	1 Statement			
I,		ne soil or site condition	ons where the	onsite sewa	
Further, I certify that the proposed system of Number of bedrooms/flows, etc. are the sar			and proposed	d improvem	ents,
Signature	Date		OSE,	PE,	_Owner

