Virginia Department of Health Petition for VDH Services Form

I, (<u>owner name</u>), am petitioning VDH to provide evaluation and design services based on (select one):

☐ Means test (household income at or below 100% of the federal poverty guidelines)

Persons in Household	100% Federal Poverty Guidelines
1	\$13,590
2	\$18,310
3	\$23,030
4	\$27,750
5	\$32,470
6	\$37,190
7	\$41,910
8	\$46,630

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□ VDH Hardship Guidelines If you selected VDH Hardship Guidelines, please □ Qualify for fee waiver pursuant to 12VAC5-62 □ Replacement well. □ Well abandonment. □ Safe, Adequate, and Proper Evaluation. □ Onsite sewage system repair or pit privy fee was □ Insufficient number of private sector service propersument □ Other: If other, please provide a detailed described described by the submitting this petition. (Detailed description can	check all of the following guidelines that apply: 0-80.A. aiver. roviders. aiption of your hardship in obtaining private any relevant documents that you believe supports a sector service providers you contacted, prior to
Owners/Agents Signature	Date
(Office Use Only) Petition for services □ Approv	ed Denied
Reviewed by	
	Date