



## Mathews County Building Department

17 Court St. Mathews VA 23109

Phone: (804) 725-7171 Website: [www.mathewscountyva.gov](http://www.mathewscountyva.gov)

To: All permit applicants and the general public

Date: 05-16-2019

Re: issuing of permits & Health Department Approval

Per 32.1-165 of the Code of Virginia:

No county, city, town, or employee thereof shall issue a permit for a building designed for human occupancy without the prior written authorization of the Commissioner or his agent (the Virginia Department of Health).

Effective Immediately: Prior to issuing a permit, the Virginia Department of Health must confirm and notify the Building and-or Planning & Zoning Department that the existing onsite sewage disposal system is:

- Safe, adequate and proper –or-
- Approvable as a nonconforming use (for the proposed or intended use)

And to ensure an exiting onsite sewage disposal system is not damaged or destroyed.

The Mathews County Building Department and the Mathews County Planning & Zoning Department work with the Virginia Department of Health to ensure the health, safety and welfare of the general public (and the environment) are met.

This safe, adequate & proper (SAP) review is a Virginia Department of Health initiative and the County of Mathews is working with all parties to meet the requirement.

In order to assist all parties, this guidance document has been prepared to outline the steps involved in obtaining the required approval from the Virginia Department of Health.

Included are two VDH forms that must be completed and submitted to the Virginia Department of Health:

- Attachment 2A shall be completed by the Mathews County Building and-or Planning & Zoning Department.
- Attachment 2B shall be completed by the owner, owner's agent, permit applicant, etc
- After receiving both documents, the Virginia Department of Health will review the information and provide the Building and-or Planning & Zoning Department with the determination and results of their review.

The purpose of the review is to ensure existing onsite sewage disposal systems are not damaged.

Attachment 2a:

# Application for Virginia Department of Health Review



## (Request for Health Department Review)

**Building/Zoning Department Use Only:**

The Building and/or Zoning Department hereby requests that the Virginia Department of Health evaluate the onsite sewage system and/or water supply on the property described below to determine whether:

- The existing onsite sewage disposal system is safe, adequate and proper (SAP) for the proposed use (see §32.1-165 of the *Code of Virginia*). Note: This block can only be marked if the structure is designed for human occupancy.
- The proposed use will encroach upon the existing onsite sewage disposal system and/or water supply.

Other or Comments:

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Attachments (sketch, building plans, plat)

Building/Zoning Official Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Note: This written application is not required if an electronic process is already in place for the local building official to request a SAP evaluation from the local health department.**

**Attachment 2b: Request for Health Department Review  
To Be Completed By Property Owner Or Agent:**

Owner Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Office Telephone: \_\_\_\_\_  
e-mail address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Property Location (provide directions from local health department):  
\_\_\_\_\_  
\_\_\_\_\_

Tax Map: \_\_\_\_\_ PIN # \_\_\_\_\_  
Subdivision Name (if applicable): \_\_\_\_\_ Lot # \_\_\_\_\_

Current Use (include # of Bedrooms): \_\_\_\_\_

Proposed Use (include # of Bedrooms): \_\_\_\_\_

Please attach any recent records of onsite system (Pump-outs, or Operation and Maintenance Reports).

Has property been occupied during previous 30 day period: Y or N

The septic tank and distribution box are uncovered for inspection: Y or N Components will be uncovered by \_\_\_\_\_ (date).  
(To prevent potential damage to the system VDH recommends homeowners first contact Miss Utility for marking any underground utilities. The septic tank and distribution box should be carefully excavated byhand.)

Uncovering the septic tank and distribution box would cause an undue hardship: Y or N If Y reasons for hardship:

(Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components.)

Related Building Permit #: \_\_\_\_\_ Health Department I.D.#: \_\_\_\_\_

**PLEASE READ CAREFULLY:**

**This report is only intended to address the above referenced request and does not address evaluation procedures for sewage systems being sold through real estate transfers, or systems and water supplies being re-used as part of a subdivision process. This document specifically addresses VDH's implementation of § 32.1-165 of the Code of Virginia and is not to be used for any unauthorized use.**

**The property boundaries and building locations are clearly marked or identified at the property. I give permission to the Virginia Department of Health to enter the property described, if necessary, for the purpose of processing this application. An accurate sketch of the property, existing structures, wells, sewage disposal systems, and proposed structure(s) is attached.**

**Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

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