



COUNTY OF BEDFORD, VIRGINIA

COUNTY ADMINISTRATION BUILDING
122 EAST MAIN STREET, SUITE G-03
BEDFORD, VIRGINIA 24523

WILL GOODWIN, CBO
COUNTY BUILDING OFFICIAL

DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF BUILDING INSPECTION

SAP SAFE ADEQUATE AND PROPER



*TAKE THIS FORM TO THE HEALTH DEPARTMENT
FIRST. (HEALTH DEPT. IS LOCATED AT 600 MOUNTAIN
AVE. BEDFORD, VA. 24523, (540-586-7952) **AFTER** THEY
HAVE COMPLETED IT, YOU CAN THEN SUBMIT IT TO
THE BUILDING INSPECTIONS OFFICE.*

§ 32.1-165. Prior approval required before issuance of building permit; approved sewage system or nonconforming system.

- A. 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 Commissioner or his agent shall authorize the issuance of such permit upon finding that safe, adequate, and proper sewage treatment is or will be made available to such building or upon finding that the issuance of such permit has been approved by the Review Board.
“Safe, adequate, and proper” means a treatment works that complies with applicable regulations of the Board of Health that are in effect at the time of application.

Request for Health Department Review

BUILDING / ZONING DEPARTMENT USE ONLY:

The Bedford County Building and/or Zoning Department hereby request 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: _____

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DEPARTMENT OF COMMUNITY DEVELOPMENT DIVISION OF BUILDING INSPECTION

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To Be Completed By Property Owner Or Agent:

| | |
|--|-----------------------------------|
| Owner(s) Name: _____ | Home Telephone: _____ |
| Mailing Address: _____ | Office Telephone: _____ |
| _____ | Cell Phone: _____ |
| E-mail Address: _____ | |
| Agent Name: _____ | Home Telephone: _____ |
| Mailing Address: _____ | Office Telephone: _____ |
| _____ | Cell Phone: _____ |
| E-mail Address: _____ | |
| Property Location (provide directions from the health dept): _____ | |
| _____ | |
| _____ | |
| Tax Map: _____ RPC# _____ | 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 should be carefully excavated by hand). | |
| Uncovering the septic tank and distribution box would cause an undue hardship: Y or N If Y, state reason for hardship: _____ | |
| (Examples of hardship: system is relatively new, recently pumped, accurate records exist, or excavation would likely damage components). | |
| Related County Building Permit # _____ | Related Health Dept. I.D. # _____ |
| <u>PLEASE READ CAREFULLY:</u> | |
| 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 reused 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 structures(s) is attached. | |
| Owner/Agent Signature: _____ | Date: _____ |

For VDH Use Only:

Attachments: Yes No

Determination/recommendation(s): _____

Staff Member: _____ Date: _____