

**Department of Environmental Quality  
Office of Land Application Programs**

**REQUEST FOR EXTENDED SETBACK FROM BIOSOLIDS LAND APPLICATION FIELD**

VPA Permit Regulations 9VAC25-32-560.B.3.d states: <sup>2</sup>*The department (DEQ) shall grant to any landowner or resident in the vicinity of a biosolids land application site an extended setback of up to 200 feet from their property line and up to 400 feet from their occupied dwelling upon request from their physician based on medical reasons. In order for an extended setback request to be granted, the request must be submitted to the department in writing on a form provided by the department...*

<sup>3</sup>*Setback distances may be extended beyond 400 feet where an evaluation by the Virginia Department of Health determines that a setback in excess of 400 feet is necessary to prevent specific and immediate injury to the health of an individual.*

**Patient Information**

|                  |  |
|------------------|--|
| Name:            | Physical location of property: 911 address and Tax Parcel Number, or other identifier as available:<br><br>_____<br><br>_____<br><br>_____ |
| Mailing Address: |  |
| Telephone:       |  |
| Email:           |  |

**Physician's Request**

\_\_\_\_\_ is a patient under my care. I understand that the Department of Environmental Quality (DEQ) regulations regarding the land application of biosolids to agricultural fields requires setbacks of 200 feet from neighboring residences and 100 feet from property lines; within these setback areas biosolids may not be applied. I also understand that DEQ is authorized to extend the setbacks to 400 feet from an occupied dwelling and 200 feet from a property line with the written request from a citizen's physician.

Based on my patient's medical condition, I request that DEQ extend the setbacks from (check all that apply):

my patient's home to a nearby agricultural field that will receive biosolids.  
 my patient's property line to a nearby agricultural field that will receive biosolids.

\_\_\_\_\_  
 Physician's Name (print)                      Physician's Signature                      Date

Please do not submit any medical records or personal health information with this form. Information submitted to the Department of Environmental Quality is regarded as public information and is subject to release under Freedom Of Information Act requests.

**Note to Physician:** If a larger setback than that described above is sought, please submit this form to DEQ and contact the Virginia Department of Health (VDH) local Health District Director. Obtaining extended setbacks through DEQ with the above written request does not preclude additional consideration by VDH.