



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

REQUEST FOR A ROUTINE WATER SAMPLE

I, hereby, request that the Fairfax County Health Department obtain a water sample(s) to determine the potability of the well water for human consumption, and inspect the existing well water supply at the address shown below to determine its compliance with the local and state codes related to construction standards. Furthermore, I understand that a repair permit may be necessary to bring the existing well water supply into compliance with local codes. If public water is available, the Health Department recommends a connection be made in lieu of repairs to the well water supplies not meeting the codes and/or regulations. A minimum of seven days must be allowed for notification of the bacteriological test results.

The fee for a routine water sample is \$25. The fee can be paid by cash, cash, check or credit card. Upon receipt of the application and fee, you will be notified by phone of the test results.

Mail check and completed application in the enclosed envelope. Please make check payable to the County of Fairfax.

Note: Fee is non-refundable.

Signature: _____ Date: _____

SUBDIVISION: _____ SECTION: _____ LOT: _____

PROPERTY ADDRESS: _____

OWNER/TENANT: _____

MAILING ADDRESS (If different than property): _____

HOME PHONE: _____ WORK PHONE: _____

DEPARTMENT USE ONLY

DATE RECEIVED: _____ TAX MAP NO. _____

AP# _____ TRANSACTION# _____

Fairfax County Health Department

Division of Environmental Health

Onsite Sewage and Water Section

10777 Main Street, Suite 102, Fairfax, VA 22030

Phone: 703-246-2201 TTY: 711 Fax: 703-278-8157

www.fairfaxcounty.gov/hd

