



**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: 703-653-9448**

DEPARTMENT USE ONLY		
DATE RECEIVED:	_____	
TAX MAP NO.	_____	
AREA:	_____	
RECEIPT NO.	_____	
REPORT MAILED:	_____	
UNCOVER D BOX:	YES	NO
UNCOVER TANK:	YES	NO
EHS:	_____	
MISS UTILITY F/U DATE:	_____	
SCHEDULED DATE / EHS:	_____	

APPLICATION

For Evaluation of Existing Well Water and/or Sewage Disposal Systems

Please complete application and return with payment to the Health Department. The evaluation fee for a private well water supply is \$50, for an individual sewage disposal system is \$200; combined well and septic is \$250. Payment can be made cash, check, or credit card. All fees are non-refundable.

Proposed Settlement Date: _____ Transfer? Refinance?

Property Address: _____ Subdivision _____ Sec _____ Lot _____

Owner : _____ Phone: (H) _____ (O) _____ (C) _____

Address: _____

Evaluation Requested by: _____ Phone: (H) _____ (O) _____ (C) _____

SEND REPORT TO: _____

Address : _____

The following information must be supplied by the property owner.

ATTACH ADDITIONAL SHEET OF PAPER, IF NECESSARY, TO COMPLETE INFORMATION (Please Type or Print Clearly)

Dwelling is connected to: SEPTIC PUBLIC SEWER (Answer 1 thru 7 if septic is checked)

Dwelling is connected to: WELL PUBLIC WATER OTHER (Answer 8 & 9 if well or other is checked)

1. Describe any history of malfunction of the sewage disposal system (i.e. backup, pump malfunction, etc.) _____

2. Date septic tank last pumped: _____ 3. Number of bedrooms _____ 4. Approximate age of septic system _____

5. Is an automatic clothes washer or hookup installed? _____ 6. Is there a garbage disposal installed? _____

7. Has the dwelling been occupied under usual and customary waste load conditions for the past 30 days? _____
By how many people? _____

8. Describe any history of well problems (insufficient water, muddy water, etc.) _____

9. Describe any form of water treatment (pH control, filters, etc.) _____

I CERTIFY THE INFORMATION ON THIS FORM WAS SUPPLIED BY THE OWNER AND IS CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE _____ PRINT NAME _____

OWNER AGENT

GUIDELINES FOR EVALUATION OF EXISTING WELL WATER SYSTEM AND SEWAGE DISPOSAL SYSTEMS

Application and Fees: Application must be completed by owner or owner's agent. Failure to properly complete the application may result in processing delays. The evaluation fee for a private well water supply is \$50, for an individual sewage disposal system is \$200, and combined fee for both is \$250. Payments can be paid by cash, check, or credit card. Please make checks payable to County of Fairfax. To make a credit card payment by phone, please call 703-246-2201. **All fees are non-refundable.**

- I. In order to conduct a complete evaluation of the Sewage Disposal System, the following conditions must be satisfied:
 - a) **The dwelling must be continuously occupied, under normal and customary conditions, a minimum of 30 days prior to the evaluation. Temporary occupancy by house sitters, workmen, or other occupants on a limited basis will not satisfy the occupancy rule.**
 - b) **The septic tank must not have been pumped within 30 days of the evaluation.**
 - c) **If a septic system is *greater* than 20 years in age, it will be necessary to have the distribution box(es) open for inspection. In some cases it may be necessary to uncover the septic tank and open the pumping station for inspection. If the owner refuses, a note will be put under the remark section of the evaluation recommending uncovering these components.**
 - d) **The Health Department is not responsible for any expenses incurred for uncovering the distribution box(es) and/or septic tank.**
 - e) **If a code or regulation violation is observed on the property at the time of the evaluation, a notice will be sent to the owner. The notice will also have information on how to correct or remedy the violation.**
- II. If the dwelling is served by a well water supply system, an inspection will be made of the well construction. The well must meet minimum construction standards in order to be sampled. If a sample is collected for bacteriological analysis, a minimum of 7 business days must be allowed for notification of the results.
- III. The **30 day** occupancy rule does not apply to well water supplies. It is recommended that you allow **30-60 days** in your settlement schedule to clear up problems that may be encountered with well water supplies.
- IV. All requests will be processed as quickly as possible; however we ask that you allow a minimum of 7-14 days after the inspection for the evaluation report to be processed. Evaluation report will be mailed promptly upon completion. If you have any questions, please call 703-246-2201.
- V. **The owner, or an adult representative, (18 years or older) must be present during the evaluation.**