



**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**

| 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 entire application and return with fee 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. The evaluation fee can be paid by 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