

## FAIRFAX COUNTY HEALTH DEPARTMENT DIVISION OF ENVIRONMENTAL HEALTH ONSITE SEWAGE AND WATER SECTION

DEPARTMENT USE ONLY

DATE RECEIVED: \_\_

private well is \$50. Payment All fees are non-refundable.	FAIRFAX, VA 22030 Phone: 703-246-2201 TTY: 711 Fax: 7  APPLICATION  For Evaluation of Existing Private We and return with payment to the Health Department to an be made by cash, check, or credit card.  Transfer?	ell - \$50 Fee	TAX MAP NO
Property Address:	Subdivisio	on	_ Sec Lot
Owner :	Phone: (H)	(0)	(C)
Address:			
Evaluation Requested by: _	Phone: (H)	(0)	(C)
SEND REPORT TO:			
Address :			
. Describe any form of wat	ter treatment (pH control, filters, etc.)		
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EHO24 REV. 12-19

## **Guidelines for Evaluation of Existing Private Well**

**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. The Evaluation Fee 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 private well, the following conditions must be satisfied:
  - a) 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.
  - b) 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. The Evaluation Report will be mailed promptly upon completion. If you have any questions, please call 703-246-2201.