



# County of Fairfax, Virginia

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

## Individual Sewage Disposal System Permit Application/Certification Letter

Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Owner's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Property Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Subdivision Section Block Lot*

TM# \_\_\_\_\_

1 Has a certified plat of the property been submitted showing:

Topography ( ) Yes ( ) No Proposed House Location ( ) Yes ( ) No

Soil Profile Hole Locations ( ) Yes ( ) No

2. Proposed SDS usage  $\geq$  1000 GPD ( ) Yes ( ) No

3. Water Supply: Public ( ) Yes ( ) No Private ( ) Yes ( ) No

Type of Work: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Owner ( ) Agent ( )

Address (If not Owner) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Office Use Only

PRJ# \_\_\_\_\_ Paid \_\_\_\_\_ Receipt# \_\_\_\_\_ Cashier \_\_\_\_\_

Application Approved by \_\_\_\_\_ Approval Date: \_\_\_\_\_

### Fairfax County Health Department

Division of Environmental Health

10777 Main Street, Suite 102, Fairfax, VA 22030

Phone: 703-246-2510 TTY: 711 Fax: 703-653-9448

www.fairfaxcounty.gov/hd

