



County of Fairfax, Virginia

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

APPLICATION FOR INDIVIDUAL WELL WATER SYSTEM CONTRACTOR

OWNER'S NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ PHONE: _____

FAX # _____ EMAIL ADDRESS: _____

Does hereby register to install or repair well water supply systems in Fairfax County, Virginia and will perform all work in accordance with the requirements of Chapter 70.1 of the Fairfax County Code and with the Commonwealth of Virginia, State Board of Health, Private Well Regulations.

SIGNED: _____

PLEASE PRINT NAME: _____

FEDERAL TAX ID #: _____

FOR HEALTH DEPARTMENT USE ONLY

REGISTRATION YEAR: _____ REGISTRATION EXPIRES: DECEMBER 31, _____

Index Code: 713107

Subobject Code 0448

New Registration \$ _____ Renewal \$ _____

\$10,000 Surety Bond on File in Division of Environmental Health _____

BOND NUMBER: _____

APPLICATION APPROVED BY: _____ DATE: _____
HEALTH DEPARTMENT OFFICIAL

_____ has obtained an annual registration and provided a Surety Bond as required by Section 70.1-2-1 and 70.1-2-2 of the Fairfax County Code.

LIMITED TO: _____

Fairfax County Health Department
Division of Environmental Health
Technical Review and Information Resources
10777 Main Street, Suite 102, Fairfax, VA 22030
Phone: 703-246-2201 TTY: 711 Fax: 703-653-9448
www.fairfaxcounty.gov/hd

