



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 SEWAGE DISPOSAL CONTRACTOR

OWNER'S NAME: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____ **PHONE:** _____

FAX # _____ **EMAIL ADDRESS:** _____

Does hereby register to install or repair individual sewage disposal facilities in Fairfax County, Virginia and will perform all work in accordance with the requirements of Chapter 68.1 of the Fairfax County Code and the Commonwealth of Virginia, State Board of Health, Sewage Handling and Disposal Regulations.

SIGNED: _____

PLEASE PRINT NAME: _____

FEDERAL TAX ID #: _____

FOR HEALTH DEPARTMENT USE ONLY

REGISTRATION YEAR: _____ **REGISTRATION EXPIRES:** DECEMBER 31, _____

Index Code: 713107
Sub-object Code 0443

New Registration \$ _____ **Renewal \$** _____

\$20,000 Surety Bond on File in Division of Environmental Health _____

BOND NUMBER: _____

APPLICATION APPROVED BY: _____ **DATE:** _____
HEALTH DEPARTMENT OFFICIAL

_____ has registered and complied with all other applicable provisions of Chapter 68.1 of the Fairfax County Code.

LIMITED TO: _____

Fairfax County Health Department

Division of Environmental Health
Technical Review and Information Resources
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