



# HEALTH DEPARTMENT VERIFICATION

Building Permit # \_\_\_\_\_  
Health Department File # \_\_\_\_\_

Division of Zoning & Development Services  
Fauquier County Department of Community Development 29  
Ashby Street, Suite 310, Warrenton, Virginia 20186  
Building Phone: 540-422-8230  
Facsimile: 540-422-8231

Fauquier County Health Department Environmental  
Health Services  
98 Alexandria Pike, Suite 42, Warrenton, VA 20186  
Phone: 540-347-6363  
Facsimile: 540-347-6373

When constructing improvements on your property, or adding commercial uses, it is critical to avoid damaging the existing septic system and reserve area through discharge overloading or physical damage. The purpose of this form is to 1) ensure that property owners are fully aware of the potential hazards to the well, septic system and reserve area, and of their responsibility to protect these systems; and to 2) facilitate coordination between the Health Department and Zoning & Development Services.

## PART 1 PROPERTY AND PROJECT VERIFICATION

Property Address: \_\_\_\_\_ PIN: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Description of Work to be Permitted: \_\_\_\_\_

## PART 2 SEPTIC AND WELL VERIFICATION

For all project types listed below, PART 2A must be signed by the property owner/agent and then reviewed and approved by the Health Department prior to submission of a Building/Zoning Permit to the Building office. For project types not listed, Health Department review is not required and the property owner/agent shall complete PART 2B. **PLEASE CHECK ALL THAT APPLY:**

- |   |  |
|---|--|
| <input type="checkbox"/> Alteration or addition which increases the number of bedrooms- exceeding the current operations permit | <input type="checkbox"/> Addition which increases the footprint of the home, except porches & decks  |
| <input type="checkbox"/> Geothermal system  | <input type="checkbox"/> Accessory structure larger than 256 sq. ft., including barns, sheds, and pools and pool houses that are proposed within 100' of well & septic |
| <input type="checkbox"/> Abandonment of a well or septic system   | <input type="checkbox"/> Other not specified   |
| <input type="checkbox"/> Change in Use or addition of commercial use to residential   |  |
| <input type="checkbox"/> Any accessory structure that includes plumbing fixtures.   |  |

### Please fill out ONLY ONE column below:

PART 2A Health Department Verification - \$25.00	PART 2B Property Owner Verification
<p>The County's completed Building/Zoning Permit Application shall accompany the submission to the Health Department, to include one (1) copies of a location survey or plat, drawn to scale, that shows property boundaries, all existing structures, driveways and other paving, areas of proposed grading, location of new buildings and the location of the well, drainfield, reserve drainfields and all septic system components, including tanks. The Health Department will review the application for potential impacts to the well and septic system.</p> <p><i>I hereby give permission to the Health Department to enter onto the above referenced property for the purpose of processing this application and determining compliance with Health Department requirements.. I certify that, to the best of my knowledge, the attached application site sketch are true, correct, and complete.</i></p> <p>_____ Owner/Agent Printed Name</p> <p>_____/_____ Owner/Agent Signature Date</p>	<p>I certify that: 1) I am not increasing the number of bedrooms with this project; 2) I know the location of the wells, drainfields, drainfield reserve areas and all septic system components, including tanks on the above referenced property; and have determined that the proposed function will not affect either system, 3) all required setbacks from such systems are being maintained and that access to the system for maintenance is not affected (see Table HD 1); and 4) I acknowledge that it is my responsibility to protect these systems.</p> <p>_____ Owner/Agent Printed Name</p> <p>_____/_____ Owner/Agent Signature Date</p>

<p><b>FOR HEALTH DEPARTMENT APPROVAL ONLY:</b></p> <p>_____ Health Department Signature Date</p>	<p><b>Additional Health Department Comments:</b></p>
--	--

# Table HD 1

<b>Minimum Separation Distances for Septic Tanks, Pretreatment Units, Pump Tanks, Conveyance Lines, and Header Lines</b>	
<u>Structure or Topographic Feature</u>	<u>Minimum Horizontal Distance</u>
Property Lines	5'
Building Foundations	10'
Basements	20'
Top edge of banks and cuts (i.e. grading)	10'
Utility Lines	10'

For a complete list see: 12 VAC5-610 and Fauquier Ordinance Chapter17

<b>Minimum Separation Distances for Drainfield Area and Reserve Area</b>	
<u>Structure or Topographic Feature</u>	<u>Minimum Horizontal Distance</u>
Property Lines	5'
Building Foundations	10'
Basements	20'
Top edge of banks and cuts (i.e. grading)	20'
Utility Lines	10'

For a complete list see: 12 VAC5-610 and Fauquier Ordinance Chapter17

<b>Minimum Separation Distances between a Well and a Structure or topographic feature</b>		
<u>Structure or Topographic Feature</u>	<u>Class III C or IV</u>	<u>Class III A or B</u>
Property Lines	10'	10'
Building Foundation	15'	15'
Building Foundation (Termite Treated)	50'	50'
House Sewer Line	50'	50'
Sewer Main / Force Main	50'	50'
Sewerage System	50'	50'
Sewage System or other contaminant source (e.g., drainfield, underground storage tank, barnyard, hog lot, etc.)	100'	50'
Cemetery	100'	50'
Sewage Dump Station	100'	50'

For a complete list see: 12 VAC5-630 and Fauquier Ordinance Chapter19

**Please call the Fauquier County Health Department at 540-347-6363 if you have any questions or concerns about your project and remember that it is recommended that you have your septic tank pumped every (3) three to (5) five years.**

# Fauquier Health Department Verification Guidance Document

This information is provided by the Fauquier Health Department for those applying to Fauquier County for Building Permits to increase the footprint of existing homes, construct house additions, construct detached structures including barns and sheds, and construct private swimming pools (in ground, above ground, or public); on properties served by onsite sewage disposal systems.

In order for Fauquier Health Department personnel to perform an accurate and expedient assessment of your improvement plans and authorize release of your Building Permit, the following items provided on the Fauquier County Division of Zoning & Development Services Health Department Verification form will need to be provided to the Environmental Health Office located at 98 Alexandria Pike Suite 42, Warrenton, Virginia:

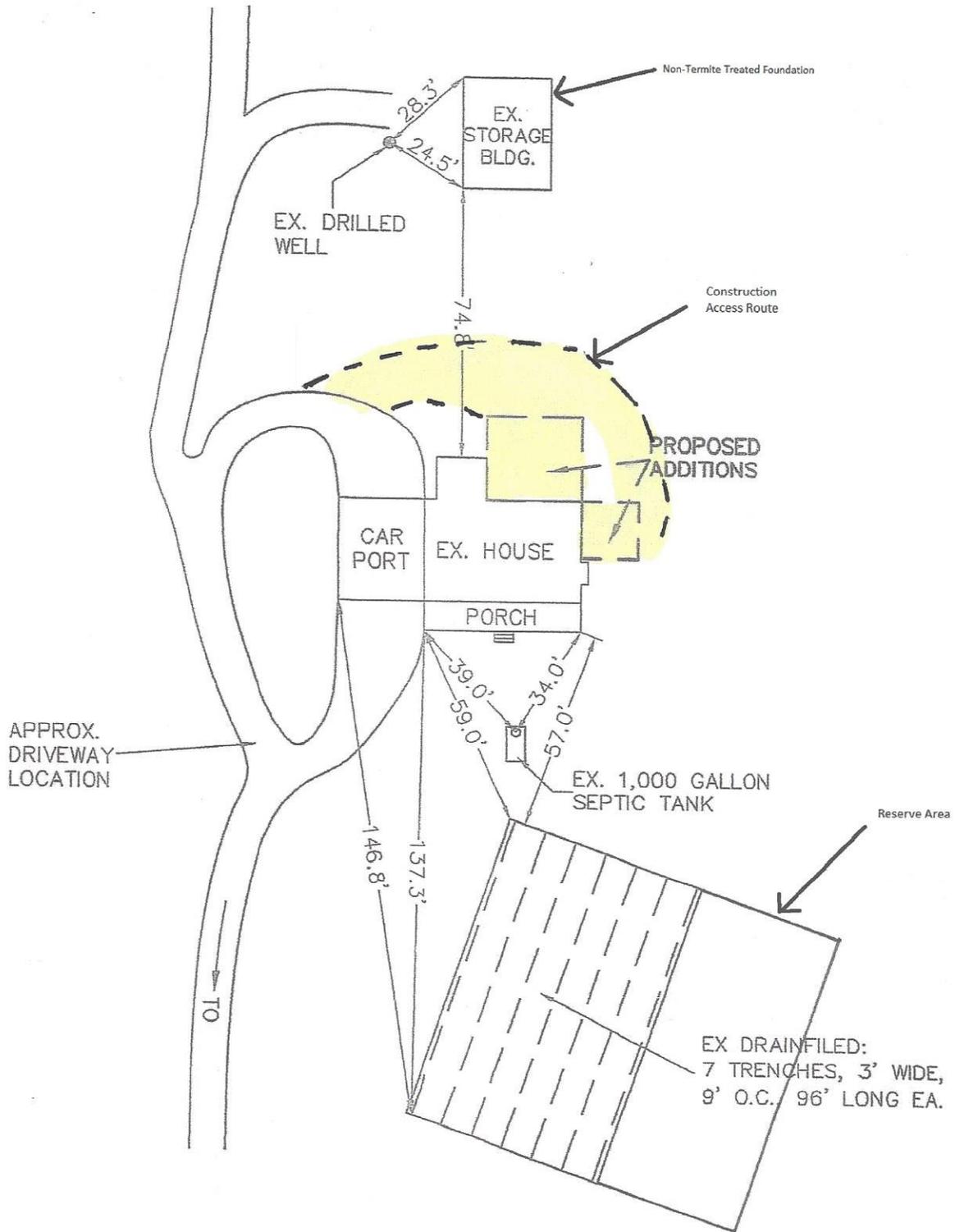
- 1. A completed copy of the Fauquier County Health Department Verification Form signed by the owner in box 2A.**
  
- 2. One (1) copy of a location survey or plat drawn to-scale that accurately depicts the following items that will be within one hundred (100) feet of the proposed project: (Example on Back)**
  - A. Existing structures (footprint)**
  - B. Driveways and other paved areas**
  - C. Proposed grading associated with the project**
  - D. Location of all proposed structures (footprint)**
  - E. Location of all existing private wells**
  - F. Location of all existing drainfields and approved reserve areas**
  - G. Location of all existing septic system components (i.e. septic tanks, alternative treatment units, pump tanks, etc...)**
  - H. Location of proposed construction equipment access route**
  - I. For proposed swimming pools: location of the water's edge and all decking and fencing associated with the pool construction.**

**3. \$25.00 Fee for processing**

Fauquier Health Department personnel will make every effort to provide expedited service to clients who arrive with all of the above information; however a site visit may sometimes be necessary to accurately evaluate a submission. When a visit is deemed necessary you may be asked to field locate specific sewage disposal system components, house additions, pool locations, and the limits of clearing and grading associated with your project. The Fauquier Health Department will make every effort to process a complete application that includes all of the aforementioned documents within 15 business days.

**To discuss your project in advance of submitting an application please call our office at 540-347-6363**

# Health Department Verification Drawing SAMPLE



ADDITION LOCATIONS	
PROJECT: 100 MAIN STREET	
COUNTY/STATE: FAUQUIER COUNTY, VA	
GPIN OR TM #: 5555-44-6666	
DATE: 08/01/2015	
SCALE: 1" = 40'	PAGE: 1