

EXPRESS REPAIR PERMIT APPLICATION

(HD identification # _____)

PRINCE WILLIAM HEALTH DISTRICT
ENVIRONMENTAL HEALTH
Division of Onsite Sewage and Water Services
5 County Complex Court, Suite 240, Prince William, VA 22192
Telephone (703) 792-6310, option 2 - Facsimile (703) 792-4743

The express permit process allows for certain routine repairs/maintenance to conventional and alternative onsite sewage systems to be made without a site visit by the Prince William Health District before they are implemented.

The express permit process applies only to the repairs listed below and is only available for use by onsite sewage system installers properly permitted and bonded in Prince William County.

****NOTE REGARDING ALTERNATIVE ONSITE SYSTEMS****

Replacement of a Sewage Effluent Pump (dosing a dispersal field) on an Alternative Onsite Sewage System requires that an incident report be submitted by the system operator through VENIS, in addition to the submission of this application. All other maintenance (as described in 12VAC5-613) on Alternative Onsite Sewage Systems requires only an online report by the operator through VENIS.

All work is subject to inspection by the Health District. Once work is completed the Prince William County licensed installer must schedule an inspection with the Health District within 5 business days of completion of the repair and be present for the inspection.

This form must be signed by both the Owner and the PWC Licensed Installer and submitted to the Health District no later than the next business day after the repair is completed.

Property Owner (Print) _____ Owner Signature _____

Property Address _____ Owner Phone Number _____

Property GPIN _____ Date _____

EXPRESS REPAIR ITEMS (Installer to complete)

Type of System: CONVENTIONAL ALTERNATIVE

Pump Replacement

Existing Pump Model: _____ New Pump Model: _____

Rise: _____ Run: _____ Draw Down _____

Check valve (brass) _____ Gate Valve _____ Quick Disconnect _____

Timer Settings: Run Time _____ Off Time _____

Dosing Rate _____ Gallons Per Minute

Float Switch Replacement

Difference between floats:

Pump Head to Off Float _____, Off Float to On Float _____

On Float to Alarm Float _____

(PWHD Use Only) INSPECTION RESULTS

Pump Inspection: Satisfactory: Yes No

Draw Down Results:

Completion Statement Provided

Timer Settings:

Dosing Rate _____ Gallons Per Minute

Float Replacement: Satisfactory: Yes No

Access Riser: Concrete _____ Plastic _____ **Access Riser:** Satisfactory: Yes No

Effluent Filter: **Model:** _____ **Effluent Filter:** Satisfactory: Yes No

Does Septic Tank or Aerobic Treatment unit have any abnormal or excessive sludge accumulation: Yes No

EH Specialist Name, Date and Inspection Notes:

PWC Licensed Installer _____ Repair Completion Date _____

Signature _____ Phone Number _____