Septic System Repair Instructions:

Please check which applies to your failing septic system:

☐ Sewage backing up into the house

☐ Wet area in yard (sewage on the ground surface)

☐ Other: Please explain: __________________________________________________________
_______________________________________________________________________________
________________________________________________________________________________

The following must be done prior to an Environmental Health Specialist making a site visit:

⇒ A completed application, site sketch showing drainfield, wells, house, driveway, etc. and a plat of the property must be submitted

⇒ Both lids of the septic tank must be uncovered and loosened (pumping the tank is recommended)

⇒ Distribution box must be uncovered and lid loosened

⇒ “Miss Utility” (1-800-552-7001) must be called and/or any private utilities, to mark all underground utilities (Miss Utility will not mark private underground lines; a private line marking company will need to be contacted), retain confirmation number(s)

Once the above items have been completed, please call your local health department:

Charles City County Health Department
7501 Adkins Rd.
Charles City, VA 23030
Phone (804) 829-2490  Fax (804) 829-6702

Goochland County Health Department
P.O. Box 178
Goochland, VA 23063
Phone (804) 556-5843  Fax (804) 556-3707

Hanover County Health Department
12312 Washington Highway
Ashland, VA 23005-7646
Phone (804) 365-4313  Fax (804) 365-4355

New Kent County Health Department
P.O. Box 86
New Kent, VA 23124
Phone (804) 966-9640  Fax (804) 966-9640

Advise a Health Department Representative that all the requirements have been met. An Environmental Health Specialist will schedule a site visit to determine the cause of the failure and possible solutions.

Office use only: _________________________  _________________________
Confimation Date  Confirmation #

Your signature below will confirm that the above requirements have been explained and are understood. If you have any questions, please contact your local office.

_________________________________  _________________________
Signature of Owner/Agent  Date Signed