Loudoun County Health Department P.O. Box 7000, 2nd Floor Leesburg, Va., 20177 703.777 0234 /703.771.5023 Fax

Permit ID:	 _
LCHD Tracking #	

703.777 0234 /703.771.5023	3 Fax			Page 1 of 3
		/irginia, Loudoun County Hea plication for Pump and Haul TEMPORARY (< 1		
Items below are to be comp	leted by the owner and applicant	Incomplete applications will not be proc	essed	
Date Rec'd. :	P.I.N. :	L.C	C.T.M. #:	
Date confirmed w/ Zoni Property vacant:	ing: Y N	_ Zoning compatible w/ use: General Plan Policy Area:		
f <u>Yes,</u> attach all docapplication. Ia. Owner:	rumentation. If <u>No</u> , the			
Cell: ()		Work Phone: ()_ FAX: ()		
F-	int name		signature	
Home Phone: (Work Phone: ()	
Property Address: If different from above				
Directions to Property	from Leesburg:			

Permit ID:	
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Other Application Information:

c.	Size / dimensions showing property li	of the p	roper sting/pr	ty:	ed struc	tures, etc. ir	Icluding w	Also attac	h a detaile ic system.	ed sketo	h of the property
d.	Building/facility:	NEW		EXIS	STING	If exis	sting, is it	occupied?	Υ	Ν	
e.	Residential	Υ	N	lf	Y, nur	nber of bed	rooms:				
	Commercial	Y	N	lf	Y, de	scribe the ty	pe of bus	iness:			
#	employees:				#	patrons/sea	its (food e	stablishmer	it)		
Н	lours of operation: _				#	days/week	operation:				
O u	ther: Describe actives, type of wastewa	vities inve ter gene	olved v rated: -	with th	e facility	y if other tha	n resident	ial use. Incl	ude type (of use, f	requency of
e.	Water Supply:		Priva	ate	P	ublic		New/propo	sed		Existing
	If existing, describe:										
- 1	Justification - list a the County. Note: th of Supervisors for al	nis sectio	n will i	be use	d in the	"Backgrour	id" section	of the item	to the Lou	idoun C	ounty Board
3. 1	(ADDIT					IF NEEDED TO E			PUMP AND HA	UL PERMI	*)
					_ y =	(, p. span		Engi	neer	
- /	Address:		_							Date	

Permit ID:	
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4. Date of completion o	if permanent fac	cilities or nublic se	wor'		
Describe the facilities:					
Proposed date of conr					
5. Method of guarantee Contracts, etc.	that the above	facility will be com		ments as proof su	ch as Bond,
6. Surety or cash bond					 1:
Υ	N	N/A	Amount: _		
Bond amount based on put. Bond must be received	projected water u ved prior to issua	use by applicant: (ga nce of permit. Failu	al/day), number of pur re to maintain bond a	np outs per month i greement can void t	X 6, cost per pump the permit.
7. Time period requeste	ed for pump and	haul: (12 months or	longer is considered to be	permanent)	
The following items (8 - petween the applicant an	12) are to be cor	mpleted by the licen	sed and bonded sept		led in a contract
3. Name & Number of S	Sewage Handlin	g Permit Holder: _			
Address:				Phone: ()	
	(MUST BE LICENSED &	BONDED IN LOUDOUN COU	NTY)	,	
. Quantity of sewage to	o be hauled per	day week	month		gallons.
0. Routes of transport	from property t	o discharge statio	ı:		
1. Disposition of sewa	ge (attach copy	of agreement with	owner of receiving	station)	
2. Time of day for trans	sport:		Emergency respo	onse Capability: _	
Comments or further ex	planations for a	any question above	e:		
					
			<u> </u>	<u> </u>	
					<u> </u>
.		·			

Rev. 7/12/1999, 9/22/2004, 8/15/2004, 8/23/2006

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Appro	letter

To be included with the Temporary Pump and Haul application

Date:	Page (
SUBDIVISION	
SILIR))

Temporary Pump and Haul:

The following lots are to be included on the proposed Temporary Pump and Haul Permit. These are the only lots that will require Health Department clearance.

of Lots to be included on the Temporary Pump and Haul permit:

Record Plat Name	Record Plat #	Section	Block	Phase	Lot #	Sched.Settle Date
						2