LOUDOUN COUNTY HEALTH DEPARTMENT

Office use: **Received by _____ Date:_____ FEE PAID ☐ YES ☐ NO APPLICATION #_____Attach Receipt)**
AOSE Submittal ☐ YES ☐ NO Sewage Disposal System > 1000 GPD ☐ YES ☐ NO

APPLICATION FOR: ☐ SEWAGE DISPOSAL ☐ WELL PERMIT ☐ CERTIFICATION LETTER
☐ SEPTIC REPAIR ☐ WELL/SEPTIC ABANDONMENT ☐ ADDITION /DEMO
☐ BUILDING RENOVATION ☐ MINOR REPAIR ☐ PUMP AND HAUL
☐ Betterment Loan Eligibility ($50.00 fee)

APPLICANT_____ **HOME TELEPHONE**_____
MAILING ADDRESS_____ **OFFICE TELEPHONE**_____
_____ **E-Mail** _____

OWNER_____ **TELEPHONE**_____
MAILING ADDRESS_____ **E-Mail** _____
_____

EXACT LOCATION (GIVE DIRECTIONS FROM LEESBURG)_____
_____

PROPERTY IDENTIFICATION NUMBER: SEC._____ ALPHA_____ DC_____ BLOCK_____ LOT_____
(IF APPLICABLE) NAME OF **SUBDIVISION:**_____ PIN #_____
ACRES AND/OR SQ. FT. IN THIS PARCEL: _____ ATTACH **SITE PLAN** (SKETCH) ON FORM PROVIDED.

TYPE OF SEWAGE DISPOSAL: _____
☐ PROPOSED ☐ PUBLIC SEWER (SYSTEM: _____)
☐ EXISTING ☐ SEPTIC TANK DRAINFIELD SYSTEM
☐ REPAIR ☐ OTHER (DESCRIBE:_____)
☐ INTERMITTENT

TYPE OF WATER SUPPLY:_____
☐ PROPOSED ☐ PUBLIC-CENTRAL (SYSTEM NAME:_____)
☐ EXISTING ☐ PRIVATE DRILLED WELL
☐ OTHER (DESCRIBE:_____)

TYPE OF CONSTRUCTION:_____
☐ PROPOSED ☐ SINGLE FAMILY DWELLING
☐ EXISTING ☐ COMMERCIAL
☐ REMODELING ☐ OTHER
(DESCRIBE) (DESCRIBE)

ATTACH A COMPLETE DESCRIPTION OF ALL ACTIVITIES – INCLUDE NO. OF EMPLOYEES, ETC., AND ALL OTHER PERTINENT INFORMATION.

If application is for an addition:
Increase waste load? ☐ YES ☐ NO
Extending water? ☐ YES ☐ NO
Extending sewer? ☐ YES ☐ NO
Related Building Permit # _____
*Is addition properly staked? ☐ YES ☐ NO *If no, please stake within 24 hours from date of application.
Would you like to be present at the time of the site visit? ☐ YES ☐ NO

CONSTRUCTION INFORMATION:
Number of marketable bedrooms_____
Will foundation be chemically treated for termites ☐ YES ☐ NO
Will plumbing fixtures be installed in the basement ☐ YES ☐ NO

IF APPLICABLE, HAS THIS PROPERTY BEEN PREVIOUSLY EXAMINED BY THE HEALTH DEPARTMENT? ☐ NO ☐ YES
IF YES, EXPLAIN (GIVE CASE NUMBER, DATE, ETC.)_____

THE PROPERTY LINES AND BUILDING LOCATION ARE CLEARLY MARKED AND THE PROPERTY IS SUFFICIENTLY VISIBLE TO SEE THE TOPOGRAPHY. I GIVE PERMISSION TO THE DEPARTMENT TO ENTER THE PROPERTY DESCRIBED FOR THE PURPOSE OF PROCESSING THIS APPLICATION.

IF THE APPLICANT IS OTHER THAN THE LEGAL OWNER OF THE PROPERTY AT THE TIME APPLICATION IS MADE, THEN THE LEGAL OWNER MUST SIGN, THEREBY GIVING CONSENT TO THE AGENTS OF THE COUNTY TO ENTER ONTO THE PROPERTY AND MAKE SUCH TESTS AS ARE NECESSARY AND/OR REQUIRED.

LEGAL OWNER_____
(Required Current Legal Owner)

DATE_____

ATTACH SITE PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
1 HARRISON STREET, S.E., LEESBURG, VA 20177

REV. September 3, 2013

- **FSM standards must be followed if the proposal is related to a subdivision application.**

DEFINITIONS: AOSE--------Authorized Onsite Soil Evaluator BOCA-------The building code
FSM----------Loudoun County Subdivision and Land Development Ordinance Facility Standards Manual
1066----------Loudoun County onsite sewage ordinance 1040----------Loudoun County water supply ordinance
GMP---------State Policy

SITE PLAN

All Items Below Are Required To Be Shown On the Site Plan

- ☐ Property Lines (proposed and existing)
- ☐ House & Structures (proposed and existing)
- ☐ Sewage System (DF, privy, P & H, discharge, cesspool, etc.) proposed and existing
- ☐ Underground utilities (must be field marked) proposed and existing
- ☐ Water supply (wells, springs, cisterns, etc.)
- ☐ Site features, topographical (drainage ways, Swampy areas, rock outcrops, sinkholes, disturbed soil areas, dump sites, fuel tanks, etc.)

All Items Within 200 Feet of Property Lines Must Be Shown

I have accurately and clearly shown all required items on this Site Plan.

Owner/Agent_____ Date_____