

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:

<input type="checkbox"/> SEWAGE DISPOSAL	<input type="checkbox"/> WELL PERMIT	<input type="checkbox"/> CERTIFICATION LETTER
<input type="checkbox"/> SEPTIC REPAIR (SR)	<input type="checkbox"/> WELL ABANDONMENT	<input type="checkbox"/> ADDITION <u>OR</u> DEMO
<input type="checkbox"/> COMPONENT REPLACEMENT (CR)	<input type="checkbox"/> MINOR MODIFICATION	<input type="checkbox"/> PUMP AND HAUL
<input type="checkbox"/> SEPTIC ABANDONMENT	<input type="checkbox"/> VOLUNTARY UPGRADE	<input type="checkbox"/> SAFE, ADEQUATE, & PROPER

Is this application for your primary place of residence: YES NO

Petition for Service form attached

AGENT _____ OWNER _____

MAILING ADDRESS _____ MAILING ADDRESS _____

CONTACT TELEPHONE _____ CONTACT TELEPHONE _____

E-MAIL _____ E-MAIL _____

** PROVIDE DRIVING DIRECTIONS FROM LEESBURG (IF NO PHYSICAL ADDRESS) _____

Property Address _____

(IF APPLICABLE) NAME OF SUBDIVISION: _____ Lot # _____ PIN # _____

ACRES AND/OR SQ. FT. IN THIS PARCEL: _____ NUMBER OF MARKETABLE BEDROOMS: _____

TYPE OF SEWAGE DISPOSAL: (Please Circle all that apply)

1. PROPOSED OR EXISTING?
2. PUBLIC SEWER SYSTEM OR ONSITE SYSTEM OR OTHER?
3. IF OTHER, PLEASE DESCRIBE: _____

TYPE OF WATER SUPPLY: (Please Circle all that apply)

1. PROPOSED OR EXISTING?
2. PUBLIC CENTRAL SYSTEM NAME OR PRIVATE DRILLED WELL OR OTHER?
3. IF OTHER, PLEASE DESCRIBE: _____

TYPE OF CONSTRUCTION: (Please Circle all that apply)

1. PROPOSED OR EXISTING?
2. SINGLE FAMILY OR COMMERCIAL OR OTHER?
3. IF OTHER, PLEASE DESCRIBE: _____

ADDITION CHECK:

1. Is the structure proposed or existing? (Please Circle) & Please Describe: _____
2. *Is addition properly staked YES NO *If no, please stake within 24 hours from date of application.
3. Would you like to be present at the time of the inspection for addition check site visit? YES NO

ALL PERMITS WILL BE EMAILED: PLEASE CHECK IF YOU WOULD LIKE TO RECEIVE A PAPER COPY

In order for VDH to process your application for a sewage system you must attach a plat of the property and a site sketch. For water supplies, a plat of the property is recommended and a site sketch is required. The site sketch should show your property lines, actual and/or proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, proposed buildings and the desired location of your well and/or sewage system. When the site evaluation is conducted the property lines, building location and the proposed well and sewage sites must be clearly marked and the property sufficiently visible to see the topography.

I give Permission to the Virginia Department of Health to enter onto the property described during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs certified by a private sector Onsite Soil Evaluator or Professional Engineer as necessary until the sewage disposal system and/or private water supply has been constructed and approved.

LEGAL OWNER _____ SIGNATURE _____ DATE _____
(Print name. Required Current Legal Owner)

ATTACH SITE PLAN, FEE AND RETURN TO: LOUDOUN COUNTY HEALTH DEPARTMENT
P.O. Box 7000 MSC #68 Leesburg, VA 20177-7000
Make Checks Payable to County of Loudoun

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
- Site features, topographical (drainage ways, Swampy areas, rock outcrops, sinkholes, disturbed soil areas, dump sites, fuel tanks, etc.)
- Underground utilities (proposed and existing, must be field marked)
- Water supply (wells, springs, cisterns, etc.)

All Items within 200 Feet of Property Lines Must Be Shown

Survey Site Plan Attached.

If survey is part of OSE package, indicate page number of survey:_____.

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

Owner/Agent_____ Date _____

PIN # _____