

SEPTAGE HAULER DISCHARGE PERMIT APPLICATION

Please type or print clearly in ink and sign application

Applicant Information			
Company Name		Company Owner's Name	
Address		Telephone No.	
		Fax No.	
Email Address			

Vehicle Information							
<i>Vehicle No. 1</i>							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.				Tank Capacity (gallons)	
<i>Vehicle No. 2</i>							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.				Tank Capacity (gallons)	
<i>Vehicle No. 3</i>							
Year		Make		Model		Tag No.	
State of Registration		Vehicle Serial No.				Tank Capacity (gallons)	

Services Provided	Service Area
<ul style="list-style-type: none"> • Septic Tanks • Holding Tanks (<i>domestic</i>) • Holding Tanks (<i>industrial</i>) 	<ul style="list-style-type: none"> • Portable Toilets • Other:

Loudoun County Health Department Permit			
Loudoun County Health Department Permit	Permit Number		Expiration Date

For Loudoun Water Use Only					
Date Received	Reviewed By	Issue Date	Expiration Date	Permit Number	Fee
Action: • Renewal • New Issue • Transfer					
_____				_____	
<i>Loudoun Water Authorized Signature</i>				<i>Date</i>	

