

CAMPBELL COUNTY UTILITIES and SERVICE AUTHORITY 20644 Timberlake Road Lynchburg, VA 24502 (434) 239-8654

Water Truck & Container Inspection Permit

Company Name:		Date:				
Company Address (for invoicing):						
(City)	(State)	(Zip)				
Company Telephone:		_Company Fax:				
		Title:				
Email Address:						
Field Contact Information:						
Contact Name:		Cell Number:				
Other Information:						
Vehicle Information:						
Make:	Model:	Year:Color:				
License Number:	Regis	tered in State of:				
Container Information:						
Material:	Size:	gallons.				
Describe what a CCUSA designa Backflow Device Descriptio	ted fill location:	e this container safe for obtaining water from				
Service and the service of the servi		Model:				
		Installed Correctly:				
		Inspected By:				
		pe provided to CCUSA upon request.				
CCUSA makes no warranties	for the condition of	the water once in the container.				
		niner at all times and displayed.				
CCUSA APPROVAL - FILL F						
		- Englishing Data of Degraits				
		Expiration Date of Permit:				
Approved By:	proved By: Date:					

(Use back for additional comments)

Additional Comments:			
	1		
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DISTRIBUTION LIST

- O CCUSA Front Office (original)
- O Contractor (copy)
- O Contractor Truck/Water Container (copy)
- O Otter River Water Treatment Plant (copy)
- O Inspector (copy)