



HYDRANT USE PERMIT
(One form per use)

Purpose of Hydrant Use: _____ Date for Usage: _____

Location where water used: _____

Applicant Name: _____

Mailing Address: _____

Phone: _____ Hauler (if not applicant): _____

Size of Truck Hauling (gallons): _____ Anticipated Water Usage (gallons): _____

Application Fees (to be filled out by HCSA): _____

Terms and Conditions:

This permit must be obtained and filled out prior to obtaining water. All fees must be paid at the time the permit is obtained. I have read and understand the terms and conditions which apply to the purchase of bulk water from the Authority’s metered fire hydrant located at 2529 Houghton Avenue, South Boston Virginia 24592.

1. The fees must be paid based upon estimated usage.
2. The base fee is \$50.00 per day for the first 6,000 gallons and then is \$10.00 for each 1000 gallons thereafter.
3. Water is to be taken only from the hydrant that is located at 2529 Houghton Avenue, South Boston Virginia 24592 between the hours of 7:30 am and 3:30 pm.
4. The HCSA personnel must inspect all equipment prior to the connection to the fire hydrant. An approved air gap must be maintained at all times that a tank is being filled.
5. The person operating the fire hydrant must be knowledgeable and only use a fire hydrant wrench to slowly open and close the hydrant.
6. A hose connected to the hydrant may not cross any street unless approved barricades are installed to protect it.
7. This permit is effective only for the date and consumption shown. Any subsequent usage is illegal and is a Class 2 Misdemeanor. The Authority will impose a \$200 unauthorized hydrant usage surcharge for each unauthorized occurrence.
8. HCSA retains the right to void and/or revoke this permit should you fail to comply with any of the provisions herein listed. This permit is non-refundable and shall not be considered to any exclusion from the requirements and/or laws or ordinances of the authority having jurisdiction.

Applicant Signature

Date

Approved by: _____
HCSA Representative

Date

*The Halifax County Service Authority is an Equal Opportunity Provider. Complaints of discrimination should be sent to:
USDA, Director, Office of Civil Rights, Washington, D. C. 20250-9410*