

COMBINED APPLICATION

Virginia Department of Health
Discharging System Application
For Single Family Dwellings Discharging Sewage
Less Than or Equal To 1,000 Gallons per Day

and

State Water Control Board
Virginia Pollutant Discharge Elimination System
General Permit Registration Statement
For Domestic Sewage Discharges Less Than or
Equal to 1,000 Gallons Per Day

_____ County or City Health Department Date: _____, 20____

Types of Application: ____ New, ____ Repair, ____ Other (explain)_____

* Name of Facility/Residence _____

* Owner(s) of Property or Facility: _____

Address of owner _____

Street City

State Zip

Phone numbers : _____

Home Work Fax

* Name of Purchaser (if applicable): _____

Address of purchaser: _____

Street City

State Zip

Phone numbers : _____

Home Work Fax

Phone numbers : _____

Home Work Fax

Real Estate Agent (if applicable): _____

* Location of Property or Facility (city or county): _____

Tax Map # _____ Subdivision: _____ Sect/Block: _____ Lot #: _____

* Size of Parcel: _____ acres

* Proposed Use (# of bedrooms): _____

* Proposed volume of discharge (gallons per day): _____ gpd _____

* Proposed Type of System (select one of the following):

- _____ [ANSI/NSF Int. Standard 40 Class 1] Aerobic Treatment Unit
 - _____ Septic Tank & [Buried Lined] Biological Sand filter
 - _____ Septic Tank & Recirculating Biological Sand filter
 - _____ Aerobic Treatment Plant & Lined Biological Sand filter
 - _____ Other – Describe _____
-

* Type of System Approval _____ General _____ Preliminary _____ Experimental

* Name of proposed receiving stream: _____
(ex., Dry ditch leading to an unnamed tributary of Deep Creek)

* Location of discharge (stream into which the discharge occurs) _____

	Yes	No
1. Are central sewage facilities available to this site/facility?	___	___

If yes, explain: _____.

2. Does the residence/facility (existing or proposed) currently have a separate VPDES permit?	___	___
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If yes, please provide the VPDES permit number _____.

3. Will any pollutants other than domestic sewage be treated or discharged?	___	___
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If yes, please indicate what: _____.

4. Has property been denied a permit for a septic tank system?	___	___
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Sanitarian: _____

Date of Denial _____

Consultant: _____

SD- _____ - _____

	Yes	No	N/A
5. Have all possible onsite sewage treatment systems been considered?	___	___	___

Systems which must be considered include but are not limited to a pump System, pressure distribution systems, sand mounds, pretreatment systems and conditional permits.

Note: If the answers to questions 4 and 5 are affirmative please attach a statement from the Department of Health that an on-site sewage disposal system permit has been applied for and that the Department of Health has determined that there is no technology available to serve that parcel of land with an onsite system.

6. Is this application for a system to replace a failing septic system? _____
7. Is this property a new subdivision (2 or more lots from 1 parcel)? _____
8. Is this property in an existing subdivision? _____
9. Will discharge be directly to a year-round, all-weather stream? _____
10. If discharge is to an intermittent or seasonal stream or to a dry ditch,
how far will discharge flow before leaving this property? _____ft
11. If discharge is to an intermittent or seasonal stream or to a dry ditch and
discharge will flow less than 500 feet (250 feet if NSF Class I aerobic plant
and sand filter are used together) on this property, can an easement be
obtained for the portion of the first 500 feet (250 feet) not on this property? _____
12. If discharge is to an intermittent stream or to a dry ditch, what is the percent
slope for each fifty foot distance in the first 500 feet of the discharge path?
- 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
6) _____ 7) _____ 8) _____ 9) _____ 10) _____

Yes No

- Does the slope exceed 1% for all of the fifty foot segments? _____
- Is the average slope more than 2%? _____
- Is the average slope less than 30%? _____
13. In the first 500 feet will path of wastewater flow within 100 feet of any
well or domestic water supply? _____
14. Are there any springs used for human consumption within 1500 feet
downstream, or 100 feet upstream from the discharge point? _____
15. Is there any public water supply intake within one mile downstream
from the proposed discharge point? _____
16. Is there any public water supply intake within five miles downstream
from the proposed discharge point? _____
17. Are there any public swimming areas designated for public use or
prohibited discharge areas within one mile downstream from the
proposed discharge point? _____
18. Would this discharge result in the condemnation of any shellfish water? _____
19. Are there any other existing or proposed VPDES discharges within 500
feet (250 feet if aerobic plant and sand filter are used together) of this
proposed discharge point? _____
20. Will any part of the proposed treatment system (excluding the discharge
pipe and any aeration steps) be within the 100 year flood plain? _____

21. Will any part of the proposed treatment system (excluding the discharge pipe and any aeration steps) be in a topographically low, wet, or swampy area? _____

22. Will the building served by this system be used seasonally, just on weekend, or be subject to frequent interruptions in power? _____

23. Name of Proposed Receiving Stream: _____.

24. As a requirement of the State Water Control Board's Regulation 9 VAC 25-110-10 *et seq.*, the owner of any proposed treatment works or any treatment works which has not previously been issued a valid VPDES permit must attach to this Registration Statement notification from the governing body of the county, city or town in which the discharge is to take place that the location and operation of the discharging facility is consistent with all ordinances adopted pursuant to Chapter 11 (§ 15.1-427 *et seq.*) of Title 15.1 of the Code of Virginia.

PLEASE ATTACH A SITE SKETCH TO THIS APPLICATION SHOWING:

1. Directions to and boundaries of the property.
2. The specific location of the property including the county tax map number (where available), a copy of the United States Geological Survey 7.5 minute topographic map showing the discharge point and downstream for five miles.
3. The location and distance to any existing or proposed buildings, wells, sewage treatment systems, VPDES discharges, water sources, water lines, easements, or utilities within 600 feet of any part of the proposed sewage disposal system. Indicates the discharge point, property boundaries, limestone outcrops and wells within 500', and downstream water sources and public access areas where primary contact recreation occurs for 5 miles downstream.
4. The important topographic features of the site (drainways, sinkholes, ponds, lakes, streams) including the limits of the 100-year flood plain.
5. The path of wastewater flow to the receiving year-round stream.
6. A written statement from the SWCB that the owner's registration statement has been approved under the general permit regulation.
7. A diagram of the existing or proposed sewage treatment system, including the location of the residence/facility and the individual sewage treatment units.
8. The elevation of the discharge point and the elevation and slope every fifty feet for five hundred feet downstream along the discharge path. Also include the slope of the channel sides every fifty feet for five hundred feet downstream along the discharge path.

I hereby give permission to the Health Department to enter onto the above referenced property for the purpose of processing this application. I certify that the property lines and the proposed location of the treatment system and discharge point are clearly marked and is sufficiently clear to see the topography.

Signature of Property Owner

Date

As the applicant for a construction permit on the above referenced property, I certify that, to the best of my knowledge, the above information is and the attached site sketch and topographic map are true, correct, and complete. I understand that if the department finds a satisfactory site in response to this application that I will be required to submit a site plan and correct plans and specifications for the treatment system prepared by an engineer, certified copies of any necessary easements, and a letter from the local governing body (county or city) stating that they have no objection to this discharge if the discharge is into an impoundment.

Signature of Applicant

Date

As the applicant for an alternative discharging system construction and operations permit on the above referenced property, I hereby give permission to the Health Department, or their authorized agent, to enter onto the above referenced property for the purpose of inspecting the construction of and monitoring the operation and quality of effluent from my sewage treatment plant.

Signature of Applicant

Date

Department of Environmental Quality Certification

I hereby grant to duly authorized agents of the Department of Environmental Quality, upon presentation of credentials, permission to enter the property where the treatment works is located for the purpose of determining compliance with or the suitability of coverage under the General Permit. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature of Applicant

Date