

Application for Sewage Handling Permit

Commonwealth of Virginia
Department of Health

_____ Health Department Identification Number

_____ Health Department

Name of Business: _____ Owner's Name: _____

Business Address: _____ Owner's Address: _____

Business Telephone: _____ Home Telephone: _____

Area(s) to be Served: _____

Vehicle	Make	Model	Number	State License	Vehicle Identification Markings	Size (Gallons)	Vehicle Tank
1							
2							
3							
4							
5							

Name and location of facility receiving septage for treatment and/or disposal: _____

If Discharging Septage to an Approved Sewage Treatment or Disposal Facility Append Statement from Owner Authorizing Discharge in accordance with Section 2.26.04 of the Sewage Handling and Disposal Regulations.

Estimated daily or monthly volume of septage _____ gallons

Date _____ Owners Signature _____

Department Use

- A. Approved Sewerage System or Treatment Works** Yes No
1. Statement from owner authorizing use: Yes No
2. DWP confirmation of facility's ability to accept volume of proposed septage. Yes No
- Comments _____
3. Conference Scheduled: Yes No Date: _____
- Comments _____
4. Equipment Inspected: Yes No Date: _____

Comments _____

B. Special Facility Required:

Yes No

1. Preliminary findings of site visit: _____

2. Conference Scheduled Yes No

a) Date _____

b) District Environmental Health Manager notified: Yes No

c) Regional Director, Division of Water Programs Notified: Yes No

d) State Water Control Board Notified: Yes No

3. Comments from Conference: _____

4. Land Application Site Approved by State Water Control Board Yes No

Date Certificate Issued: _____ Certificate Number: _____

5. Type III Facility approved: Yes No

Construction Permit Issued: _____ (Date) Permit Number: _____

Operation Permit Issued: _____ (Date) Permit Number: _____

6. Equipment Inspected: Yes No Date: _____

Comments: _____

C. Equipment Inspection

	Tank	Pump	Valves	Hoses				
Vehicle	Water Tight	Water Secured	Water Tight	Water Tight	Water Capped	Water Tight	Water Stored	Properly Other Comments
1								
2								
3								
4								
5								
Comments:	_____							

D. Permit Recommended: Yes No _____
Environmental Health Specialist Date

E. Permit Authorized: Yes No _____
Environmental Health Supervisor Date

Reason for Denial: _____

