

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	State License Number	Vehicle Identification Markings	Vehicle Tank Size (Gallons)
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: _____

