

# Commonwealth of Virginia

## Application for Construction of Sanitary and Sewerage Facilities at Marinas and Other Places Where Boats are Moored

<b>VDH Use Only</b>
Health Department ID# _____
Due Date _____

Facility Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_ Site County/City: \_\_\_\_\_  
Water Body: (river, creek, bay, etc.): \_\_\_\_\_ Latitude/Longitude: \_\_\_\_\_  
Did you apply for a VMRC Permit? \_\_\_\_\_ VMRC permit #: \_\_\_\_\_ Directions to property if no  
911 address available: \_\_\_\_\_

Owner: _____	Phone: _____
Mailing Address: _____	Cell: _____
_____	Fax: _____
_____	Email: _____
Agent* _____	Phone: _____
Mailing Address _____	Cell: _____
_____	Fax: _____
_____	Email: _____

Dockmaster/Manager: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Website Address: \_\_\_\_\_  
Subdivision and Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_  
Other Property Identification (i.e. GPIN): \_\_\_\_\_

**Purpose of project** (briefly describe project and whether this is a new facility, existing, or an expansion/repair of an existing one):

Additional Services offered (check all that apply):  fuel (on dock);  electric (on dock);  water (on dock);  
 boat ramp;  boat hoist;  railway;  boat repair;  store;  restaurant;  laundry;  lodging;  
 campground;  swimming pool;  snack bar;  cable/satellite;  wifi;  picnic area;  kayak/canoe launch;  
 playground;  boat sales;  boat wash;  other, please list \_\_\_\_\_

### Total Facility Sewage Flow

<b>1. Wet Storage</b>	Number of boat slips:	Existing _____	Proposed _____
<b>2. Dry storage</b>	Number of storage spaces:	Existing _____	Proposed _____
<b>3. Live aboard</b>	Number of boat slips:	Existing _____	Proposed _____
<b>4. Boating Access Ramp</b>	Number of trailer spaces:	Existing _____	Proposed _____

**TOTAL SEWAGE FLOW calculation =**

total wet storage above _____	X 25 gallons = .....	_____ gallons per day
total dry storage above _____	X 25 gallons = _____ divided by 3 = .....	_____ gallons per day
total live aboard slips above _____	X 50 gallons = .....	_____ gallons per day
total boat trailer spaces above _____	x 10 gallons = .....	_____ gallons per day

Add up totals in **right** column for **TOTAL MARINA SEWAGE FLOW\*** = \_\_\_\_\_ gallons per day

### Sanitary Facilities (restrooms)

	<i>EXISTING FACILITIES</i>			<i>PROPOSED FACILITIES</i>		
	Men	Women	Unisex	Men	Women	Unisex
Commodes	_____	_____	_____	_____	_____	_____
Urinals	_____			_____		
Lavatories	_____	_____	_____	_____	_____	_____
Showers	_____	_____	_____	_____	_____	_____
Privies*	_____	_____	_____	_____	_____	_____

\*only permitted under certain circumstances

**A. Marina Sewage Collection, Treatment, and Disposal (excluding waste from boat holding tanks)**

1. Type of proposed/existing sewage system(s):  None (if so, explain);  conventional onsite sewage system;  alternative onsite sewage system;  discharge system;  pump and haul;  public sewer;  commercial privy
  
2. This application is for a  New;  Existing; or  Modification (expansion) of a Marina Facility. If you checked "new" or "modification", you may need to submit an application for a Sewage Disposal System Construction Permit with this application. **Contact the local health department for an application and requirements.** The system must be able to accommodate the total sewage flow from the Sewage Flow Calculation above.

3. If an existing septic system will be used, has it been previously approved by the local Health Department for the proposed use?  **Yes**;  **No**. Has the septic tank been pumped on the system in the last five years?  **Yes**;  **No**. If it is an alternative system, has maintenance been provided in the last year?  **Yes**;  **No**. Date provided and maintenance provider: \_\_\_\_\_
4. If you have any other information about your sewage disposal system such as permit number and capacity, please include it or attach copies: \_\_\_\_\_

**B. Boat Sewage, Collection, Treatment, and Disposal**

1. What type and size of vessels will be using the facility?  **Recreational**;  **Commercial**;  **<26' (no type III holding tanks or installed toilets)**;  **26'-40'**;  **40' to 65'**;  **65'+**;  **Powered**;  **Sail**  **Other (kayak, canoe, paddle)**
2. Slip sizes: # of slips <26' \_\_\_\_\_; # of slips >26' and <40' \_\_\_\_\_; # of slips over 40' \_\_\_\_\_.
3. Sewage Dump station facilities may be required for disposal of portable toilet tanks. Will you have a dump station available?  **Yes**;  **No**. If no, please how you will accommodate boaters with portable toilets  
\_\_\_\_\_
4. Pump-Out Facilities for Removing Contents of Sewage Holding Tanks on Boats are required. Will you have a pump out unit available?  **Yes**;  **No**. If not, please explain why: \_\_\_\_\_
5. Where will the boat sewage be conveyed to:  **Public Sewer**  **Holding Tank (describe method and name of permitted septic hauler)**  **other (please describe)** \_\_\_\_\_
6. If installing a Pump-Out Unit or Dump Station, please provide manufacturer's cut sheets and a diagram of the of proposed boat sewage pump-out AND dump stations including:

Equipment ratings and manufactures specs  
 Pump type (diaphragm, centrifugal, etc.)  
 Pump motor type (gasoline, electric)  
 Pump horsepower and gallons per minute  
 Type and size of pumping appurtenances  
 Conveyance lines - pipe materials and size  
 Utility locations (electric, gas, water mains)  
 Check valves & shut off valves (type, location)  
 Holding tank (if required) size, specifications, alarms, access ports

Nozzles, fittings, rinse line specifications  
 Suction hose size/type  
 Mean Low Water level (MLW)  
 Air gap/backflow prevention type and locations to prevent cross connections to water supplies  
 Elevations from MLW to the:  
 Dock tread, center line of pump, discharge point, and highpoint of discharge line

7. Hours of pump-out availability (hours, days of the week and dates in service). \_\_\_\_\_

8. Indicate how you will prevent spills and leakage of sewage when pump out is not in use: \_\_\_\_\_

**C. Water Supply Source**

1. What type of water supply will be available:  Public;  Private Well;  Public Well;  No water will be available;  
 Other (please describe): \_\_\_\_\_

2. This application is for a  New,  Existing, or  Modification (expansion) of a Marina Facility. If you checked new or modification, you may need to submit an application for a Private Well Construction Permit with this application or apply for a Waterworks Construction or Operations Permit from the Department of Health Division of Drinking Water. **Contact the local health department for an application and requirements.**

3. If offering water to customers please indicate approximate number of customers, length of customers stay at the facility, and the total number of potable water connections (boat slips, lodging units, camp sites, etc.)  
\_\_\_\_\_

4. Please provide permit number, municipality, or water system I.D.: \_\_\_\_\_

**Signature and Authorization**

It is fully recognized and understood that additional sanitary facilities and holding tanks will be required should the need arise and this understanding is hereby acknowledged in this application. It is further understood that failure to provide additional facilities as may be required will result in cancellation of the State Health Department Certificate. I certify that I have filled out this application completely and accurately to the best of my knowledge. I give permission to the Virginia Department of Health to enter onto the property during normal business hours for the purpose of processing this application and to perform quality assurance checks of evaluations and designs until an operation permit is approved. Periodic inspections for compliance are a condition of the Certificate to Operate once it is issued.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicants Name (print)

**IF APPLICANT IS NOT THE OWNER of the Business or Property:**

I, \_\_\_\_\_, hereby certify that I have authorized \_\_\_\_\_ to act on my  
(Owner's Name) (Applicant's Name)

behalf and to take all actions necessary to the processing, issuance, and acceptance of this permit and any and all standard and special conditions attached. We hereby certify that the information submitted in this application is true and accurate to the best of our knowledge.

\_\_\_\_\_  
Agent's Signature (applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Owners Name (Print)

- D. **Site Sketch** – please provide a drawing of the facility below or attach plans. Include the proposed or existing locations of bathrooms, structures, pump-out units, dump stations, boat slips, mooring buoys, dry storage areas, boat ramps, parking, roads, sewage disposal systems, sewage holding tanks, septic tanks, water supply locations, utility lines, mean low water line, and any other information that may help with processing the application. A Scale drawing with relative elevations of proposed construction is recommended.