

APPLICATION FOR SEWAGE HANDLER PERMIT

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Commonwealth of Virginia Virginia Department of Health _____ Health District				
Company Name: <small>(as it will appear on permit)</small>		Owner's Name:		
Business Mailing Address:		Business Telephone Number:		
Area(s) to be Served: <i>(please select all that apply)</i>				
<input type="checkbox"/> Central	<input type="checkbox"/> Eastern	<input type="checkbox"/> Northern	<input type="checkbox"/> Northwest	<input type="checkbox"/> Southwest
Facility(ies) Receiving Septage for Treatment and/or Disposal:				
Name of Facility	Address		Estimated Monthly Volume of Septage	
<i>* Additional space provided for more facilities on reverse side if necessary. *</i>				
If discharging septage to an approved sewage treatment or disposal facility, please append a statement from the facility owner authorizing discharge in accordance with 12VAC5-610-380.E.1. (The statement shall include the quantity per day and point(s) of discharge.)				
Vehicles to be Permitted:				
Vehicle License Plate Number	Vehicle Make and Model		Vehicle Tank Size (gallons)	
<i>* Additional space provided for more vehicles on reverse side if necessary. *</i>				
Owner Signature:		Date:		

For VDH Use Only			
Received by:		Date:	
Sewage Handler Permit Number:			

