

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 Plate	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:

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: _____ Permit Number: _____
(Date)

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

6. Equipment Inspected: Yes ☐ No ☐ Date: _____

Comments: _____

C. Equipment Inspection

Vehicle	Tank Water Tight	Tank Secured Tight	Pump Water Tight	Valves Water Tight	Hoses Capped	Hoses Properly Stored	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: _____
