

# 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: \_\_\_\_\_ Owners Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Area(s) to be served: \_\_\_\_\_

Vehicle	Make	Model #	State	VIN#	Vehicle Tank Size
1					
2					
3					
4					
5					
6					

Name and location of Facility Receiving septage for treatment and/or disposal:

\_\_\_\_\_  
\_\_\_\_\_

If Discharging Septage to an Approved Sewage Treatment or Disposal Facility Apend 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          |
| 3. Conference Scheduled                                                        | Yes | No          |
|                                                                                |     | Date: _____ |
| 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: \_\_\_\_\_

C. Equipment Inspection:

	Tank	Pump	Valves	Hoses
--	------	------	--------	-------

Vehicle	Water Tight	Secured	Water Tight	Capped	Water Stored	Comments
1						
2						
3						
4						
5						
6						

D. Permit Recommended: Yes No \_\_\_\_\_  
Environmental Health Specialist \_\_\_\_\_  
Date

E. Permit Authorized: Yes No \_\_\_\_\_  
Environmental Health Specialist \_\_\_\_\_  
Date

Reason for Denial:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_