

Application for Sewage Handling Permit

Commonwealth of Virginia
Department of Health

Chesterfield Health Department

Name of Business: _____ Owner's Name: _____
 Business Address: _____ Owner's Address: _____

 Business Telephone: _____ Home Telephone: _____
 Fax Number: _____ E-Mail Address: _____

Health Department ID Number	Make/Model	Year	State License	Vehicle Identification Markings (Tank and Cab Color)	Size (Gallons)

Name and location of facility receiving septage for treatment and/or disposal:

- Proctor's Creek (Chesterfield)
- Richmond Wastewater Treatment Plant (Richmond City)
- City of Hopewell Wastewater Treatment Facility (Hopewell)
- South Central Wastewater Authority (Petersburg)
- Henrico County Reclamation Facility (Henrico)

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

Owners Signature

Date