

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

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

Health Department ID Number	Tank		Pump		Valves	Hoses		Other Comments
	Water Tight	Secured	Water Tight	Capped	Water Tight	Water Tight	Stored Properly	

D. Permit Recommended: Yes No

E. Permit Authorized: Yes No

Reason for Denial: _____

 Environmental Health Supervisor

 Date

 Environmental Health Specialist

 Date