



**THOMAS JEFFERSON HEALTH DISTRICT**  
*Charlottesville-Albemarle Health Dept, 1138 Rose Hill Drive, Charlottesville*  
*Fluvanna County Health Dept, 132 Main Street, Palmyra*  
*Greene County Health Dept, 50 Stanard Street, Stanardsville*  
*Louisa County Health Dept, 1 Woolfolk Avenue, Louisa*  
*Nelson County Health Dept, 4038 Thomas Nelson Highway, Arrington*

## Application for Sewage Handling Permit

**Business Information**

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**Owner's Information**

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

\_\_\_\_\_

Owner's Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Vehicle Information**      Health Department ID #: \_\_\_\_\_

Vehicle	Make	Model	State License Number	Vehicle Identification Markings	Vehicle Tank Size (Gal)
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					

Counties to be served: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Estimated Daily or Monthly Volume of Septage: \_\_\_\_\_ gallons

\_\_\_\_\_  
Signature of Owner

\_\_\_\_\_  
Date

## Health Department Use

Approved Sewerage System or Treatment Works     YES     NO

Statement from Sewerage System or Treatment Works Authorizing Use     YES     NO

### Equipment Inspections

VEHICLE	TANK		PUMP	VALVES		HOSES		VEHICLE
	WATER-TIGHT	SECURED	WATER-TIGHT	WATER-TIGHT	CAPPED	WATER-TIGHT	PROPERLY STORED	PROPERLY LETTERED
<b>1</b>								
<b>2</b>								
<b>3</b>								
<b>4</b>								
<b>5</b>								

Corrections Needed     YES     NO

\_\_\_\_\_

\_\_\_\_\_

Permit Issued     YES     NO

Reasons for Denial: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Environmental Health Specialist, Senior

\_\_\_\_\_  
Date