

# 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	Number	State License	Vehicle Identification Markings	Size (Gallons)	Vehicle Tank
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: \_\_\_\_\_ (Date) Permit Number: \_\_\_\_\_

Operation Permit Issued: \_\_\_\_\_ (Date) Permit Number: \_\_\_\_\_

6. Equipment Inspected: Yes  No  Date: \_\_\_\_\_

Comments: \_\_\_\_\_

**C. Equipment Inspection**

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