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## Commonwealth of Virginia State Department of Health

1.	OWNER:							
	Print Name	Signature						
	COMPANY:							
	ADDRESS:							
	ZIP:							
	does hereby apply for a permit to remove and transport							
	to(if additional							
2.	Justification:							
3.	Brief description of storage or holding facilities (Type, capacity, etc.)							
4.	Plans and Specifications of holding facility (if required)	Plans and Specifications of holding facility (if required) prepared by						
		Engineer						
	Address:	Date:						
5.	Date of completion of permanent facilities	Describe facility to be completed						

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6.	Method of guarantee that facility will be completed. Attach documents as proof such a etc.					
7.	Sewage Handling Permit HolderName and Number of Permit Holder					
	Name and Number of Permit Holder Address:Telephone:					
	Address:Telephone: (Attach copy of contract with Sewage Handling Permit Holder)					
8.	Time period requested for pump and haul (maximum time one year) fromto					
9.	Method of bonding to insure pump and haul for the specified time period in 8 above					
10	. Quantity of sewage to be hauled per daygallo	ins.				
11.	. Route(s) of transport					
12	. Time of day for transport					
13	. Emergency response capability					
14	. Disposition of Sewage(Attach a copy of agreement with owner of receiving treatment facility)					
15	. Conference date requested:					
16	Concurrence of Local Political Subdivision					
	Name Title		Date			
	Title					
1.	Department Use  Contract with Handler having valid sewage handling permit Yes □ No □					
2.	Receiving facility satisfactory Yes  No  Comments					
3.	Bonding and/or assurances approved by Bureau and Attorney General Yes   No   No					
	Comments					
4.	Plans and Specifications for storage facility satisfactory Yes □ No □ Not Required □					
5.	Construction Permit issued for storage facility Yes  No Not Required  Permit No Date					
6.	Storage Facility Inspected Yes  No  Comments					
7.	Recommended Pump & Haul Permit Be Issued					
	Sanitarian Date		<del></del>			
8.	Authorize Pump & Haul Permit To Be Issued					
	Supervisory Sanitarian Date		<del></del>			