



COMMONWEALTH OF VIRGINIA

Rappahannock-Rapidan Health District
Environmental Health

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330 Hospital Dr., Warrenton, VA 20186 (540)347-6363 FAX(540)347-6373, FauquierEH@vdh.virginia.gov
1480 N. Main St., Madison, VA 22727 (540)948-5481 FAX (540)948-3841, MadisonEH@vdh.virginia.gov
450 N. Madison Rd., Orange, VA 22960 (540)672-1291 FAX (540)672-1093, OrangeEH@vdh.virginia.gov
338-A Gay St., Washington, VA 22747 (540)675-3516 FAX (540)675-1021, RappahannockCoEH@vdh.virginia.gov

Application for Sewage Handling Permit

Business Name _____ Owner Name _____

Business Address _____ Owner Address _____

Business Telephone _____ Owner Telephone _____

Business Email _____

Area(s) to be Served _____

City/County

DPOR Operator(s) Name & License# _____ Alt Conv

Alt Conv

Alt Conv

| Vehicle | Make | Model | State License Number | Health Dept. Identification Number | Vehicle Tank Size (Gal) |
|---------|------|-------|----------------------|------------------------------------|-------------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Name and location of Sewage Treatment Plant receiving sewage _____

Enclose a letter from the owner of the receiving Sewage Treatment Plant authorizing your disposal at that site.

Department Use

- 1) Approved Sewage Treatment Plant Yes No
- 2) Statement from Sewage Treatment Plant owner authorizing use Yes No
- 3) Sewage Treatment Plant Inspected Yes No Date _____

Comments _____

| Vehicle | Tank | | Pump | Valves | | Hoses | | Other Comments |
|---------|-------------|---------|-------------|-------------|--------|-------------|-----------------|----------------|
| | Water-tight | Secured | Water-tight | Water-tight | Capped | Water-tight | Properly Stored | |
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Comments _____

Permit Authorized Yes No _____

EHS

Date