



## Application for Sewage Tank Cleaning Permit

SS - 181 Rev. 12/05

Application is hereby made for a permit to clean sewage tanks in: \_\_\_\_\_ County, WV.

1. Company: "aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa" Address: \_\_\_\_\_

2. Owner/Operator: aaaaaaaaaaaaaaaaaaaaaaaaaa Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Counties where sewage tank cleaning will be done: \_\_\_\_\_

4. Vehicles: Total Number of Vehicles: "aaaaaaaaaa" Carrier Tanks: aaaaaaaaaa

a. License Numbers: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

b. All vehicles and carries marked with Company or Owner/Operator's Name: ☐ Yes ☐ No

c. Carriers marked with Health Department Permit Number: ☐ Yes ☐ No

5. Carrier Tanks:

a. Capacity: Tank 1: \_\_\_\_\_, Tank 2: \_\_\_\_\_, Tank 3: \_\_\_\_\_, Tank 4: \_\_\_\_\_

b. Watertight: ☐ Yes ☐ No Fully Enclosed: ☐ Yes ☐ Painted: ☐ Yes ☐ No

c. Filled by: ☐ Vacuum ☐ Motor Driven Pump

d. Emptied by: ☐ Gravity Flow ☐ Motor Driven Pump

e. "FOR SEWAGE ONLY" Marked on Tank: ☐ Yes ☐ No

f. Caps provided for valves and hoses: ☐ Yes ☐ No

g. Pump is self-priming: ☐ Yes ☐ No

h. Hoses in good condition, approved construction: ☐ Yes ☐ No

6. All equipment maintained in good condition: ☐ Yes ☐ No

7. Sewage tank contents disposed of by:

a. ☐ Discharged at an acceptable point at a sewage treatment facility.

b. ☐ Discharged at an approved point into a public sewer system.

c. ☐ Properly buried with compacted earth cover over contents.

d. ☐ Incinerated by an approved high-temperature incinerator.

e. ☐ Other Method: \_\_\_\_\_

NOTE: Written permission must be secured from a responsible official of the entity owning or operating the receiving facility. A copy of the document granting authorization to use the facility must accompany this application form.

8. Exact location of disposal: \_\_\_\_\_

9. Written records for all sewage tank cleaning jobs: ☐ Yes ☐ No

10. Rate and/or fee charges based on:

a. ☐ Lump Sum Bid

b. ☐ Pounds of sewage tank contents removed

c. ☐ Gallons of sewage tank contents removed

11. Necessary repairs to sewage tanks and soil absorption system made: ☐ Yes ☐ No

12. Equipment and materials for repairs services available: ☐ Yes ☐ No

Date: \_\_\_\_\_

Signature of Applicant/Agent: \_\_\_\_\_

### For Health Department Use Only

Inspection conducted on: \_\_\_\_\_

By: \_\_\_\_\_

Permit Issued: ☐ Yes ☐ No Date: \_\_\_\_\_

Number: \_\_\_\_\_

☐ Permit Suspended: Date: \_\_\_\_\_

☐ Permit Revoked: Date: \_\_\_\_\_