

**COMBINED APPLICATION**

Virginia Department of Health Discharging System Application  
For Single Family Dwellings Discharging Sewage Less Than or Equal To 1,000 Gallons per Day  
and  
State Water Control Board Virginia Pollutant Discharge Elimination System  
General Permit Registration Statement For  
Domestic Sewage Discharges Less Than or Equal to 1,000 Gallons Per Day

**PART A. General Information**

Types of Application: \_\_\_\_\_ New, \_\_\_\_\_ Repair, \_\_\_\_\_ Modification, \_\_\_\_\_ Expansion  
\_\_\_\_\_ County or City Health Department Date: \_\_\_\_\_, 20\_\_\_\_

Name of Facility/Residence: \_\_\_\_\_ Owner(s) of Facility/Residence: \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Agent (if applicable): \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Day Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Tax Map#: \_\_\_\_\_ Subdivision: \_\_\_\_\_ Sect/Block: \_\_\_\_\_ Lot #: \_\_\_\_\_  
Size of Parcel: \_\_\_\_\_ Acres. \_\_\_\_\_ Proposed Use (# of bedrooms): \_\_\_\_\_  
Proposed volume of discharge (gallons per day): \_\_\_\_\_ gpd \_\_\_\_\_

If the discharge is to a wetland, attach the statement from the Army Corps of Engineers confirming the wetland delineation.

- |  | YES   | NO    |
|--|-------|-------|
| 1. Are central sewage facilities available to this site/facility?<br>If yes, explain: _____  | _____ | _____ |
| 2. Does the residence/facility (existing or proposed) currently have an existing VPDES permit?<br>If yes, please provide the VPDES permit number: _____  | _____ | _____ |
| 3. Will any pollutants other than domestic sewage be treated or discharged?<br>If yes, please indicate what: _____   | _____ | _____ |
| 4. Is this application for a system to replace a failing septic system?  | _____ | _____ |
| 5. Discharge permits can only be issued to sites with no onsite solution in accordance with 12VAC5-640<br>Attach a copy of the onsite sewage permit denial.<br>OSE/PE: _____ Date of Denial: _____ PE/OSE License #: _____ |       |       |

I hereby give permission to the Health Department to enter onto the above referenced property for the purpose of processing this application. I certify that the property lines and the proposed location of the treatment system, discharge point, proposed structures, water supplies, utilities, easements, are clearly marked and the property is sufficiently clear to see the topography.

\_\_\_\_\_  
Signature of Property Owner Date

**PART B. Site Evaluation**

	YES	NO	N/A
6. Will discharge be directly to a year-round, all-weather stream? If so Name of Proposed Receiving Stream: _____	_____	_____	_____
7. If discharge is to an intermittent stream or to a dry ditch, how far will discharge flow before leaving this property? _____ ft.			
8. If discharge is to an intermittent stream, a dry ditch, or a wetland, and discharge will flow less than 500 feet on this property, can an easement be obtained in accordance with 12 VAC 5-640-370?	_____	_____	_____
		YES	NO
9. If discharge is to an intermittent stream or to a dry ditch, is the slope $\geq$ 1% for all of the fifty foot segments?		_____	_____
10. Is the average slope $\geq$ 2%?		_____	_____
11. In the first 500 feet will the path of wastewater flow within 100 feet of any well or domestic water supply?		_____	_____
12. Are there any springs used for human consumption within 1500 feet downstream, or 100 feet upstream of the discharge point?		_____	_____
13. Is there any public water supply intake within one mile downstream of the proposed discharge point?		_____	_____
14. Are there any public swimming areas designated for public use or prohibited discharge areas within one mile downstream from the proposed discharge point?		_____	_____
15. Is the receiving stream classified as, or does it discharge to, shellfish waters?		_____	_____
16. Are there any other existing or proposed VPDES discharges within 500 feet of this proposed discharge point along the flow path?		_____	_____
17. Will any part of the proposed treatment system (excluding the discharge pipe and any aeration steps) be located within the 100 year flood plain?		_____	_____
18. Will any part of the proposed treatment system (excluding the discharge pipe and any aeration steps) be located in a topographically low, wet, or swampy area?		_____	_____
19. Will the building served by this system be used intermittently, or be subject to frequent electrical power interruptions?		_____	_____
20. Provide verification that this proposed activity is consistent with all local ordinances adopted pursuant to Title 15.2 of the Code of Virginia including wetlands.		_____	_____
21. How will the discharge be disinfected? Circle one: Chlorine; Ultraviolet radiation; Other _____			

**PART C. Site Sketch**

PLEASE ATTACH A SITE SKETCH TO THIS APPLICATION SHOWING:

- 1) A survey plat with topographic contour, and the location of existing structures, easements, utilities, water supplies, and springs should be provided by the owner. Other information referenced in this application is to be plotted on the survey plat.
- 2) Directions to and boundaries of the property.
- 3) The specific location of the property including the county tax map number (where available), a copy of the United States Geological Survey 7.5 minute topographic map showing the discharge point and downstream for five miles.
- 4) The location and distance to any existing or proposed buildings, wells, sewage treatment systems, VPDES discharges, water sources, water lines, easements, or utilities within 600 feet of any part of the proposed sewage disposal system. Indicate the discharge point, property boundaries, limestone outcrops and wells within 500 feet.
- 5) The important topographic features of the site (drainways, sinkholes, ponds, lakes, streams) including the limits of the 100-year flood plain.
- 6) The path of wastewater flow to the receiving year-round stream.
- 7) A diagram of the existing or proposed sewage treatment system, including the location of the residence/facility and the individual sewage treatment units.
- 8) The elevation of the discharge point and the elevation and slope every 50 feet for 500 feet downstream along the discharge path. Also include the slope of the channel sides every 50 feet for 500 feet downstream along the discharge path.
- 9) The latitude and longitude of the proposed discharge point in degrees, minutes, and seconds.

**Certification:**

To the best of my knowledge the information provided on the site sketch and the site evaluation are accurate.

Site Summary: Discharge Point Type: \_\_\_\_\_  
Easement Required? \_\_\_\_\_

Site Evaluation and Site Sketch prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

VDH Site Evaluation Concurrence by: \_\_\_\_\_ Date: \_\_\_\_\_

**PART C. Permissions**

As the applicant for a construction permit on the above referenced property, I certify that, to the best of my knowledge, the above information and the attached site sketch and topographic map are true, correct, and complete. I understand that if the department finds a satisfactory site in response to this application that I will be required to submit construction permit application and plans and specifications for the treatment system prepared by an engineer and, certified copies of any necessary easements

---

Signature of Applicant

---

Date

As the applicant for an alternative discharging system construction and operations permit on the above referenced property, I hereby give permission to the Health Department, or their authorized agent, to enter onto the above referenced property for the purpose of inspecting the construction of and monitoring the operation and quality of effluent from my sewage treatment plant.

---

Signature of Applicant

---

Date

Department of Environmental Quality Certification

I hereby grant to duly authorized agents of the Department of Environmental Quality, upon presentation of credentials, permission to enter the property where the treatment works is located for the purpose of determining compliance with or the suitability of coverage under the General Permit. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

---

Signature of Applicant

---

Date

**PART D. CERTIFICATION**

I understand that I am responsible for contracting with a licensed operator to conduct all operation, maintenance, monitoring, and reporting for this permitted wastewater treatment system in accordance with 12VAC5-640. I certify that this system will be maintained by a licensed operator in accordance with 12VAC5-640.

---

Signature of Applicant

---

Date