Commonwealth of Virginia
Department of Health
Division of Onsite Sewage, Water Services, Environmental Engineering and Marina Programs

**Application for Construction Permit**

Date

Name of Establishment

Address

County/City

Location of Establishment

Latitude/ Longitude

Owner Name

City, State, Zip

Owner Telephone

1. Marina
   - Total number of boat slips
   - Total number of dry storage spaces

2. Other places where boats are moored
   - Maximum number of boats that can be accommodated
   - Total number of dry storage spaces

3. Boating Access Facility

4. **Sanitary Fixtures**
   - **Commodes**: Men/Women
   - **Urinals**: Men/Women
   - **Lavatories**: Men/Women
   - **Showers**: Men/Women
   - **Privy**: NA

5. Total maximum daily sewage flow ______ gpd (based on flow criteria in marina regulations)
6. Sewage Collection, Treatment, and Disposal

a) Domestic Waste Treatment (excluding contents from holding tanks on boats)
   i. Name and location of sewage treatment facility to handle the domestic wastes from marina or other places where boats are moored (excluding contents from holding tanks on boats).

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

- If this is a new discharge, submit a copy of the NPDES permit/application with this application.
- If this is an existing discharge, submit evidence of acceptance of your wastewater flow from the owner of the treatment facility.

ii. If a sewage system is used to handle the domestic waste from the marina and other places where boats are moored, (excluding contents from holding tanks on boats or boating access facilities) has the system been approved by the local Health Department?  Yes_______  No_______ (check one)

iii. Other (Please describe)

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

b) Pump-Out Facilities for Removing Contents from Holding Tanks on Boats.
   i. Submit data from manufacturer which includes:
      - Equipment rating
        pump type (diaphragm, centrifugal, etc.)_________gpm @ _________ ft. TD
        pump motor type (gasoline, electric) _______rate _____hp @ _____rpm

      - Type and size of pumping appurtenances

<table>
<thead>
<tr>
<th>Type</th>
<th>Size</th>
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<tbody>
<tr>
<td>Suction Line</td>
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<tr>
<td>Rinse Line</td>
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<td>Discharge Line</td>
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<td>Fittings</td>
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<td>Valves</td>
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</table>
Name of Establishment_______________________________________________________________

ii. Enclose a schematic of proposed equipment installation showing all important relative elevations above mean low water levels which include:
   - Mean low water level. (If known, date, and time recorded. If not known, assume zero and measure with respect to this.
   - Elevation of dock
   - Elevation of center line of pump
   - Elevation of point of discharge
   - High point in discharge line

iii. If potable water supply is to be used for rinsing holding tanks, and has an anti backflow preventer been provided?   Yes_______   No______ (check one)

iv. Is the connection to the receiving facility (end of pump-out discharge line) capable of being locked in place when pump-out facility is in operation?   Yes_______   No______ (check one)

   If no, what provisions have been made to prevent the discharge line from coming loose during pump-out?  Please Describe
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

v. What provisions have been made to prevent leakage of wastewater or discharge of wastewater to the water course and dock area? (spill pan for pump, nozzle which prevents flow-out of suction line when pump is shut off, water tight fittings and couplings on discharge line, etc.)
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________
   ______________________________________________________________________________

vi. Pump-out to be available (months, days of week, hours of day)
   ______________________________________________________________________________
c) Pump-out Facility for Pumping Contents from Holding Tanks on Boats Discharges Wastewater Directly to: (Check One)

_______ Municipal or privately owned sewer system. If so, do the following:
- Attach the name and location of the sewer system an evidence of acceptance of flow from the owner for the sewer system.
- Attach Evidence of acceptance of flow from the owner of any downstream conveyance system affected and from the owner of the ultimate treatment facility.

_______ Holding Tank. If so, do the following:
- Indicate the proposed size in gallons, list appurtenances to be provided, sketch the proposed location with respect to water supply and marina facilities (see attached example), indicate provision so to prevent the holding tank from leaking and any other information available.
- Briefly describe method of pump and haul, indicating who owns pump and haul equipment, what type of equipment (indicate size) and proposed point of discharge. When pump and haul is to be used, include evidence of approval of method of local Health Department and evidence of approved point of discharge.

_______ Other (Please Describe)

7. Water Supply Source Serving Marina
Water supplies for new installations or enlargements for existing installations shall comply with criteria in the Commonwealth of Virginia, Department of Health Waterworks Regulations adopted by the State Board of Health on June 23, 1993. Describe the source of water serving marina.
Please read the following paragraph carefully before signing this application.

It is fully recognized and understood that additional sewage facilities and holding tanks will be required should the need arise and this understanding is hereby acknowledged in this application. It is further understood that failure to provide the additional facilities as may be required will result in revocation of the State Health Department Certificate. I certify that I have filled out this application completely and accurately to the best of my knowledge.

Signed

Title

Date

Name of Establishment

Blue River Marina - Example Schematic

Effective December 16, 2015