

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 | Marina Men/Women | Other Places Men/Women | Dry Storage Men/Women | Boating Access Facility Men/Women |
|----------------------|---------------------|---------------------------|--------------------------|--------------------------------------|
| Commodes | ___ / ___ | ___ / ___ | ___ / ___ | ___ / ___ |
| Urinals | ___ / ___ | ___ / ___ | ___ / ___ | ___ / ___ |
| Lavatories | ___ / ___ | ___ / ___ | ___ / ___ | ___ / ___ |
| Showers | ___ / ___ | ___ / ___ | ___ / ___ | ___ / ___ |
| Privy | NA | ___ / ___ | ___ / ___ | ___ / ___ |

5. Total maximum daily sewage flow _____ gpd (based on flow criteria in marina regulations)

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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

| | Type | Size |
|----------------|-------|-------|
| Suction Line | _____ | _____ |
| Rinse Line | _____ | _____ |
| Discharge Line | _____ | _____ |
| Nozzles | _____ | _____ |
| Fittings | _____ | _____ |
| Valves | _____ | _____ |

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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)

Name of Establishment _____

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 and 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.

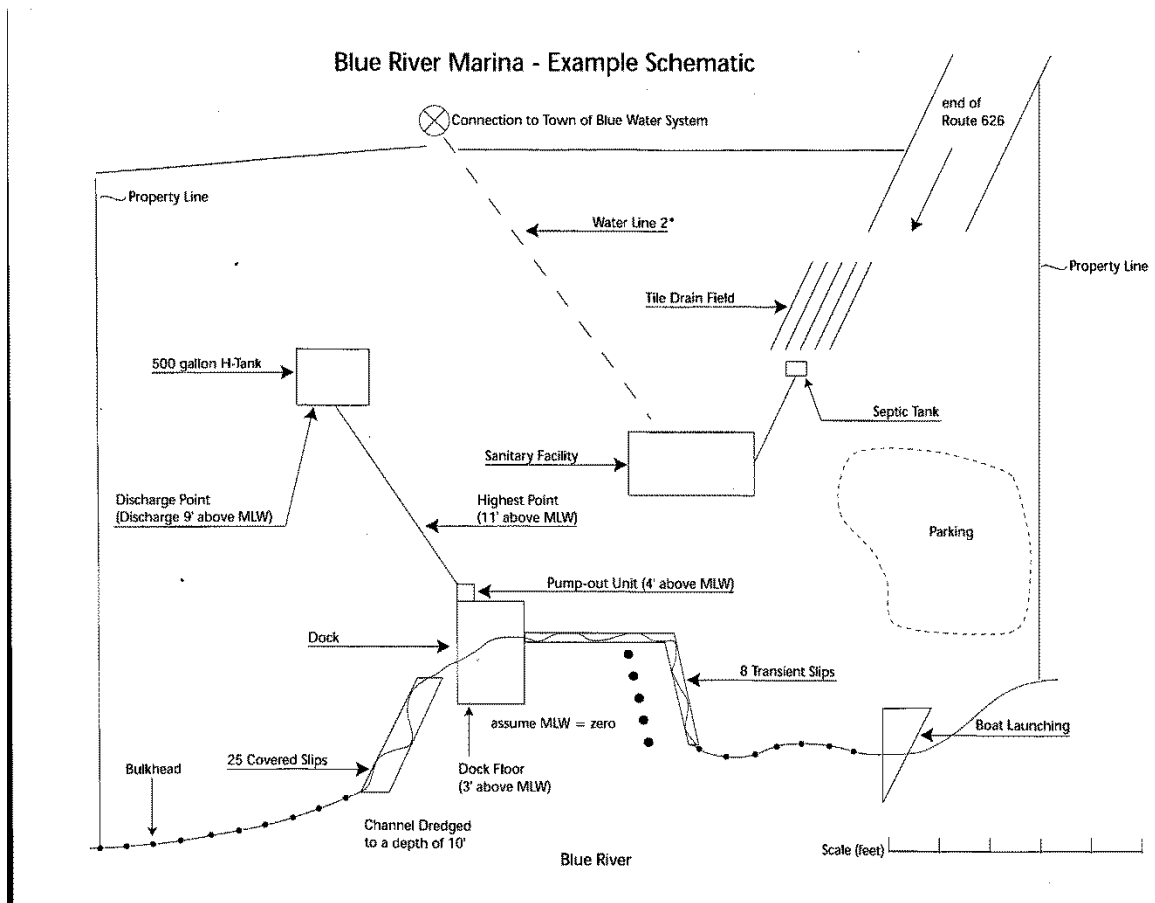
It is fully recognized and understood that additional sewage facilities and holding tanks will be required should the need arise and this understanding is hereby acknowledged in this application. It is further understood that failure to provide the additional facilities as may be required will result 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 _____



Effective December 16, 2015