

**STATE OF WEST VIRGINIA
BUREAU FOR PUBLIC HEALTH
APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
AN INDIVIDUAL SEWER SYSTEM WITH SURFACE DISCHARGE**
Note: A W.Va. D.E.P. Wasteload Allocation must be included with this application.

I. OWNERSHIP INFORMATION

Name of Applicant _____ Social Security # _____
Mailing Address _____
City _____ State _____ Zip Code _____ Phone _____
Deed Recorded in Book _____ Page _____ County of _____
Property Location (be specific) _____

Type facilities to be served _____
No. of people to be served _____ Application is to install modify

II. INSTALLER INFORMATION

Name of Class II Installer _____ Phone _____
Business Address _____ County _____
Class II Certificate Number _____ Expiration Date _____
WV Dept. Of Labor Contractor License No. _____ Expiration Date _____

III. MAINTENANCE INFORMATION - Note: The owner of any mechanical sewer system with surface discharge must have a Perpetual Maintenance Agreement.

Under what arrangements and by whom will the system be maintained (maintenance contract must be submitted with this application):

IV. TECHNICAL INFORMATION

Discharge Point (be specific) _____
Receiving Stream _____
Sewer System Manufacturer Name and Model Number _____ Size (G.P.D.) _____
Local Distributors Name _____ Address _____

Describe equipment to be installed; include chlorinators, pump chamber, pretanks, and filters. - Note: If the D.E.P. Wasteload Allocation requires tertiary treatment; specifications for the tertiary treatment must be included with this application.

V. SYSTEM LAYOUT

In the space below, draw a sketch of the proposed system. (Show location of all equipment to be installed, structures, drinking water supplies, water lines, property lines, receiving stream and other pertinent factors. Show pertinent distance measurements.)
If more than one dwelling is to be served: include approximate age (in years) of each dwelling site.

VI. ATTACHMENTS

The following attachments must be submitted with this application:

- Form SS-188A from the County or State Health Department documenting why no other approved system can be installed.
- WVDEP 2/98 Wasteload Allocation.
- Treatment unit specifications.
- A maintenance contract for the period of the N.P.D.E.S. Permit.
- Any other information and/or specifications requested by the County or State Health Department.
- Permit fee.
- Copy of easements if off-site discharge is required.
- Topographical map or road map with site location marked on it.

Date Owner's Signature Date Installer's Signature

| | |
|---|---|
| THIS SPACE FOR HEALTH DEPARTMENT USE ONLY | |
| Date application received _____ | Date site evaluated _____ |
| Permit Number _____ | Permit denied _____ (See attached letter) |
| Sanitarian / Engineer _____ | |