



West Virginia Department of Health  
Health Department

**APPLICATION FOR SEWAGE TANK CLEANING PERMIT**

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

1. Company: \_\_\_\_\_ Address: \_\_\_\_\_
2. Owner / Operator: \_\_\_\_\_ Address: \_\_\_\_\_
3. List of County(s) where sewage tank cleaning will be done provided: ☐ Yes ☐ No
4. Vehicles: Total Number of Vehicles: \_\_\_\_\_ Carrier Tanks: \_\_\_\_\_
  - a. License Numbers: \_\_\_\_\_
  - b. All vehicles and carriers 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 ☐ No 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 plant.
  - 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 repair 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: \_\_\_\_\_