

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)

Name of Establishment \_\_\_\_\_

**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	_____	_____

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

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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.)

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vi. Pump-out to be available (months, days of week, hours of day)

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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)

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**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.

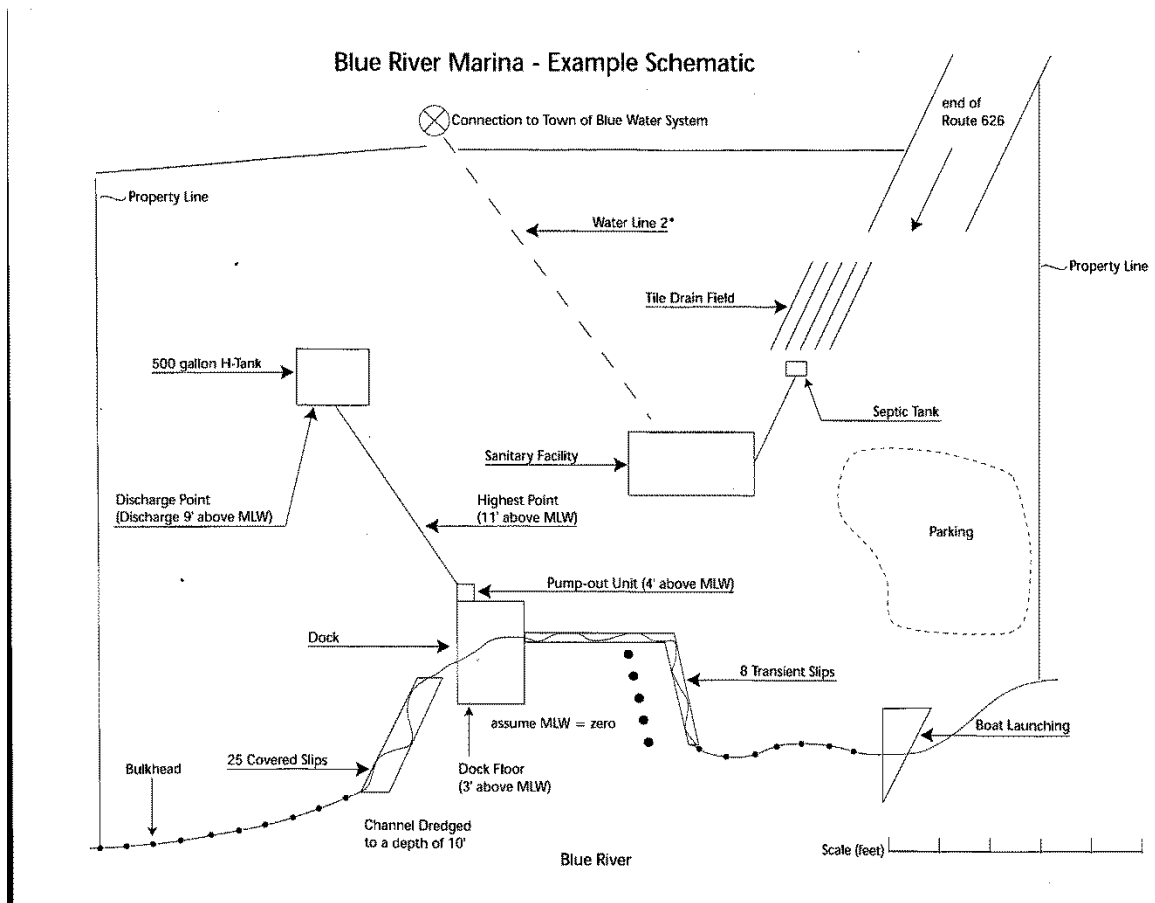
It is fully recognized and understood that additional sewage facilities and holding tanks will be required should the need arise and this understanding is hereby acknowledged in this application. It is further understood that failure to provide the additional facilities as may be required will result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