



**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: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Deed Recorded in Book: \_\_\_\_\_ Page: \_\_\_\_\_ County of: \_\_\_\_\_  
Property Location (be specific): \_\_\_\_\_  
Type of facility to be served: \_\_\_\_\_  
No. of people to be served: \_\_\_\_\_ Application is to install  modify   
Email Address: \_\_\_\_\_

**II. INSTALLER INFORMATION**

Name of Class II Installer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Business Address: \_\_\_\_\_ County: \_\_\_\_\_  
Class II Certificate No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
WV Dept of Labor Contractor License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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 (a copy of the maintenance contract must be submitted with this application)? (Please include maintenance provided name, contact information and email address)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. TECHNICAL INFORMATION**

Discharge Point (be specific): \_\_\_\_\_  
Receiving Stream: \_\_\_\_\_  
Sewer System Manufacturer & 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 or SS-188 B from the Local 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 Local or State Health Department.
- Permit fee.
- Copy of easements for off-site discharge if 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: \_\_\_\_\_