West Virginia Department of Health & Human Resources
Monongalia County Health Department

Application for Sewage Tank Cleaning Permit

SS - 181 Rev. 12/05

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

1. Company: _____ Address: _____
2. Owner/Operator: _____ Address: _____
3. Counties where sewage tank cleaning will be done: _____

4. Vehicles: Total Number of Vehicles: _____ Carrier Tanks: _____
   a. License Numbers: _____, _____, _____, _____, _____
   b. All vehicles and carries 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 ☐ 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 facility.
   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 repairs 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: _____