**I. APPLICANT INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street or PO Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FEIN Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner type

Private: \_\_\_ Sole Proprietor \_\_\_Corporation \_\_\_LLC \_\_\_LLP \_\_\_Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public: \_\_\_Federal \_\_\_State \_\_\_County \_\_\_Municipal \_\_\_Other: Describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. FINANCIAL RESPONSIBILITY**

Name and title of person(s) who will assume financial responsibility in the event of contamination.

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

Print Name Title

Name and title of person(s) who will maintain resources necessary for proper closure of the injection well.

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

Print Name Title

**III. PAYMENT FOR PUBLICATION OF LEGAL ADVERTISEMENT**

Contact person who will pay for the cost of placing a legal ad in a local newspaper to notify the public about this permit application:

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

Print Name Phone Number E-mail Address

**IV. CERTIFICATION**

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

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

# Signature Printed Name Title Date

(Must be signed by: corporate officer for a corporation, general partner for a partnership, proprietor of a sole proprietorship, principal executive or ranking elected official for a public agency)

Sworn and subscribed to before me this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_.

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

Notary Public Commission Expiration

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**V. APPLICATION TYPE**

\_\_\_\_First time application for UIC Permit Reissue existing permit number \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# VI. FACILITY INFORMATION

Number of people to be served by the on-site sewage disposal system\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Food is prepared and served at this facility. \_\_\_\_ A grease trap has been or will be installed.

Facility Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direction to the facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**VII. ON-SITE SEWAGE DISPOSAL SYSTEM DESCRIPTION**

Sewage system installer’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Certification number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Number of injection points (number of separate leachfields)

Location of each injection point:  **METHOD USED**

 **TO OBTAIN INFO**.

A.1 Latitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.2 Latitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.3 Latitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A.4 Latitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Longitude\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Give locations in degrees, minutes, and seconds)

Datum: NAD 27\_\_\_\_\_\_ NAD 83\_\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ON-SITE SEWAGE DISPOSAL SYSTEM DESCRIPTION (continued)**

Sewage system type:

# \_\_\_\_\_Conventional System: Septic tank with a drain field

# \_\_\_\_\_Alternative System

#  \_\_\_\_\_Drip System \_\_\_\_\_Re-Circulating \_\_\_\_\_Sand Filters \_\_\_\_\_ Peat System

 Other (describe)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of manufacturer or distributor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_Operation and maintenance manual enclosed with application.

 Operator’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Trained by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_ Copy of Operator’s training certificate enclosed with application

Design flow: \_\_\_\_\_\_\_\_\_\_\_ (gallons per day)

Wastewater sampling is required for on-site sewage disposal systems with a Design flow of 3000 gallons or more a day. Contact the Department early in your planning process if are seeking a limit for Nitrates higher than 10 mg/l. Higher limits must be justified.

\_\_\_\_\_A sampling port or distribution box with accessway is/will be installed.

Required Permits:

Septic Tank Seal Permit Number(s) for tanks installed after 6/1/1994\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Health Department On-site sewage disposal system permit application enclosed

\_\_\_\_\_ Construction approval date shown on Health Department permit application

\_\_\_\_\_ For existing systems – Health Department final inspection enclosed.

Additional permits held by the applicant:

 Permit/Order Number or other identifier

A. Mining & Reclamation (coal & non-coal related) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. National Pollutant Discharge Elimination System (NPDES) surface water

 (general, individual and/or industrial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. State 401 Certification (federal permit or license) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Oil & Gas Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E. UIC Mining prep. plant slurry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UIC Mining AMD sludge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Hazardous Waste (hazardous waste disposal, treatment or storage) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

G. Municipal or industrial solid waste landfill \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

H. Stormwater Program (Industrial or construction activity) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I. Land application of sewage sludge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

J. Small package plant (home aeration unit) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

K. Groundwater protection plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

L. Non-compliance orders \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ON-SITE SEWAGE DISPOSAL SYSTEM DESCRIPTION (continued)**

**Sewage tank(s) information:**

Material\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Liquid depth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liquid capacity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_gal.

Length\_\_\_\_\_\_\_\_\_\_ Width\_\_\_\_\_\_\_\_\_\_ Depth\_\_\_\_\_\_\_\_\_\_

Distance to: nearest dwelling\_\_\_\_\_\_\_\_\_\_ft.

Nearest water supply: \_\_\_\_\_\_\_\_ft. - Private or public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest property line: \_\_\_\_\_\_\_\_\_\_\_\_

**Soil adsorption system:**

Type drain line material\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trench width\_\_\_\_\_\_\_\_\_\_ Trench depth\_\_\_\_\_\_\_\_\_\_

Total adsorption area in trench bottom\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sq.ft.

Diameter of drain line: \_\_\_\_\_\_\_\_\_\_. Type filter media \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No. of drain lines \_\_\_\_\_\_\_\_ Length of each Line\_\_\_\_\_\_\_,\_\_\_\_\_\_\_,\_\_\_\_\_\_\_,\_\_\_\_\_\_\_ft.

Depth filter media over drain line\_\_\_\_\_in.

Distance of disposal field to: Nearest dwelling:\_\_\_\_\_\_ft;

Nearest Water supply:\_\_\_\_\_\_ft; Public or private \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nearest property line:\_\_\_\_\_\_ft.

**VIII. CLOSURE PLAN**

Plugging and abandonment – Describe your plan for closure of the septic system (injection well) when the useful life is complete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**IX. AREA SURVEY OF DRINKING WATER SOURCES AND MAP REQUIREMENTS**

This application requires the submittal of a topographical map with the location of the injection well(s) clearly marked. The map must extend at least one mile beyond the property boundary.

If public drinking water is available in the area, take this form to the water company and ask that this page be signed. Otherwise, conduct a survey extending ¼ mile, in all directions, from the injection well(s) to look for drinking water wells, springs, or seeps. For each drinking water source, list names, addresses, and phone numbers of the owners and give as much information about the wells, springs, or seeps as possible.

Name of Public Service District/Water Company:

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All residents and businesses within a ¼ mile radius of the injection well (leach field):

\_\_\_\_\_\_\_ are being supplied Drinking Water

\_\_\_\_\_\_\_ connection has been offered and is available in the immediate area

I believe that the information is true, accurate, and complete.

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

# Signature Printed Name Title Date

Sworn and subscribed to before me this \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_.

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

Notary Signature Commission Expiration

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**X. PERMIT and APPLICATION FEES**

Permit application fees are based on wastewater volume, treatment, and injection well type. See the charts on the next page for help you with this calculation.

Volume

You may use the septic tank size in gallons, the design flow taken from the Health Department construction permit, or you may figure the average water used monthly from the most recent year’s worth of water bills.

Treatment Factor

The fees are based on equipment or processes that you put in place to clean the wastewater.

Well Type

Most septic systems fall under the 5W32 category.

**CALCULATE YOUR PERMIT APPLICATION FEE.**

Fee = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Volume Fee (Table A) Treatment Factor (Table B) Well Type Factor (Table C)

 Calculated permit application fee = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ACTUAL PERMIT APPLICATION FEE = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Minimum fee is $25.00 & Maximum fee is $1500)

B. You will also be charged an annual permit fee and groundwater protection fee. Multiply your application fee by 0.333 to find your annual fee, and add $15.00 for your groundwater protection fee. You will be invoiced for annual fees a year in arrears. The bill for annual fees will be issued one year after your permit is issued and every year thereafter until the permit is closed out properly.

Note: All fees must be current prior to and during the processing of applications to transfer permits. Current and potential permittees must make arrangement for fee payment until transfer is complete, at which time the new permittee would become responsible.

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**PERMIT and APPLICATION FEES (continued)**

**Circle the volume type used:**

1.Total fluid capacity (in gallons) of the sewage tank(s).

2.Copies of water bills from the previous year showing the gallons used.

3.The design flow listed on the Health Department permit.

**Circle the dollar amount for the volume**

|  |
| --- |
| TABLE A - VOLUME FEES |
| **Volume**  | Dollar amount |
| <250 | $ 50 |
| 250 ‑ 500 | $ 75 |
| 501 ‑ 1000 | $ 150 |
| 1001 ‑ 5000 | $ 200 |
| 5001 ‑ 50,000 | $ 400 |
| 50,001 ‑ 100,000 | $ 600 |
| >100,000 | $ 850 |

Treatment factor definitions

1.Sewage tank/drain field = primary treatment.

2.Aeration chamber, disinfection, & settling chamber constitute = secondary treatment.

3.Aeration & settling & sand filtration or re-circulating sand filters, disinfection = tertiary treatment.

4.All of the above = >tertiary treatment.

5.If your system utilizes other treatments not listed above, contact this office for assistance

in determining the treatment factor.

**Circle the treatment factor**

|  |
| --- |
| TABLE B - TREATMENT FACTORS |
| **LEVEL OF TREATMENT** |  FACTOR |
| NO TREATMENT | 3 |
| PRIMARY TREATMENT | 2.5 |
| sSewaSECONDARY TREATMENT | 2 |
| TERTIARY TREATMENT | 1.5 |
| >TERTIARY TREATMENT | 1 |

Injection well type

5W32 Septic system drains to underground leach field, tile lines, trenches, etc.

5W12 Small package plants up to large municipal treatment plants discharges underground.

5W11 Sewage waste from multiple dwellings, septic tank serving communal business,

community, regional establishments.

**Circle the** **well type**

|  |  |
| --- | --- |
| WELL TYPES | FACTOR |
| 5W32 | 1 |
| 5W11 | 2 |
| 5W31 | 2 |
| 5W12 | 1 |

5W31 The largest surface dimension </=

depth dimension. Less treatment for square

area than 5W32)

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**XI. ADDITIONAL REQUIREMENTS**

Groundwater Protection Plans

The plan shall describe how the owner or manager of the facility will prevent, monitor, and limit spillage, leaks, and accidental or intentional dumping of materials that might reasonably be expected to contaminate groundwater.

You may access the form the Department designed at: [http://www.dep.wv.gov/WWE/Programs/](https://dep.wv.gov/WWE/Programs)

gw/Documents/10264\_Groundwater%20Protection%20Plan%20Guidance%20Document.pdf

You are not required to use Department’s form but your plan must include:

* Measures designed to protect groundwater from the identified potential contamination sources, with specific attention given to:
	+ Manufacturing facilities

Materials handling

* + Equipment cleaning
	+ Construction maintenance and activities

Maintenance activities

* + Pipelines carrying contaminants
	+ Sumps and tanks containing contaminants (including septic tanks)
* A list of procedures to be employed in the design of any new equipment/operations
* A summary of all activities carried out under other regulatory programs that have relevance to groundwater protection
* A discussion of all available information reasonably available to the facility/activity regarding existing groundwater quality at, or which may be affected by, the site
* A clarification that no wastes be used for deicing, fills, etc., unless provided for in existing rule.
* Provisions for all employees to be instructed and trained on their responsibility to ensure groundwater protection. Job procedures shall provide direction on how to prevent groundwater contamination.
* The GPP shall include provisions for quarterly inspections to ensure that all elements and equipment of the site’s groundwater protection program are in place, properly functioning and appropriately managed.
* A copy of Title 47, Series 58 ‑ Groundwater Protection Regulations or Title 47, Series 13 ‑ Underground Injection Control Regulations can be obtained by contacting the Secretary of State's office at (304) 558‑6000.

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ADDITIONAL REQUIREMENTS (continued)

Wastewater sampling will be required for facilities that discharge non-sanitary waste to the septic systems. Examples include:

All facilities discharging kitchen wastes. A grease trap with properly installed sampling port is required.

Campgrounds\* that allow chemical toilet waste and winterization products such as antifreeze.

Kennels\* that dispose of animal waste in the septic system.

\*Such facilities will be required to double the size of the leach field and to dose the wastewater to allow sections of the field to “rest” between dosings.Properly installed sampling port is required.

Sampling will be required for facilities discharging sanitary wastewater in the amount of 3000 gallons or more per day.

XII. PROHIBITITIONS

The following may discharge bathroom and sink hand-washing wastewater only to leach fields:

Coin operated and commercial laundries

Automotive facilities

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