

**WHEELING-OHIO COUNTY HEALTH DEPARTMENT
SEWAGE TANK CLEANER APPLICATION
2024-2025**

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

1. Company: _____ Address: _____

2. Owner / Operator: _____ Address: _____

3. County(s) where sewage tank cleaning will be done: _____

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: _____