

**VIRGINIA POLLUTION ABATEMENT PERMIT APPLICATION  
FORM A  
ALL APPLICANTS**

**1. FACILITY OR APPLICANT INFORMATION**

Facility Name or Applicant Name:	Middle Peninsula Treatment Inc.
County/City:	Gloucester
Physical Location/Address:	11303 Belchers Ln. Gloucester, VA 23061
Mailing Address:	PO Box 62 Church View, VA 23032

**2. OWNER INFORMATION**

Owner Legal Name:	Middle Peninsula Treatment Inc.
Mailing Address:	PO Box 62 Church View, VA 23032
Telephone Number:	804-824-4027
Email address:	Kristal.cvss@verizon.net

**3. OWNER CONTACT INFORMATION**

Owner Contact Name:	Charles (Tom) Langford
Title:	President
Mailing Address:	PO Box 62 Church View, VA 23032
Telephone Number:	804-824-4027
Email address:	tom.cvss@verizon.net

**4. EXISTING PERMITS: (e.g., VPA, VPDES; WWP, RCRA; UIC; other)**

Agency	Permit Type	Permit Number
VDH	sewage disposal	SDF-136-01

**5. NATURE OF BUSINESS: Sewage treatment**

SIC Code(s):	4952		
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**6. TYPE OF POLLUTANT MANAGEMENT ACTIVITY:** *check the appropriate box(es)*

	<u>Proposed</u>	<u>Existing</u>
<u>Animal Feeding Operations</u> (complete Form B)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Industrial Waste</u> (complete Form C & Form D: Parts D-V & D-VI)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Land Application of Municipal Effluent</u> (complete Form D: Parts D-I & D-III)	<input type="checkbox"/>	<input type="checkbox"/>
<u>Land Application of Biosolids/Sewage Sludge</u> (complete Form D: Parts D-II, D-IV, D-V & D-VI; and Liability Requirements for Transport, Storage and Land Application of Biosolids Form)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>Reclamation and/or Distribution of Reclaimed Wastewater</u> (Application Addendum)	<input type="checkbox"/>	<input type="checkbox"/>

**7. GENERAL LOCATION MAP:**

Provide a general location map which clearly identifies the location of the facility.

**8. CONSENT TO RECEIVE AND CERTIFY RECEIPT OF ELECTRONIC MAIL:**

The Department of Environmental Quality (DEQ) may deliver permits, certifications and plan approvals to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check only one of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- Applicant or permittee agrees to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.
- Applicant or permittee declines to receive by electronic mail the permit and any plan approvals associated with the permit that may be issued for the proposed pollutant management activity.

**9. SIGNATURE AND CERTIFICATION STATEMENT:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering information, the information submitted is to the best of my knowledge and belief true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I further certify that I am an authorized signatory as specified in the VPA Permit Regulation (9VAC25-32).

Signature:	<i>Charles T. Langford</i>	Date:	<i>12/5/23</i>
Printed Name:	<i>Charles T. Langford</i>		
Title:	<i>President</i>		