

National Aeronautics and Space Administration
Goddard Space Flight Center
Wallops Flight Facility
Wallops Island, VA 23337-5099



Reply to Attn of: 250.W

November 29, 2018

Accomack County Health Department
Attn: Ms. Cathy Plant
Environmental Health Technical Specialist
Eastern Shore Health District
PO Box 177
Accomac, VA 23337

Subject: Sewage Handling Permit Application for NASA, Goddard Space Flight Center's
Wallops Flight Facility, Wallops Island, Virginia

In accordance with the above referenced letter, NASA Wallops Flight Facility is submitting the Calendar Year 2019 Sewage Handling Permit application and supporting septage receipt agreement.

If you require additional information please contact Mr. Wayne Redmond at (757) 824-1191.

A handwritten signature in blue ink that reads "Glenn D. Lilly".

Glenn D. Lilly
Head, Facilities Management Branch

2 Enclosures

cc:
227/Mr. J. Hall
228/Mr. J. Saecker
227/Mr. W. Redmond
250/Mr. T. Meyer
250/Mr. R. Hooks

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Reply to Attn of: 250.W

December 3, 2018

TO: 227/Maintenance Control Manger

FROM: 228/Wastewater System Coordination Team

SUBJECT: NASA Wallops Flight Facility (WFF) Calendar Year (CY) 2019 Sewage Handling permit

We have reviewed the WFF CY 2019 Sewage Handling Permit Application and conclude that the estimated monthly volume of sewage requested (2,000 gallons per month) can be accepted by the NASA WFF Federally-Owned Treatment Works. The means of treatment (partial anaerobic digestion and air drying and disposal (burial at Accomack County North Landfill)) are consistent with the WFF Virginia Pollutant Discharge Elimination System permit (VA0024457) and the approved Sludge Management plan.

Concurrence:

Handwritten signature of Richard O. Hooks in blue ink.

Richard O. Hooks
POL & Water Programs Manager

Handwritten signature of Wayne K. Redmond in black ink.

Wayne K. Redmond
Maintenance Control Manger

Application for Sewage Handling Permit

Commonwealth of Virginia
Department of Health

Health Department
Identification Number
Accomack County Health Department

Name of Business NASA Wallops Flight Facility Owner's Name _____
 Building N-161, Code 228
 Business Address _____ Owner's Address _____
 Wallops Island, VA _____
 Business Telephone (757)824-1209 Home Telephone _____
 Area(s) to be Served NASA Wallops Flight Facility Mainbase, Island, and Mainland Facilities
 City/County _____

Vehicle	Make	Model	State License Number	Vehicle Identification Markings	Vehicle Tank Size (Gal)
1	VAC-CON	Freight Liner	108SD	NA001395	1000 Gallons
2					
3					
4					
5					

Name and location of facility receiving septage for treatment and/or disposal Sludge drying at NASA Wallops Flight Facility Federally owned Treatment Works - VPDES Permit # VA0024457 dried sludge disposal at Accomack County North Landfill, Atlantic, VA.

If Discharging Septage to an Approved Sewage Treatment or Disposal Facility Append Statement from Owner Authorizing Discharge in accordance with Section 3.26.04 of the Sewage Handling and Disposal Regulations.

Estimated daily or monthly volume of septage 2000/per month gallons

Date 11/29/18 _____
 Owners Signature [Signature]

Department Use

A. Approved Sewerage System or Treatment Works Yes No

1. Statement from owner authorizing use Yes No

2. DWP confirmation of facility's ability to accept volume of proposed septage. Yes No

Comments _____

3. Conference Scheduled Yes No Date _____

Comments _____

4. Equipment Inspected Yes No Date _____

Comments _____

B. Special Facility Required Yes No

1. Preliminary findings of site visit: _____

2. Conference Scheduled Yes No

a) Date _____

b) District Sanitarian notified

c) Regional Sanitarian notified

d) Region Director, Division of Water Programs notified

e) State Water Control Board notified

	Yes	No
b) District Sanitarian notified		
c) Regional Sanitarian notified		
d) Region Director, Division of Water Programs notified		
e) State Water Control Board notified		

3. Comments from Conference _____

4. Land Application Site Approved by State Water Control Board Yes No
 Date Certificate Issued _____ Certificate No. _____

5. Type III Facility approved Yes No
 Construction Permit Issued _____ Date _____ Permit No. _____
 Operation Permit Issued _____ Date _____ Permit No. _____

6. Equipment Inspected Yes No Date _____
 Comments _____

C. Equipment Inspection

Vehicle	Tank		Pump	Valves		Hoses		Other (List and/or Comment)
	Water-tight	Secured	Water-tight	Water-tight	Capped	Water-tight	Properly Stored	
1								
2								
3								
4								
5								

Comments _____

D. Permit Recommended Yes No _____ Sanitarian _____ Date _____

E. Permit Authorized Yes No _____ Supervisory Sanitarian _____ Date _____

9. Reasons for Denial: _____

