



west virginia department of environmental protection

**Division of Water and Waste Management**

**ANNUAL CERTIFICATION**

**WV/NPDES PERMIT NUMBER** \_\_\_\_\_

Expiration Date \_\_\_\_\_

1. Name of Facility \_\_\_\_\_

2. Location \_\_\_\_\_  
Street or Highway City County

3. Responsible Authority \_\_\_\_\_

4. Official Title \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

5. Mailing Address \_\_\_\_\_  
Street or Highway City Zip Code

6. Certification (Please mark one (1) of the following boxes)

Low Concentration Monitoring Waiver Certification in accordance with Section C.\_\_\_\_ of the Permit.

\* A review of all Discharge Monitoring Reports and other analyses is enclosed for your consideration. There is no indication that the assigned benchmark values listed below were exceeded during the four(4) latest samples submitted.

Parameter	mg/l	Parameter	mg/l	Parameter	mg/l

Annual Low Concentration Monitoring Waiver Certification in accordance with Section C.\_\_\_\_ of the Permit.

\* There has not been a significant change in the industrial activity or the pollution prevention measures in the area of facility that drains to the outlet for which sampling was waived.

*I certify under penalty of law that I have personally examined and am familiar with the information required on this form and including:*

Storm Water Pollution Prevention Plan (SWPPP) is currently updated and open for inspection at the facility.

Groundwater Protection Plan is currently updated and open for inspection at the facility.

A complete review and inspection will be conducted on an annual basis to update the SWPPP and the GPP and Best Management Practices will be considered to lessen any storm water contamination at this site.

Based upon my inquiry of those individuals responsible for obtaining the 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.

OFFICIAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make additional blank copies of this report for each year of the life of the permit.**

*We will process your personal information (email address, mailing address and/or telephone number) in accordance with the State of West Virginia's Privacy Policy for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. The Division of Water and Waste Management will appropriately secure your personal information. If you have any questions about our use of your personal information, please contact the DEP's Chief Privacy officer at [depprivacyofficer@wv.gov](mailto:depprivacyofficer@wv.gov).*