

For each outlet, list the latitude and longitude to the nearest second and the River Mile Point (if known). Refer to Instructions Document.

Outlet Number	Latitude			Longitude			River
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	Milepoint
001							

11. List the Standard Industrial Classification (SIC) Code designated for your facility

1. _____ 2. _____ 3. _____ (Insert 4 Digit Number)

12. List any existing WV/NPDES Permits previously issued by the Division of Water and Waste Management:

Number _____ Date _____ 19__ If you have none check this box
 Number _____ Date _____ 19__

13. Nature of Business and state when operations at this facility began (provide brief description):

14. Facility Type; **CHECK (√) ONE.**

Facility With Existing Multi Sector General Stormwater Permit Coverage and no Significant Changes. **Complete Sections 19, 20 & 21**

Facility With No Existing Multi Sector General Stormwater Permit Coverage or, Facility with existing coverage and significant changes. **Complete Sections 15, 16, 17, 18, 19, 20 & 21**

15. Attach to this application a topographic map of the area. The map must mark the location of the facility, location of all wells, sinkholes, springs, rivers and other surface water bodies, and drinking water wells known to the applicant in the area of the facility.

16. Attach to this application a sketch of the facility showing the location of any treatment system for storm water, each location of outlets carrying storm water, and the site and runoff characteristics of each drainage area carrying runoff in square feet.

Runoff Characteristics - Determination of Areas:

A. Paved, roofed or other impervious areas	_____	Square Feet
B. Graveled or stoned areas	_____	Square Feet
C. Exposed or barren ground	_____	Square Feet
D. Vegetated areas	_____	Square Feet
Total	_____	Square Feet

17. Average Runoff in Gallons per Day _____

18. **Waste Characteristics:** For each storm water outlet, samples must be taken for the following parameters and the results submitted with this registration form:

A. Pollutant analyses required for outlets at all sites:

Oil & Grease	TSS
pH	TKN
BOD-5	Nitrate plus nitrite
COD	Total Phosphorus

B. List each pollutant shown in Tables 2, 3, 4 and 5 that you know or have reason to believe is present. See instructions for additional details and requirements. Complete one table for each outlet.

19. ALL NEW FACILITIES APPLYING FOR MULTI SECTOR GENERAL STORM WATER PERMIT COVERAGE, A STORM WATER POLLUTION PREVENTION PLAN (SWPPP) / GROUNDWATER PROTECTION PLAN (GPP), IS REQUIRED, SIGNED WITH A CERTIFICATION EXACTLY LIKE THAT AT THE END OF THIS APPLICATION FORM. All other facilities should already have a SWPPP/GPP in place. NOTE: Retain plans onsite and submit a copy of the SWPPP and GPP for review.

Has your facility developed a Storm Water Pollution Prevention Plan (SWPPP) / Groundwater Protection Plan (GPP), and is a copy of the plan(s) retained on site?

YES NO

20. Attach to this application a summary of the Discharge Monitoring Report data submitted under the previous storm water general permit. (Note: this requirement does not pertain to new facilities.)

21. If there is a pond on your facility, please determine whether or not it collects stormwater from areas on which industrial activities occur. If no, mark no for Parts A and B. If yes, mark yes for A or B depending on the type of pond and enter the total acres drained by the pond. Please indicate if there are any oil / water separators at your facility. If so, please list which outlets have an oil / water separator.

A. Is there a wet pond at your facility? (See instructions for definition)

Yes_____ No_____ Acres Drained:_____

B. Is there a dry pond at your facility? (See instructions for definition)

Yes_____ No_____ Acres Drained:_____

C. Do any of your storm water outlets discharge through an oil water separator?

Yes_____ No_____ Acres Drained:_____ Outlet:_____

22. Signature

By completing and submitting this application, I have reviewed, understood and agreed to the terms and conditions of the general permit. I understand that provisions of the permit are enforceable by law. Violations of any term and condition of the general permit and/or other applicable law or regulation can lead to enforcement action.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments and that, based on my inquiry of those individuals immediately 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.

SIGNATURE & TITLE _____ DATE _____
PLEASE **PRINT** NAME & TITLE

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.