

Division of Water & Waste Management

**FACILITY REGISTRATION APPLICATION FORM**

**WV/NPDES PERMIT NO. WV0113727 GENERAL PERMIT FOR  
REMEDICATION OF PETROLEUM CONTAMINATED SITES IN WEST VIRGINIA**

General Permit Registration No. WVG91\_\_\_\_\_ (do not answer - for DEP use only)

**Refer to instruction document for Line-by-Line guidance on form completion.**

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

SIC Code \_\_\_\_\_ FEIN \_\_\_\_\_

2. Location \_\_\_\_\_

Street or Highway City Zip Code County

3. Owner \_\_\_\_\_

4. Owner Telephone Number (\_\_\_\_) \_\_\_\_\_

5. Operator \_\_\_\_\_

6. Operator Telephone Number (\_\_\_\_) \_\_\_\_\_

7. Mailing Address \_\_\_\_\_

Street or Highway City Zip Code

8. Contact Person \_\_\_\_\_ Title \_\_\_\_\_

E-Mail Address \_\_\_\_\_

9. Receiving Streams to Major River (e.g., unnamed tributary of Little Creek of Large Creek of Kanawha River:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE COMPLETE THE REMAINING THREE PAGES)  
**FOR INFORMATION PURPOSES ONLY**  
**THIS APPLICATION IS REQUIRED TO**  
**BE SUBMITTED ELECTRONICALLY**

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							

10. List any existing WW/NPDES Permits previously issued by the Division of Water & Waste Management:

Number WW \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_ If you have none check this box   
 Number WW \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_

11. 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.

12. Attach to this application a sketch of the facility showing the location of any treatment system, groundwater monitoring wells, recovery wells, piping from recovery wells to the treatment system and the piping from the treatment system to the receiving stream. Also attach plan view and detail drawings of the wastewater treatment system. Include the design volumes and dimensions, calculations and the expected effluent concentration for the pollutants of concern. If the treatment system is proposed, submit a compliance timetable for construction.

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

A. Pollutant analyses required for each outlet.

- |  |                           |
|--|---------------------------|
| Total Petroleum Hydrocarbons (GRO & DRO) | Acenaphthene              |
| Total Recoverable Manganese              | Anthracene                |
| Total Recoverable Iron                   | Benzo (a) Anthracene      |
| Total Recoverable Lead                   | Benzo (a) Pyrene          |
| pH                                       | Benzo (b) Fluoranthene    |
| Benzene                                  | Chrysene                  |
| Toluene                                  | Dibenzo (a, h) Anthracene |
| Ethylbenzene                             | Fluoranthene              |
| Xylene                                   | Fluorene                  |
| Hardness of the Receiving Stream         | Ieno (1, 2, 3-cd) Pyrene  |
|  | Pyrene                    |

All other Priority Pollutant Volatile Organics  
 All other Priority Pollutant Base/Neutral/Extractable Organics  
 All Acid Priority Pollutant Compounds

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- B. List each pollutant listed in Part A that you know, or have reason to believe, is present in your discharge. See instructions for additional details and requirements.
- C. **Submit with this registration**, analyses of the upstream receiving stream for the parameters listed in PART A above.
- D. Provide a summary, with this registration, of all the groundwater sampling that has been done at the site, for monitoring wells as well as recovery wells.
- E. Provide, with this registration, any historical or empirical data obtained from the use of this, or this type of, treatment system.

14. Design capacity (flow rate) of the treatment system \_\_\_\_\_ (gpd)

15. Length of proposed discharge \_\_\_\_\_ (Days or Years)

A. Will the discharge be continuous\_\_\_ or intermittent (batch) \_\_\_\_. Please check.

B. Is there a known Public Water Supply within a half mile downstream of the discharge?  
 Yes \_\_\_ No \_\_\_\_\_

If so, list facility: \_\_\_\_\_

C. Is the discharge to groundwater? Yes \_\_\_ No \_\_\_\_\_

D. Is the discharge to a city/state owned storm sewer? Yes \_\_\_ No \_\_\_\_\_

If so, provide a release from the city/state recognizing the discharge to the storm sewer.

E. Is this discharge to a POTW? Yes \_\_\_ No \_\_\_\_\_

If so, attach a copy of the document provided by the POTW which authorizes its acceptance of your wastewater and which describes the terms and conditions upon which that authorization was granted.

16. Check the appropriate boxes below for the contaminant(s) at the site.

\_\_\_ Unleaded Gasoline                      \_\_\_ Marine Fuel                      \_\_\_ Jet Fuel

\_\_\_ Leaded Gasoline                      \_\_\_ Diesel Fuel                      \_\_\_ Kerosene

\_\_\_ Heating Oil                      \_\_\_ Other (list on a separate sheet)

17. Existing Operation \_\_\_ Proposed Operation \_\_\_\_\_

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**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.**

18. 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](mailto:depprivacyofficer@wv.gov).*

Revised 04/04/13

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