Division of Water & Waste Management

FACILITY REGISTRATION APPLICATION FORM

WV/NPDES PERMIT NO. WV0113727 GENERAL PERMIT FOR REMEDIATION 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.

<table>
<thead>
<tr>
<th>Outlet Number</th>
<th>Latitude (Degrees Minutes Seconds)</th>
<th>Longitude (Degrees Minutes Seconds)</th>
<th>River Milepoint</th>
</tr>
</thead>
<tbody>
<tr>
<td>001</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

   Number WV _______    Date _______ 20_    If you have none check this box □

   Number WV _______    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)
   - Total Recoverable Manganese
   - Total Recoverable Iron
   - Total Recoverable Lead
   - pH
   - Benzene
   - Toluene
   - Ethylbenzene
   - Xylene
   - Hardness of the Receiving Stream

   - Acenaphthene
   - Anthracene
   - Benzo (a) Anthracene
   - Benzo (a) Pyrene
   - Benzo (b) Fluoranthene
   - Chrysene
   - Dibenzo (a, h) Anthracene
   - Fluoranthene
   - Fluorene
   - Ideno (1, 2, 3-cd) Pyrene
   - Pyrene

   All other Priority Pollutant Volatile Organics
   All other Priority Pollutant Non-Volatile Extractable Organics
   All Acid Priorit
   y 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.

Revised 04/04/13