STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER AND WASTE MANAGEMENT
PERMITTING AND ENGINEERING BRANCH
601 57th STREET SE
CHARLESTON, WV 25304-2345

******************************************************************************
FORM SG-1-R FACILITY REGISTRATION APPLICATION FORM FOR WV/NPDES GENERAL PERMIT
DISPOSAL OF SEWAGE - FLOW 600 GPD OR LESS
FOR REISSUANCE OF PERMIT REGISTRATION ONLY
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PART A: TO BE COMPLETED BY DIVISION OF WATER AND WASTE MANAGEMENT
Treatment Category Classification
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PART B: TO BE COMPLETED BY APPLICANTS

<table>
<thead>
<tr>
<th>1. Owner Information</th>
<th>2. Maintenance Contractor Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Mailing Address</td>
<td>Operator Name and Mailing Address</td>
</tr>
<tr>
<td>Home Phone No.</td>
<td>Phone No.</td>
</tr>
<tr>
<td>Work Phone No.</td>
<td>Cell Phone No.</td>
</tr>
<tr>
<td>Cell Phone No.</td>
<td>Operator Certification No.</td>
</tr>
<tr>
<td>Physical Location of Facility (Not a P.O. Box):</td>
<td>Expires</td>
</tr>
<tr>
<td>City</td>
<td>Email Address:</td>
</tr>
<tr>
<td>County</td>
<td></td>
</tr>
<tr>
<td>Zip Code</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
</tbody>
</table>

3. Public Water? Yes __ No __ If yes, name and telephone number of PSD

4. Does this system serve a business? Yes __ No __ If yes, then what type

5. Does this system serve a rental? Yes __ No __

6. Does this system serve a vacation or seasonal home? Yes __ No __

7. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware of that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Owner (type or print) ___________________________ Signature ___________________________ Date ________________

(Owner) ___________________________ ___________________________ ___________________________

Name of Operator (type or print) ___________________________ Signature ___________________________ Date ________________

(Operator) ___________________________ ___________________________ ___________________________

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 deprivacyofficer@wv.gov.