

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

PART A: TO BE COMPLETED BY DIVISION OF WATER AND WASTE MANAGEMENT
Treatment Category Classification _____

PART B: TO BE COMPLETED BY APPLICANTS

1. Owner Information	
Name and Mailing Address	

Home Phone No:	_____
Work Phone No.	_____
Cell Phone No.	_____
Physical Location of Facility (Not a P.O. Box):	

City	_____
County	_____
Zip Code	_____
Email Address: _____	

2. Maintenance Contractor Information	
Operator Name and Mailing Address	

Phone No:	_____
Cell Phone No.	_____
Operator Certification No.	_____
Expires	_____
Email Address: _____	

Method of Disinfection Used:
___ UV ___ Chlorination ___ Chlorination/De-chlorination

- 3. Public Water? ___ 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.