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

FORM SG-R FACILITY REGISTRATION APPLICATION FORM FOR WV/NPDES GENERAL PERMIT
WV013110 DISPOSAL OF SEWAGE

1. Owner of Treatment Facility ______________________________ City ______________________________
   State ___________________________ Zip Code ___________ Phone No. ______________ Phone No. ______________
   E-Mail Address ______________________________________

2. Owner's Mailing Address __________________________ City ___________________________
   State ___________________________ Zip Code ___________ Phone No. ______________
   E-Mail Address ______________________________________

3. Name of Facility ______________________________________

4. Facility Contact Name ___________________________ Phone No. ______________
   E-Mail Address ______________________________________ Facility Location ___________________________
   City ___________________________ State ___________________________ Zip Code ___________
   County ___________________________

5. Legal Entity Responsible for Operation ___________________________

6. Discharge Description:
   A. Discharge Outlet No. 001
   B. Location of Discharge Point: Latitude _____ o _____ ' _____ " (North)
      Longitude _____ o _____ ' _____ " (West)
   C. Name of Immediate Receiving Stream ___________________________________ tributary of
      ___________________________________ tributary of ___________________________

7. Facility Description:
   A. Service (mark X) Municipality ( ) Number of connections _____
      Mobile Home Park ( ) No. of homes _____ School ( ) No. of students and staff ______
      Shopping Center ( ) Subdivision ( ) No. of homes _____ Apartments ( ) Number of 1 bedroom
      apts. _____ No. of 2 bedroom apts. _____ No. of 3 or more bedroom apts. _____ Park ( ) No. of
      restrooms _____ Type and no. of other connections _____ PSD ( ) No. of customers _____ Other ( ) No
      and description ____________________________________________________________

8. Describe any changes or modifications made to the sewage collection and treatment system in the last five (5) years.


9. 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 that there are significant penalties
   for submitting false information, including the possibility of fine and imprisonment for knowing violations.

   Name and Official Title (type or print) __________________________

   Signature __________________________ Date Signed __________________________

FOR INFORMATION PURPOSES ONLY
THIS APPLICATION IS REQUIRED TO BE SUBMITTED ELECTRONICALLY