

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
WV0103110 DISPOSAL OF SEWAGE**

- 1. Owner of Treatment Facility _____
- 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 ____° ____' ____" (North)
Longitude ____° ____' ____" (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

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.

BE SUBMITTED ELECTRONICALLY