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

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

PART A: TO BE COMPLETED BY THE DIVISION OF WATER AND WASTE MANAGEMENT

MAXIMUM FLOW LIMIT _________ gallons per day (GPD)
TREATMENT CATEGORY CLASSIFICATION ______

PART B: TO BE COMPLETED BY APPLICANT

1. Owner of Treatment Facility ________________________________
   Owner’s Mailing Address ________________________________
   City ___________________ State ___________ Zip Code _______
   Phone No. ______________ E-Mail Address __________________

2. Name of Facility ________________________________
   Facility Contact _____________________ E-Mail Address ______________

3. Phone No. ______________ Facility Location ________________________________
   City ___________________ State ______ Zip Code __________
   County ______________

4. Legal Entity Responsible for Operation ________________________________

5. Other Permits:
   A. Bureau of Health Certificate of Approval No. ___________________
   B. Department of Environmental Protection, Water Pollution Control Permit
      WV/NPDES No. ________________________________

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 ______________________
   D. Distance from discharge point to mouth of immediate receiving stream
      _________ miles
7. **Facility Description:**
   A. Service (mark X) Municipality ( )
   School ( )
   Subdivision ( )
   Park ( )
   Other ( )
   Describe ________________________

   B. Number of Persons Served _________________________________________

   C. Number of home, camp, mobile home, etc. sites ________________________

8. **If you are currently covered under the general permit, describe any changes or modifications made to the sewage collection and treatment system in the last five (5) years and skip to Section 10.**

________________________________________________________________
________________________________________________________________
________________________________________________________________

9. **Description of Sewage Disposal System**
   A. Collection System:
   1. Size, type and length of sewer lines and force main

   2. Number of Manholes __________
   3. Number of Cleanouts __________
   4. Number of Lift Stations _________

   B. Treatment Plant:
   1. Type of treatment – check appropriate box
      ( ) Extended Aeration “Package” Treatment Plant rated capacity _______ GPD; Aeration Chamber Size _____________ gallons
      Clarifier Size _________________ gallons
      ( ) Stabilization Pond – Surface Area ________________ acres
      ( ) Other (Describe) ________________________________

   2. Type of Effluent Disinfection – Check appropriate box
      ( ) Chlorination
      ( ) Chlorination/Dechlorination
      ( ) UV Disinfection
      ( ) Chlorination Chamber Size ________________ gallons
      ( ) Other, describe ______________________________________

   3. Other Treatment Units Existing – Check appropriate box(es)
      ( ) Type of Pretreatment _____________________________
      ( ) Equalization Tank, Volume = _______________ gallons
      ( ) Aerated Sludge Holding Tank, Volume = ___________ gallons
      ( ) Polishing Pond, Volume = ______________________ gallons
      ( ) Alternating Surface Sand Filter, total surface area = ___________________ square foot
      ( ) Rapid Sand Filter, capacity_________________________
      Surface Area _______________________________________
      ( ) Post Aeration, Type = _______________________________
      ( ) Other, describe _________________________________
      ______________ capacity ______________ surface area
10. 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 ______________

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.

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