

FORM S  
INSTRUCTIONS FOR FILING  
APPLICATION FOR STATE NPDES PERMIT  
FOR  
SEWAGE COLLECTION AND TREATMENT SYSTEMS  
DIVISION OF WATER AND WASTE MANAGEMENT  
WEST VIRGINIA STATE DEPARTMENT OF ENVIRONMENTAL PROTECTION

## Section A - General Instructions

### 1) Who must apply:

The owner and operator of any activity or wastewater system, publicly or privately owned, which discharges wastes from one or more point sources into a waterway, must obtain a permit for such activity or system and subsequent discharge(s). When the facility is owned by one person but leased to another for operation, it is the responsibility of the operator to obtain the permit. The operator, in this case, refers to the legal entity which controls the facility's operation rather than the treatment plant manager (e.g. "Sleepy Hollow Homeowners Association" rather than "John Smith, Class I Operator"). A separate application is to be submitted for each facility discharging separately which is owned and/or operated by the applicant. Federal departments, agencies and instrumentalities are also subject to these requirements. For a municipality, a facility is defined as a distinct activity or installation, including connected wastewater transport systems, which operates under the control or jurisdiction of a single responsibility organization and discharges pollutants from one or more discharge points.

### 2) Where to file:

Four (4) copies of the application form and one (1) completed wasteload allocation form should be mailed to:

Division of Water and Waste Management  
601 57th Street, SE  
Charleston, WV 25304  
Attention: Permitting Branch

### 3) When to file:

Because of statutes and regulations promulgated pursuant thereto, the deadline for filing applications is 180 days prior to construction of new facilities or 180 days prior to the expiration date of your present NPDES Permit.

### 4) Permit Application Fee:

A permit application fee is required by Title 47, Legislative Rules, Bureau of Environment, Department of Environmental Protection, Division of Water and Waste Management, Series 26, Water Pollution Control Permit Fee Schedules.

The permit application fee by check or money order shall accompany the application and be made payable to the "Department of Environmental Protection". A permit application fee is required each time an application is submitted.

If the Director determines that a submitted application is incomplete and must be returned to the applicant for additional information, a permit application resubmission fee shall accompany the refiled application. This fee shall be either a sum equivalent to five percent (5%) of the permit application fee or one hundred dollars (\$100), whichever is greater.

5) Completion of forms:

Unless otherwise specified in the detailed instructions, each item in the forms must be answered. To indicate that each item has been considered, enter "N/A" for not applicable, where a particular item does not fit the circumstances or characteristics of your operation or activity.

Assistance and advise regarding requirements for filing permit applications can be obtained through contact with this agency.

In accordance with the Title 47, Legislative Rules, Bureau of Environment, Department of Environmental Protection, Division of Water and Waste Management, Series 11, Section 6, wasteload allocations for sewage discharges are to be issued by the Director of the Division of Water and Waste Management Resources to potential applicants which will meet prescribed effluent requirements and not violate State Water Quality Standards for the receiving waters. The attached Wasteload Allocation forms should be completed (Part A) and returned with the application forms. \*

\*Does not apply to Construction Assistance Projects.

## Section B - Line-by-Line Instructions

### Item I

Enter the facility's official or legal name. (Do not use a colloquial name).

### Item II

Give the name, title, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in the application and who can be contacted by reviewing offices if necessary.

### Item III

Give the complete mailing address where correspondence should be sent.

### Item IV

Give the address or location of the facility identified in Item I of this form. If the facility lacks a street name or route number, give the most accurate alternative geographic information. (e.g. two miles east of Gassaway; three miles southeast of the intersection of County Route 4 and U.S. Route 19).

### Item V

(A & B) Give the name, as it is legally referred to, and the telephone number, including area code, of the person, firm, public organization, or any other entity which operates the facility described in the application. Again, the "operator" of the facility is the legal entity which controls the facility operation, not the sewage treatment plant manager. (Please refer to Section A, Item I of the General Instructions).

Also indicate the facility's type of ownership (i.e. Federal, State, Private, Public). This information should be given in the space provided on page 4, Item XIII.

C) Indicate whether the entity identified in Item V (A) also owns the facility. (If answered "no" give the name, address, and telephone number of the owner in the space provided on page 4, Item XIII).

### Item VI

A) Indicate the nature of your request in accordance with the following:

- 1) When applying for a permit to construct a sewage collection and/or treatment system and to discharge the effluent from such system into the waters of the State (i.e. Construction Grants Project).

- 2) When applying for a permit to operate a sewage collection and/or treatment facility and to discharge the effluent from an existing wastewater treatment plant into the waters of the State, and when the existing facility is not covered by a valid NPDES Permit.

If Box Al or AZ is checked, complete only Sections VII to XIII of this form.

- B) When applying for a permit to operate a sewage collection and/or treatment facility and to discharge the effluent from an existing wastewater treatment plant into the waters of the State, and when the existing facility is covered by a valid NPDES Permit. Identify NPDES Permit by number, which you are requesting to be reissued.

If Box B is checked, complete Sections VII to XIII and Section XV of this form.

- C) When applying for a modification of an existing NPDES Permit. Identify NPDES Permit by number, which you are requesting to be modified.

If Box C is checked, complete Sections VII to VIII and Section XVI of this form.

#### Item VII

List all existing environmental permits by number, type (Health, Landfill, etc.), dates of issuance and expiration, and address of and agency issuing permit. If you have previously filed an application but have not yet received a permit, provide the number of the application if any.

#### Item VIII

State statute provides for severe penalties for submitting false information on this application form. State regulations require this application to be signed as follows:

- 1) For a corporation: by a principal executive officer of at least the level of vice-president.
- 2) For a partnership or sole proprietorship: by a general partner or the proprietor, respectively.
- 3) For a municipality, State, Federal, or other public agency: by either a principal executive officer or ranking elected official.

Include date along with title and signature.

#### Item IX.

- A) Assign a three-digit number beginning with 001 for the point of discharge covered by the first description. Discharge outlet numbers, must be consecutive for each additional discharge described; hence, the second outlet number would be 002, the third 003, etc.

- B) Give the name of the discharge point which distinguishes this discharge point from all other discharge points from the facility, e.g., Ursus Creek Discharge; Varga STP Outlet No.2 Do not use colloquial terms.
- C) State the precise location where the effluent from the discharge reaches the waterway. If the discharge is an overflow point, give the point where the overflow occurs. If the discharge is to a dry waterway, give the point where the discharge meets the waterway.
- D) Use the name of the waterway by which it is usually designated on published maps of the area. If possible, refer to one of the map series published by the U.S. Geological Survey. If the discharge is to unnamed tributary, so state; and give the name of the first body of water fed by that tributary which is named on the map, e.g. Unnamed ditch to Vaughan Creek.
- E) If discharge is into the large river (e.g. Kanawha, Ohio, Potomac, Monongahela) give mile point on that river. If discharge is not to large river, give the distance (in mile, to the nearest tenth) from the discharge point on the immediate receiving stream to the mouth of the immediate receiving stream. ( e.g. Coal River 12.3 miles from its mouth of the Kanawha River).

Item X

- A) Mark appropriate box and describe if necessary.
- B) State the total design population.
- C) State the total design number of units.
- D) Indicate whether or not the property can be expanded to accommodate additional stores, house, trailers, etc. beyond design capacity of the treatment plant. If the answer is yes, state the number.
- E) Give the total area of facility site in acres. If it is a municipality or PSD, answer in square miles.

Items XI

- A)
  - 1. Give diameter of the sewer pipes.
  - 2. Give type of material and ASTM designation.
  - 3. Give length of sewer pipe in linear feet for each size.

4. Give the minimum distance from top of pipe to surface for the whole collection system.
  5. Indicate type of sewer pipe joint and ASTM designations.
  6. Indicate number of manholes.
  7. Indicate number of lift stations.
  8. Indicate number of lift stations.
  9. Enter size of force mains (Pressure lines).
  10. Enter length of force mains in linear feet for each size.
- B)
1. Check the appropriate box and describe if necessary. Also indicate design flow in gallons per day on page 4, Item XIII of this application.
  2. Indicate the type of pretreatment (e.g. bar screen comminutor, grit chamber, trash trap)
  3. Enter size of aeration chamber in gallons.
  4. Enter rating of blower(s) (i.e cubic feet per minute at what PSI, pound per square inch, and HP capabilities.)
  5. Enter clarifier size in gallons and surface area.
  6. Enter the dimension in feet for:
    - a) Length, width, depth at water surface.
    - b) Length, width at bottom.
  7. Enter the size of chlorination chamber in gallons. If a type of disinfection is used other than chlorination (e.g. ultraviolet), please indicate and describe on page 4, Item XIII of this application.
  8. Enter the dimension in feet for:
    - a) Length, width, depth at water surface.
    - b) Length and width at bottom.
  9. Enter size in gallons.
  10. Describe any other units and sizes not mentioned above.

Item XII

- A) Indicate the State Classification of the certified operator (i.e. Class I-S, 1, 2, 3, or 4)

Certifications are issued by the Department of Health in accordance with the "Wastewater Treatment Works Operator Regulations" adopted September 18, 1974 or most current revision thereof.

- B) State how often the operator is conducting routine operation and maintenance inspections of the sewage collection and treatment facilities.
- C) Describe the duties performed by the operator during routine operation and maintenance inspections.
- D) Describe equipment utilized in maintenance of treatment facilities, (e.g. test kits for pH and chlorine residual, beakers, secchi dish; rubber gloves, etc.)
- E) Describe the method of excess sludge disposal (i.e. how often it is removed where it is disposed of, and how it is transferred.)

Item XIII

Use this space for narrative explanations of items in this form, where applicable. .

Item XIV

All drawings, reports and specifications required as accompanying information shall be attached to application. All drawings should be identified by the name of the applicant and the activity.

Items in this section should require no further explanation.

Item XV

Use of this item is limited to those applicants wishing to reissue an existing NPDES Permit.

- A) Please indicate whether:
- 1) The treatment system has been added to or modified.
  - 2) The volume or concentration of the waste(s) or waste *stream(s)* has been increased.
  - 3) The facility has been added to or modified causing an increase in the volume or concentration of waste(s) being discharged.
- B) If Item XV (A) was answered, please describe in the space provided.



Item XVI

Use of this Item is limited to those applicants wishing to modify an existing NPDES Permit.

Please give a description of the modification being applied for including a proposed time schedule for its completion. All drawings, reports, and specifications pertaining to the proposed modification should be attached to the application and identified by the name of the applicant and the activity.