

West Virginia Department of Environmental Protection

Personal Information Policy Statement

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.

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

**STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Application for Sewage Sludge or Septage**

TYPE OF APPLICATION			
<input type="checkbox"/> Permit Renewal <input type="checkbox"/> Modification of Existing Permit <input type="checkbox"/> New Permit Permit or Registration No.:			
NAME OF FACILITY			
NAME OF CONTACT			
Name and Title		Phone	
MAILING ADDRESS			
Street or Box Number			
City		State	Zip Code
SPECIFIC LOCATION			
Street, Route Number, or Specific Location			
City		State	County Zip Code
OWNER INFORMATION			
Owner Name			
Street or Box Number			
City		State	Zip Code
DESCRIPTION			
Mark One (X)			
<input type="checkbox"/> Municipality		<input type="checkbox"/> Industrial Facility	
<input type="checkbox"/> Public Service District		<input type="checkbox"/> Septic Hauler	
<input type="checkbox"/> Package Plant		<input type="checkbox"/> Private Contractor	
<input type="checkbox"/> Other (specify)			

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SOURCE OF SEWAGE SLUDGE

Complete this page for each facility contributing sludge to the permitted facility.

FACILITY INFORMATION			
Facility Name		NPDES Number:	
Mailing Address			
Street or Route No., or specific location			
City	County	State	Zip Code
QUANTITY			
Amount of sludge generated (dry tons per year)			
Design flow of wastewater plant			
QUALITY			
Enter results of last three sludge analyses (mg/kg)			
Sample Date			
Arsenic			
Cadmium			
Chromium			
Copper			
Lead			
Mercury			
Molybdenum			
Nickel			
Selenium			
Zinc			
Organic - Nitrogen			
Ammonia - Nitrogen			
Potassium			
Phosphorus			
Calcium			
Magnesium			
Percent Solids			
Fecal Coliform			
pH			
INDUSTRIAL USERS (Attach and additional page if necessary)			
Facility Name	Type of Facility	Quantity of Discharge	Pretreatment Status
<b style="color: red;">FOR INFORMATION PURPOSES ONLY THIS APPLICATION IS REQUIRED TO BE SUBMITTED ELECTRONICALLY			

LAND APPLICATION SITE INFORMATION

Complete one page per application site. Provide as attachments:

Topographical map, farm map with fields clearly marked, and a signed copy of landowner agreement.

GENERAL INFORMATION					
Site or Farm Name				Phone:	
Mailing Address					
Street or Route No., or specific location					
City		County		State	Zip Code
CATEGORY		<input type="checkbox"/> Farm	<input type="checkbox"/> Mine	<input type="checkbox"/> Other	
SITE INFORMATION (Attach nutrient analysis (N-P-K) for each field)					
Field ID	Acres	pH	Crop Type	Soil Type	Sludge or fertilizer applied previously
BACKGROUND METALS					
Sample Date					
Arsenic		Mercury			
Cadmium		Molybdenum			
Chromium		Nickel			
Copper		Selenium			
Lead		Zinc			
Site Approval by:		<input type="checkbox"/> County Extension Agent	<input type="checkbox"/> DEP Inspector		
		<input type="checkbox"/> WVU Extension Specialist	<input type="checkbox"/> County Sanitarian		
Describe how soil pH will be maintained above 6.2 for 5 years after the sludge application					
Describe method of transporting sludge to land application site					
Describe method of spreading sludge					
If sludge is stored more than one week at the application site, describe how leachate and stormwater runoff from the pile will be controlled					

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OTHER PERMITS, LICENCES, AND APPLICATIONS	
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Issuing Agency	Type of Permit	Permit Number	Effective/Expiration Dates

METHOD OF DISPOSAL	
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Mark All That Apply (X)

Incinerator <input type="checkbox"/> Landfill(s) (specify) <input type="checkbox"/> _____	Land Application <input type="checkbox"/> Other (specify) <input type="checkbox"/> _____
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DESCRIPTION OF VECTOR ATTRACTION REDUCTION METHOD(S)	
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Primary Method

Secondary Method(s)

DESCRIPTION OF PATHOGEN REDUCTION METHOD(S)	
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Primary Method

Secondary Method(s)

CERTIFICATION	
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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 upon 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

Signature	Date
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