



**MUNICIPAL/PRIVATE SEWAGE TREATMENT WASTELOAD ALLOCATION**  
 IMPORTANT: READ CAREFULLY INSTRUCTIONS AND CONDITIONS ON OTHER SIDE

WVDEP  
02/2010

PART A. TO BE COMPLETED BY APPLICANT

DATE: \_\_\_\_\_

Have any prior applications been made for this facility?  Yes  No. If yes, give dates of prior applications \_\_\_\_\_

I. Owner of the Wastewater system: \_\_\_\_\_  
 Owners Address: \_\_\_\_\_  
 Form submitted by: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Mailing address: \_\_\_\_\_

II. Treatment facilities physical location: \_\_\_\_\_  
 List wastewater treatment facilities within one mile: \_\_\_\_\_

III. Attach a statement identifying the source of your right-to-enter in and upon the real property adjacent to the receiving stream to install or construct the proposed point source. (This can include recorded deeds, leases, options, real estate contracts and easements.)

IV. Discharge point location. (The discharge point refers to the exact location of the pipe outlet from the treatment facility.)

(a) Name of the county where discharge point is located: \_\_\_\_\_

(b) Name of U.S.G.S. 7.5 minute topographic map: \_\_\_\_\_  
 TOPOGRAPHIC MAP OR COPY OF THE TOPOGRAPHIC MAP SHOWING FACILITY LOCATION, EFFLUENT PIPELINE, AND DISCHARGE POINT MUST BE ATTACHED. (See item 3, instructions.)

(c) Immediate receiving stream is \_\_\_\_\_ which is a tributary of \_\_\_\_\_  
 \_\_\_\_\_ (See item 4, instructions)

(d) Does the immediate receiving stream have a year round flow?  Yes  No.

(e) The discharge point on the immediate receiving stream is \_\_\_\_\_ miles (to the nearest tenth) from the mouth of the immediate receiving stream.

(f) Within five miles down stream from the discharge point, does the receiving stream have a domestic water supply intake?  Yes  No; an impoundment?  Yes  No.

(g) Latitude and longitude of discharge point to the nearest second.  
 Latitude \_\_\_\_\_ " \_\_\_\_\_ " Longitude \_\_\_\_\_ " \_\_\_\_\_ "

(h) If area of watershed above the discharge point to the immediate stream is less than 200 square miles, give measured drainage area from the U.S.G.S. topographic map: \_\_\_\_\_ square miles. (See item 5, instructions.)

Facility Description

(a) Name and purpose of facility (municipality, mobile home park, motel, etc.) \_\_\_\_\_

(b) Will this treatment plant handle sewage from towns/entities other than the owner listed above?  Yes  No. If yes, list all other towns/entities. \_\_\_\_\_

(c) Will this facility be used for industrial wastes?  Yes  No. If yes, give the percent of flow from industrial users: \_\_\_\_\_

(d) Is this a proposal to construct a new treatment facility or to expand an existing treatment facility?  Yes  No.  
 If yes, it will be necessary to fill out the Additional Information for Municipal/Private Sewage Treatment Wasteload Allocation Form. This form can be downloaded from our website at [Additional Wasteload Form](#).

(e) Design Criteria Existing Design (See item 6, instructions.)

Number of persons	_____	_____
Flow per person	_____ gal/day/person	_____ gal/day/person
Total waste water flow	_____ gallons/day	_____ gallons/day

(a) Distance to the nearest public sewer \_\_\_\_\_ miles or \_\_\_\_\_ feet.

(b) Street or other location of nearest public sewer: \_\_\_\_\_

(c) Give reason why the public sewer is not being used; (See item V, conditions.) Not available in the area.  
 \_\_\_\_\_

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

Mail completed form to: **Division of Water and Waste Management, Permitting Section**  
**601 57<sup>th</sup> Street SE, Charleston, WV 25304-2345**

PART B. To be completed by the Division of Water and Waste Management, WV Department of Environmental Protection							Completed by
Date:				Allowable Waste Load (30 Day Average)			
Design Flow	mgd			Parameters	Conc. (mg/l)	lbs/day	
Trout	Yes	No		UBOD			Entered
7/Q/10				BOD5			
cfs mgd	Graph	Station		TKN			
TRC Max, ug/l:				SS			
Bacteria disinfection is required				DO		Instantaneous	
Elevation			ft.				

*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](mailto:depprivacyofficer@wv.gov).*

## INSTRUCTIONS

- 1) If more space is needed to fully answer any questions on this application, use a separate sheet. Identify each answer with the number of the corresponding question.
- 2) Treatment requirements are dependent on the flow and other characteristics of the immediate receiving stream. In certain cases it may be cost-effective to pipe the effluent to another stream with less stringent treatment requirements.
- 3) The U.S.G.S. topographical maps are available at most major bookstores within the state, or they may be obtained by writing to: Eastern Region - Map Distribution, United States Geological Survey, 1200 South Eads Street, Arlington, VA 22202.
- 4) If the immediate receiving stream is an unnamed tributary, indicate it as such. If no stream is available, explain where the effluent will be disposed.
- 5) The drainage area of the watershed above the discharge point is extremely important and should be measured as precisely as possible. Incorrect values of drainage area can lead to an erroneous allocation and possible permit revocation at a later date.
- 6) The design criteria to calculate the flow/person/day can be obtained from the Office of Environmental Health Services, Department of Health and Human Services, Charleston, WV and is entitled "Permit Procedure and Design Requirements for Small Sewage and Water Systems". If the design criteria used is different from one specified by the Department of Health, attach an explanation for the difference.

## CONDITIONS

Establishing the above allocations, the engineer and/or applicant is cautioned that:

- i) This allocation is temporary, is based on current conditions and expires six (6) months from the date this office grants the allocation. If you can demonstrate that application preparation has begun, but, despite good-faith efforts, a complete permit application cannot be submitted in the six-month time frame, the Director may grant one six-month extension of the allocation. You must request this extension in writing and provide the demonstration required along with the request.
- ii) The allocation does not relieve discharger(s) from meeting the Water Quality Standards established for the receiving waters.
- iii) Granting this temporary allocation shall not be interpreted to be an advance approval of wastewater treatment facilities, which may be proposed, nor is an assurance that a water pollution control permit will be issued.
- iv) Application for appropriate permits is required and compliance with all applicable State laws, rules, and regulations pertaining to wastewater collection and treatment facilities is mandatory.
- v) Should the review of the application for a package plant discharge indicate that the area may be serviceable by a proposed municipal or PSD system, the above allocation may be considered temporary and valid only until the connection to the public facility is feasible.
- vi) After this application has been reviewed and completed by the Department of Environmental Protection, Division of Water and Waste Management, a copy will be mailed to the applicant. A copy of the completed form should be attached when applying for state permits.
- vii) Additional limitations may be required to comply with West Virginia water quality standards for other toxics, etc.

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