



west virginia department of environmental protection

Division of Water and Waste Management
601 57th St. SE
Charleston, WV 25304
Phone: (304) 926-0499
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Harold D. Ward, Cabinet Secretary
dep.wv.gov

Revised February 8, 2021

WEST VIRGINIA RECYCLING ACTIVITY REGISTRATION FORM

§22-15-2. “Recycling facility” means: any solid waste facility for the purpose of recycling at which neither land disposal nor biological, chemical or thermal transformation of solid waste occurs: Provided, that mixed waste recovery facilities, sludge processing facilities and composting facilities are not considered recycling facilities nor considered to be reusing or recycling solid waste within the meaning of West Virginia Code §§22-15-1, §§22C-4-1 and §§20-11-1.

This Registration Form is to be used by both “commercial” and “noncommercial” recycling. This notification is for tracking purposes and does not constitute, nor should be construed to constitute, a permit or any other permission or authorization to perform any solid waste activity as otherwise required by the provisions of the West Virginia Code.

Please submit the following information:

Facility Information:

Facility/ Company Name: _____

Facility Address: _____

County: _____

Facility Telephone Number: _____

Facility Type – Commercial or Noncommercial: _____

Center of the Area Used to Conduct Recycling Activities, if any:

Latitude: _____

Longitude: _____

Promoting a healthy environment.

Company Information:

Company Name: _____

Company Address: _____

Company Telephone No.: _____

Operator's Information:

Operator Name: _____

Operator Address: _____

Operator Telephone No.: _____

Owner of the Facility Information (if different from the Operator):

Owner Name: _____

Owner Address: _____

Owner Telephone No.: _____

Property Owner's Information:

Property Owner Name: _____

Property Owner Address: _____

Property Owner Telephone No.: _____

Proposed Starting Date of Operation: _____

Posted Hours of Operation:

Monday, _____ a.m. to _____ p.m. Thursday, _____ a.m. to _____ p.m.

Tuesday, _____ a.m. to _____ p.m. Friday, _____ a.m. to _____ p.m.

Wednesday, _____ a.m. to _____ p.m. Saturday, _____ a.m. to _____ p.m.

1. Description of materials to be recycled at the facility:

2. Anticipated weight or volume of materials to be recycled per month:

3. Brief description of the scope of the operation of the facility (facility size, collection territory, customers, etc.):

4. Recycling activities must comply with all applicable prohibitions and location standards listed in 33CSR1 Section 3.

5. Recycling activities must ensure that all leachate, waste water, and storm water is collected, treated and/or discharged in a manner that does not violate the water quality standards established under W.Va. Code §§22-11-1, or the rules and regulations promulgated thereunder.

6. Stormwater discharges from rain or snow that have been contaminated by the recycling activity must obtain a Multi-Sector Stormwater Permit through the Division of Water and Waste Management, Stormwater Section.

7. All operations must be conducted within enclosed structures.

8. Recyclable materials stored outside the enclosed structures must be (1) Stored in bundles, bins, or containers or (2) Prepared for transportation.

9. No material may be stored for more than sixty (60) days without written approval by the Director.

AFFIDAVIT

I, _____, hereby certify, under penalty of law,
Print Name of Registrant

that all statements herein made by me are true to my own knowledge, that no information known to me to be pertinent to this investigation has been withheld, and if any representations therein are changed prior to the receipt of the permit, I shall so notify the Department of Environmental Protection. False statements made herein will subject any permit issued hereunder to revocation.

Signature Date

STATE OF WEST VIRGINIA
COUNTY OF: _____

Taken, subscribed and sworn to before me, a Notary Public, in and for the County and State this _____ day of _____, 20 _____.

My Commission Expires _____

Notary Public

STAMP OR SEAL

If the information submitted within this West Virginia Recycling Activity Registration changes, a written notification must be submitted to the Division of Water and Waste Management.

Submit one (1) completed original form and one (1) copy to:

**WEST VIRGINIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SOLID WASTE MANAGEMENT
601 57TH STREET, SE,
CHARLESTON, WV 25304
TELEPHONE NUMBER: (304) 926-0499**

DEPARTMENT OF ENVIRONMENTAL PROTECTION USE ONLY

DEP ASSIGNED WEST VIRGINIA RECYCLING ACTIVITY NO.:

WVRA - _____ - _____ - _____

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.