

STATE OF WEST VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF WATER AND WASTE MANAGEMENT  
PERMITTING AND ENGINEERING BRANCH  
601 57<sup>th</sup> STREET SE  
CHARLESTON, WV 25304-2345

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**FORM SG-1 FACILITY REGISTRATION APPLICATION FORM FOR WV/NPDES GENERAL PERMIT  
DISPOSAL OF SEWAGE - FLOW 600 GPD OR LESS**

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

Treatment Category Classification \_\_\_\_\_

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**PART B: TO BE COMPLETED BY APPLICANT**

**1. Applicant**

Owner Name and Mailing Address \_\_\_\_\_ Maintenance Contractor – Operator Mailing Address \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Facility Contact Home Phone No: \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Cell Phone No. \_\_\_\_\_

3. Maintenance Contractor Phone No: \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

4. Physical Location of Facility (Not a P.O. Box): \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

5. Email Address of Homeowner: \_\_\_\_\_

6. Email Address of Maintenance Contractor-Operator: \_\_\_\_\_

**7. Discharge Description:**

A. Location of Discharge Point \_\_\_\_\_ N Latitude \_\_\_\_\_ W Longitude \_\_\_\_\_  
B. Name of Immediate Receiving Stream \_\_\_\_\_ tributary of \_\_\_\_\_  
\_\_\_\_\_ tributary of \_\_\_\_\_  
C. Distance from discharge point to mouth of immediate receiving stream \_\_\_\_\_ miles

8. Description of Sewage Treatment System (Manufacturer’s Name, Model, etc., include all components and attach specifications with this form). \_\_\_\_\_  
\_\_\_\_\_

9. Design Flow of Home Aeration Unit: \_\_\_\_\_ GPD (Gallons Per Day)

10. Is this HAU to serve a business? Yes \_\_\_ No\_\_\_, If yes, then what type \_\_\_\_\_

**11. 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 of that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Owner (type or print) \_\_\_\_\_ Name of Operator (type or print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Owner) (Operator)

*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).*