

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER AND WASTE MANAGEMENT
601 57th STREET SE, CHARLESTON, WV 25304-2345

FORM SG-R FACILITY REGISTRATION APPLICATION FORM FOR WV/NPDES GENERAL PERMIT
WV0103110 DISPOSAL OF SEWAGE

- 1. Owner of Treatment Facility
2. Owner's Mailing Address
3. Name of Facility
4. Facility Contact Name
5. Legal Entity Responsible for Operation

- 6. Discharge Description:
A. Discharge Outlet No. 001
B. Location of Discharge Point: Latitude, Longitude
C. Name of Immediate Receiving Stream

- 7. Facility Description:
A. Service (mark X) Municipality, Mobile Home Park, Shopping Center, Park, PSD, Other

8. Describe any changes or modifications made to the sewage collection and treatment system in the last five (5) years.

9. 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.

Name and Official Title (type or print)

Signature Date Signed

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.