

West Virginia
Department of Environmental Protection
Division of Water and Waste Management

FACILITY REGISTRATION APPLICATION

**WV/NPDES PERMIT NO. WV0115754 GENERAL PERMIT FOR
WATER TREATMENT PLANTS IN WEST VIRGINIA
SIC CODE 4941**

General Permit Registration No. WVG64 _____ (do not answer - for DEP use only)

**For assistance in completing the application, please refer to the
accompanying instructions.**

1. Name of Facility _____
2. Location _____
Street or Highway City Zip Code County
3. Owner _____
4. Owner Mailing Address _____
Street or Highway City Zip Code
5. Owner Telephone Number (____) _____
6. Operator _____
7. Operator Email Address _____
8. Operator Telephone Number(____) _____
9. Contact Person _____ Title _____
10. Contact Person Email Address _____
11. Contact Person Telephone Number _____
12. Volume of Backwash _____ gpd
Frequency of Backwash _____

(PLEASE COMPLETE THE REMAINING TWO PAGES)

13. Receiving Streams to Major River (e.g., unnamed tributary of Little Creek of Large Creek of Kanawha River:

For each outlet, list the latitude and longitude to the nearest second and the River Mile Point (if known). Refer to Instructions Document.

Outlet Number	Latitude			Longitude			River Mile Point
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
OO1							

14. List any existing WV/NPDES Permits previously issued by the Division of Water and Waste Management:

If you have none check this box

Number WV _____ Date Issued _____

Number WV _____ Date Issued _____

15. Attach to this application a topographic map of the area. The map must mark the location of the facility, location of all wells, sinkholes, springs, rivers and other surface water bodies, and drinking water wells known to the applicant in the area of the facility.

16. Attach to this application a sketch of the facility showing the location of any treatment system, and the location of each outlet. Also attach plan view and detail drawings of the wastewater treatment system. The volume and dimensions of each treatment unit along with details of the inlet and outlet structures must be included. If the treatment system is proposed, submit a compliance timetable for construction.

17. **Waste Characteristics:** For each outlet, samples must be taken for the following parameters and the results submitted with this registration form:

A. Pollutant analyses required for each outlet.

Total Suspended Solids	Total Recoverable Manganese	pH
Total Residual Chlorine	Total Recoverable Aluminum	Flow
Total Fluoride	Total Recoverable Iron	

B. You must provide an analysis for each pollutant shown below that you know or have reason to believe is present in your discharge. See instructions for additional details and requirements.

Total Recoverable Barium	Total Recoverable Copper	Total Recoverable Lead
Nitrate-Nitrite	Total Recoverable Zinc	

C. Submit any upstream receiving stream data for the parameters listed in PART A above, that you may have.

18. ALL NEW FACILITIES APPLYING FOR GENERAL WATER TREATMENT PLANT PERMIT COVERAGE, AN APPROVED GROUNDWATER PROTECTION PLAN (GPP), IS REQUIRED.

All other facilities should already have an approved GPP in place.

Has your facility developed a Ground Water Protection Plan (GPP), and has a copy of the plan(s) been submitted and approved by the Agency? If not, submit a copy with this application for approval.

YES

NO

By completing and submitting this application, I have reviewed, understood and agreed to the terms and conditions of the general permit. I understand that provisions of the permit are enforceable by law. Violations of any term and condition of the general permit and/or other applicable law or regulation can lead to enforcement action.

I certify under penalty of law that I have personally examined and am familiar with the information submitted on this application form and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining 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.

19. SIGNATURE & TITLE: _____ DATE: _____

PLEASE **PRINT** NAME & TITLE: _____

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.