

STATE OF WEST VIRGINIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Application for POTW Disposal of Domestic Septage and/or Sewage Sludge

(See Instructions for Specific Item Information)

TYPE OF APPLICATION (Check One)	<input type="checkbox"/> New Permit Registration <input type="checkbox"/> Registration Renewal <input type="checkbox"/> Modification of Existing Registration Existing Registration No. WVSG20 _____ (If applicable)		
NAME OF FACILITY	_____		
CONTACT PERSON	Name & Title _____ Phone _____ E-mail Address _____		
MAILING ADDRESS	Street or Box Number _____ City _____ State ____ Zip Code _____		
OFFICE LOCATION	Street or Box Number _____ County _____ City _____ State ____ Zip Code _____		
OWNER INFORMATION	Name of Owner _____ Street or Box Number _____ City _____ State ____ Zip Code _____ E-mail Address _____		
BPH PERMITS, LICENSES AND APPLICATIONS (Include copy of your BPH Permit)			
Issuing Agency	Type of Permit	Permit Number	Effective/Expiration Date

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

METHOD OF DISPOSAL (Check All That Apply)	
<input type="checkbox"/> POTW – List: _____ _____ _____ _____	<input type="checkbox"/> Incinerator <input type="checkbox"/> Landfill(s) – Specify _____ _____ _____

DESCRIPTION OF STORAGE METHOD(S)

ESTIMATED AMOUNT OF SEPTAGE &/or SLUDGE PUMPED ANNUALLY

CERTIFICATION
<p>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 upon 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 that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p>
Name & Official Title Signature _____ Date _____

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.

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