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 FACLITY REGISTRATION APPLICATION FORM FOR WV/NPDES GENERAL PERMIT WV0103110 DISPOSAL OF SEWAGE

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2.	Owner of Treatment Facility City City State Zip Code Phone No						
	State_		Zip Cod	e	Phone No		
	E-Mail	l Address	ì				
3.	Name	of Facilit	у				
4.	Facility	y Contac	t Name		Phone No		•
	E-Mai	l Addres:	S	F	acility Location		у
	City _			State	Zip Code	Count	y
5.	Legal 1	Entity Re	sponsible for O	peration			
6.	Discha	rge Desc	ription:				
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		Longitu	ideo	" (We:	st)		•
	C.	Name o	f Immediate Rec	eiving Stream			tributary of
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7.	Facility	Descript	ion:				
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	Chamai	Mobile Home Park ()No. of homes School () No. of students and staff Shopping Center () Subdivision () No. of homes Apartments () Number of 1 bedroom					
	SHODD						mper of L bedroom
	,	ing Cente	a () Subulvisi	M () NO. OL II	omes Apa	rimenis () Nu	modi of i oddroom
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depprivacyofficer@wv.gov.

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