



west virginia department of environmental protection

**Division of Water and Waste Management
General Permit & Support Team**

**ANNUAL CERTIFICATION
WV/NPDES General Permit No. WV0116246
WASTEWATER DISPOSAL FROM HIGHWAY OR
MUNICIPAL MAINTENANCE FACILITY**

General Permit Registration No. WVG98 _____ Coverage Date _____

1. Name of Facility _____ District _____
(If applicable)

2. Location _____
Street or Highway City Zip Code County

3. Responsible Authority _____ Title _____

4. Email Address _____ Telephone No. (____) _____ - _____

5. Mailing Address _____
Street or Highway City Zip Code

**Annual Low Concentration Monitoring Waiver Certification in accordance
with Condition B.5. of the General Permit.**

(This certification is due by the last day of the month immediately following the facilities anniversary of permit issuance/reissuance.)

To continue currently approved waivers, the permittee must certify the statement below by placing a check in the box.

There **has not** been a significant change in the industrial activity or the pollution prevention measures in the area of facility that drains to the outlet(s) for which sampling was waived.

There has been significant change(s) in the industrial activity or the pollution prevention measures in the area of facility that drains to the outlet(s) for which sampling was waived.

Explain: _____



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By checking boxes below I certify under penalty of law that I have personally examined and am familiar with the information required on this form and including:

- Storm Water Pollution Prevention Plan (SWPPP) is currently updated and open for inspection at the facility.
- Groundwater Protection Plan (GPP) is currently updated and open for inspection at the facility.
- A complete review and inspection will be conducted at least annually to update the SWPPP and the GPP and Best Management Practices will be considered to lessen any storm water contamination at this site.

Based upon my inquiry of those individuals 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.

OFFICIAL SIGNATURE _____

TITLE _____ DATE _____

Please make additional blank copies of this report for each year of the life of the permit.

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.