



**FACILITY REGISTRATION APPLICATION**  
**WV/NPDES PERMIT NO. WV0116246 GENERAL PERMIT FOR**  
**HIGHWAY OR MUNICIPAL MAINTENANCE FACILITIES IN WEST VIRGINIA**

General Permit Registration No. WVG\_\_\_\_\_ (do not answer - for DEP use only)

1. Name of Facility \_\_\_\_\_

2. Location \_\_\_\_\_  
Street or Highway City County Zip Code

3. Owner \_\_\_\_\_

4. Owner Mailing Address \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip Code

5. Facility Contact – Name & Phone No. \_\_\_\_\_

6. Contact’s Email Address \_\_\_\_\_

7. Nature of business, also state when operations at this facility began (provide brief description):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Check type(s) of discharge(s) that your facility is applying for:

- ~ Storm Water Discharge(s) (include Attachment A)
- ~ Vehicle Wash (include Attachment B)
- ~ Sewage Treatment (include Attachment C)

9. Previous Department of Environmental Protection, Water Pollution Control Permit WV/NPDES No. \_\_\_\_\_

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

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

Outlet Number	Latitude			Longitude			River Milepoint
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	

10. Attach to this application a topographic map of the area. The map must mark the location of the facility, outlets, 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.

11. AN APPROVED GROUNDWATER PROTECTION PLAN (GPP) IS REQUIRED FOR ALL EXISTING FACILITIES APPLYING FOR GENERAL PERMIT COVERAGE (proposed facilities must submit a GPP). 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 ~

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## Attachment A (Storm Water)

1. Facility Type: **CHECK (✓) ONE.**

Facility With Existing Storm Water General Permit Coverage and no Significant Changes.

Facility With No Existing Storm Water General Permit Coverage or, Facility with existing coverage and significant changes.

2. Attach to this application a sketch of the facility showing the location of any treatment system for storm water, each location of outlets carrying storm water, and the site and runoff characteristics of each drainage area carrying runoff in square feet.

Runoff Characteristics - Determination of Areas:

A. Paved, roofed or other impervious areas	_____	Square Feet
B. Graveled or stoned areas	_____	Square Feet
C. Exposed or barren ground	_____	Square Feet
D. Vegetated areas	_____	Square Feet
Total	_____	Square Feet

3. Average Runoff in Gallons per Day \_\_\_\_\_

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## Attachment B (Vehicle Wash)

1. Proposed Vehicle Wash\_\_\_ ; Existing Vehicle Wash with treatment\_\_\_ ; Existing Vehicle Wash without treatment\_\_\_; (CHECK ONE).
2. Proposed disposition of sludge removed from grit chamber, settling tank and filter\_\_\_\_\_
3. Design Capacity of Sedimentation/Separation Tank \_\_\_\_\_ gallons (Calculated by multiplying length x width x height (in feet) x 7.48 (gallons/cubic foot).
4. Number of wash bays\_\_\_ Average Flow (total) \_\_\_ gallon per day (gpd).
5. Manner in which filter is or is proposed to be enclosed  
\_\_\_\_\_
6. Attach to this application a sketch of the vehicle wash showing: the number of bays; location of the treatment system; receiving stream and any adjoining highways or streets. Also, drawings of the treatment system, with dimensions, must be submitted. (Drawings can be on 8" x 11" paper.) **Proposed facilities must submit for approval prior to beginning construction.**
7. The following systems are non-allowable and will not be permitted:
  - a. Septic tanks with or without leach fields.
  - b. Cesspools.
  - c. Direct or indirect discharge of untreated or improperly treated wastewater from vehicle washing establishments to the waters of the State.

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## Attachment C (Sewage)

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(THIS SECTION TO BE COMPLETED BY THE DWWM)

**MAXIMUM FLOW LIMIT** \_\_\_\_\_ **gallons per day (GPD)**  
**TREATMENT CATEGORY** \_\_\_\_\_

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1. Operator, or Maintenance Contractor if treatment will be by an HAU

\_\_\_\_\_

2. Operator/Contractor Mailing Address

\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip Code

3. Operator/Contractor Telephone Number (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

4. Email Address of Operator/Contractor \_\_\_\_\_

5. Bureau of Health Certificate of Approval No. \_\_\_\_\_

6. Number of Persons Served at Facility \_\_\_\_\_

7. Discharge Description:

A. Discharge Outlet No. \_\_\_\_\_

B. Location of Discharge Point: Latitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" (North)  
Longitude \_\_\_\_\_° \_\_\_\_\_' \_\_\_\_\_" (West)

C. Distance from discharge point to mouth of immediate receiving stream  
\_\_\_\_\_ miles.

8. If you are currently covered under the general permit, describe any changes or modifications made to the sewage collection and treatment system in the last five (5) years.

\_\_\_\_\_

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**9. Description of Sewage Disposal System**

B. Treatment Plant:

1. Type of treatment – check appropriate box

- Extended Aeration “Package” Treatment Plant rated capacity \_\_\_\_\_ GPD; Aeration Chamber Size \_\_\_\_\_ gallons  
Clarifier Size \_\_\_\_\_ gallons
  - Stabilization Pond – Surface Area \_\_\_\_\_ acres
  - Home Aeration Unit Design Flow \_\_\_\_\_ GPD (Gallons Per Day)
- Description of Sewage Treatment System (Manufacturer’s Name, Model, etc., include all components and attach specifications with this form).
- \_\_\_\_\_
- \_\_\_\_\_

- Other (Describe) \_\_\_\_\_

2. Type of Effluent Disinfection – Check appropriate box

- Chlorination
- Chlorination/Dechlorination
- UV Disinfection
- Chlorination Chamber Size \_\_\_\_\_ gallons
- Other, describe \_\_\_\_\_

3. Other Treatment Units Existing – Check appropriate box(es)

- Type of Pretreatment \_\_\_\_\_
- Equalization Tank, Volume = \_\_\_\_\_ gallons
- Aerated Sludge Holding Tank, Volume = \_\_\_\_\_ gallons
- Polishing Pond, Volume = \_\_\_\_\_ gallons
- Alternating Surface Sand Filter, total surface area = \_\_\_\_\_ square foot
- Rapid Sand Filter, capacity \_\_\_\_\_  
Surface Area \_\_\_\_\_
- Post Aeration, Type = \_\_\_\_\_
- Other, describe \_\_\_\_\_  
\_\_\_\_\_ capacity \_\_\_\_\_ surface area

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## Signature Page

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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

*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](mailto:depprivacyofficer@wv.gov).*

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Revised 12/01/09