

West Virginia Department of Environmental Protection

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Division of Water and Waste Management

Solid Waste Management Unit

Module A - NPDES Application

Revised 11/21 Please print or type in the unshaded areas only

I. NAME OF FACILITY			
II. FACILITY CONTACT			
A. Name and Title (last, first, and title)	B. Phone (area code & number)		
III. FACILITY MAILING ADDRESS			
A. Street or Post Office Box			
B. City or Town	C. State	D. Zip Code	
IV. FACILITY LOCATION			
A. Street, Route No. or other specific identifier			
B. City, Town or nearest Post Office	C. County	D. Zip Code	
V. OPERATOR AND OWNERSHIP INFORMATION			
A. Name and Address of Operator	B. Phone		
C. Is name listed in Item V-A also owner	<input type="checkbox"/> Yes (go to Item V-E)	<input type="checkbox"/> No (complete V-D)	
D. Name and Address of Owner	E. Phone		
F. Status of Operator (Enter appropriate letter into the answer box, if "Other" specify)			
F-Federal	S-State	P-Private	M-Public
O-Other	Specify:	<input type="checkbox"/>	
VI. APPLICANT REQUEST			
A. Reissue existing State Water Pollution Control Permit or State NPDES Permit (go to Item VII)	<input type="checkbox"/>		
B. Modify existing State Water Pollution Control Permit or State NPDES Permit (see instructions)	<input type="checkbox"/>		
C. 1. Acquire, construct, install and operate a leachate and/or storm water disposal system for direct or indirect discharge of treated leachate and/or storm water into Waters of the State.	<input type="checkbox"/>		
2. Operate and maintain an existing leachate and/or disposal system for direct or indirect discharge of treated leachate and/or storm water into Waters of the State.	<input type="checkbox"/>		

VII. REISSUANCE OF EXISTING PERMITS

A. Since issuance of your existing permit have you added any outlets, modified or added to your treatment or disposal system in any way, increased the volume or concentration or your waste(s) or waste stream(s), or extended, modified or added to your facility any operation which would cause an increase in the volume or concentration of waste(s) discharged?
 Yes No (see instructions before completing remainder of this form)

VIII. SIC CODES (4-digit, in order of priority)

A. First

B. Second

C. Third

D. Fourth

IX. EXISTING ENVIRONMENTAL PERMITS (including other Office of Water Resources Permits)

A. Issuing Agency and Address

B. Type of Permit

C. Permit Number

D. Date Issued

E. Expiration Date

X. MAP OR DRAWING

A. Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show property lines, point of discharge/connection to POTW and any downstream intakes. Attach a site plan including dimensions with property lines, proposed water lines, treatment units, layout size of lines, manholes and lift stations, distances of treatment unit and ponds from offsite property, point of discharge into stream w/ mile point, fencing, existing and finished ground level, and grade. Attach report and specification including project and location, pipe and joints, specifications for all treatment units and lift stations, hydraulic calculations, soil characteristics of site for ponds, manhole details, test equipment, 10, 25, and 100 year flood plain elevations.

XI. NATURE OF BUSINESS (provide a brief description)

A. Provide a brief description of the business.

B. Do you qualify as a small business? (See instructions for qualification criteria) Yes No

XII. CERTIFICATION (see instructions)

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.

A. NAME AND OFFICIAL TITLE (type or print)

B. SIGNATURE

C. DATE SIGNED

XIII. OUTLET LOCATION

For each outlet, list the latitude and longitude to the nearest second, the River Mile Point (if known) and the name of the immediate receiving water. (see instructions)

A. Outlet Number (list)	B. <u>Latitude</u>			C. <u>Longitude</u>			D. River Mile Point	E. Immediate Receiving Water (include all streams To Major Basin)
	1. Deg	2. Min	3. Sec	1. Deg	2. Min	3. Sec		

XIV. FLOWS, SOURCES OF POLLUTION AND TREATMENT TECHNOLOGIES

A. Include with this application: (1) A site layout drawing (see instructions for precise details); (2) A line drawing showing the water flow through the facility (see details and Figure 1 of the instructions for an example); and (3) Details and drawings of each treatment unit (see instructions for precise details).

B. For each outlet provide a description of: (1)(a) All operations contributing wastewater to the effluent, including ~~pesticides~~ and storm water runoff (including material handling and storage area run-off and areas where ~~pesticides~~, herbicides, soil conditioners and fertilizers are applied); (1)(b) The average flow contributed by each ~~operation~~ operation; and (2) The treatment received by the wastewater. Continue on ~~additional~~ additional sheets if necessary.

Outlet Number (list)	1. <u>Operation(s) Contributing to Flow</u>		2. <u>Treatment</u>	
	a. Operation (list)	b. Average Flow (mgd)	a. Description	b. List Codes from Table 1 (see instructions)

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items XIV-A or B intermittent or seasonal?

Yes (complete the following table) No (go to Section XV)

1. Outlet Number (list)	2. Operation(s) Contributing Flow (list)	3. Frequency (Avg)		4. Flow		
		a. Days Per Week	b. Months Per Year	a. Flow Rate (mgd)		b. Duration (in days)
				1. Long Term Avg.	2. Max Daily	

XV. TREATMENT SYSTEM

List all treatment processes and provide summary of the design consideration.

XVI. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

Yes (complete the following table) No (go to Item XVI-B)

1. Identification of Condition Agree - ment, etc.	2. Affected Outlets		3. Brief Description of Project	4. Final Compliance Date	
	a. Number	b. Source of Discharge		a. Required	b. Projected

XVI. IMPROVEMENTS (continued)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction. Mark "X" if description of additional control programs is attached.

XVII. EFFLUENT CHARACTERISTICS

A, B, C, D, E Complete one set of tables LEACHATE-1 through LEACHATE-2 and SW-1 through SW-2.

H. Use the space below to list any of the pollutants listed in Table 1, which you know or have reason to believe is discharged or may be discharged from any outlet. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. Pollutant	2. Source	1. Pollutant	2. Source

XVIII. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

A. Provide a list of any toxic pollutant not otherwise listed in Item XVII-C which you do or expect that you will over the next 5 years discharge. Also list sources and levels of such pollutants and provide MATERIAL SAFETY DATA SHEETS (MSDS) for each listed. Attach additional sheets if necessary.

B. Provide a listing and frequency of all chemical or treatment agents used in well redevelopment operations and each wastewater treatment system utilized. Also list all pesticides, herbicides, soil conditioners and fertilizers used at this site, and provide MSDS Sheets for each agent listed. Continue on additional sheets if necessary.

XIX. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

Yes (identify the test(s) and describe their purpose) No (go to Item XX)

XX. SAMPLING AND ANALYSIS INFORMATION

A. Sampling Method: Briefly describe procedure followed including type of equipment or collection apparatus used.

B. Were sample fixations used? Yes No

C. Was the latest approved edition of Standard Methods used during analysis?
 Yes (go to XX-E) No (complete Item XX-D)

D. Describe method used during analysis.

E. Outlet Sampled	F. Time Sampled	G. Date Sampled	H. Date Analyzed	I. Name and Address of Laboratory

J. Has the laboratory in Item XX-I received any required certification to perform the waste analysis associated with this application?
 Yes (complete Item XX-K) No (go to Item XX-L)

K. Provide the name and address of certifying agency.

L. Has any Performance Audit Inspection (PAI) been performed at the laboratory listed in Item XX-I?
 Yes (complete Item XX-M) No (go to Item XXI)

M. Provide the name and address of the agency conducting the audit and the date of the most recent audit performed.

XXI. SLUDGE DISPOSAL

Does or will your facility generate sludges, other solid wastes, or other pollutants for disposal?
 Yes (complete A and B below) No (go to XXII)

A. Describe method of disposal (landfill, incineration, other)

B. Submit name, location, Agency issuing permit for landfill and attach letter of acceptance of wastes from disposal operator if other than "on-site".

XXII. OPERATION AND MAINTENANCE

A. Has a Best Management Practice (BMP) Plan, Groundwater Protection Plan (GPP), and/or Storm Water Pollution Prevention Plan (SWPPP) been developed for your facility? Please attach each plan.

B. Specify a plan of maintenance for each treatment unit described in Item XIV-B.

1. Outlet Number	2. Treatment Unit	3. Plan of Maintenance

C. Describe name of treatment plant operator and qualifications.

D. Attach a description of the frequency of inspection by operator and description of operator duties and method of operation.

XVII. LEACHATE DISCHARGE INFORMATION

Part F - List each pollutant in 33CSR1 Appendix I and II that you know or have reason to believe is present. At a minimum, include one result for each pollutant in Appendix I Group A. For Class F facilities, include at least one result for each pollutant in Appendix I and II. Complete one table for each outlet.

Pollutant and CAS Number (if available)	Maximum Values (include units)		Average Values (include units)		Number of Events Sampled	Sources of Pollutants
	Grab Sample	Flow Weighted Composite	Grab Sample	Flow Weighted Composite		

Part G - Provide any other information relevant to the leachate discharge at the facility such as offsite treatment and disposal (ex. POTW Name, Permit No., Issue/Expiration Date, Location of Connection).