

Please print or type in the unshaded areas only

Application No. WV _____

Form S NPDES SEWAGE	STATE OF WEST VIRGINIA - DIVISION OF ENVIRONMENTAL PROTECTION OFFICE OF WATER RESOURCES APPLICATION FOR NPDES WATER POLLUTION CONTROL PERMIT Disposal of Sewage	Existing Permit Number WV _____ S _____
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I. NAME OF FACILITY

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II. FACILITY CONTACT

A. Name and Title (last, first, and title)	B. Phone (area code & number)
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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	B. Phone (area code & number)
C. Is the name listed in Item V-A also the owner? ()Yes ()No	

VI. APPLICANT REQUEST

A. Issue a State NPDES Permit	()
1. To acquire, construct, install and operate a sewage disposal system or part thereof for the direct or indirect discharge of sewage, industrial waste, or other waste into the waters of this State.	()
2. To operate a sewage disposal system or part thereof for the direct or indirect discharge of sewage, industrial waste, or other waste into the waters of this State.	()
Complete Sections VII to XIII	
B. Reissue existing State NPDES Permit	()
NPDES Permit No.	
Complete Sections VII to XIII and XV	
C. Modify existing State NPDES Permit	
NPDES Permit No.	
Complete Sections VII to VIII and XVI	

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

Issuing Agency and Address	Type of Permit or License	Permit Number	Effective Date yr/mo/day	Expiration Date yr/mo/day

VIII. CERTIFICATION

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
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IX. DESCRIPTION OF DISCHARGE

A. Discharge Serial No. (assign a three-digit number beginning with 001)

B. Discharge Point Name

C. Discharge Point

1. Latitude	2. Longitude
Deg. Min. Sec.	Deg. Min. Sec.

D. Name of Receiving Stream

Tributary of

E. River Mile Point

X. Facility Description

A. Service (mark X)

Municipality	()	Shopping Center	()
Trailer Court	()	Apartment Complex	()
School	()	Subdivision	()
Park	()	Other (specify)	()
Public Service District	()	_____	

B. Number of Persons

C. Number of home sites, mobile home sites, etc.

D. Can development be expanded? (mark X) ()Yes ()No

To what number?

E. Total area of site in acres.

XI. DESCRIPTION OF SEWAGE DISPOSAL SYSTEM

A. Collection System

1. Size of sewer lines

2. Type of sewer lines

3. Length of sewer lines of each size

4. Minimum ground cover on sewer lines

5. Type of sewer joints

6. Number of manholes

7. Number of cleanouts

8. Number of lift stations

9. Size of force mains

10. Length of force mains

B. Treatment Plant

1. Type of treatment (mark X)

(a) Extended Aeration ()

(b) Stabilization Pond ()

(c) Other (specify) () _____

2. Type of Pretreatment

3. Aeration chamber size

4. Blower size

5. Clarifier size

6. Polishing pond dimensions

7. Chlorination chamber size

8. Stabilization pond dimensions

9. Post Aeration unit size	
10. Various other units and size of units	

XII. DESCRIPTION OF OPERATION AND MAINTENANCE

A. Certified Operator? (mark X) ()Yes ()No Classification	
B. Frequency of Inspection by Operator	
C. Description of operator's duties and method of operation	
D. List various operating equipment	
E. Description of Sludge Disposal	

XIII. ADDITIONAL INFORMATION

Item Number	Information

Item Number	Information

XIV. REQUIRED INFORMATION TO ACCOMPANY APPLICATION

A.	U.S. Geological Survey Topographic Map showing property lines, point of discharge and downstream water intake or impoundment, if any	()
B.	Site plan of the facility showing:	
	1. Layout with dimensions and property lines.	()
	2. Home sites, mobile home sites, camping trailer sites, schools or other buildings.	()
	3. Location of and distances to known water intakes or wells.	()
	4. Location of existing or proposed water lines.	()
	5. Sewage treatment unit(s).	()
	6. Layout and size of sewer lines, manholes, and/or cleanouts and location of lift stations.	()
	7. Distance(s) of sewage treatment plant, stabilization pond, and polishing pond from surrounding residences or other buildings.	()
	8. Point of discharge of effluent in stream. List mile point.	()
	9. Effluent routing details.	()
	10. Fence around sewage treatment facilities.	()
C.	Profile of sewer lines showing:	
	1. Existing and finishing ground level.	()
	2. Invert elevations and manhole locations.	()
	3. Grade of proposed sewer lines.	()
	4. Size and length of proposed sewer lines.	()
D.	Report and Specifications setting forth:	
	1. General description of project and location.	()
	2. Number of units served and possible expansion of facility.	()
	3. Type of pipe and joints.	()
	4. Specifications for sewage treatment plant.	()
	5. Specifications for lift stations, if any.	()
	6. Hydraulic calculations.	()
	7. Soil characteristics of site for a stabilization pond or polishing pond.	()
	Report from U.S. Department of Agriculture Soil Conservation Service required.	
	8. Manhole details.	()
	9. Filter details, if any.	()
	10. Sewer riser details (mobile home park).	()
	11. Discharge Load Allocation (from WRD-MUN 1-81).	()
	12. Test Equipment.	()
	13. Aerated sludge holding tank (if required).	()
	14. 10, 25, and 100 year flood elevations.	()
	15. Post aeration.	()
	16. Size of sewage treatment plant, lift station, stabilization pond.	()

XV. REISSUANCE OF EXISTING PERMIT

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 of 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) discharges?

() No

() Yes - Give description of the changes and indicate the proposed increase(s) in the volume and concentration and/or additional parameters

B. Description

XVI. MODIFICATION OF EXISTING PERMIT

A. The applicant must present a detailed description with supporting drawings, water analyses, etc. as to exactly what modification is being applied for. A schedule of compliance (completion of final plans, commencement and completion of construction, operational level date, etc.), beginning at the time of permit modification issuance must also be provided where applicable.

B. Description of proposed modification
