



STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
AND
DEPARTMENT OF HEALTH AND HUMAN RESOURCES



Rev. 04/05

**PROCEDURE FOR PROCESSING AN APPLICATION
FOR A PERMIT TO INSTALL OR MODIFY AN INDIVIDUAL SEWER SYSTEM
WITH SURFACE DISCHARGE AND DESIGN FLOW OF \leq 600 GPD**

NOTE: Wastewater permit applications for flows $>$ 600 GPD or flows \leq 600 GPD from facilities which do not qualify for WV/NPDES general permit require the SJ application package.

A. TO SUBMIT APPLICATION

Sanitarian conducts site evaluation of property proposed to be served by an individual sewer system with surface discharge to determine if the lot qualifies for such. Form SS-188A (Surface Discharge Site Evaluation Form) is completed by the sanitarian after it is determined that the site will not support an onsite wastewater disposal system utilizing soil absorption.

1. Single Family Dwelling with Existing Sewage System Failure

Owner or agent submits an application package to the Department of Environmental Protection (DEP) containing the original application (with original signatures) and seven (7) copies of the following:

- DEP Wasteload Allocation form (part A to be completed by owner or agent)
- Health Department Site Evaluation form SS-188A
- DEP form SG-1 Registration Application
- Department of Health and Human Resources (DHHR) Application form SS-188
- DEP Disclosure Form (only original needs to be submitted)
- Signed maintenance contract requiring a minimum of quarterly service inspections for the duration of the coverage under the current general N.P.D.E.S. permit
- Topographic map showing surface water discharge point (USGS 1:24,000 scale)
- Separate checks or money orders made payable to:
 - DEP in the amount of \$150.00
 - DHHR in the amount of \$150.00
 - (Contact the local health department for applicable local fees.)

2. Single Family Dwelling - Replacement Construction on Lot that had been developed previously but no current sewage flow (such as a burned residence or mobile home pulled off the lot).

- DEP is required to treat these as new construction under their rules since there is not an existing sewage flow at the time of application. Submit the application as in Item 3 Single Family Dwelling New Construction.
- DHHR treats this as an existing property and therefore does not require the 2 acres or greater size requirement as listed in Item 3 (Single Family Dwelling - New Construction).

3. Single Family Dwelling - New Construction

NOTE: DHHR Laws and Rules require that the lot size must be 2 acres or greater with no site available to install a standard or alternative absorption field.
DEP Laws and Rules require New Construction discharges to be to a blue line stream.

Owner or agent submits to DEP one copy of the following:

- DEP Wasteload Allocation form (part A to be completed by owner or agent)
- Health Department Site Evaluation form SS-188A
- Topographic map showing water discharge point (USGS 1:24,000 scale)

DEP will return to the owner or agent the Wasteload Allocation form with part B completed. Part B will indicate either that the wasteload allocation is approved, and show the degree of treatment necessary for the receiving stream, or that the wasteload allocation is denied. If approved, the owner or agent submits an application package to DEP containing the original application (with original signatures) and seven (7) copies of the following:

- DEP Wasteload Allocation form (parts A and B completed, as returned by DEP)
- Health Department Site Evaluation form SS-188A
- DEP form SG-1 Registration Application
- DHHR Application form SS-188
- DEP Disclosure Form (only original needs to be submitted)
- Signed maintenance contract requiring a minimum of quarterly service inspections for the duration of the coverage under the current general N.P.D.E.S. permit
- Topographic map showing surface water discharge point (USGS 1:24,000 scale)
- Separate checks or money orders made payable to:
 - DEP in the amount of \$306.00
 - DHHR in the amount of \$300.00
 - (Contact the local health department for applicable local fees.)

4. Non-Single Family Dwellings with Existing Sewage System Failure (Two existing residences, both with system failure or small apartment complex with existing failure)

Owner or agent submits an application package to DEP containing the original application (with original signatures) and seven (7) copies of the following:

- DEP Wasteload Allocation form (part A to be completed by owner or agent)
- Health Department Site Evaluation form SS-188A
- DEP form SG-1 Registration Application
- DHHR Application form SS-188
- DEP Disclosure Form (only original needs to be submitted)
- Signed maintenance contract requiring a minimum of quarterly service inspections for the duration of the coverage under the current general N.P.D.E.S. permit
- Topographic map showing surface water discharge point (USGS 1:24,000 scale)
- Separate checks or money orders made payable to:
 - DEP in the amount of \$150.00
 - DHHR in the amount of \$150.00
 - (Contact the local health department for applicable local fees.)

5. Non-Single Family Dwellings with New Construction (Two new residential units or an existing residential unit with a failing system and a new residential unit proposed to connect to the same surface discharge system or a new small apartment complex)

Residences in this category do not qualify for the use of individual sewer systems with surface water discharge unless each lot is 2 acres or greater. The division of land or placement of a new residence by act of construction creates a subdivision under the WV Division of Health Sewer Systems Rules, thereby requiring a 10,000 square foot reserve area for a standard sewage system to be set aside for each residence. If all lots are two acres or over proceed as in Item 3.

6. Small Commercial or Non-Residential Facility with Existing Sewage System Failure

Note: Home Aeration Units are not suitable treatment systems for facilities generating unusual effluent characteristics or intermittent flow such as beauty salons, food service establishments or churches.

Owner or agent submits an application package to DEP containing the original application (with original signatures) and seven (7) copies of the following:

- DEP Wasteload Allocation form (part A to be completed by owner or agent)
- Health Department Site Evaluation form SS-188A
- DEP form SG-1 Registration Application
- DHHR Application form SS-188
- DEP Disclosure Form (only original needs to be submitted)
- Signed maintenance contract requiring a minimum of quarterly service inspections for the duration of the coverage under the current general N.P.D.E.S. permit
- Topographic map showing surface water discharge point (USGS 1:24,000 scale)
- Separate checks or money orders made payable to:
 - DEP in the amount of \$150.00
 - DHHR in the amount of \$150.00
 - (Contact the local health department for applicable local fees)

7. Small Commercial or Non-Residential Facility - New Construction

Note: DHHR Laws and Rules require that the lot size must be 2 acres or greater with no site available to install a standard or alternative absorption field.

Note: Home Aeration Units are not suitable treatment systems for facilities generating unusual effluent characteristics or intermittent flow such as beauty salons, food service establishments or churches.

Owner or agent submits to DEP one copy of the following:

- DEP Wasteload Allocation form (part A to be completed by owner or agent)
- Health Department Site Evaluation form SS-188A
- Topographic map showing surface water discharge point (USGS 1:24,000 scale).

DEP will return to the owner or agent the Wasteload Allocation form with part B completed. Part B will indicate either that the wasteload allocation is approved, and show the degree of treatment necessary for the receiving stream, or that the wasteload allocation is denied. If approved, the owner or agent submits an application package to DEP containing the original application (with original signatures) and seven (7) copies of the following:

- DEP Wasteload Allocation form (parts A and B completed, as returned by DEP)
- Health Department Site Evaluation form SS-188A
- DEP form SG-1 Registration Application
- DHHR Application form SS-188
- DEP Disclosure Form (only original needs to be submitted)

- Signed maintenance contract requiring a minimum of quarterly service inspections for the duration of the coverage under the current general N.P.D.E.S. permit
- Topographic map showing surface water discharge point (USGS 1:24,000 scale)
- Separate checks or money orders made payable to:
 - DEP in the amount of \$306.00
 - DHHR in the amount of \$300.00
 - (Contact the local health department for applicable local fees)

B. REVIEW AND PERMIT PROCESS

1. DEP will review the application package and, if approved, assign a registration number under their N.P.D.E.S. general permit for individual residences and small commercial systems with ≤ 600 GPD.
2. DEP will forward to the owner and agent a copy of the registration and the general permit.
3. DEP will forward to the DHHR, a copy of the registration, four copies of the application package and the check made payable to DHHR. If the application is filed electronically the payment must be made directly to DHHR.
4. DHHR will review the application package and, if approved, send a permit to the applicant and copies to the local health department, DEP, distributor, service representative, and district office.

System shall not be installed until the owner has received both the registration number from DEP and the permit from DHHR.

Attachments (5):

1. Municipal/Private Sewage Treatment Wasteload Application
2. SG-1 Facility Registration Application Form for WV/NPDES General Permit, Disposal of Sewage-Individual Residence (Flow <600 GPD)
3. SS-188A Surface Discharge Site Evaluation Form
4. SS-188 Application for a Permit to Install or Modify an Individual Sewer System with Surface Discharge
5. DEP Disclosure Form



MUNICIPAL/PRIVATE SEWAGE TREATMENT WASTELOAD ALLOCATION
 IMPORTANT: READ CAREFULLY INSTRUCTIONS AND CONDITIONS ON OTHER SIDE

WVDEP 10/2004

PART A. TO BE COMPLETED BY APPLICANT DATE: _____

Have any prior applications been made for this facility? Yes No. If yes, give dates of prior applications _____

I. Owner of the Wastewater system: _____
 Owners Address: _____
 Form submitted by: _____ Phone Number: _____
 Email Address: _____
 Mailing address: _____

II. Treatment facilities physical location: _____
 List wastewater treatment facilities within one mile: _____

III. Attach a statement identifying the source of your right-to-enter in and upon the real property adjacent to the receiving stream to install or construct the proposed point source. (This can include recorded deeds, leases, options, real estate contracts and easements.)

IV. Discharge point location. (The discharge point refers to the exact location of the pipe outlet from the treatment facility.)

(a) Name of the county where discharge point is located: _____

(b) Name of U.S.G.S. 7.5 minute topographic map: _____
 TOPOGRAPHIC MAP OR COPY OF THE TOPOGRAPHIC MAP SHOWING FACILITY LOCATION, EFFLUENT PIPELINE, AND DISCHARGE POINT MUST BE ATTACHED. (See item 3, instructions.)

(c) Immediate receiving stream is _____ which is a tributary of _____
 _____ . (See item 4, instructions)

(d) Does the immediate receiving stream have a year round flow? Yes No.

(e) The discharge point on the immediate receiving stream is _____ miles (to the nearest tenth) from the mouth of the immediate receiving stream.

(f) Within five miles down stream from the discharge point, does the receiving stream have a domestic water supply intake? Yes No; an impoundment? Yes No.

(g) Latitude and longitude of discharge point to the nearest second.
 Latitude _____ ° _____ ' _____ " Longitude _____ ° _____ ' _____ "

(h) If area of watershed above the discharge point to the immediate stream is less than 200 square miles, give measured drainage area from the U.S.G.S. topographic map: _____ square miles. (See item 5, instructions.)

V. Facility Description

(a) Name and purpose of facility (municipality, mobile home park, motel, etc.) _____

(b) Will this treatment plant handle sewage from towns/entities other than the owner listed above? Yes No. If yes, list all other towns/entities. _____

(c) Will this facility be used for industrial wastes? Yes No. If yes, give the percent of flow from industrial users: _____

(d) Is this a proposal to construct a new treatment facility or to expand an existing treatment facility? Yes No.
 If yes, it will be necessary to fill out the Additional Information for Municipal/Private Sewage Treatment Wasteload Allocation Form. This form can be downloaded from our website at http://www.wvdep.org/Docs/380_addwlaform.pdf.

(e) Design Criteria

	Existing	Design	(See item 6, instructions.)
Number of persons	_____	_____	
Flow per person	_____ gal/day/person	_____ gal/day/person	
Total waste water flow	_____ gallons/day	_____ gallons/day	

VI. (a) Distance to the nearest public sewer _____ miles or _____ feet.
 (b) Street or other location of nearest public sewer: _____

 (c) Give reason why the public sewer is not being used; (See item V, conditions.) Not available in the area.

Mail completed form to: **Division of Water and Waste Management, Permitting Section**
601 57th Street SE, Charleston, WV 25304-2345

PART B. To be completed by the Division of Water and Waste Management, WV Department of Environmental Protection							Completed by
Date:				Allowable Waste Load (30 Day Average)			
Design Flow	mgd			Parameters	Conc. (mg/l)	lbs/day	Entered
Trout	Yes	No		UBOD			
7/Q/10				BOD5			
cfs mgd	Graph	Station		TKN			
TRC Max, ug/l:				SS			
Bacteria disinfection is required				DO		Instantaneous	
Elevation	ft.						

INSTRUCTIONS

- 1) If more space is needed to fully answer any questions on this application, use a separate sheet. Identify each answer with the number of the corresponding question.
- 2) Treatment requirements are dependent on the flow and other characteristics of the immediate receiving stream. In certain cases it may be cost-effective to pipe the effluent to another stream with less stringent treatment requirements.
- 3) The U.S.G.S. topographical maps are available at most major bookstores within the state, or they may be obtained by writing to: Eastern Region - Map Distribution, United States Geological Survey, 1200 South Eads Street, Arlington, VA 22202.
- 4) If the immediate receiving stream is an unnamed tributary, indicate it as such. If no stream is available, explain where the effluent will be disposed.
- 5) The drainage area of the watershed above the discharge point is extremely important and should be measured as precisely as possible. Incorrect values of drainage area can lead to an erroneous allocation and possible permit revocation at a later date.
- 6) The design criteria to calculate the flow/person/day can be obtained from the Office of Environmental Health Services, Department of Health and Human Services, Charleston, WV and is entitled "Permit Procedure and Design Requirements for Small Sewage and Water Systems". If the design criteria used is different from one specified by the Department of Health, attach an explanation for the difference.

CONDITIONS

In establishing the above allocations, the engineer and/or applicant is cautioned that:

- i) This allocation is temporary, is based on current conditions and expires six (6) months from the date this office grants the allocation. If you can demonstrate that application preparation has begun, but, despite good-faith efforts, a complete permit application cannot be submitted in the six-month time frame, the Director may grant one six-month extension of the allocation. You must request this extension in writing and provide the demonstration required along with the request.
- ii) The allocation does not relieve discharger(s) from meeting the Water Quality Standards established for the receiving waters.
- iii) Granting this temporary allocation shall not be interpreted to be an advance approval of wastewater treatment facilities, which may be proposed, nor is an assurance that a water pollution control permit will be issued.
- iv) Application for appropriate permits is required and compliance with all applicable State laws, rules, and regulations pertaining to wastewater collection and treatment facilities is mandatory.
- v) Should the review of the application for a package plant discharge indicate that the area may be serviceable by a proposed municipal or PSD system, the above allocation may be considered temporary and valid only until the connection to the public facility is feasible.
- vi) After this application has been reviewed and completed by the Division of Environmental Protection, Division of Water and Waste Management, a copy will be mailed to the applicant. A copy of the completed form should be attached when applying for state permits.
- vii) Additional limitations may be required to comply with West Virginia water quality standards for other toxics, etc.

STATE OF WEST VIRGINIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER AND WASTE MANAGEMENT
PERMITTING AND ENGINEERING BRANCH
601 57th STREET SE
CHARLESTON, WV 25304-2345

**FORM SG-1 FACILITY REGISTRATION APPLICATION FORM FOR WV/NPDES GENERAL PERMIT
DISPOSAL OF SEWAGE - FLOW 600 GPD OR LESS**

PART A: TO BE COMPLETED BY DIVISION OF WATER AND WASTE MANAGEMENT

Treatment Category Classification _____

PART B: TO BE COMPLETED BY APPLICANT

1. Applicant

Owner Name and Mailing Address

Maintenance Contractor – Operator Mailing Address

and

2. Facility Contact Home Phone No: _____ Work Phone No. _____

Cell Phone No. _____

3. Maintenance Contractor Phone No: _____ Cell Phone No. _____

4. Physical Location of Facility (Not a P.O. Box): _____

City _____ County _____ Zip Code _____

5. Email Address of Homeowner: _____

6. Email Address of Maintenance Contractor-Operator: _____

7. Discharge Description:

A. Location of Discharge Point _____ N Latitude _____ W Longitude

B. Name of Immediate Receiving Stream _____ tributary of _____
_____ tributary of _____

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

8. Description of Sewage Treatment System (Manufacturer's Name, Model, etc., include all components and attach specifications with this form). _____

9. Design Flow of Home Aeration Unit: _____ GPD (Gallons Per Day)

10. Is this HAU to serve a business? Yes ___ No ___, If yes, then what type _____

11. 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 on 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 of that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name of Owner (type or print) _____ Name of Operator (type or print) _____

Signature _____ Date _____ Signature _____ Date _____
(Owner) (Operator)

INSTRUCTIONS

1. General Instructions

The Division of Water and Waste Management has developed and issued a general WV/NPDES Water Pollution Control Permit to regulate sewage disposal systems up to 600 GPD total capacity serving individual residences and certain small businesses. The General Permit is valid until March 30, 2009.

After development of a Draft General Permit, the Division advertised its intent to issue this General Permit and has fulfilled all public notice requirements. Individual permittees need not perform any public notice activities.

Upon receipt of the facility registration application form, the Division will review the contained information and prescribed wasteload allocation and will assign each individual permittee to one of three (3) available treatment categories. Individual permittees must comply with the effluent limitations of their assigned treatment category and must provide the minimum treatment technology for their category.

2. Eligibility

You are not eligible for coverage under this General Permit unless all of the following are met.

A. You plan to install a sewage disposal system of 600 GPD or less with a direct discharge into the waters of the State. Those facilities with drain fields and no direct discharge only need an installation permit by the Health Department.

B. It has been determined by the Health Department that all other means of treatment and disposal are ineffective and the owner provides Form SS188A, completed and signed by the county sanitarian, to this Division.

C. If this is for new development, you have been issued a wasteload allocation for the proposed discharge by this Division prior to application for coverage or your proposal is for an existing facility with a failing septic system.

D. You are proposing to install a system to meet the limits of the appropriate treatment category.

E. You have a plan to properly maintain this treatment system and have submitted a five (5) year maintenance contract with a private or public entity certified to provide service (local or public service district is acceptable). This contract must include the DWWM Attachment A Standardized Maintenance Contract Language incorporated into it in one of the two acceptable ways.

3. Who Must Apply:

The owner and operator (a maintenance contractor) of a sewage disposal system, public or private that plan to discharge wastewater from a point source into state waters, must apply, jointly, for such activity or system and subsequent discharge(s). A separate registration form is to be submitted for each facility.

4. Where to File:

For new installations, eight (8) copies of the registration form and application package should be mailed to:

Division of Water and Waste Management
Permitting and Engineering Branch
601 57th Street SE
Charleston, WV 25304-2345

For Reissuance of permit coverage, only four (4) copies of the registration form and application package need to be submitted.

This application may be submitted electronically by going to www.wvdep.org and under E-DEP select e-permitting and sign up for a user login identification. If you choose to submit your application on line, you'll need to submit your certification of signature page along with your application fee and any documents that you did not attach with your electronically submitted application, including the new five-year maintenance contract. Electronically submitted applications assure a complete application and the review process will be much

quicker. Please contact Mavis Lucas at (304) 926-0499, extension 1025 for any questions regarding electronic submittal of applications.

5. When to File:

At least 30 days prior to construction of the individual treatment system. If applying for new construction or development, such as the placement of a manufactured or modular home, a permit must be obtained prior to any construction or placement of a home.

6. Fees:

Year Of Coverage	Reissuance Application Fee Percent of Fee Based on \$75.00					New Installation Application Fee	
	100%	80%	60%	40%	20%	New Development	Replacing Failing Septic Tank
1999	\$75.00	-----	-----	-----	-----	-----	-----
2000	-----	\$60.00	-----	-----	-----	-----	-----
2001	-----	-----	\$45.00	-----	-----	-----	-----
2002	-----	-----	-----	\$30.00	-----	-----	-----
2003	-----	-----	-----	-----	\$15.00	-----	-----
*Make Check or Money Order Payable To "West Virginia Department of Environmental Protection."						\$306.00	\$150.00

Note: For Reissuance applications, refer to appropriate column next to year of initial coverage under the general permit. Facilities covered between July 1, 2003 and March 30, 2004 do not need to submit a Reissuance application or pay an application fee. These facilities need only submit a new five-year maintenance contract. For new installations, refer to the appropriate column.

The appropriate application fee should be sent by check or money order, and shall accompany the application. The check or money order shall be made payable to the "West Virginia Department of Environmental Protection." An application fee is required each time an application is submitted.

If the application submitted is determined to be incomplete and must be returned to the applicant for more information required by the application form, another application fee shall accompany the filing of the new application. Please note, all questions require an answer. If an item does not apply, so indicate by placing N/A in the blank. Unanswered questions may result in the application being deemed incomplete.

7. Assistance:

If you need any help with completion of the facility registration form, you may call (304) 926-0495 or our TTY number 926-0489.



SURFACE DISCHARGE SITE EVALUATION REPORT

Property Owner: _____ Telephone: _____

Mailing Address: _____

Property Location (give specific driving directions): _____

Property size: _____ sq. ft./ acres Year lot was created: _____

List the **number** of structures to be served by the proposed HAU. An **existing** structure is a dwelling or structure that has a **failing** sewage system. **Failing** means that either 1) sewage is coming to the surface of the ground, 2) sewage is backing up into the structure and it has been determined that it is not a plumbing or system failure that can be corrected, or 3) groundwater is potentially being contaminated by the failing system. A **pre-existing lot** means that there was a structure previously at the site that has been removed for new construction or home siting. Everything else is considered **new**.

No. of Existing Structures w/ Failing Septic System: _____ No. of New Structures: _____

No. of Pre-existing lots: _____ Date previous home was last occupied: _____

Property uses: Single Family Dwelling(s) Other (describe) _____

Gallons per day: Per Table 64-47-B of the Sewage Design Standards design loading: _____ gpd OR

Per actual water usage: _____ gpd

Existing sewage system:

- Straight pipe to surface discharge Septic tank with surface discharge
- Unpermitted septic tank / soil absorption system Permitted septic tank / soil absorption system
- Other. Describe: _____

The following site conditions preclude installing a conventional soil absorption system:

- Percolation Rate too slow Reported percolation test result: _____
- Inadequate room for soil absorption field
- High groundwater Depth to groundwater table: _____ feet _____ inches
- High bedrock Depth to bedrock: _____ feet _____ inches
- Available ground has a slope of greater than 25%

Copy of the denied SS-182 or SS-182A Application attached OR Percolation tests were not performed because: _____

Site is not suitable to install alternative soil absorption systems, such as LPP, peat, contour, etc., because: _____

Site does does not have access to a year round stream.

Proposed discharge point: Year round stream. Name: _____

Wet weather stream Road ditch Culvert discharging to stream Absorption field w/overflow Natural drainage area. Describe: _____

Recorded easement necessary to cross adjoining property? Yes No

Comments: _____

Based on the above site evaluation, a surface discharge sewage system is the only acceptable option for this property at this time.

Date: _____

Sanitarian Signature: _____

**STATE OF WEST VIRGINIA
BUREAU FOR PUBLIC HEALTH
APPLICATION FOR A PERMIT TO INSTALL OR MODIFY
AN INDIVIDUAL SEWER SYSTEM WITH SURFACE DISCHARGE**
Note: A W.Va. D.E.P. Wasteload Allocation must be included with this application.

I. OWNERSHIP INFORMATION

Name of Applicant _____ Social Security # _____
Mailing Address _____
City _____ State _____ Zip Code _____ Phone _____
Deed Recorded in Book _____ Page _____ County of _____
Property Location (be specific) _____

Type facilities to be served _____
No. of people to be served _____ Application is to install modify

II. INSTALLER INFORMATION

Name of Class II Installer _____ Phone _____
Business Address _____ County _____
Class II Certificate Number _____ Expiration Date _____
WV Dept. Of Labor Contractor License No. _____ Expiration Date _____

III. MAINTENANCE INFORMATION - Note: The owner of any mechanical sewer system with surface discharge must have a Perpetual Maintenance Agreement.

Under what arrangements and by whom will the system be maintained (maintenance contract must be submitted with this application):

IV. TECHNICAL INFORMATION

Discharge Point (be specific) _____
Receiving Stream _____
Sewer System Manufacturer Name and Model Number _____ Size (G.P.D.) _____
Local Distributors Name _____ Address _____

Describe equipment to be installed; include chlorinators, pump chamber, pretanks, and filters. - Note: If the D.E.P. Wasteload Allocation requires tertiary treatment; specifications for the tertiary treatment must be included with this application.

V. SYSTEM LAYOUT

In the space below, draw a sketch of the proposed system. (Show location of all equipment to be installed, structures, drinking water supplies, water lines, property lines, receiving stream and other pertinent factors. Show pertinent distance measurements.)
If more than one dwelling is to be served: include approximate age (in years) of each dwelling site.

VI. ATTACHMENTS

The following attachments must be submitted with this application:

- Form SS-188A from the County or State Health Department documenting why no other approved system can be installed.
- WVDEP 2/98 Wasteload Allocation.
- Treatment unit specifications.
- A maintenance contract for the period of the N.P.D.E.S. Permit.
- Any other information and/or specifications requested by the County or State Health Department.
- Permit fee.
- Copy of easements if off-site discharge is required.
- Topographical map or road map with site location marked on it.

_____ Date _____ Owner's Signature _____ Date _____ Installer's Signature

THIS SPACE FOR HEALTH DEPARTMENT USE ONLY	
Date application received _____	Date site evaluated _____
Permit Number _____	Permit denied _____ (See attached letter)
Sanitarian / Engineer _____	

Disclosure Form

Directions: Please carefully read each statement. If you have ANY questions, please ask your maintenance provider. The homeowner must sign the form at the bottom. This signifies their receipt, acknowledgement and acceptance of the information.

1. I have been informed that I am required to maintain a contract with an approved service provider for as long as I have my aeration system. I understand that these contractors are not regulated as a utility and therefore they set their prices. I also understand that I will be required to have 4 service visits per year.

2. I have been informed that I will be registered under a General Permit, which will expire on March 30, 2009. I understand that I will be required to apply for coverage under the next General Permit at that time and pay an application fee. The fee for the last period was \$75.00 but this may be increased in 2009.

3. I understand that I will have to submit a maintenance contract with an approved service provider through the next Permit period (2014) in order to be reregistered in 2009.

4. I understand that if the effluent being discharged from my system fails to meet the water quality standards set by my Permit I may be subject to enforcement action. I also understand that enforcement action pursuant to Chapter 22, Article 11 of the Code of West Virginia may result in me being subject to substantial fines.

5. I have received a copy of the General Permit under which I am applying for registration from the maintenance contractor. I have read the information and accept the terms set out in the Permit.

6. I have received a copy of Attachment A that states what my responsibilities will be as a homeowner. I accept these responsibilities and will ask my installer to explain any duties which I do not understand or know how to perform.

7. I understand that I am not to allow construction of the home aeration unit until I have received both notice that I have been registered for coverage under the HAU General Permit from the WVDEP and a construction permit from either the WV Bureau for Public Health or my local health department.

8. I understand that if a public sewer system becomes available that I must connect my discharge to that system.

Homeowner Name(s) (Please print) _____

Homeowner Signature(s) _____ Date _____
_____ Date _____