

**FACILITY NAME AND PERMIT NUMBER:**  
ALAPAHA, TOWN OF (ALAPAHA WPCP)

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

\_\_\_\_\_

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)? \_\_\_\_\_ Yes  No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

\_\_\_\_\_

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?