

BASIC APPLICATION INFORMATION

PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

A.1. Facility Information.

Facility name RAY CITY (CITY OF) WPCP

Mailing Address PO Box 128
Berrien Ray City GA 31645

Contact person Wayne Gulley

Title Mayor

Telephone number 229-455-2501

Facility Address Park Street Extension
(not P.O. Box) Berrien Ray City GA 31645

A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name City of Ray City

Mailing Address 8151 Main Street P. O. Box 128
Ray City GA 31645

Contact person Wayne Gulley

Title Mayor

Telephone number 229-455-2501

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES GA0033553 PSD

UIC Other

RCRA Other

A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Ray City</u>	<u>1090</u>	<u>Separate</u>	<u>Municipal</u>
<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>
Total population served	<u>1090</u>		