

## 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 ALAPAHA, TOWN OF (ALAPAHA WPCP)

Mailing Address PO Box 385  
Berrien Alapaha GA 31622

Contact person John Reynolds

Title Water & Sewer Superintendent

Telephone number (229) 356-2117

Facility Address Highway 82 East  
(not P.O. Box) Berrien Alapaha GA 31622

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

Applicant name Town of Alapaha

Mailing Address PO Box 385  
Alapaha GA 31622

Contact person John Reynolds

Title Water & Sewer Superintendent

Telephone number (229) 532.7475

#### 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 GA0033596 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>Alapaha</u>	<u>997</u>	<u>Separate</u>	<u>Town of Alapaha</u>
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total population served</b>	<u>997</u>		