ANDERSON COUNTY
SOUTH CAROLINA

Anderson County
Wastewater Treatment Department

INDUSTRIAL USER QUESTIONNAIRE and WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION A - GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

_____

_____ Zip Code: _____

3. Premise Address: _____

_____ Zip Code: _____

Tax Map/Block Book Number: _____

4. Name and Title of Signing Official: _____

Phone No. (____) _____FAX No. (____)_____E-Mail_____

5. Primary Contact Concerning Information Provided Herein:

Name and Title: _____

Phone No. (____) _____FAX No. (____)_____E-Mail_____

Is this official authorized to sign documents on behalf of the company? Yes_____ No_____

(If yes, please attach a letter signed by the responsible official giving this individual signatory permission.)

6. Alternate Contact Concerning Information Provided Herein:

Name and Title: _____

Phone No. (____) _____FAX No. (____)_____E-Mail_____

Is this official authorized to sign documents on behalf of the company: Yes_____ No_____

(If yes, please attach a letter signed by the responsible official giving this individual signatory permission.)

7. Permit status: [ ] Renewal of Existing Discharge Permit

[ ] Existing Discharge Not Previously Permitted

[ ] Proposed Discharge (If proposed discharge, anticipated date of discharge commencement):_____

Note To Signing Official : In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in the Anderson County Sewer User Ordinance and 40 CFR Part 2. This Questionnaire shall serve as an Industrial Wastewater Discharge Permit Application for the permitting of industrial wastewater(s) to Anderson County. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit. A physical inspection of your facility will be required prior to the issuance of a discharge permit. As a requirement of this Application, the Applicant agrees to allow Anderson County personnel or their designated representative to enter upon the premises for the purpose of verification of the accuracy of information submitted in this application. Anderson County shall have the right to setup on the Applicant's property such devices as are necessary to conduct sampling, inspection, compliance monitoring, and/or metering operations to determine compliance with local, State, and Federal Regulations.

Signature Requirements

In accordance with 40 CFR 403.12 (l)(1), all reports required by an Industrial User Discharge Permit , Low Volume Discharger Letter of Acceptance or other applicable law or regulation shall include the certification statement as set forth in and shall be signed as follows:

(1) By a responsible corporate officer, if the Industrial User submitting the reports required by paragraphs (b), (d) and (e) of section 403.12 is a corporation. For the purpose of this paragraph, a responsible corporate officer means (i) a president secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions for the corporation, or (ii) the manager of one or more manufacturing, production, or operation facilities employing more than 250 persons or having gross annual sales or expenditures exceeding $25 million (in second quarter 1980 dollars), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(2) By a general partner or proprietor if the Industrial User submitting the reports required by paragraphs (b), (d) and (e) of this section is a partnership or sole proprietorship respectively.

(3) By a duly authorized representative of the individual designated in paragraph (l)(1) or (l)(2) of this section if:

(i) The authorization is made in writing by the individual described in paragraph (l)(1) or (l)(2);

(ii) The authorization specifies either an individual or a position responsible for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and

(iii) The written authorization is submitted to the Authority.

(4) If an authorization under paragraph (l)(3) of section 403.12 is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the company, a new authorization satisfying the requirement of paragraph (l)(3) of section 403.12 must be submitted to the Authority prior to or together with any reports to be signed by an authorized representative.

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

_____ _____ _____

Signature of Responsible Official (Seal If applicable) Title Date

_____

Print Name

Return Completed Application to:
Anderson County Wastewater Department
1500 Dalrymple Road
Anderson, South Carolina 29621
Attn: Angie Free, Pretreatment Coordinator

SECTION B - PRODUCT OR SERVICE INFORMATION

1. If any process, production area, or wastestream in your facility is subject to National Categorical Pretreatment Standards, then please check the appropriate categories and complete the Compliance and Certification in the Attachment located at the end of this permit application.

Applicants must check all of the following industrial categories or business activities which are a part of operations at your facility.

a.

INDUSTRIAL CATEGORIES	NAICS NO.	INDUSTRIAL CATEGORIES	NAICS NO.
[ ] 467 Aluminum Forming	_____	[ ] 432 Meat Products	_____
[ ] 427 Asbestos Manufacturing	_____	[ ] 433 Metal Finishing	_____
[ ] 461 Battery Manufacturing	_____	[ ] 464 Metal Molding & Casting	_____
[ ] 431 Builders' Paper & Board Mills	_____	[ ] 436 Mineral Mining & Process.	_____
[ ] 407 Canned & Preserved Fruits & Vegetables	_____	[ ] 471 Nonferrous Metals, Form, & Powders	_____
[ ] 408 Canned & Preserved Seafood	_____	[ ] 421 Nonferrous Metals Manufacturing	_____
[ ] 458 Carbon Black Manufacturing	_____	[ ] 414 OCPSF; Organic Chemicals, Plastic & Synthetic Fibers	_____
[ ] 411 Cement Manufacturing	_____	[ ] 435 Oil & Gas Extraction	_____
[ ] 434 Coal Mining	_____	[ ] 440 Ore Mining and Dressing	_____
[ ] 465 Coil Coating	_____	[ ] 446 Paint Formulating	_____
[ ] 468 Copper Forming	_____	[ ] 443 Paving & Roofing Materials Manufacturing	_____
[ ] 405 Dairy Products Processing	_____	[ ] 455 Pesticides Manufacturing	_____
[ ] 469 Electrical & Electronic Components Manufacturing	_____	[ ] 419 Petroleum Refining	_____
[ ] 413 Electroplating	_____	[ ] 439 Pharmaceuticals Manufacturing	_____
[ ] 457 Explosives Manufacturing	_____	[ ] 422 Phosphate Manufacturing	_____
[ ] 412 Feedlots	_____	[ ] 459 Photographic Supplies	_____
[ ] 424 Ferro Alloy Manufacturing	_____	[ ] 463 Plastics Molding & Forming	_____
[ ] 418 Fertilizer Manufacturing	_____	[ ] 466 Porcelain Enameling	_____
[ ] 464 Foundries, Metal Mold & Cast	_____	[ ] 430 Pulp, Paper, & Paperboard	_____
[ ] 426 Glass Manufacturing	_____	[ ] 428 Rubber Manufacturing	_____
[ ] 406 Grain Mills	_____	[ ] 417 Soap & Detergent Manufacturing	_____
[ ] 454 Gum & Wood Chemicals Manufacturing	_____	[ ] 423 Steam Electric Power Generation	_____
[ ] 460 Hospitals	_____	[ ] 409 Sugar Processing	_____
[ ] 447 Ink Formulating	_____	[ ] 410 Textile Mills	_____
[ ] 415 Inorganic Chemicals Manufacturing	_____	[ ] 429 Timber Products Processing	_____
[ ] 420 Iron & Steel Manufacturing	_____		
[ ] 425 Leather Tanning & Finishing	_____	[ ] ___ _____	_____

b.

OTHER BUSINESS ACTIVITIES	NAICS NO.

If your facility is not covered under one of the above National Categories listed above, please complete the following section:

[ ] Slaughter/Meat Packing/Rendering	_____
[ ] Food/Edible Products Processing	_____
[ ] Beverage Bottling	_____
[ ] Other_____	_____

SECTION B - Continued . . .

2. Give a brief narrative description of the primary manufacturing or service activity at premise address and the applicable Standard Industrial Classification (SIC) Numbers or North American Industrial Classification System (NAICS) Numbers:

_____

_____

_____

_____

_____

_____

_____

3. Principal Raw Materials used, including any Process Chemicals (Please avoid trade names):

_____

_____

_____

_____

_____

_____

_____

_____

4. Principal Products Produced:

_____

_____

_____

_____

_____

_____

_____

_____

Note: Those users subject to production based National Categorical Pretreatment Standards must provide average and maximum quantities of raw materials or finished products, rate of production, and other pertinent information by process or product, as needed for Anderson County to establish limitations according to the applicable Pretreatment Standards.

5. Does the company discharge any wastewater into the Anderson County Sewer System or to a public sewer system that eventually discharges to an Anderson County Wastewater Treatment Facility? [ ] Yes [ ] No

Section B - Continued …

If no, indicate how the wastewater is disposed of.

[ ] Onsite

[ ] Treated and discharged to a water body (NPDES Permit)

[ ] Other _____

6. If the applicant is currently on the sewer system, please indicate the year and date of sewer connection:
_____

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

1. In the following two tables, list all major processes at your facility with a wet discharge to the public sewer as continuous or batch and provide the other related data.

Continuous Discharge – means having wastewater flow during all or almost all of the time during which the process is in operation.

Batch Discharge – means having a wastewater discharge in discrete intervals at which time all or almost all of the wastewater is dumped.

Table I
Continuous Wet Processes

	Process Description & SIC Code/ NAICS Code	Wastewater Discharge Rate (gal/min) (indicate other units if applicable)	
		Measured Rate	Estimated Rate
1.			
2.			
3.			
4.			
5.			

Section C – Continued…

Table II

Batch Wet Process (Please specify other units that might be applicable)

	Process Description SIC Code / NAICS Code	Average Volume gallons	Average Rate gallons/minute	Discharge Frequency * time
1.				
2.				
3.				
4.				
5.				
6.				

* Note: Please indicate the day(s) if a discharge usually occurs on the same day(s) of the week (including weekends).

2. Complete the following concerning Pollution Control Plans at your facility:

a. A Slug Control Plan as defined in the Anderson County Sewer Use Ordinance:
[ ] Yes [ ] No Date Submitted: _____

b. Pollution Prevention Plan:
[ ] Yes [ ] No [ ] Unknown
If yes, please attach a copy of plan.

c. Spill Prevention Control and Countermeasure Plan:
[ ] Yes [ ] No [ ] Unknown
If yes, please attach a copy of plan.

d. Provide a general description of the manner in which slug (including batch) discharges to the public sewer are prevented or mitigated in compliance with the Sewer Use Ordinance and Pretreatment Regulations and to reduce the potential impact on the public sewer system.
_____

3. Are your processes subject to seasonal variation? [ ] Yes [ ] No
If yes, explain and indicate the month(s) of peak operation and production: _____
_____
Indicate the months when the heaviest wastewater flow occurs: _____
_____
Is there a scheduled shut down? [ ] Yes [ ] No
If yes, describe when:
_____

4. Shift information (List projected, if different from existing, shift information in brackets):

a. Number of shifts per work day: _____ [____] b. Number of work days per week: ____ [___]

Section C – Continued…

b. No. of employees: 1st ____ [____] 2nd ____ [____] 3rd ____ [____] Total ____ [____]

c. Start times: 1st _____ [_____] 2nd _____ [_____] 3rd _____ [_____]

d. Total number of full-time employees at this facility. _____

e. Total number of part-time employees at this facility. _____

Description of shifts:
_____
_____
_____

5. Clean-up operations or routine maintenance:

a. Indicate all applicable in your operation:

Operation/Maintenance	Clean-up Time and Frequency
[ ] Routine janitorial cleaning	_____
[ ] Special clean-up shift	_____
[ ] Portion of shift(s)	_____
[ ] Clean-up day(s)	_____
[ ] Other_____	_____

b. Explain what is cleaned (e.g. what vats are discharged) and what type of cleaners (e.g. alkaline or acid) are used
_____
_____
_____

6. Does your facility have above ground or below ground storage tanks? [ ] Yes [ ] No
If yes, please provide the following information:

Storage Tank ID/Capacity	Above/Below Ground	Contents	Spill Containment/Prevention Measures

7. Are any process changes or plant expansions planned during the next three years?
[ ] Yes [ ] No [ ] Unknown

Section C – Continued…

If yes, briefly describe the proposed change(s) and the expected changes in characteristics or volume of the wastewater discharge or residuals, if applicable.

_____

_____

_____

_____

8. Has your plant instituted any in-plant controls to reduce water pollution? _____ Yes _____ No

Please indicate those applicable:

_____ Water recycle _____ Water reuse

_____ Chemical substitutions _____ Material Reclamation

_____ Other

9. Indicate those industrial activities that occur at the facility (If you need to clarify a process, please add comments below the list).

[ ] Abrasive Blasting
[ ] Acid Dip
[ ] Adhesive Bonding
[ ] Alkaline Rinse
[ ] Alkaline Dip
[ ] Ancillary
[ ] Annealing
[ ] Anodizing
[ ] Assembly
[ ] Barrel Finishing
[ ] Bleaching, Dyeing
[ ] Bright Dipping
[ ] Case Hardening
[ ] Caustic Wash
[ ] Chemical Conversion Coating
[ ] Chemical Machining
[ ] Chromating (metal coating)
[ ] Conversion Coating
[ ] Corrosion Preventive Coating
[ ] Cutting (metals)
[ ] Drilling (metalworking)
[ ] Electroless Plating
[ ] Electrolytic Cleaning

[ ] Laundering
[ ] Mechanical Plating
[ ] Metal Casting
[ ] Metal Coating (Common)
[ ] Metal Forging/Stamping
[ ] Metal Plating
[ ] Milling & Machining (metals)
[ ] Non-Woven Manufacturing
[ ] Nonferrous Casting
[ ] Paint Stripping
[ ] Paint other
[ ] Passivating (metal coating)
[ ] Pattern Printing & Masking
[ ] Phosphating (metal coating)
[ ] Pickling Rinse
[ ] Plastic Forming
[ ] Plastic Molding
[ ] Plastic Extruding
[ ] Plating (except Electroplating)
[ ] Precious Metals Coating
[ ] Precious Metals Plating
[ ] Printing
[ ] Product Testing (chemical)

[ ] Sand or Plastic Pellet Blasting
[ ] Shearing
[ ] Sintering
[ ] Sizing
[ ] Soldering
[ ] Solvent Base Wash
[ ] Stock & Yarn Finishing
[ ] Stripping
[ ] Tempering
[ ] Thermal Cutting
[ ] Thermal Infusion
[ ] Titanium Coating
[ ] Tool & Dye Metalworking
[ ] Tumbling (other than Barrel)
[ ] Turning
[ ] Ultrasonic Cleaning
[ ] Ultrasonic Welding
[ ] Vapor Degreaser
[ ] Vapor Plating

[ ] Electron Beam Machining
[ ] Electroplating
[ ] Electrochemical Coating
[ ] Etching (chemical)
[ ] Extruding (plastics)
[ ] Flame Spray
[ ] Floor Cleaning
[ ] Laminate Machining
[ ] Product Testing (physical)
[ ] Product R&D
[ ] Quenching
[ ] Raw Materials Testing
[ ] Rinsing
[ ] Roller Coating
[ ] Salt Bath Descaling
[ ] Salt Bath Nitriding
[ ] Wiredrawing
[ ] Woven Fabric Finishing
[ ] Wood Finishing

Other (please explain) / Comments: _____

_____

_____

_____

10. Grease Trap(s)

a. Do you have a grease trap online at your facility? _____Yes _____No If yes how many? ___

b. If yes, does the grease trap serve a food preparation area at your facility? _____Yes _____No

c. Approximately how often is this grease trap pumped out? _____

d. When was the last time it was pumped? _____

By whom? _____

Where is it taken for disposal? _____

11. Discharge to the public sewer system:

a. How many days per week does your plant discharge wastewater that is ultimately treated by the POTW.

Process wastewater _____ days

Domestic / Sanitary wastewater _____ days

b. How many hours per day does your plant discharge process wastewater? _____ hours

c. List below the approximate percent of your total daily wastewater discharge that occurs during each shift:

First Shift _____ % Second Shift _____ % Third Shift _____ %

Clean-up Shift _____ % (Explain is necessary) _____

_____

SECTION D - WATER CONSUMPTION

1. Check applicable raw water source(s):
   [ ] Municipal Water Service [ ] Private Contract [ ] Private Well
   [ ] County Water Company [ ] Surface Water [ ] Other

2. List name of water supplier(s): _____

3. List all water service account number(s):_____
   List name(s) on water bill:_____

4. Summarize most recent twelve months water usage from water bills:

   a. 1st 6 month period, _____ through _____, _____ gallons

   b. 2nd 6 month period, _____ through _____, _____ gallons

   c. Average volume from other source(s): _____ gallons per day

5. List water consumption, and indicate whether the figure is estimated or measured:

Type	Consumption (gallons/day)
Cooling water	_____ [ ] E [ ] M
Plant/Equipment washdown	_____ [ ] E [ ] M
Boiler feed	_____ [ ] E [ ] M
Irrigation & lawn watering	_____ [ ] E [ ] M
Process	_____ [ ] E [ ] M
Sanitary	_____ [ ] E [ ] M
Air pollution control	_____ [ ] E [ ] M
Contained in product	_____ [ ] E [ ] M
Evaporation	_____ [ ] E [ ] M
Waste Hauler	_____ [ ] E [ ] M
Floor Scrubbers / Mop water	_____ [ ] E [ ] M
Other (specify)	_____ [ ] E [ ] M
Total water consumption	_____ [ ] E [ ] M

E - Estimated M - Measured/Metered

6. List average water consumption for all processes itemized in Section B:

Brief Process Description	NAICS No.	Average Water Consumption (gallons/day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION E - WATER LOSSES

1. Provide information concerning the frequency and amount of water losses:

   a. How many days per week does your plant discharge wastewater that is ultimately treated by Anderson County?

   Process wastewater _____ days/week Sanitary wastewater _____ days/week

   Other Wastewater _____ days/week

   Explanation: _____
   _____

   b. How many hours per day does your plant discharge process wastewater? _____ hours/day

   c. List below the approximate percent of your total daily wastewater discharge that occurs during each shift:

   First Shift _____ % Second Shift _____ % Third Shift _____ %
   Weekend Shift _____ % Explanation (if necessary) _____
   _____

2. List average volume of discharge or water losses to:

Outlet	Discharge/Loss (gallons/day)		Outlet	Discharge/Loss (gallons/day)	
Public sewer	_____	[ ] E [ ] M	Surface water/Storm sewer	_____	[ ] E [ ] M
Waste Haulers	_____	[ ] E [ ] M	Irrigation/Groundwater	_____	[ ] E [ ] M
Evaporation	_____	[ ] E [ ] M	Contained in product	_____	[ ] E [ ] M
Other (specify)	_____	[ ] E [ ] M	**Total of discharges/losses**	_____	[ ] E [ ] M

E - Estimated M - Measured/Metered

Note: The total of discharges/losses should be consistent with total water consumption given in Section D, question 5.

3. Process wastewater by NAICS# (including clean-up) **discharged** to **public sewer**

	Average volume (gallons/day)	
[ ] NAICS# _____	_____	[ ] E [ ] M
[ ] NAICS# _____	_____	[ ] E [ ] M
[ ] NAICS# _____	_____	[ ] E [ ] M
[ ] NAICS# _____	_____	[ ] E [ ] M
[ ] NAICS# _____	_____	[ ] E [ ] M
Total Process Wastewater	_____	

E - Estimated M - Measured/Metered

4. If any **non-contact** cooling water is discharged to the **public sewer system**, please complete the following information that applies to your system:

   [ ] Only non-contact system bleed-off to public sewer. Avg. Volume _____gpd

Section E – Continued…

[ ] Cooling water is once-through (not recycled); all system water that is not evaporated is discharged to public sewer. Avg. Volume _____gpd

5. Cooling water system is used for which of the following:
   - [ ] Air conditioning/humidification
   - [ ] Machinery
   - [ ] Product formulation
   - [ ] Other _____ (specify)

6. Chemical additives to the cooling water include the following (indicate NA if none):

Name or type of chemical	Amount (gallons/addition)	Frequency (day/wk/mo)
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Contact cooling water contacts the following prior to discharge:
   - **[ ] All Non-Contact**
   - [ ] Machine parts
   - [ ] Product
   - [ ] Other wastewater
   - [ ] Hydraulic, lubricating fluid
   - [ ] Other _____ (specify)

8. Is any boiler water discharged to the **public sewer system?**
   [ ] Yes [ ] No

   a. Make-up tank overflow is discharged to: Avg. Volume_____ gpd
   - [ ] Public sewer system
   - [ ] Storm sewer system or surface water
   - [ ] Other _____ (specify)

   b. Boiler blowdown is (check all that apply): Avg. Volume_____ gpd
   - [ ] Automatic operation
   - [ ] Manual operation
   - [ ] Discharged to public sewer system
   - [ ] Discharged to storm sewer or surface water

   c. Chemical additives to the boiler water include the following (indicate NA if none):

Name or type of chemical	Amount (gallons/addition)	Frequency (day/wk/mo)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If this facility discharges non-contact cooling water, or wastewater only from restrooms, cafeterias, or similar domestic sources, check [ ] and STOP HERE.

If this facility discharges wastewater other than non-contact cooling water, or wastewater only from restrooms, cafeterias, or similar domestic sources, check [ ] and please complete the remaining sections of this application.

SECTION F -WASTEWATER DISCHARGES

1. Sewer Connection Information:

   a. How many points of connection (or points of discharge) to the public sewer system does your facility have?

   b. Provide a sketch (schematic) to show each connection relative to your facility. Indicate locations of any City water and discharge flow meter(s). Please identify street(s) and buildings in the sketch such that these connection point locations could be generally located in the field. Number each connection point in the sketch and indicate in the Table on the next page whether the wastewater at that point from your facility is domestic only or process only or combined. Label all process wastewater by classification. Use Categorical Pretreatment Standards category names as they apply. Attach a separate sheet for sketch if needed, or engineered print.

SKETCH

SECTION F - Continued. . .

SEWER CONNECTION INFORMATION

Connection Location (refer to sketch)	**Type Wastewater Discharged at each Connection to Public Sewer (indicate with "X")**			
	Domestic Only	**Process Only**	**Combined**	**Average Discharge (gpd)**
#1				
#2				
#3				
#4				
#5				
Total Discharge (see note)				

Note: The sum of the discharges should be equal to that given for discharge to public sewer in Section E, question no. 2.

2. Does your company have a designated sampling point that can be used by Anderson County for obtaining a representative sample of your **process** wastewater discharge?
[ ] Yes [ ] No
If yes, indicate the location of sampling or monitoring point(s) on the sketch on the previous page.

3. Does your company have a wastewater flow monitoring system approved by the City of Anderson? [ ] Yes [ ] No
If yes, provide the following information:

a. Meter type and brand (e.g. ultrasonic /AZCompany)_____

b. Totalizer multiplier (e.g. 100x)_____ Non-resettable? [ ] Yes [ ] No

c. Sampler pacing rate (if applicable)_____ Gallons/Pulse

d. Recorder brand_____

e. Recorder chart type (e.g. strip or circular; 1 day, 7 day, etc.)_____

f. Flow control device
[ ] Flume type (i.e. Parshall; Palmer-Bowlus) _____

[ ] Weir type (e.g. Rectangular; 45 Degree V-notch) _____

g. Date of most recent calibration_____

h. Name of calibration company service_____

i. Are readings obtained for user billing purposes?
[ ] Yes [ ] No [ ] Unknown

SECTION G - WASTEWATER VOLUME, CHARACTERISTICS, PERMITTING, AND RESIDUALS INFORMATION

1. Provide further details on the average volume of losses and discharges provided in Section E:

Type of Discharge or Loss	Average Volume (gallons/day)	Indicate with an "X" if Estimated or Measured	
[ ] Sanitary sewer leading to on-site treatment (does not discharge to public sewer)			
[ ] Treatment facility (NPDES # _____)	_____	_____	_____
[ ] Septic tank	_____	_____	_____
[ ] Storm sewer (does not tie into public sewer or on-site treatment systems)	_____	_____	_____
[ ] Evaporation			
[ ] Boilers	_____	_____	_____
[ ] Cooling Towers	_____	_____	_____
[ ] Other _____	_____	_____	_____
[ ] Irrigation/Groundwater	_____	_____	_____
[ ] Waste Haulers (Name _____)	_____	_____	_____
[ ] Contained in product	_____	_____	_____
[ ] Other _____	_____	_____	_____
[ ] Domestic (water fountains, showers, restrooms, etc.) wastewater to public sewer	_____	_____	_____
[ ] Process wastewater by NAICS# (including clean-up) discharged to public sewer			
[ ] NAICS# _____	_____	_____	_____
[ ] NAICS# _____	_____	_____	_____
[ ] NAICS# _____	_____	_____	_____
[ ] NAICS# _____	_____	_____	_____
[ ] NAICS# _____	_____	_____	_____
Total Process Wastewater	_____	_____	_____
[ ] Cooling water discharged to public sewer			
[ ] Contact	_____	_____	_____
[ ] Non-contact	_____	_____	_____
[ ] Boiler blowdown discharged to public sewer	_____	_____	_____
[ ] Other _____	_____	_____	_____

SECTION G – continued….

2. Can wastewater discharged from any process wastestream at your facility:

	No	Yes	If yes, Indicate Process
a. Create a fire or explosion hazard?	[ ]	[ ]	_____
b. Have a pH lower than 5.0 units?	[ ]	[ ]	_____
c. Contain a substance that can obstruct the flow in the collection system?	[ ]	[ ]	_____
d. Constitute a hazard to humans or animals, create a hazard in the sewers or wastewater treatment plant, or create a toxic effect in the receiving waters of the POTW by containing toxic, poisonous, noxious, or malodorous liquids or gases in sufficient quantity (acting either singly or by interaction with other wastes)?	[ ]	[ ]	_____

3. If laboratory data is available characterizing the wastewater in terms of the below listed parameters, please provide this information along with any other parameters that characterize the wastewater. If the concentration is estimated, please indicate in the last column.

WASTEWATER CHARACTERISTICS

Parameter	From Laboratory Analyses				Indicate with an "X" if Estimated
	Average Concentration (mg/l)	Frequency and Number of Analyses	Sample Type		
			Grab	Composite	
BOD_5					
TSS					
Oil & Grease					
pH					
COD					
NH_3 – N					
TKN					
Phosphorus					

Note: Copies of laboratory analyses results can be attached as supplemental data.

SECTION G – continued….

4. Please complete the following Priority Pollutant listing, indicating whether each is Known To Be Present or Known To Be Absent in your operation. Responses must be based on the following:

Known To Be Present: The pollutant has been detected in the wastewater discharge by Anderson County approved lab analytical procedures or your self-monitoring at certified laboratories at the approved sampling point or by reference (i.e. from supplier or literature) is known to be present in the raw materials or product and in the wastewater discharge.
Known To Be Absent: The application of Anderson County approved analytical procedures designed to detect the pollutant has yielded less than the specified Practical Quantitation Limit (PQL). The pollutant is not present in raw materials or product. Please note: documentation shall be maintained on file supporting the Known To Be Absent statement.
Note: Analysis must be performed at PQL listed. Any deviation from PQL must be qualified by a SCDHEC certified laboratory, in writing and approved by Anderson County.

TABLE I - PRIORITY POLLUTANT
(alias or synonym is in parenthesis)

		Known Present	Known Absent	PQL (µg/l)
I.	Organic Priority Pollutants			
1.	Acenaphthene	_____	_____	10
2.	Acrolein	_____	_____	5.0
3.	Acrylonitrile	_____	_____	5.0
4.	Benzene	_____	_____	2.0
5.	Benzidine	_____	_____	—
6.	Carbon tetrachloride (tetrachloromethane)	_____	_____	2.0
7.	Chlorobenzene	_____	_____	2.0
8.	1, 2, 4-trichlorobenzene	_____	_____	2.0
9.	Hexachlorobenzene	_____	_____	10
10.	1, 1-dichloroethane	_____	_____	2.0
11.	1, 2-dichloroethane	_____	_____	2.0
12.	1, 1, 1-trichloroethane	_____	_____	2.0
13.	Hexachloroethane	_____	_____	10
14.	1, 1, 2-trichloroethane	_____	_____	2.0
15.	1, 1, 2, 2-tetrachloroethane	_____	_____	2.0
16.	Chloroethane	_____	_____	2.0
17.	Bis (2-chloroethyl) ether	_____	_____	10
18.	2-chloroethyl vinyl ether (mixed)	_____	_____	5.0
19.	2-chloronaphthalene	_____	_____	10
20.	2, 4, 6-trichlorophenol	_____	_____	10
21.	Parachlorometa cresol	_____	_____	10
22.	Chloroform (trichloromethane)	_____	_____	2.0
23.	2-chlorophenol	_____	_____	10
24.	1, 2-dichlorobenzene	_____	_____	2.0
25.	1, 3-dichlorobenzene	_____	_____	2.0
26.	1, 4-dichlorobenzene	_____	_____	2.0
27.	3, 3-dichlorobenzene	_____	_____	10
28.	1, 1-dichloroethylene	_____	_____	2.0
29.	1, 2-trans dichloroethylene	_____	_____	2.0
30.	2, 4-dichlorophenol	_____	_____	10
31.	1, 2-dichloropropane	_____	_____	2.0
32.	1, 3-dichloropropylene	_____	_____	2.0
33.	2, 4-dimethylphenol	_____	_____	10

SECTION G - Continued. . .**TABLE I - PRIORITY POLLUTANTS**

(alias or synonym is in parenthesis)

I.	Organic Priority Pollutants (continued)	Known Present	Known Absent	PQL (µg/l)
34.	2, 4-dinitrotoluene	_____	_____	10
35.	2, 6-dinitrotoluene	_____	_____	10
36.	1, 2-diphenylhydrazine	_____	_____	10
37.	Ethylbenzene	_____	_____	2.0
38.	Fluoranthene	_____	_____	10
39.	4-chlorophenyl phenyl ether	_____	_____	10
40.	4-brorophenyl phenyl ether	_____	_____	10
41.	Bis (2-chloroisopropyl) ether	_____	_____	10
42.	Bis (2-chloroethoxy) methane	_____	_____	10
43.	Methylene chloride (dichloromethane)	_____	_____	2.0
44.	Methyl chloride (chloromethane)	_____	_____	2.0
45.	Methyl Bromide (dibromomethane)	_____	_____	2.0
46.	Bromoform (tribromomethane)	_____	_____	2.0
47.	Dichlorobromomethane	_____	_____	2.0
48.	Chlorodibromomethane	_____	_____	2.0
49.	Hexachlorobutadiene	_____	_____	10
50.	Hexachlorocyclopentadiene	_____	_____	10
51.	Isophorone	_____	_____	10
52.	Naphthalene	_____	_____	10
53.	Nitrobenzene	_____	_____	10
54.	2-nitrophenol	_____	_____	10
55.	4-nitrophenol	_____	_____	10
56.	2, 4-dinitrophenol	_____	_____	50
57.	4, 6-dinitro-o-cresol	_____	_____	10
58.	n-Nitrosodimethylamine	_____	_____	10
59.	n-Nitrosodiphenylamine	_____	_____	10
60.	n-Nitrosodi-n-propylamine	_____	_____	10
61.	Pentachlorophenol	_____	_____	10
62.	Phenol	_____	_____	10
63.	Bis (2-ethylhexyl) phthalate	_____	_____	10
64.	Butyl benzyl phthalate	_____	_____	10
65.	Di-n-butyl phthalate	_____	_____	10
66.	Di-n-octyl phthalate	_____	_____	10
67.	Diethyl phthalate	_____	_____	10
68.	Dimethyl phthalate	_____	_____	10
69.	1, 2-benzanthracene (benzo (a) anthracene)	_____	_____	10
70.	Benzo (a) pyrene (3, 4-benzopyrene)	_____	_____	10
71.	3, 4-Benzofluoranthene (benzo (b) fluoranthene)	_____	_____	10
72.	11, 12-benzofluoranthene (benzo (k) fluoranthene)	_____	_____	10
73.	Chrysene	_____	_____	10
74.	Acenaphthylene	_____	_____	10
75.	Anthracene	_____	_____	10
76.	1, 12-benzoperylene (benzo (ghi) perylene)	_____	_____	10
77.	Fluorene	_____	_____	10
78.	Phenanthrene	_____	_____	10
79.	1, 2, 5, 6-dibenzanthracene (dibenzo (a,h) anthracene)	_____	_____	_____
10				
80.	Indeno (1, 2, 3-cd) pyrene (2, 3-o-phenylene pyrene)	_____	_____	10
81.	Pyrene	_____	_____	10
82.	Tetrachloroethylene	_____	_____	2.0
83.	Toluene	_____	_____	2.0
84.	Trichloroethylene	_____	_____	2.0
85.	Vinyl chloride (chloroethylene)	_____	_____	2.0

SECTION G - Continued. . .

TABLE I - PRIORITY POLLUTANTS

(alias or synonym is in parenthesis)

			Known Present	Known Absent	PQL (µg/l)
I.	Organic Priority Pollutants (continued)				
	86.	Aldrin.	_____	_____	0.05
	87.	Dieldrin	_____	_____	0.05
	88.	Chlorodane (technical mixture & metabolites)	_____	_____	0.5
	89.	4, 4-DDT	_____	_____	0.05
	90.	4, 4-DDE (p,p-DDX)	_____	_____	0.05
	91.	4, 4-DDD (p,p-TDE)	_____	_____	0.05
	92.	Alpha-endosulfan	_____	_____	0.05
	93.	Beta-endosulfan	_____	_____	0.05
	94.	Endosulfan sulfate	_____	_____	0.05
	95.	Endrin	_____	_____	0.05
	96.	Endrin aldehyde.	_____	_____	0.05
	97.	Heptachlor.	_____	_____	0.05
	98.	Heptachlor epoxide (BHC-hexachlorocyclohexae) . .	_____	_____	0.05
	99.	Alpha-BHC	_____	_____	0.05
	100.	Beta-BHC.	_____	_____	0.05
	101.	Gamma-BHC (lindane)	_____	_____	0.05
	102.	Delta-BHC PCB (polychlorinated biphenyls).	_____	_____	0.05
	103.	PCB-1242 (Arochlor 1242)	_____	_____	0.5
	104.	PCB-1254 (Arochlor 1254)	_____	_____	0.5
	105.	PCB-1221 (Arochlor 1221)	_____	_____	0.5
	106.	PCB-1232 (Arochlor 1232)	_____	_____	0.5
	107.	PCB-1248 (Arochlor 1248)	_____	_____	0.5
	108.	PCB-1260 (Arochlor 1260)	_____	_____	0.5
	109.	PCB-1016 (Arochlor 1016)	_____	_____	0.5
	110.	Toxaphene	_____	_____	0.5
	111.	2, 3, 7, 8-tetrachlorodi-benzo-p-dioxin (TCDD) . . .	_____	_____	10 (pg/l)
II.	Metals and Inorganic Priority Pollutants				
	112.	Antimony (Total)	_____	_____	5.0
	113.	Arsenic	_____	_____	5.0
	114.	Asbestos	_____	_____	—
	115.	Beryllium	_____	_____	1.0
	116.	Cadmium	_____	_____	1.0
	117.	Chromium (Hexavalent)	_____	_____	10.0
	117a.	Chromium (Total)	_____	_____	5.0
	118.	Copper.	_____	_____	10
	119.	Cyanide	_____	_____	10
	120.	Lead	_____	_____	2.0
	121.	Mercury.	_____	_____	0.02*
	122.	Nickel	_____	_____	10
	123.	Selenium	_____	_____	5.0
	124.	Silver	_____	_____	5.0
	125.	Thallium	_____	_____	1.0
	126.	Zinc.	_____	_____	10

* Anderson County reserves the right to require monitoring at 0.0005 on a case by case basis.

III.	Other Pollutants of Concern				
	127.	Molybdenum	_____	_____	20

SECTION G - Continued. . .

4. For any of the 127 Priority Pollutants which you have indicated as Known to Be Present in the preceding Table I, please provide the following information concerning the source or location of this compound in your operation and provide your best estimate of the quantity of each Priority Pollutant discharged to the public sewer (indicate units if different from lbs/day):

TABLE II - PRIORITY POLLUTANTS -KNOWN TO BE PRESENT

Pollutant Number	Chemical Compound	Process or Source of Compound	Estimated Discharge to Public Sewer (lbs/day)

5. Please provide the **concentration** of any compound from Table I that is present in the wastewater discharged from your operation. **If no lab results are available**, please include the estimated figure and indicate in the last column that it is an estimate.

TABLE III - PRIORITY POLLUTANT CONCENTRATIONS

Pollutant Number	Chemical Compound	Concentration (mg/l)	Indicate with an "X" If Estimated

a. Source of laboratory analyses results included above:

[ ] in-house lab [ ] commercial lab (indicate name) _____

b. Is this laboratory certified by SCDHEC? [ ] Yes [ ] No

If yes, then SCDHEC laboratory certification number is _____

SECTION G - Continued….

6. Does your facility generate residuals (sludge, screenings, etc.) from any pretreatment facilities?
[ ] Yes [ ] No If yes, please provide a description of how the residuals are generated; the manner in which they are handled, treated, or disposed of; the residuals quantity and characteristics; and the frequency of disposal.

_____

_____

_____

7. Have you ever applied for an environmental permit for this facility which has been denied?
[ ] Yes [ ] No [ ] Unknown If yes, please provide details.

_____

_____

8. Are there existing or pending environmental permits for this facility? [ ] Yes [ ] No
If yes, provide the following information.

ENVIRONMENTAL PERMITS

Permit	Permit No./ID	Issuing Agency	Effective Date	Expiration Date
NPDES				
RCRA				
Storm water				
Air quality				
Hauled waste				
Groundwater Reclamation/Recovery				

Note: If there are no effective or expiration dates, then indicate that the permit is pending or that the date(s) are not applicable (NA).

9. For permitting purposes, if required, what is your request for a Daily Average Flow Limit?
(actual limit will be 5% greater than request.) _____ gallons/day

10. (FOR EXISTING PERMITTEES ONLY) Does your company wish to retain the current permitted flow limits? [ ] Yes [ ] No

11. (FOR EXISTING PERMITTEES ONLY) Does your company wish to retain the Mass Only limits (if applicable) previously granted in accordance with the Sewer Use Ordinance?
[ ] Yes [ ] No

SECTION H - PRETREATMENT FACILITIES

1. Is any form of wastewater pretreatment currently utilized at this facility? [ ] Yes [ ] No
If yes, briefly describe pretreatment devices or processes used for treating wastewater or sludge:

[ ] Air Flotation _____
[ ] Centrifuge _____
[ ] Chemical Precipitation _____
[ ] Chlorination_____
[ ] Cyclone _____
[ ] Filtration _____
[ ] Flow Equalization _____
[ ] Grease or oil separation, type _____
[ ] Grease trap _____
[ ] Grit removal _____
[ ] Ion exchange _____
[ ] Neutralization, pH correction _____
[ ] Ozonation _____
[ ] Reverse Osmosis _____
[ ] Screen _____
[ ] Sedimentation _____
[ ] Septic Tank _____
[ ] Solvent separation/recovery _____
[ ] Spill protection/Slug control _____
[ ] Sump_____
[ ] Ultrafiltration_____
[ ] Biological treatment, type _____
[ ] Rainwater diversion or storage _____
[ ] Other chemical treatment, type _____
[ ] Other physical treatment, type _____
[ ] Other, type _____

2. If you have plans for installation of pretreatment units, please describe the units and the schedule for installation _____
_____
_____
_____

3. Is the Pretreatment System permitted by SCDHEC? [ ] Yes [ ] No [ ] N/A
(Please attach a copy of your SCDHEC Permit to Operate)

4. Does the Department of Health & Environment Control require that a certified operator be responsible for your pretreatment system? [ ] Yes [ ] No [ ] Unknown

If yes, what level and type of certification is required? [ ] Physical/Chemical [ ] Biological
[ ] A [ ] B [ ] C [ ] D

5. Who is the person currently responsible for your pretreatment system?

Name _____ Title _____

SECTION H - Continued. . .

6. Please provide a schematic flow diagram of the pretreatment units (including residuals handling and treatment units) at your plant; label each unit process (e.g. pH adjustment, filtration); indicate by category those wastestreams subject to National Categorical Pretreatment Standards; also indicate at which point any planned pretreatment units would be placed in the flow diagram.

FLOW DIAGRAM

SECTION I – COMPLIANCE AND CERTIFICATION

COMPLIANCE AND CERTIFICATION TO BE COMPLETED BY ALL USERS SUBJECT TO NATIONAL CATEGORICAL PRETREATMENT STANDARDS

COMPLIANCE SCHEDULE [40 CFR 403.12 (b) (7)]

If additional pretreatment and/or Operation and Maintenance (O&M) will be required to meet the applicable pretreatment standards or alternative pretreatment standards as calculated by the combined wastestream formula, provide a compliance schedule which gives the shortest schedule which will provide such additional pretreatment or O&M. The completion date in this schedule shall not be later than the compliance date established for the applicable national categorical pretreatment standards.

The schedule shall contain increments of progress in the form of dates for the commencement and completion of major events leading to the construction and operation of additional pretreatment required for the Industrial User to meet the applicable categorical pretreatment standards (e.g. hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components, commencing construction, completing construction, etc.).

No increment of progress shall exceed nine months.

Not later than 14 days following each date in the schedule and the final date for compliance, the Industrial User shall submit a progress report to Anderson County including as a minimum whether or not it complied with the increment of progress, if not, the reason for delay, and the steps being taken by the Industrial User to return the construction to the schedule established. In no event shall more than nine months elapse between such progress reports to Anderson County.

If a compliance schedule is needed, it is to be typed or printed on a separate sheet(s) and attached.

CERTIFICATION [40 CFR 403.12 (b) (6)]

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

Therefore, I certify that the applicable National Categorical Pretreatment Standards as identified in this application [ ] are [ ] are not being met on a consistent basis.

_____	_____
Name (Type or Print)	Title
_____	_____
Signature	Date

Note: For new source discharges, this certification shall be submitted within ninety (90) days of the initial discharge. For existing source discharges, this certification shall be submitted within ninety (90) days following the date for final compliance with applicable categorical Pretreatment Standards.