



GREER COMMISSION OF PUBLIC WORKS

INDUSTRIAL WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION A – GENERAL INFORMATION

1. Company Name: _____

2. Mailing Address: _____

_____ Zip Code: _____

3. Physical Address: _____

_____ Zip Code: _____

Tax Map/Block Book Number: _____

4. Name and Title of Signing Official: _____

Phone Number: () _____ Email: _____

Is this official authorized to sign documents on behalf of the company?: Yes ____ No ____

5. Primary Contact Concerning Information Provided Herein:

Name and Title: _____

Phone Number: () _____ Email: _____

6. Alternate Contact Concerning Information Provided Herein:

Name and Title: _____

Phone Number: () _____ Email: _____

Is this official authorized to sign documents on behalf of the company: Yes ____ No ____

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 and SCDHEC R61-9 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 Section 6.4 of the Greer CPW Sewer Use and Pretreatment Ordinance and 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

SECTION A (Continued)

Signature Requirements

In accordance with 40 CFR 403.12 (l)(1) and SCDHEC R61-9 403.12 (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 40 CFR 403.6(a)(2)(ii) and SCDHEC R61-9 Section 403.6(a)(2)(ii), 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 40 CFR 403.12 and SCDHEC R61-9 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 operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for control mechanism requirements; and where 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 40 CFR 403.12 and SCDHEC R61-9 Section 403.12 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 40 CFR 403.12 and SCDHEC R61-9 Section 403.12 if:
 - (i) The authorization is made in writing by the individual described in paragraph (l)(1) or (l)(2) of 40 CFR 403.12 and SCDHEC R61-9 Section 403.12 ;
 - (ii) The authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the Industrial Discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company; and
 - (iii) the written authorization is submitted to Greer CPW.
- 4) If an authorization under paragraph (l)(3) of 40 CFR 403.12 and SCDHEC R61-9 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 requirements of paragraph (l)(3) of 40 CFR 403.12 and SCDHEC R61-9 Section 403.12 must be submitted to Greer CPW 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 Official (Seal if applicable)

Title

Date

**Return Completed Application to:
Greer Commission of Public Works
PO Box 216
301 McCall St.
Greer, SC 29652
Attn: Wastewater Pretreatment Supervisor**

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 the permit application.

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

<u>INDUSTRIAL CATEGORIES</u>	<u>NAICS NO.</u>	<u>INDUSTRIAL CATEGORIES</u>	<u>NAICS NO.</u>
<input type="checkbox"/> 467 Aluminum Forming	_____	<input type="checkbox"/> 432 Meat Products	_____
<input type="checkbox"/> 427 Asbestos Manufacturing	_____	<input type="checkbox"/> 433 Metal Finishing	_____
<input type="checkbox"/> 461 Battery Manufacturing	_____	<input type="checkbox"/> 464 Metal Molding and Casting	_____
<input type="checkbox"/> 431 Builders’ Paper and Board Mills	_____	<input type="checkbox"/> 436 Mineral Mining and Processing	_____
<input type="checkbox"/> 407 Canned and Preserved Fruits And Vegetables	_____	<input type="checkbox"/> 471 Non-ferrous Metals, Form, and Powders	_____
<input type="checkbox"/> 408 Canned and Preserved Seafood	_____	<input type="checkbox"/> 421 Non-ferrous Metal Manufacturing	_____
<input type="checkbox"/> 458 Carbon Black Manufacturing	_____	<input type="checkbox"/> 414 OCPSF; Organic Chemicals, Plastic, and Synthetic Fibers	_____
<input type="checkbox"/> 411 Cement Manufacturing	_____	<input type="checkbox"/> 435 Oil and Gas Extraction	_____
<input type="checkbox"/> 437 Centralized Waste Treatment	_____	<input type="checkbox"/> 440 Ore Mining and Dressing	_____
<input type="checkbox"/> 434 Coal Mining	_____	<input type="checkbox"/> 446 Paint Formulating	_____
<input type="checkbox"/> 465 Coil Coating	_____	<input type="checkbox"/> 443 Paving and Roofing Materials Manufacturing	_____
<input type="checkbox"/> 468 Copper Forming	_____	<input type="checkbox"/> 455 Pesticides Manufacturing	_____
<input type="checkbox"/> 405 Dairy Products Processing	_____	<input type="checkbox"/> 419 Petroleum Refining	_____
<input type="checkbox"/> 469 Electrical and Electronic Component Manufacturing	_____	<input type="checkbox"/> 439 Pharmaceuticals Manufacturing	_____
<input type="checkbox"/> 413 Electroplating	_____	<input type="checkbox"/> 422 Phosphate Manufacturing	_____
<input type="checkbox"/> 457 Explosives Manufacturing	_____	<input type="checkbox"/> 459 Photographic Supplies	_____
<input type="checkbox"/> 412 Feedlots	_____	<input type="checkbox"/> 463 Plastics Molding and Forming	_____
<input type="checkbox"/> 424 Ferro Alloy Manufacturing	_____	<input type="checkbox"/> 466 Porcelain Enameling	_____
<input type="checkbox"/> 418 Fertilizer Manufacturing	_____	<input type="checkbox"/> 430 Pulp, Paper, and Paperboard	_____
<input type="checkbox"/> 464 Foundries, Metal Mold and Cast	_____	<input type="checkbox"/> 428 Rubber Manufacturing	_____
<input type="checkbox"/> 426 Glass Manufacturing	_____	<input type="checkbox"/> 417 Soap and Detergent	_____
<input type="checkbox"/> 406 Grain Mills	_____	<input type="checkbox"/> 423 Steam Electric Power Generation	_____
<input type="checkbox"/> 437 Centralize Waste Treatment	_____	<input type="checkbox"/> 409 Sugar Processing	_____
<input type="checkbox"/> 434 Gum and Wood Chemicals Manufacturing	_____	<input type="checkbox"/> 410 Textile Mills	_____
<input type="checkbox"/> 460 Hospitals	_____	<input type="checkbox"/> 429 Timber Products Processing	_____
<input type="checkbox"/> 447 Ink Formulating	_____	<input type="checkbox"/> 442 Transportation Equipment Cleaning	_____
<input type="checkbox"/> 415 Inorganic Chemicals Manufacturing	_____	<input type="checkbox"/> 425 Leather Tanning and Finishing	_____
<input type="checkbox"/> 420 Iron and Steel Manufacturing	_____	<input type="checkbox"/> _____	_____

b. OTHER BUSINESS ACTIVITIES

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

<u>INDUSTRIAL CATEGORIES</u>	<u>NAICS NO.</u>	<u>INDUSTRIAL CATEGORIES</u>	<u>NAICS NO.</u>
<input type="checkbox"/> Slaughter, Meat Packaging, Rendering	_____	<input type="checkbox"/> Beverage Bottling	_____
<input type="checkbox"/> Food/Edible Products Processing	_____	<input type="checkbox"/> Other _____	_____

SECTION B (Continued)

2. Give a brief narrative description of the primary manufacturing or service activity at the premise address and the applicable North American Industry Classification System (NAICS) No.:

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 Greer CPW to establish limitations according to the applicable Pretreatment Standards.

SECTION C – PLANT OPERATIONAL CHARACTERISTICS

1. List NAICS number of all process wastewater discharges which are batch: _____

2. Provide the following information for batch discharges:

a. Frequency and duration for batch discharges: _____

b. Average volume of each batch discharge: _____

c. Approximate rate of flow of each batch discharge (gpm): _____

3. List NAICS number of all process wastewater discharges which are continuous: _____

4. Are the following pollution control documents currently implemented at your facility?

a. A Slug Control Plan as defined in Section 4.7 of the Greer CPW Sewer Use and Pretreatment Ordinance:

Yes No Date submitted to Greer CPW: _____

b. Pollution Prevention Plan:

Yes No
If Yes, please attach a copy of the plan.

c. Spill Prevention Control and Countermeasure Plan:

Yes No
If Yes, please attach a copy of the plan.

d. Please 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 Greer CPW Sewer Use and Pretreatment Ordinance and to reduce the potential impact on the public sewer system. _____

5. Are your processes subject to seasonal variation? Yes No

If Yes, explain and indicate the month(s) of peak operation and production: _____

Is there a scheduled shutdown? Yes No

If Yes, describe when: _____

6. 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)

9. Are any process changes or plant expansions planned during the next three years? Yes No Unknown
 If Yes, briefly describe the proposed change(s) and the expected changes in characteristics or volume of the wastewater discharge or residuals, if applicable:

SECTION D – WATER CONSUMPTION

1. Check applicable 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): _____
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)		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		Other (specify)	_____ []E []M
Sanitary	_____ []E []M		Total Water Consumption	_____ []E []M

E – Estimated M – Measured

SECTION D (Continued)

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

<u>Brief Process Description</u>	<u>NAICS Number</u>	<u>Average Water Consumption</u> (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 facility discharge wastewater that is ultimately treated by Greer CPW?

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

b. How many hours per day does your facility 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:

<u>Outlet</u>	<u>Discharge/Loss</u> (gallons/day)	<u>Outlet</u>	<u>Discharge/Loss</u> (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

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

SECTION E (Continued)

b. Boiler blowdown is (check all that apply):

- Automatic operation Discharged to public sewer system
 Manual operation Discharged to storm sewer or surface water

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

<u>Name or Type of Chemical</u>	<u>Amount</u> (gallons/addition)	<u>Frequency</u> (daily, weekly, monthly, etc.)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Is any contaminated water associated with storm water discharged to the **public sewer system**?

- Yes No (If Yes, please specify sources below):

10. Is any non-contaminated storm water discharged to the **public sewer system**?

- Yes No (If Yes, please specify sources below):

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 can 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

Note: Indicate type wastewater discharged at each connection to public sewer (e.g. Domestic Only, Process Only, Combined) with "X"

Connection Location (refer to sketch)	Domestic Only	Process Only	Combined	Categorical Classification	Average Discharge (gpd)
#1	_____	_____	_____	_____	_____
#2	_____	_____	_____	_____	_____
#3	_____	_____	_____	_____	_____
#4	_____	_____	_____	_____	_____
#5	_____	_____	_____	_____	_____
TOTAL DISCHARGE					_____

(Note: The Total Discharge should be consistent with the Total of Discharges given in Section E, Question 2)

2. Does your facility have a designated sampling point that can be used for obtaining a representative sample of your **process** wastewater discharge?

Yes No

If Yes, indicate the location of the sampling or monitoring point(s) on the sketch on Page 11.

3. Does your facility have a wastewater flow monitoring system approved by GCPW?

Yes No

If Yes, please provide the following information:

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

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 (e.g. Parshall; Palmer-Bowlus) _____

Weir type (e.g. Rectangular; 45 degree V-notch) _____

g. Date of most recent calibration _____

h. Name of calibration service company _____

i. Are readings obtained for 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:

<u>Type of Discharge</u> <u>or Loss</u>	<u>Average Volume</u> (gallons per day)	<u>Estimated or Measured</u> (indicate with an "X")	
<input type="checkbox"/> Sanitary sewer leading to on-site treatment (does not discharge to public sewer)			
<input type="checkbox"/> Treatment facility (NPDES # _____)	_____	_____	_____
<input type="checkbox"/> Septic tank	_____	_____	_____
<input type="checkbox"/> Storm sewer (does not tie into public sewer or on-site treatment system)			
<input type="checkbox"/> Evaporation			
<input type="checkbox"/> Boilers	_____	_____	_____
<input type="checkbox"/> Cooling Towers	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Irrigation/Groundwater	_____	_____	_____
<input type="checkbox"/> Waste disposed of by means other than discharge to public sewer			
Type of Waste			
<input type="checkbox"/> Acids and Alkalies	_____	_____	_____
<input type="checkbox"/> Heavy metal sludges	_____	_____	_____
<input type="checkbox"/> Inks/Dyes	_____	_____	_____
<input type="checkbox"/> Oil and/or Grease	_____	_____	_____
<input type="checkbox"/> Organic Compounds	_____	_____	_____
<input type="checkbox"/> Paints	_____	_____	_____
<input type="checkbox"/> Plating Wastes	_____	_____	_____
<input type="checkbox"/> Pretreatment Sludges	_____	_____	_____
<input type="checkbox"/> Solvents/Thinners	_____	_____	_____
<input type="checkbox"/> Other Hazardous Wastes (specify)	_____	_____	_____
<input type="checkbox"/> Other Wastes (specify)	_____	_____	_____
Storage			
<input type="checkbox"/> On-site			
<input type="checkbox"/> Off-site			
Disposal			
<input type="checkbox"/> On-site			
<input type="checkbox"/> Off-site			
<input type="checkbox"/> Contained in Product	_____	_____	_____
<input type="checkbox"/> Other	_____	_____	_____
<input type="checkbox"/> Domestic (restrooms, water fountains, showers, etc.) wastewater to public sewer	_____	_____	_____

SECTION G (Continued)

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

NAICS # _____

Total Process Wastewater _____

Cooling water discharged to public sewer

Contact _____

Non-contact _____

Boiler blow-down discharged to public
sewer _____

Storm water discharged to public sewer

Contaminated water _____

Non-contaminated water _____

Other _____

2. Can wastewater be discharged from any wastestream at your facility that can:

	<u>No</u>	<u>Yes</u>	<u>If Yes, Indicate Process</u>
a. Create a fire or explosion hazard?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Have a pH lower than 5.0 units?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Contain a substance that can obstruct the flow in the collection system?	<input type="checkbox"/>	<input type="checkbox"/>	_____
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)?	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION G (Continued)

3. If laboratory data is available characterizing the wastewater at the point of discharge to the sewer in terms of BOD, COD, TSS, O&G, pH, NH3(N), and TKN, please provide this information along with any other parameters that characterize the wastewater. Please attach a copy of the most recent laboratory data to this questionnaire. Be sure to include the date of analysis, name of laboratory performing the analysis, and location(s) from which samples were taken (attach sketches, plans, etc., as necessary). If the concentration is estimated, please indicate in the last column.

**WASTEWATER CHARACTERISTICS
From Laboratory Analyses**

Parameter	Average Concentration (mg/l)	Frequency and Number of Analyses	Sample Type Grab (G) or Composite (C)	Indicate with an "X" if Estimated
BOD	_____	_____	_____	_____
COD	_____	_____	_____	_____
TSS	_____	_____	_____	_____
Oil & Grease	_____	_____	_____	_____
pH	_____	_____	_____	_____
NH3(N)	_____	_____	_____	_____
TKN	_____	_____	_____	_____

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 GCPW approved laboratory analytical procedures 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 GCPW approved analytical procedures designed to detect the pollutant has yielded less than the specified 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 GCPW.

TABLE 1 – PRIORITY POLLUTANTS
(alias or synonym is in parenthesis)

	Known Present	Known Absent	PQL (ug/l)
I. <u>Organic Priority Pollutants</u>			
1. Acenaphthene.....	_____	_____	10
2. Acrolein.....	_____	_____	5.0
3. Acrylonitrile.....	_____	_____	5.0
4. Benzene.....	_____	_____	2.0
5. Benzidine.....	_____	_____	_____

SECTION G (Continued)

	<u>Known Present</u>	<u>Known Absent</u>	<u>PQL (ug/l)</u>
I. <u>Organic Priority Pollutants (Continued)</u>			
6. Carbon tetrachloride (tetrechloromethane).....	_____	_____	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-tetrechloroethane.....	_____	_____	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-dichlorobenzidine.....	_____	_____	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, 2 -dichloropropylene.....	_____	_____	2.0
33. 2, 4-dimethylphenol.....	_____	_____	10
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-bromophenyl phenyl ether.....	_____	_____	10
41. Bis (2-chloroisopropyl) ether.....	_____	_____	10
42. Bis (2-chloroethoxyl) methane.....	_____	_____	10
43. Methylene chloride (dichloromethane).....	_____	_____	2.0
44. Methyl chloride (chloromethane).....	_____	_____	2.0
45. Methyl Bromide (bromomethane).....	_____	_____	2.0
46. Bromoform (tribromomethane).....	_____	_____	2.0
47. Dichlorobromomethane.....	_____	_____	2.0
48. Chlorodibromomethane.....	_____	_____	2.0
49. Hexachlorobutadiene.....	_____	_____	10
50. Hexachloromycyclopentadiene.....	_____	_____	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

SECTION G (Continued)

		<u>Known Present</u>	<u>Known Absent</u>	PQL (ug/l)
I. <u>Organic Priority Pollutants</u> (Continued)				
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
86.	Aldrin.....	_____	_____	0.05
87.	Dieldrin.....	_____	_____	0.05
88.	Chlordane (technical mixture and 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-hexachlorocyclohexane).....	_____	_____	0.05
99.	Alpha-BHC.....	_____	_____	0.05
100.	Beta-BHC.....	_____	_____	0.05
101.	Gamma-BHC.....	_____	_____	0.05
102.	Delta-BHC (lindane).....	_____	_____	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

SECTION G (Continued)

	<u>Known Present</u>	<u>Known Absent</u>	PQL (ug/l)
110. Toxaphene.....	_____	_____	0.5
111. 2, 3, 7, 8-tetrachloridi-benzo-p-dioxin (TCDD).....	_____	_____	10

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
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

* GCPW reserves the right to require monitoring at 0.0002 on a case-by-case basis.

III. Other Pollutants of Concern

127. Molybdenum.....	_____	_____	20
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5. For any of the 127 Priority Pollutants you have indicated as Known Present in the preceding Table 1, please provide the following information concerning the source or location of this compound in your operation and provide your best estimate of the concentration and quantity of each Priority Pollutant discharged to the public sewer:

TABLE II – PRIORITY POLLUTANTS KNOWN PRESENT

Pollutant Number	Chemical Compound	Process or Source of Compound	Concentration (mg/l)	Quantity to Sewer (lb./day)	Estimated (Y/N)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECTION G (Continued)

TABLE II – PRIORITY POLLUTANTS KNOWN PRESENT (Continued)

Pollutant Number	Chemical Compound	Process or Source of Compound	Concentration (mg/l)	Quantity to Sewer (lb./day)	Estimated (Y/N)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Source of laboratory results included above:
 in-house lab Commercial lab (Name) _____

SCDHEC laboratory certification number _____

6. Are residuals (liquids, sludges, screenings, etc.) generated at your pretreatment facility?
 Yes No If Yes, please describe how the residuals are generated; the manner in which they are handled, treated, stored, and disposed; 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 If Yes, please provide details:

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

SECTION G (Continued)

ENVIRONMENTAL PERMITS⁽¹⁾

Permit	Permit No./ID	Issuing Agency	Effective Date	Expiration Date
NPDES	_____	_____	_____	_____
RCRA	_____	_____	_____	_____
Storm water⁽²⁾	_____	_____	_____	_____
Air quality	_____	_____	_____	_____
Hauled waste	_____	_____	_____	_____
Groundwater Reclamation/ Recovery	_____	_____	_____	_____

⁽¹⁾ If there are no effective or expiration dates, then indicate that the permit is pending or that the date(s) are not applicable (N/A).

⁽²⁾ Please submit a copy of the Storm Water Permit and a copy of the most current Storm Water Pollution Prevention Plan with this permit application.

9. For permitting purposes, if required, what is your request for an Average Daily Flow Limit? _____ gal./day

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 _____
 - 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. Type of wastewater pretreatment discharge:
 Continuous
 Batch
3. If you have plans for installation of pretreatment units, please describe the units and the schedule for installation _____

4. Is the pretreatment system permitted by SCDHEC?
 Yes No N/A
5. Does SCDHEC require that a certified operator be responsible for your pretreatment system?
 Yes No Unknown If Yes, provide certified operator's name _____
- If Yes, what level and type of certification is required?
 Physical/Chemical Biological
 A B C D
6. Please provide the name of the person currently responsible for your pretreatment system?
Name _____ Title _____

SECTION H (Continued)

7. Please provide a schematic flow diagram of the pretreatment units (including residuals handling and treatment units) at your facility; 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), 40 CFR 403.12(c), SC R61-9 403.12(b)(7) and R61-9 403.12(c)]

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 Greer Commission of Public Works including, at 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 Greer Commission of Public Works.

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(d) and SC R61-9 403.12(d)]

Report on compliance with categorical pretreatment standard deadline. Within 90 days following the date for final compliance with applicable categorical pretreatment standards or in the case of a New Source following commencement of the introduction of wastewater into the Greer Commission of Public Works treatment works, any Industrial User subject to Pretreatment Standards and Requirements shall submit to Greer Commission of Public Works a report containing the information described in paragraphs (b) (4)–(6) of this section. For Industrial Users subject to equivalent mass or concentration limits established by Greer Commission of Public Works in accordance with the procedures in §403.6(c), this report shall contain a reasonable measure of the User's long term production rate. For all other Industrial Users subject to categorical pretreatment standards expressed in terms of allowable pollutant discharge per unit of production (or other measure of operation), this report shall include the User's actual production during the appropriate sampling period. 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.

CERTIFICATION [40 CFR 403.12 (b)(6) and SC R61-9 403.12(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.

Furthermore, 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