

**COUNTY OF PICKENS**

Public Service Commission  
151 Clearwater Drive  
Liberty, South Carolina 29657

**WASTEWATER DISCHARGE PERMIT APPLICATION**

**I. SECTION I - GENERAL INFORMATION**

A. Company Name: \_\_\_\_\_

B. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

C. Premise Address: \_\_\_\_\_

D. Name and Title of Signing Official (must conform to 40 CFR 403.12 regarding signatory authority): \_\_\_\_\_

E. Contact Concerning Information Provided in Application:

Name and Title: \_\_\_\_\_

Phone: \_\_\_\_\_

F. Check One:    [     ] Existing Discharge  
                  [     ] Proposed Discharge (Commencing date): \_\_\_\_\_

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 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.

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.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title of Official (Seal if applicable)

**SECTION II – PRODUCT OR SERVICE INFORMATION**

A. Check all of the following industrial categories or business activities that are part of operations at your facility:

1. Industrial Categories Under 40 CFR 403:

<b>(X)</b>	<b>Industrial Category</b>	<b>SIC Number</b>	<b>(X)</b>	<b>Industrial Category</b>	<b>SIC Number</b>
	Aluminum Forming			Organic Chemicals, Plastics, Synthetic Fiber	
	Coil Coating			Pesticide Manufacturing	
	Copper Forming			Petroleum Refining	
	Electric and Electronic Components Mfg.			Pharmaceuticals Manufacturing	
	Electroplating, Metal Finishing			Plastic Molding And Forming	
	Foundries			Porcelain Enamel Processing	
	Inorganic Chemicals Manufacturing			Pulp and Paper Processing	
	Iron & Steel			Steam Power Generation	
	Leather Tanning and Finishing			Textile Mills	
	Non Ferrous Metals Forming				

2. Other (Non-Categorical) Business Activity:

<b>(X)</b>	<b>Non-Categorical Activity</b>	<b>SIC Code</b>	<b>(X)</b>	<b>Non-Categorical Activity</b>	<b>SIC Code</b>
	Dairy Products Processing			Beverage Bottling	
	Slaughter			Fertilizer Production	
	Food/Edible Products Processing			Other	

B. Facility Description:

1. Have engineering reports been submitted to South Carolina DHEC for any and all wastewater treatment facilities in accordance with SC Code of Regulation 61-67, Standards for Wastewater Facility Construction? [ ] Yes [ ] No

**SECTION II – (cont’d)**

2. Have construction permits and operating permits been issued by SCDHEC?

Yes       No

3. Does permits require licensed wastewater operator?  Yes       No

If so, please provide a copy of engineering reports referenced in “A” above.

4. Briefly describe each primary manufacturing or service activity at premises and the applicable Standard Industrial Classification Code(s):


5. Principal Raw Materials Used, including any Process Chemicals:


6. Principal Products Produced:


**SECTION III - PLANT OPERATIONAL CHARACTERISTICS**

A. For each primary activity listed in Section II.B.4, please identify which, if any, of these processes discharge wastewaters in batches (If more space is needed, please use back of page or addendum page).

Activity 1

Frequency of discharge	gallons per
Average volume of each discharge	gallons
Average rate of flow of each discharge	gallons per minute

Characteristics of the wastewater discharged in Activity 1:

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B. Are your processes subject to seasonal variation? Yes [ ] No [ ]  
 If yes, explain and indicate the month(s) of peak operation and products:

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Is a shut down scheduled: Yes [ ] No [ ] If so, when: \_\_\_\_\_

C. Shift information:

1. Number of shifts per work day:

a. There are [ ] shifts per day on [ ] (use Sun, M, T, W, Th, F, S)

b. There are [ ] shifts per day on [ ] (use Sun, M, T, W, Th, F, S)

2. Number employees per shift:

First [ ] Second [ ] Third [ ] Total [ ]

3. Shift start times:

First [ ] Second [ ] Third [ ]

D. Describe any water recycling or material reclaiming processes utilized:

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E. Housekeeping:

Special Clean-up shift? Yes [ ] No [ ]

Special Clean-up day? Yes [ ] No [ ]

Non-Routine Cleaning? Yes [ ] No [ ]

If for those answered “yes”, please specify what is cleaned, types of cleaners, the time and frequency of cleaning:

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**SECTION IV – WATER CONSUMPTION AND LOSS**

A. Raw Water Source(s):     Municipal Water Svc         Surface Water  
                                   Private Well                     Private Contract             Other

B. Name of Supplier and Account No.:    [            ]

C. List past twelve months water usage from water bills:

1. First 6 –month period, 20    :            [            ] gallons
2. Second 6-month period, 20    :            [            ] gallons
3. Volume from other sources:            [            ] gallons per day

D. List water consumption (provide estimates in gallons per day):

- |                                       |   |
|---------------------------------------|---|
| 1. Cooling water    [            ]    | 5. Plant/equip washdown        [            ]             |
| 2. Boiler            [            ]   | 6. Irrigation/lawn                    [            ]      |
| 3. Process (mfg)    [            ]    | 7. Other( _____)                    [            ]        |
| 4. Sanitary            [            ] | 8. TOTAL (1-7):                            [            ] |

E. List average water usage for each SIC process itemized in Section II.

Process	SIC #	Water (gal/day)
a.		
b.		
c.		

**SECTION V – WASTEWATER INFORMATION**

A. List volume of discharge or water losses (provide estimates in gallons per day):

- |  |  |
|--|--|
| 1. Public Sewer            [            ]  | 4. Evaporation                    [            ] |
| 2. Creek/storm drain    [            ]     | 5. Contained in product [            ]           |
| 3. Waste Haulers            [            ] | 6. TOTAL (1-5)                    [            ] |

B. COOLING WATER: If cooling water is discharged to the public sewer system, please complete the following information that applies to your system:

1.  Cooling water is recycled; only system bleed-off to sewer
2.  Cooling water is once-thru (not recycled); no evaporation
3. Cooling system is for:
 

<input type="checkbox"/> Product formulation	<input type="checkbox"/> Machinery
<input type="checkbox"/> AC/humidification	<input type="checkbox"/> Other _____
4. Other than carrier piping, cooling water contacts the following prior to sewer discharge:
 

<input type="checkbox"/> Machine parts	<input type="checkbox"/> Product	<input type="checkbox"/> Other wastewater
<input type="checkbox"/> Hydraulic, lube fluids	<input type="checkbox"/> Non-contact	<input type="checkbox"/> Other _____



## **SECTION VI - SEWER INFORMATION**

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

Provide a sketch (schematic) to show each connection or discharge point locations. Also indicate locations of any City water or effluent flow meter. Please identify streets and buildings so that these connection point locations could be located in the field. Number each connection to the public sewer.

**SKETCH:**

**SECTION VI – (cont’d)**

B. With reference to the sketch on Section VI.A, indicate if the discharge from each connection is either domestic only wastewater, process wastewater, or a combination:

1. Connection #1 is a [                    ] discharge of approx. [            ] gpd].
2. Connection #2 is a [                    ] discharge of approx. [            ] gpd].
3. Connection #3 is a [                    ] discharge of approx. [            ] gpd].

C. Does your company have a designated sampling manhole or flow monitoring station that can be used by the Pickens County Public Service Commission for obtaining a representative sample of your process wastewater discharge? [    ] Yes    [    ] No  
 If yes, indicate on sketch where and on which sewer line station is located.

D. Does your company have a wastewater flow monitoring system approved by the Pickens County Public Service Commission? [    ] Yes [    ] No

E. Provide the following specifications for monitoring station:

Meter Type (e.g. ultrasonic)	
Meter Brand/Model	
Multiplier (e.g. 100x)	
Chart Recorder Type (strip, 7day)	
Chart Recorder Brand/model	
Flow Control Point	[    ] Flume    [    ] Weir
Flume/Weir Specifications	
Date of Latest Calibration	

**SECTION G – WASTEWATER VOLUMES**

A. Provide estimated volume of wastewater discharged from your operation OR the average volume of water losses:

<b>Type of Discharge or Loss</b>	<b>Avg Volume (gal/day)</b>
On-site treatment- Septic Tank (does not discharge to public sewer)	
On-site treatment-Discharge to waterway—NPDES#	
Storm sewer (does not discharge to public sewer)	
Evaporation-Boilers	
Evaporation-Cooling Towers	
Hauler (Name)                    Transports Waste Offsite	
Water Losses contained in product	
Other	



B. Does wastewater discharged from any process wastestream at your facility:

Create a fire or explosion hazard?	
Have a pH lower than 5.0?	
Contain a substance that can obstruct the flow in the collection system?	
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 (e.g., stream) by containing toxic, poisonous, noxious or malodorous liquids or gases (acting either singly or by interaction with other wastes)?	

C. Is there a Spill Prevention Control and Countermeasure Plan for your facility? [ ]

**SECTION VIII – PRETREATMENT FACILITIES**

A. Is any form of wastewater pretreatment utilized at this facility? [ ]

If yes, place an “X” to indicate all pretreatment devices or processes used for treating wastewater or sludge (check all that apply):

<input type="checkbox"/>	Air Flotation	<input type="checkbox"/>	Screen
<input type="checkbox"/>	Centrifuge	<input type="checkbox"/>	Sedimentation
<input type="checkbox"/>	Chemical Precipitation	<input type="checkbox"/>	Septic Tank
<input type="checkbox"/>	Chlorination	<input type="checkbox"/>	Solvent Separation
<input type="checkbox"/>	Filtration	<input type="checkbox"/>	Spill Protection
<input type="checkbox"/>	Flow Equalization	<input type="checkbox"/>	Sump
<input type="checkbox"/>	Grease or oil separation	<input type="checkbox"/>	Biological Treatment
<input type="checkbox"/>	Grease Trap	<input type="checkbox"/>	Rainwater Diversion or Storage
<input type="checkbox"/>	Grit removal	<input type="checkbox"/>	Other Chemical Treatment
<input type="checkbox"/>	Ion Exchange	<input type="checkbox"/>	Other Physical Treatment
<input type="checkbox"/>	Neutralization, pH adjustment	<input type="checkbox"/>	Other, Type
<input type="checkbox"/>	Ozonation	<input type="checkbox"/>	No Pretreatment
<input type="checkbox"/>	Reverse Osmosis	<input type="checkbox"/>	

B. State any plans for installation of pretreatment units. Please describe the units and the schedule for installation.


C. Please indicate which Operator certification is required to operate the pretreatment facilities at your plant:

Level: [ ] A [ ] B [ ] C [ ] D  
 Class: [ ] Physical/Chemical [ ] Biological

D. Person responsible for Pretreatment System: \_\_\_\_\_

D. Please provide a schematic flow diagram of the pretreatment units at your plant; label each unit process (i.e. pH adjustment, filtration); also indicate at which point any planned pretreatment units would be placed in the flow diagram.

DIAGRAM:

## SECTION IX – POLLUTANTS

A. Please complete the following Priority Pollutant listing. For each Pollutant please check whether it is “Known Present”, or “Known Absent” in your operation.

**Known Present** – The compound has been detected in the wastewater discharge by approved lab analytical procedures, OR, by reference (from supplier or literature), is known to be present in the raw materials, product, or in the wastewater discharge.

**Known Absent** – The application of approved analytical procedures designed to detect the material has yielded negative results. The compound is not present in raw materials or product. Please note: documentation shall be maintained on file supporting “Known Absent” statement.

No	Pollutant	Known Present	Known Absent	No	Pollutant	Known Present	Known Absent
1	Acenaphthene			21	Parachlorometa cresol		
2	Acrolein			22	Chloroform (trichloromethane)		
3	Acrylonitrile			23	2-chlorophenol		
4	Benzene			24	1,2-dichlorobenzene		
5	Benzidine			25	1,3-dichlorobenzene		
6	Carbon tetrachloride			26	1,4-dichlorobenzene		
7	Chlorobenzene			27	3,3-dichlorobenzene		
8	1,2,4-trichlorobenzene			28	1,1-dichloroethylene		
9	Hexachlorobenzene			29	1,2-transdichloroethylene		
10	1,1-dichloroethane			30	2,4-dichlorophenol		
11	1,2-dichloroethane			31	1,2-dichloropropane		
12	1,1,1-trichloroethane			32	1,2-dichloropropylene		
13	Hexachloroethane			33	2,4-dimethylphenol		
14	1,1,2-trichloroethane			34	2,4-dinitrotoluene		
15	1,1,2,2-tetrachloroethane			35	2,6-diphenylhydrazene		
16	Chloroethane			36	1,2-diphenylhydrazene		
17	Bis (2-chloroethyl) ether			37	Ethylbenzene		
18	2-chloroethyl vinyl ether (mix)			38	Flouranthene		
19	2-chloronaphthlene			39	4-chlorophenyl phenyl ether		
20	2,4,6-trichlorophenol			40	4-bromophenyl phenyl ether		

41	Bis (2-Chloroisopropyl) ether			71	3,4-Benzofluoranthene (benzo (b) fluoranthene)		
42	Bis (2-chloroethoxy) methane			72	11,12-benzofluoroanthene (benzo (k) fluoroanthene)		
43	Methylene chloride (dichloromethane)			73	Chrysene		
44	Methyl chloride (chloromethane)			74	Acenaphthylene		
45	Methyl Bromide (dibromomethane)			75	Anthracene		
46	Bromoform			76	1,12-benzoperylene (dibenzo(a,h) anthracene)		
47	Dichlorobromomethane			77	Fluorene		
48	Chlorodibromomethane			78	Benanthrene		
49	Hexachlorobutadiene			79	1,2,5,6-dibenzanthracene (debenzo (a,h) anthracene)		
50	Hexachlorocyclopentadiene			80	Indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene)		
51	Isophorone			81	Pyrene		
52	Naphthalene			82	Tetrachloroethylene		
53	Nitrobenzene			83	Toluene		
54	2-nitrophenol			84	Trichloroethylene		
55	4-nitrophenol			85	Vinyl chloride (chloroethylene)		
56	2,4-dinitrophenol			86	Aldrin		
57	4,6-dinitro-o-cresol			87	Dieldrin		
58	N-nitrosodimethylamine			88	Chlorodane (technical mix- Ture and metabolites)		
59	N-nitrosodiphenylamine			89	4,4-DDT		
60	N-nitrosodi-n-propylamine			90	4,4-DDE (p,p-DDX)		
61	Pentachlorophenol			91	4,4-DDD (p,p-TDE)		
62	Phenol			92	Alpha-endosulfan		
63	Bis (2-ethylhexyl) phthalate			93	Beta-endosulfan		
64	Butyl benzyl phthalate			94	Endosulfan sulfate		
65	Ni-n-butyl phthalate			95	Endrin		
66	Di-n-octyl phthalate			96	Endrin Aldehyde		
67	Diethyl phthalate			97	Heptachlor		
68	Dimethyl phthalate			98	Heptachlor epoxide (BHC- hexachlorocyclohexea)		
69	1,2-benzanthracene (benzo (a) anthracene)			99	Alpha-BHC		
70	Benzo (a) pyrene (3,4-benzopyrene)			100	Beta-BHC		

101	Gamma-BHC (lindane)			112	Chromium (Trivalent)		
102	Delta-BHC PCB			113	Copper		
103	PCB-1242 (Arochlor 1242)			114	Cyanide		
104	PCB-1254 (Arochlor 1254)			115	Lead		
105	PCB-1221 (Arochlor 1221)			116	Mercury		
106	PCB-1232 (Arochlor 1232)			117	Molybdenum		
107	PCB-1248 (Arochlor 1248)			118	Nickel		
108	PCB-1260 (Arochlor 1260)			119	Selenium		
109	Beryllium			120	Silver		
110	Cadmium			121	Thallium		
111	Chromium (Hexvalent)			122			

B. For any of the pollutants from Section IX.A, which you have indicated as “Known Present”, please provide information concerning the source or location of this compound in your operation and provide your best estimate of the quantity of each pollutant discharged to the public sewer (indicate units used for this estimate if different from pounds per day).

Pollutant Name	Estimated Pollutant Concentration (mg/l)	Estimated Pollutant Loading (lbs/day)	Data Based on Lab Results (yes/no)

C. Has facility instituted any in-plant controls to reduce water pollution?

Yes       No

Please indicate those applicable:  Water recycle       Waste reuse

Chemical substitution       Material reclamation

Other: \_\_\_\_\_

D. Are any process changes or plant expansions planned during the next three years?

Yes       No       Unknown

E. If laboratory data is available to characterize wastewater concentrations of the following basic parameters, please provide this information along with any other parameters that characterize the wastewater. If the concentration is estimated, please indicate.

Parameter	Data From Laboratory Analysis			Estimated Conc. (mg/l)	
	Concentration (mg/l)	Analysis Date	Sample Type		
			Grab		Composite
BOD					
COD					
Oil & Grease					
Ammonia Nitrogen					
Total Kjeldahl Nitrogen					
Phosphorus					
PH (min/max)					
Other:					
Other:					
Other:					

Source of laboratory analyses (above):  in-house lab analysis  
 commercial lab name: \_\_\_\_\_

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

F. Is routine laboratory monitoring and analyses conducted on your process wastewater discharge?  Yes  No

**SECTION X - INDUSTRIAL USERS SUBJECT TO “CATEGORICAL” STANDARDS**

This section is reserved for:

- 1) New Industrial Users (new source discharges shall submit this Section X within ninety (90) days of initial discharge).
- 2) Existing Users (existing sources shall submit this Section X within ninety (90) days following the date for final compliance with applicable categorical pretreatment standards.

If new pretreatment or new operations will be required to meet the applicable pretreatment standards, the Industrial User shall provide a compliance schedule that provides the shortest timeframe to achieve the necessary modifications. The completion date in this schedule shall not be later than the compliance date established for the applicable national categorical pretreatment standards (40 CFR 403.12(b)(7), where applicable.

The schedule will contain milestone dates of major events leading to the project completion, and compliance with the applicable categorical pretreatment standards (e.g. hiring an engineer, completing preliminary plans, completing final plans, executing contract for major components

commencing construction, completing instruction, etc.) No increment of progress shall exceed nine months. (40 CFR 403.12(c)(1 &2)

No 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 the Control Authority including as a minimum whether or not it complied with the increment of progress, 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 the Control Authority. (40 CFR 403.12(c)(3)

If a compliance schedule is needed, it shall be provided on separate sheets, signed and attached to this page.

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, 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.

\_\_\_\_\_  
Signature Title 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.

=====  
Thank you for completing the Industrial Questionnaire. Please SIGN and DATE the front page, Section A, of this document. Please review and sign Attachment if applicable. Return completed application to:

**PICKENS COUNTY PUBLIC SERVICE COMMISSION**  
**151 Clearwater Drive**  
**Liberty, South Carolina 29657**

