

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 ReWa.

(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 ReWa 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:
RENEWABLE WATER RESOURCES
561 Mauldin Road
Greenville, SC 29607
c/o Pretreatment Office**

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.

<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 & Casting	_____
<input type="checkbox"/> 431 Builders' Paper & Board Mills	_____	<input type="checkbox"/> 436 Mineral Mining & Process.	_____
<input type="checkbox"/> 407 Canned & Preserved Fruits & Vegetables	_____	<input type="checkbox"/> 471 Nonferrous Metals, Form, & Powders	_____
<input type="checkbox"/> 408 Canned & Preserved Seafood	_____	<input type="checkbox"/> 421 Nonferrous Metals Manufacturing	_____
<input type="checkbox"/> 458 Carbon Black Manufacturing	_____	<input type="checkbox"/> 414 OCPSF; Organic Chemicals, Plastic & Synthetic Fibers	_____
<input type="checkbox"/> 411 Cement Manufacturing	_____	<input type="checkbox"/> 435 Oil & 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 & 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 & Electronic Components 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 & 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, & Paperboard	_____
<input type="checkbox"/> 464 Foundries, Metal Mold & Cast	_____	<input type="checkbox"/> 428 Rubber Manufacturing	_____
<input type="checkbox"/> 426 Glass Manufacturing	_____	<input type="checkbox"/> 417 Soap & Detergent	_____
<input type="checkbox"/> 406 Grain Mills	_____	<input type="checkbox"/> 423 Steam Electric Power Generation	_____
<input type="checkbox"/> 437 Centralized Waste Tmt.	_____	<input type="checkbox"/> 409 Sugar Processing	_____
<input type="checkbox"/> 454 Gum & 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 Equip. Cleaning	_____
<input type="checkbox"/> 415 Inorganic Chemicals Manufacturing	_____	<input type="checkbox"/> 425 Leather Tanning & Finishing	_____
<input type="checkbox"/> 420 Iron & Steel Mfg.	_____	<input type="checkbox"/> _____	_____
<input type="checkbox"/> 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 Numbers (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 Renewable Water Resources to establish limitations according to the applicable Pretreatment Standards.

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

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

2. Provide the following information for batch discharges:
a. Frequency and duration of each batch discharge? _____
b. Average volume of each batch discharge? _____
c. Approximate rate of flow of each batch discharge (gpm)? _____

3. List NAICS # 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 ReWa Sewer Use Regulation Regulation:
[] Yes [] No Date Submitted to ReWa: _____
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 ReWa Sewer Use and Pretreatment Regulation 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 shut down? [] 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: ____ [____]
b. No. of employees: 1st ____ [____] 2nd ____ [____] 3rd ____ [____] Total ____ [____]
c. Start times: 1st _____ [_____] 2nd _____ [_____] 3rd _____ [_____]

SECTION C - Continued

7. Clean-up operations or routine maintenance:

a. Indicate all applicable in your operation:

<u>Operation/Maintenance</u>	<u>Clean-up Time and Frequency</u>
<input type="checkbox"/> Routine janitorial cleaning	_____
<input type="checkbox"/> Special clean-up shift	_____
<input type="checkbox"/> Portion of shift(s)	_____
<input type="checkbox"/> Clean-up day(s)	_____
<input type="checkbox"/> Other _____	_____

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

8. 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

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 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): _____
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:

<u>Type</u>	<u>Consumption</u> (gallons/day)	<u>Type</u>	<u>Consumption</u> (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/Metered

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

<u>Brief Process Description</u>	<u>NAICS No.</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 plant discharge wastewater that is ultimately treated by ReWa?
 Process wastewater _____ days/week Sanitary wastewater _____ days/week

SECTION E - Continued

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:

<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/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

[] 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)

SECTION E - Continued

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

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

7. Contact cooling water contacts the following prior to discharge:

- | | |
|---|---|
| <input type="checkbox"/> All Non-Contact | <input type="checkbox"/> Other wastewater |
| <input type="checkbox"/> Machine parts | <input type="checkbox"/> Hydraulic, lubricating fluid |
| <input type="checkbox"/> Product | <input type="checkbox"/> 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 Discharged to public sewer system
 Manual operation Discharged to storm sewer or surface water

c. Chemical additives to the 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> (day/wk/mo)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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.

Please contact your area pretreatment inspector to schedule a sampling observation prior to renewal of your Industrial Wastewater Discharge Permit.

Date/Time of Sampling Observation: _____

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 ReWa 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 page 10.

3. Does your company have a wastewater flow monitoring system approved by ReWa?
 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	
<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 systems)	_____	_____	_____
<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 Haulers (Name _____)	_____	_____	_____
<input type="checkbox"/> Contained in product	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____
<input type="checkbox"/> Domestic (water fountains, showers, restrooms, etc.) wastewater to public sewer	_____	_____	_____
<input type="checkbox"/> Process wastewater by NAICS# (including clean-up) discharged to public sewer			
<input type="checkbox"/> NAICS# _____	_____	_____	_____
<input type="checkbox"/> NAICS# _____	_____	_____	_____
<input type="checkbox"/> NAICS# _____	_____	_____	_____
<input type="checkbox"/> NAICS# _____	_____	_____	_____
<input type="checkbox"/> NAICS# _____	_____	_____	_____
Total Process Wastewater	_____	_____	_____
<input type="checkbox"/> Cooling water discharged to public sewer			
<input type="checkbox"/> Contact	_____	_____	_____
<input type="checkbox"/> Non-contact	_____	_____	_____
<input type="checkbox"/> Boiler blowdown discharged to public sewer	_____	_____	_____
<input type="checkbox"/> Storm water discharged to public sewer			
<input type="checkbox"/> Contaminated water	_____	_____	_____
<input type="checkbox"/> Non-contaminated water	_____	_____	_____
<input type="checkbox"/> Other _____	_____	_____	_____

SECTION G – continued

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

	<u>No</u>	<u>Yes</u>	<u>If yes, Indicate Process</u>
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 BOD, TSS, COD, O&G, and pH, 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					

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 ReWa approved lab 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 ReWa 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 ReWa.

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

		Known Present	Known Absent	PQL (µg/l)
I.	<u>Organic Priority Pollutants</u>			
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-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, 3-dichloropropylene	_____	_____	2.0
33.	2, 4-dimethylphenol	_____	_____	10

SECTION G - Continued. TABLE I - PRIORITY POLLUTANTS

(alias or synonym is in parenthesis)

		Known Present	Known Absent	PQL (µg/l)
I.	<u>Organic Priority Pollutants (continued)</u>			
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-chloroethoxy) 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.	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)

		<u>Known Present</u>	<u>Known Absent</u>	<u>PQL (µg/l)</u>
I.	<u>Organic Priority Pollutants (continued)</u>			
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.	<u>Metals and Inorganic Priority Pollutants</u>			
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
	* ReWa reserves the right to require monitoring at 0.0002 on a case by case basis.			
III.	<u>Other Pollutants of Concern</u>			
127.	Molybdenum	_____	_____	20

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 ⁽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 (NA).

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

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 (see note below)

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

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 Regulation Regulation Attachment D - Allocation Methodology?
 Yes No

NOTE: ATTACHMENT 1 MUST BE COMPLETED AND SUBMITTED TO ReWa FOR APPROVAL OF ANY INDUSTRIAL USER FLOW ALLOCATION. THIS IS ALSO REQUIRED OF ANY CURRENTLY PERMITTED INDUSTRY THAT REQUESTS A FLOW ALLOCATION MODIFICATION.

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

4. Does the Department of Health & Environment Control 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

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), 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 Renewable Water Resources 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 Renewable Water Resources

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 Renewable Water Resources treatment works, any Industrial User subject to Pretreatment Standards and Requirements shall submit to Renewable Water Resources 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 Renewable Water Resources 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

**Renewable Water Resources (ReWa)
INDUSTRIAL PERMITTED FLOW CAPACITY ALLOCATION REQUEST
FORM**

(For SIU Permit/LVD Letter Issuance or Renewal/Flow Change)

(Instructions for completing the form are on the back of this page)

STEP 1 – TO BE COMPLETED BY THE INDUSTRY

Industry Name: _____ Permit Application Date: _____

Street Address: _____ Tax Map No. _____

Reason for Request (check one)

New ReWa Permit ReWa Permit Renewal ReWa Permit Addendum

If Renewal or Addendum, ReWa Industrial Discharge Permit #: _____

Facility Flow Profile

DHEC Approved Avg. Daily Flow: _____ (gpd) Max. Peak Discharge: _____
(gpm)

Facility Discharge Pumped? Yes No If Yes, Pumping Rate:
(gpm)

Current Industrial Discharge Permit Flow Request

Requested Avg. Daily Flow: _____ (gpd) Estimated Max. Flow: _____ (gpd)
(Actual permitted flow limit will be 5% greater than request)

_____/_____/_____
(Facility Representative) (Signature) (Date)

***** CONTACT APPROPRIATE SUBDISTRICT FOR COMPLETION OF STEP 2 *****

STEP 2 – TO BE COMPLETED BY SUBDISTRICT

Subdistrict Name: _____ Approved Declined

Comments: _____

_____/_____/_____
(Reviewed By) (Signature) (Date)

(Please attach Subdistrict approval to this form on Subdistrict Letterhead with authorized representative's signature)

***** SUBMIT TO REWA FOR COMPLETION OF STEP 3 *****

STEP 3 – TO BE COMPLETED BY ReWa ENGINEERING DEPARTMENT

Approved Declined Comments: _____

_____/_____/_____
(Reviewed By) (Signature) (Date)

CC: Engineering Dept., Permit File, Inspector File, UCAP File

ReWa Form 82 - Revised 04082011

Renewable Water Resources (ReWa)

INDUSTRIAL PERMITTED FLOW CAPACITY ALLOCATION REQUEST FORM INSTRUCTIONS

Purpose: To provide for structured communication between an Industrial User (IU), Subdistrict and ReWa regarding the allocation of available public collector line and POTW flow capacity and to support the Industrial User Discharge Permit Application for determination of Industrial Discharge Permit conditions/limitations.

Definitions:

Daily Average Limitation shall mean the daily average discharge flow allowed by a ReWa Industrial User Permit derived from increasing the industry's requested flow by 5%. This appears as a daily average for the month limitation in the permit.

DHEC Approved Avg. Daily Flow shall mean the original approved DHEC facility flow allocation listed on the current DHEC Flow Inventory Summary, the Subdistrict allocated flow approval letter and the ReWa Engineering allocated flow approval letter.

Estimated Max. Flow shall mean the anticipated maximum daily flow under current facility production practices during any given day.

Max. Peak Discharge shall mean the maximum daily discharge rate capacity of the facility regardless of current production practices (by gravity or pumped).

Pumping Rate shall mean the pump station design manual maximum pumping rate in gallons per minute.

Requested Average Daily Flow shall mean the anticipated daily discharge flow under current or anticipated facility production practices during any month of the calendar year.

Procedure:

1. All requests shall be made by completing the Industrial Permitted Flow Capacity Allocation Request Form in conjunction with the submittal of an Industrial User Discharge Permit Application, or request for a ReWa Industrial Discharge Permit flow change (Step 1).
2. **Request shall first be evaluated and approved by the Subdistrict.** The IU shall obtain Subdistrict approval by signature on the request form (including an attached written approval on sub district letterhead with authorized representative's signature) before submitting the form to the ReWa Pretreatment Department (Step 2).
3. The ReWa Pretreatment Department will forward the request form to the ReWa Engineering Department for review and approval (Step 3).
4. Upon obtaining ReWa Engineering Department approval, the ReWa Pretreatment Department will determine the Daily Average and Daily Maximum Industrial User Discharge Permit flow limitations and draft an Industrial Discharge Permit or addendum to be reviewed by the requesting IU.