

NORTH CHARLESTON SEWER DISTRICT
DISCHARGE PERMIT APPLICATION
WASTEWATER SURVEY QUESTIONNAIRE

SECTION A - GENERAL INFORMATION

A.1. Company name, mailing address, and telephone number:

Zip Code _____ Telephone No. _____

A.2. Address of production or manufacturing facility. (If same as above, check ____.)

Zip Code _____ Telephone No. _____

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.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

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 gathered and evaluated the information submitted. Based on my inquiry of the 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 fines and imprisonment for knowing violations.

Authorized Representative:

Type or Print Name

Date

Signature

A.3. Chief Company Executive at this location:

Name _____ Title _____

Telephone No. _____ E-mail _____

A.4. Company representative to serve as contact person:

Name _____ Title _____

Telephone No. _____ E-mail _____

A.5. Identify the type of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.)

A.6. Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts.

A.7. North American Industry Classification System Number(s) [Standard Industrial Classification Number(s) (SIC Code)] for your facilities:

A.8. This facility generates the following type of wastes (check all that apply):

Average Gallons Per Day

- | | | | | | | | |
|----|--------------------------|--|-------|--------------------------|-----------|--------------------------|----------|
| 1. | <input type="checkbox"/> | Domestic Wastes
(restrooms, employee showers, etc.) | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 2. | <input type="checkbox"/> | Cooling Water,
Non-Contact | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 3. | <input type="checkbox"/> | Boiler/Tower
Blowdown | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 4. | <input type="checkbox"/> | Cooling Water,
Contact | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 5. | <input type="checkbox"/> | PROCESS | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 6. | <input type="checkbox"/> | Equipment/
Facility Washdown | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |
| 7. | <input type="checkbox"/> | Air Pollution
Control Unit | _____ | <input type="checkbox"/> | estimated | <input type="checkbox"/> | measured |

8. Storm Water Runoff _____ estimated measured
to Sewer
9. Contaminated Ground _____ estimated measured
Water Recovery
10. Medical Wastewater _____ estimated measured
11. Other (describe) _____ estimated measured

Total A.8.1-A.8.11 _____

A.9. Wastes are discharged to (check all that apply):

Average Gallons Per Day

- | | | | | |
|--------------------------|------------------|-------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> | Sanitary Sewer | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> | Storm Sewer | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> | Surface Water | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> | Ground Water | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> | Waste Haulers | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> | Evaporation | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |
| <input type="checkbox"/> | Other (describe) | _____ | <input type="checkbox"/> estimated | <input type="checkbox"/> measured |

Provide name and address of waste hauler(s), if used.

-
- A. 10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?
 yes no
 Is a Slug Discharge Control Plan prepared for this facility?
 yes no

A.11. List any environmental control permits issued to the facility and any discharge limits associated with those permits.

Note:

If your facility did not check one or more of the items listed in A.8.4 through A.8.11 above, skip to page 13 and complete Section E.3.b, E.3.c and all of Section E.4. If any items A.8.4 through A.8.11 were checked, complete the remainder of this survey/application.

SECTION C - WASTEWATER INFORMATION

- C.1. If your facility employs processes in any of the industrial categories or business activities listed below and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

Industrial Categories

1. Adhesives
2. Aluminum Forming
3. Auto and Other Laundries
4. Battery Manufacturing
5. Centralized Waste Treatment
6. Coal Mining
7. Coil Coating
8. Copper Forming
9. Electric and Electronic Components
10. Electroplating
11. Explosives Manufacturing
12. Foundries
13. Gum and Wood Chemicals
14. Inorganic Chemicals
15. Iron and Steel
16. Leather Tanning and Finishing
17. Mechanical Products
18. Nonferrous Metals
19. Ore Mining
20. Organic Chemicals
21. Paint and Ink
22. Pesticides
23. Petroleum Refining
24. Pharmaceuticals
25. Photographic Supplies
26. Plastic and Synthetic Materials
27. Plastics Processing
28. Porcelain Enamel
29. Printing and Publishing
30. Pulp and Paper
31. Rubber
32. Soaps and Detergents
33. Steam Electric
34. Textile Mills
35. Timber
36. Transportation Equipment Cleaning
37. Other (Identify)

C.2. Describe any wastewater pretreatment system including the name of the operator and location of the testing laboratory.

- Biological Treatment, type _____
- Centrifuge
- Chemical Precipitation
- Chlorination
- Cyclone
- Dissolved Air Floatation
- Filtration
- Flow Equalization
- Grease Trap
- Grit Removal
- Ion Exchange
- Neutralization, pH adjustment
- Oil/Water Separator, type _____
- Ozonation
- Rainwater Diversion or Storage
- Reverse Osmosis
- Screening
- Sedimentation
- Septic Tank
- Solvent Separation
- Spill Protection
- Sump
- Other Chemical Treatment, type _____
- Other Biological Treatment, type _____

No pretreatment Provided

C.3. If any wastewater analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of analysis, name of laboratory performing the analysis, the flow during the sample period, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

C.4. Priority Pollutant Information: Please indicate by placing an "X" in the appropriate box by each listed chemical whether it is "Suspected to be Absent", "Known to be Absent", "Suspected to be Present" or "Known to be Present" in your manufacturing or service activity or generated as a by-product.

Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
I. METALS AND INORGANICS				
1. Antimony	[]	[]	[]	[]
2. Arsenic	[]	[]	[]	[]
3. Asbestos	[]	[]	[]	[]
4. Beryllium	[]	[]	[]	[]
5. Cadmium	[]	[]	[]	[]
6. Chromium	[]	[]	[]	[]
7. Copper	[]	[]	[]	[]
8. Cyanide	[]	[]	[]	[]
9. Lead	[]	[]	[]	[]
10. Mercury	[]	[]	[]	[]
11. Nickel	[]	[]	[]	[]
12. Selenium	[]	[]	[]	[]
13. Silver	[]	[]	[]	[]
14. Thallium	[]	[]	[]	[]
15. Zinc	[]	[]	[]	[]
II. PHENOLS AND CRESOLS				
16. Phenol(s)	[]	[]	[]	[]
17. Phenol, 2-chloro	[]	[]	[]	[]
18. Phenol, 2, 4-dichloro	[]	[]	[]	[]
19. Phenol, 2,4,6-trichloro	[]	[]	[]	[]
20. Phenol, pentachloro	[]	[]	[]	[]
21. Phenol, 2-nitro	[]	[]	[]	[]
22. Phenol, 4-nitro	[]	[]	[]	[]
23. Phenol, 2,4-dinitro	[]	[]	[]	[]
24. Phenol, 2,4-dimethyl	[]	[]	[]	[]
25. m-Cresol, p-chloro	[]	[]	[]	[]
26. o-Cresol, 4,6-dinitro	[]	[]	[]	[]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
III.	<u>MONOCYCLIC AROMATICS</u> (Excluding Phenols, Cresols and Phthalates)				
27.	Benzene	[]	[]	[]	[]
28.	Benzene, chloro	[]	[]	[]	[]
29.	Benzene, 1,2-dichloro	[]	[]	[]	[]
30.	Benzene, 1,3-dichloro	[]	[]	[]	[]
31.	Benzene, 1,4-dichloro	[]	[]	[]	[]
32.	Benzene, 1,2,4-trichloro	[]	[]	[]	[]
33.	Benzene, hexachloro	[]	[]	[]	[]
34.	Benzene, ethyl	[]	[]	[]	[]
35.	Benzene, nitro	[]	[]	[]	[]
36.	Toluene	[]	[]	[]	[]
37.	Toluene, 2,4-dinitro	[]	[]	[]	[]
38.	Toluene, 2,6-dinitro	[]	[]	[]	[]
IV.	<u>PCBs AND RELATED COMPOUNDS</u>				
39.	PCB-1016	[]	[]	[]	[]
40.	PCB-1221	[]	[]	[]	[]
41.	PCB-1232	[]	[]	[]	[]
42.	PCB-1242	[]	[]	[]	[]
43.	PCB-1248	[]	[]	[]	[]
44.	PCB-1254	[]	[]	[]	[]
45.	PCB-1260	[]	[]	[]	[]
46.	2-Chloronaphthalene	[]	[]	[]	[]
V.	<u>ETHERS</u>				
47.	Ether, bis (chloromethyl)	[]	[]	[]	[]
48.	Ether, bis (2-Chloromethyl)	[]	[]	[]	[]
49.	Ether, bis (2-chloroisopropyl)	[]	[]	[]	[]
50.	Ether, vinyl (2-chloroethyl)	[]	[]	[]	[]
51.	Ether, phenyl (4-bromophenyl)	[]	[]	[]	[]
52.	Ether, phenyl (4-chlorophenyl)	[]	[]	[]	[]
53.	Methane, Bis (2-chloroethoxy)	[]	[]	[]	[]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
VI.	<u>NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS</u>				
54.	Nitrosamine, dimethyl	[]	[]	[]	[]
55.	Nitrosamine, diphenyl	[]	[]	[]	[]
56.	Nitrosamine, di-n-propyl	[]	[]	[]	[]
57.	Benzidine	[]	[]	[]	[]
58.	Benzidine, 3,3-dichloro	[]	[]	[]	[]
59.	Hydrazine, 1,2-diphenyl	[]	[]	[]	[]
60.	Acrylonitrile	[]	[]	[]	[]
VII.	<u>HALOGENATED ALIPHATICS</u>				
61.	Methane, bromo	[]	[]	[]	[]
62.	Methane, chloro	[]	[]	[]	[]
63.	Methane, dichloro	[]	[]	[]	[]
64.	Methane, chlorodibromo-	[]	[]	[]	[]
65.	Methane, dichlorobromo-	[]	[]	[]	[]
66.	Methane, tribromo-	[]	[]	[]	[]
67.	Methane, trichloro-	[]	[]	[]	[]
68.	Methane, tetrachloro-	[]	[]	[]	[]
69.	Methane, trichlorofluoro-	[]	[]	[]	[]
70.	Methane, dichlorodifluoro-	[]	[]	[]	[]
71.	Ethane, 1,1-dichloro-	[]	[]	[]	[]
72.	Ethane, 1,2-dichloro-	[]	[]	[]	[]
73.	Ethane, 1,1,1-trichloro-	[]	[]	[]	[]
74.	Ethane, 1,1,2-trichloro-	[]	[]	[]	[]
75.	Ethane, 1,1,2,2-tetrachloro-	[]	[]	[]	[]
76.	Ethane, hexachloro	[]	[]	[]	[]
77.	Ethene, chloro	[]	[]	[]	[]
78.	Ethene, 1,1-dichloro-	[]	[]	[]	[]
79.	Ethene, 1,2- trans-dichloro-	[]	[]	[]	[]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
80.	Ethene, trichloro-	[]	[]	[]	[]
81.	Ethene, tetrachloro-	[]	[]	[]	[]
82.	Propane, 1,2-dichloro-	[]	[]	[]	[]
83.	Propene, 1,2-dichloro-	[]	[]	[]	[]
84.	Butadiene, hexachloro	[]	[]	[]	[]
85.	Cyclopentadiene, hexachloro	[]	[]	[]	[]
VIII. <u>PHTHALATE ESTERS</u>					
86.	Phthalate, dimethyl	[]	[]	[]	[]
87.	Phthalate, di-n-ethyl	[]	[]	[]	[]
88.	Phthalate, di-n-butyl	[]	[]	[]	[]
89.	Phthalate, di-n-octyl	[]	[]	[]	[]
90.	Phthalate, bis (2-ethylhexyl)	[]	[]	[]	[]
91.	Phthalate, (butyl benzyl)	[]	[]	[]	[]
IX. <u>POLYCYCLIC AROMATIC HYDROCARBONS</u>					
92.	Acenaphthene	[]	[]	[]	[]
93.	Acenaphthylene	[]	[]	[]	[]
94.	Benzo (a) anthracene	[]	[]	[]	[]
95.	Benzo (b) fluoranthene	[]	[]	[]	[]
96.	Benzo (k) fluroanthene	[]	[]	[]	[]
97.	Benzo (ghi) perylene	[]	[]	[]	[]
98.	Benzo (a) pyrene	[]	[]	[]	[]
99.	Chrysene	[]	[]	[]	[]
100.	Dibenzo (a,h) anthracene	[]	[]	[]	[]
101.	Fluoranthene	[]	[]	[]	[]
102.	Fluorene	[]	[]	[]	[]
103.	Indeno (1,2,3-cd) pyrene	[]	[]	[]	[]
104.	Naphthalene	[]	[]	[]	[]
105.	Phenanthrene	[]	[]	[]	[]
106.	Pyrene	[]	[]	[]	[]

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
X.	<u>PESTICIDES</u>				
107.	Acrolein	[]	[]	[]	[]
108.	Aldrin	[]	[]	[]	[]
109.	BHC (Alpha)	[]	[]	[]	[]
110.	BHC (Beta)	[]	[]	[]	[]
111.	BHC (Delta)	[]	[]	[]	[]
112.	BHC (Gamma) or Lindane	[]	[]	[]	[]
113.	Chlordane	[]	[]	[]	[]
114.	DDD	[]	[]	[]	[]
115.	DDE	[]	[]	[]	[]
116.	DDT	[]	[]	[]	[]
117.	Dieldrin	[]	[]	[]	[]
118.	Endosulfan (Alpha)	[]	[]	[]	[]
119.	Endosulfan (Beta)	[]	[]	[]	[]
120.	Endosulfan Sulfate	[]	[]	[]	[]
121.	Endrin	[]	[]	[]	[]
122.	Endrin Aldehyde	[]	[]	[]	[]
123.	Heptachlor	[]	[]	[]	[]
124.	Heptachlor epoxide	[]	[]	[]	[]
125.	Isophorone	[]	[]	[]	[]
126.	TCDD (or Dioxin)	[]	[]	[]	[]
127.	Toxaphene	[]	[]	[]	[]

C.5. If you are unable to identify the chemical constituents of products you use that are discharged in your wastewater, attach copies of the materials safety data sheets for such products.

Attach the list of top ten (10) peaks not on the above list.

Flow at time sample collected _____ MGD

SECTION D - OTHER WASTES

D.1. Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?

yes no

if "no" skip remainder of Section D.
If "yes" complete the following items.

D.2. These wastes may be best described as:

	Estimated Gallons or Pounds / Year
<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"/> Paints	_____
<input type="checkbox"/> Pesticides	_____
<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)	_____

D.3. For the above checked wastes, does your company practice:

- On-site storage
- Off-site storage
- On-site disposal
- Off-site disposal

Briefly describe the method(s) of storage or disposal checked above.

SECTION E - WASTESTREAM CHARACTERISTICS

E.1. Number of discharges from regulated processes (those with an existing or proposed categorical limit) to sanitary sewer system and their locations.

E.2. Provide a schematic drawing showing the regulated process wastestreams, domestic wastewater flows, cooling water, boiler blowdown, etc.

E.3. Wastewater characteristics

a. Identify the discharge from each regulated process and give flow for each type of discharge.

PROCESS	FLOW (GPD)		
	CONTINUOUS	INTERMITTENT	BATCH

b. Daily Flow: Average Daily Flow (GPD) _____
 Maximum Daily Flow (GPD) _____

c. Waste characteristics at point of discharge:

BOD _____ mg/l	pH _____ su
COD _____ mg/l	NH3-N _____ mg/l
TSS _____ mg/l	TKN _____ mg/l
HEM _____ mg/l	Nitrate/Nitrite _____ mg/l
SGT-HEM _____ mg/l	Formaldehyde _____ mg/l

d. Priority Pollutants at each regulated process:

Process #	Pollutants	Concentration (mg/l)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E.4. Does the wastewater discharged:

- a) Create a fire or explosion hazard? Yes No
 If yes, flashpoint _____
- b) Have a pH lower than 5.0 su? Yes No
- c) Contain a substance that can obstruct the flow in the collection system?
 Yes No
- d) Have a temperature of greater than 140E F? Yes No
- e) Contain petroleum oil, nonbiodegradable cutting oil, or products of mineral oil origin?
 Yes No
- f) Contain pollutants which may create toxic gases, vapors, or fumes?
 Yes No
 If yes, specify _____
- g) Consist of trucked or hauled wastes? Yes No