



# Oconee Joint Regional Sewer Authority

623 Return Church Road  
Seneca, South Carolina 29678  
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## Industrial Discharge Permit Application and Questionnaire Form

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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. This Questionnaire shall serve as an Industrial Wastewater Discharge Permit Application for the Permitting of Industrial Wastewater(s) into the Oconee Joint Regional Sewer Authority. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit. A physical inspection of your facility may be required prior to the issuance of a permit.

As a requirement of this Application, the Applicant agrees to allow the Sewer Authority or their representatives or Sewer Inspectors to enter upon the premises for the purpose of verification of the accuracy of information submitted in this application. The Sewer Authority shall have the right to set up on the Applicant's property such devices as are necessary to conduct sampling, inspection, compliance monitoring, and/or metering operations to determine compliance with local, State, and Federal Regulations. The applicant shall reimburse the Sewer Authority for any expenses incurred in auditing and/or monitoring of any wastewater discharges.

*"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 fines and imprisonment for knowing violations."*

Please see additional certification statements on pages 11 and 12.

Official Contact: \_\_\_\_\_  
(Please PRINT or TYPE)

Contact's Title: \_\_\_\_\_  
(Please PRINT or TYPE)

Signature: \_\_\_\_\_

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section A: Industrial Wastewater Disposal

1. Does the company discharge any wastewater into Oconee Joint Regional Sewer Authority?  
☐ Yes  
☐ No If "No", indicate how the wastewater is disposed of: \_\_\_\_\_
2. Purpose for this application:  
☐ Permit Renewal  
☐ New Discharge  
☐ Transfer of Owner  
☐ Modification  
☐ Satisfy Information Request  
☐ Other: \_\_\_\_\_
3. If applicant is currently on Sewer System, enter DATE of sewer connection: \_\_\_\_\_
4. Give a brief description of all operations at this facility, including primary products or services:
5. Indicate below applicable Standard Industrial Classification (SIC) Code for all processes (if more than one applies, list in descending order of importance). Please provide a general description of each SIC Code.  
Reference: <https://www.osha.gov/pls/imis/sicsearch.html>

A. _____	Description: _____
B. _____	Description: _____
C. _____	Description: _____
D. _____	Description: _____
E. _____	Description: _____
F. _____	Description: _____

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section B: Sewer Information

1a. For EXISTING businesses: Is the building presently connected to the public sanitary sewer system?

☐ Yes POTW providing sewer: \_\_\_\_\_

☐ No Have you applied for a sanitary sewer connection?

☐ Yes

☐ No

1b. For NEW businesses:

Will you be occupying an existing building?

☐ Yes

☐ No

Have you applied for a building permit if a new facility will be constructed?

☐ Yes

☐ No

Will you be connected to the public sanitary sewer system?

☐ Yes

☐ No

2. Additional questions:

Does your facility have a grease trap?

☐ Yes

☐ No

If "Yes", does this grease trap serve a food preparation area?

☐ Yes

☐ No

Approximately how often is the grease trap pumped out?

When was the last time it was pumped?

Where is it taken for disposal?

How many seats are in the food preparation area:

Does your facility provide shower stalls for employees?

☐ Yes

☐ No

Does your facility have garbage grinders connected to the sewer system?

☐ Yes

☐ No

Does your facility have drains at the dumpster pad?

☐ Yes

☐ No

If "Yes", where do the drains discharge to?

3. List the size, descriptive location, meter ID, and flow of each facility sewer connecting to the public sewer:

Connection Number	Size (inches)	Location of Connection/Discharge Point	Meter ID or Serial Number	Average Gallons Per Day (GPD)
1				
2				
3				
4				
5				
6				

4. Schematic Flow Diagram

For each major activity in which wastewater is or will be generated, submit a diagram of the flow of material, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate wastestreams. Include the average daily volume and maximum daily volume of each wastestream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the county sewer. Use these numbers when showing this unit processes in the building layout.

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## Section C: Business Activities

If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

- ☐ Aluminum Forming
- ☐ Asbestos Manufacturing
- ☐ Battery Manufacturing
- ☐ Bleaching, Sizing, Dyeing, Finishing
- ☐ Can Making
- ☐ Carbon Black
- ☐ Coal Mining
- ☐ Coil Coating
- ☐ Copper Forming
- ☐ Electric and Electronic Components Manufacturing
- ☐ Electroplating
- ☐ Feedlots (Concentrated Animal Feeding and/or Farming Operations)
- ☐ Fertilizer Manufacturing
- ☐ Foundries (Metal Molding and Casting)
- ☐ Glass Manufacturing
- ☐ Grain Mills
- ☐ Ground Water Remediation
- ☐ Hospital
- ☐ Inorganic Chemicals
- ☐ Iron and Steel
- ☐ Leather Tanning and/or Finishing
- ☐ Metal Finishing
- ☐ Metal Molding and/or Casting
- ☐ Nonferrous Metals Forming
- ☐ Nonferrous Metal Manufacturing
- ☐ Organic Chemicals Manufacturing
- ☐ Paint and/or Ink Formulating and/or Manufacturing
- ☐ Paving and/or Roofing Manufacturing
- ☐ Pesticides/Herbicides/Fungicides Manufacturing
- ☐ Petroleum Refining and/or Manufacturing (i.e., Biodiesel)
- ☐ Pharmaceutical
- ☐ Plastic and/or Synthetic (Fibers) Materials Manufacturing
- ☐ Plastic Molding and/or Forming
- ☐ Plastic Processing Manufacturing
- ☐ Porcelain Enamel
- ☐ Pulp, Paper, and/or Fiberboard Manufacturing
- ☐ Rubber
- ☐ Soap and/or Detergent Manufacturing
- ☐ Steam Electric
- ☐ Sugar Processing
- ☐ Textile Mills
- ☐ Timber Products
- ☐ Wood Preserving and/or Treating
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Other \_\_\_\_\_

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section D: Water Supply

1. Water Sources:
 

☐ Ground Water (Well)
 ☐ Surface Water
 ☐ Municipal (Public) Water      Specify utility: \_\_\_\_\_
- 2a. Account name on water bill: \_\_\_\_\_
- 2b. Account number: \_\_\_\_\_
3. Past year's average daily water usage (gallons per day) from influent meter reading: \_\_\_\_\_
4. Water Supply Details (complete the table below):

	Average Water Usage (GPD)	Estimated (E) or Measured (M)	Sanitary (S), Process (P), or Lost (L)	Number of Days Used or Discharged Annually
Contact Cooling Water				
Non-Contact Cooling Water <sup>1</sup>				
Boiler Feed				
Process Wastewaters <sup>2</sup>				
Sanitary Wastewaters <sup>3</sup>				
Air Pollution Control				
Contained in Product				
Plant and Equipment Washdown				
Irrigation and Lawn Watering				
Steam Production				
Evaporation				
Waste Hauler				
Floor Scrubber/Mop Wastewaters				
Other:				
Other:				
<b>TOTAL:</b>		Gallons Per Day (Average)		

<sup>1</sup> Non-Contact Cooling Water is used for cooling which does not come into direct contact with any raw material, intermediate product, waste product, or finished product.

<sup>2</sup> Process Wastewaters is any water which, during manufacturing or processing, comes into direct contact with or results from the production or use of any raw material, intermediate product, finished product, by-product, or waste product.

<sup>3</sup> Sanitary Wastewater includes only water used in restrooms. If sanitary flow is not metered, provide an estimate based per day on 25 gallons per day (GPD) for each employee.

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section E: Process Wastewater Discharge Information

1. Provide the following concerning process wastewater flow rate (new facilities may estimate):

	Number of Hours Per Day of Discharge (i.e., 8 hr/day)	Hours of Discharge (i.e., 9 am – 5 pm)	
		Start	Stop
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

2. Peak hourly flow rate: \_\_\_\_\_ Gallons Per MINUTE
- 3.. Actual maximum daily flow: \_\_\_\_\_ Gallons Per DAY
4. Actual Average daily flow: \_\_\_\_\_ Gallons Per DAY
5. Do batch discharges occur at your facility? ☐ No ☐ Yes If “Yes”, answer the following:

Number of batch discharges: \_\_\_\_\_ per ☐ Day ☐ Week ☐ Month

Average discharge per batch: \_\_\_\_\_ Gallons

Time of batch discharges: \_\_\_\_\_ at \_\_\_\_\_  
(Days of Week) (Time)

Flow rate during discharge: \_\_\_\_\_ Gallons per minute (GPM)

Batch is \_\_\_\_\_ percent of total discharge flow

6. Please list information showing the measured average daily and maximum daily flows in gallons per day (GPD) to the OJRSA from regulated process streams within your facility:

Waste Stream Description	Regulated?	Avg GPD	Max GPD	Discharge Type
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Batch <input type="checkbox"/> Continuous

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section F: Wastewater Discharge Information

1. Does your facility have a wastewater flow meter? ☐ No ☐ Yes If "Yes", please indicate:  
Meter type/brand: \_\_\_\_\_  
Totalizer multiplier: \_\_\_\_\_  
Recorder brand: \_\_\_\_\_  
Recorder chart type: \_\_\_\_\_  
Flume/weir size/type: \_\_\_\_\_  
Last calibration date: \_\_\_\_\_  
Calibration company: \_\_\_\_\_
2. Are any process changes or expansions planned during the next three (3) years that could alter wastewater volumes or characteristics? *(Consider production processes as well as air or water pollution treatment processes that may affect the discharge.)*  
☐ Yes  
☐ No (Skip question #3 on this page)

3. Briefly describe changes and their effects on the wastewater volume and characteristics

4. Are any materials or water reclamation systems in use or planned? ☐ Yes ☐ No
5. Briefly describe recovery process, substance recovered, and the concentration in the spent solution. Submit a flow diagram for each process (attach to questionnaire).

- 6a. Does your facility discharge any cooling water? ☐ No ☐ Yes If "Yes", please indicate  
☐ Cooling water is once-through (not recycled) but enters sewer system  
☐ Cooling water is recycled. Only system bleed-off goes to sewer.  
Amount and frequency of bleed-off: \_\_\_\_\_  
☐ Cooling water is discharged to storm sewer or environment

## OJRSA Industrial Discharge Permit Application and Questionnaire

### Section F: Wastewater Discharge Information (Continued)

- 6b. Cooling system is used for:
- ☐ Air conditioning/Humidification control
  - ☐ Product formulation
  - ☐ Other: \_\_\_\_\_
- 6c. List chemical additives to cooling water:
- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
- 6d. Does cooling water come into contact with any of the following (check all that apply):
- ☐ Machine parts
  - ☐ Hydraulic or lubricating fluid
  - ☐ Product
  - ☐ Other wastewater
  - ☐ Other: \_\_\_\_\_
- 6e. Does your facility perform an annual cleaning of your cooling system/tower? ☐ No ☐ Yes  
If "Yes", please indicate total flow and date of discharge: \_\_\_\_\_
- 6f. Is the cooling water fed through a pretreatment facility? ☐ Yes ☐ No
- 7a. Does your facility discharge any boiler water? ☐ No ☐ Yes If "Yes", please indicate:
- ☐ Excess boiler water is discharged directly to sewer
  - ☐ Excess boiler water is recycled to make-up tank
    - ☐ Make-up tank overflow is discharged to sewer
    - ☐ Make-up tank overflow is discharged somewhere other than sewer
- Where is it discharged to? \_\_\_\_\_
- 7b. Is the boiler water blowdown automatic (as oppose to manual)? ☐ Yes ☐ No
- 7c. List chemical additives to boiler water and indicate frequency:
- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |
- 7d. Volume of boiler water discharge per normal working day: \_\_\_\_\_ Gallons



# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section G: Facility Operational Characteristics

1. Please indicate your days of operation:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

2. Please describe your company's operating shifts, including the number of employees per shift:

3. Total number of employees at this location: \_\_\_\_\_

4. Is business activity:

☐ Continuous throughout the year

☐ Seasonal If "Seasonal", please check the months during which business activity does occur:

☐ January

☐ May

☐ September

☐ February

☐ June

☐ October

☐ March

☐ July

☐ November

☐ April

☐ August

☐ December

5. Check the months of the year considered to be your heaviest production periods:

☐ January

☐ May

☐ September

☐ February

☐ June

☐ October

☐ March

☐ July

☐ November

☐ April

☐ August

☐ December

6. Check the months of the year considered to be your heaviest wastewater flow periods:

☐ January

☐ May

☐ September

☐ February

☐ June

☐ October

☐ March

☐ July

☐ November

☐ April

☐ August

☐ December

7. Comments:

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section H: Facility Operational Characteristics (Continued)

8. Do the manufacturing operations shut down at your facility for annual vacation, maintenance, or other reasons?

- ☐ Yes If "Yes", indicate the reasons and timeframes in "Comments" section below.  
☐ No

Comments:

9. Indicate industrial activities that occur at the facility for which this Questionnaire is submitted:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Abrasive Blasting            | <input type="checkbox"/> Laminate Machining              | <input type="checkbox"/> Salt Bath Nitriding             |
| <input type="checkbox"/> Acid Dip                     | <input type="checkbox"/> Laundering                      | <input type="checkbox"/> Sand or Plastic Pellet Blasting |
| <input type="checkbox"/> Adhesive Bonding             | <input type="checkbox"/> Mechanical Plating              | <input type="checkbox"/> Shearing                        |
| <input type="checkbox"/> Alkaline Rinse               | <input type="checkbox"/> Metal Casting                   | <input type="checkbox"/> Sintering                       |
| <input type="checkbox"/> Alkaline Dip                 | <input type="checkbox"/> Metal Coating (common)          | <input type="checkbox"/> Sizing                          |
| <input type="checkbox"/> Ancillary                    | <input type="checkbox"/> Metal Forging/Stamping          | <input type="checkbox"/> Soldering                       |
| <input type="checkbox"/> Annealing                    | <input type="checkbox"/> Metal Plating                   | <input type="checkbox"/> Solvent Base Wash               |
| <input type="checkbox"/> Anodizing                    | <input type="checkbox"/> Milling & Machining (metals)    | <input type="checkbox"/> Stock & Yarn Finishing          |
| <input type="checkbox"/> Assembly                     | <input type="checkbox"/> Non-Woven Manufacturing         | <input type="checkbox"/> Stripping                       |
| <input type="checkbox"/> Barrel Finishing             | <input type="checkbox"/> Nonferrous Casting              | <input type="checkbox"/> Tempering                       |
| <input type="checkbox"/> Bleaching, Dyeing, Sizing    | <input type="checkbox"/> Paint Stripping                 | <input type="checkbox"/> Thermal Cutting                 |
| <input type="checkbox"/> Bright Dipping               | <input type="checkbox"/> Paint, other process: _____     | <input type="checkbox"/> Thermal Infusion                |
| <input type="checkbox"/> Case Hardening               | <input type="checkbox"/> Passivating                     | <input type="checkbox"/> Titanium Coating                |
| <input type="checkbox"/> Caustic Wash                 | <input type="checkbox"/> Pattern Printing & Masking      | <input type="checkbox"/> Tool & Dye Metalworking         |
| <input type="checkbox"/> Chemical Conversion Coating  | <input type="checkbox"/> Phosphating                     | <input type="checkbox"/> Tumbling (other than barrel)    |
| <input type="checkbox"/> Chemical Machining           | <input type="checkbox"/> Pickling Rinse                  | <input type="checkbox"/> Turning (metalworking)          |
| <input type="checkbox"/> Chemical Welding             | <input type="checkbox"/> Plastic Forming                 | <input type="checkbox"/> Ultrasonic (solvent cleaning)   |
| <input type="checkbox"/> Chromating                   | <input type="checkbox"/> Plastic Molding                 | <input type="checkbox"/> Ultrasonic Welding              |
| <input type="checkbox"/> Conversion Coating           | <input type="checkbox"/> Plastic Extruding               | <input type="checkbox"/> Vapor Degreaser                 |
| <input type="checkbox"/> Corrosion Preventive Coating | <input type="checkbox"/> Plating (except Electroplating) | <input type="checkbox"/> Vapor Plating                   |
| <input type="checkbox"/> Cutting (metals)             | <input type="checkbox"/> Precious Metals Coating         | <input type="checkbox"/> Wire Drawing                    |
| <input type="checkbox"/> Drilling (metalworking)      | <input type="checkbox"/> Precious Metals Plating         | <input type="checkbox"/> Woven Fabric Finishing          |
| <input type="checkbox"/> Electroless Painting         | <input type="checkbox"/> Printing                        | <input type="checkbox"/> Wood Finishing                  |
| <input type="checkbox"/> Electrolytic Cleaning        | <input type="checkbox"/> Product Testing (chemical)      | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Electron Beam Machining      | <input type="checkbox"/> Product Testing (physical)      | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Electropainting              | <input type="checkbox"/> Product R&D                     | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Electropolishing             | <input type="checkbox"/> Quenching                       | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Etching (chemical)           | <input type="checkbox"/> Raw Materials Testing           | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Extruding (chemical)         | <input type="checkbox"/> Rinsing                         | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Flame Spray                  | <input type="checkbox"/> Roller Coating                  | <input type="checkbox"/> Other (indicate):               |
| <input type="checkbox"/> Floor Cleaning               | <input type="checkbox"/> Salt Bath Descaling             | <input type="checkbox"/> Other (indicate):               |

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section I: *Pollutants*

Check all that are present or suspected in your process wastewater:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> 1,1,1-Trichloroethane                             | <input type="checkbox"/> Acenaphthylene                                | <input type="checkbox"/> Halogenated Ethers, Nitrosamines or Misc. Compounds |
| <input type="checkbox"/> 1,1,2,2-tetrachloroethane                         | <input type="checkbox"/> Acetic Acid                                   | <input type="checkbox"/> Heptachlor  |
| <input type="checkbox"/> 1,1,2-Trichloroethane                             | <input type="checkbox"/> Acrolein                                      | <input type="checkbox"/> Heptachlor epoxide (BHC-hexachloro-cyclohexane)     |
| <input type="checkbox"/> 1,12-Benzopyrylene (benzo(ghi)perylene)           | <input type="checkbox"/> Acrylonitrile                                 | <input type="checkbox"/> Hexachlorobenzene                                   |
| <input type="checkbox"/> 1,1-Dichloroethane                                | <input type="checkbox"/> Aldrin  | <input type="checkbox"/> Hexachlorobutadiene                                 |
| <input type="checkbox"/> 1,1-Dichloroethylene                              | <input type="checkbox"/> Alpha-BHC                                     | <input type="checkbox"/> Hexachlorocyclopentadiene                           |
| <input type="checkbox"/> 1,2,4-Trichlorobenzene                            | <input type="checkbox"/> Alpha-Endosulfan                              | <input type="checkbox"/> Hexachloroethane                                    |
| <input type="checkbox"/> 1,2,5,6-Dibenzanthracene (dibenzo(a,h)anthracene) | <input type="checkbox"/> Anthracene                                    | <input type="checkbox"/> Indeno (1,2,3-cd) pyrene (2,3-o-phenylene pyrene)   |
| <input type="checkbox"/> 1,2-Benzanthracene (benzo(a)anthracene)           | <input type="checkbox"/> Benzene                                       | <input type="checkbox"/> Isophorone  |
| <input type="checkbox"/> 1,2-Dichlorobenzene                               | <input type="checkbox"/> Benzidine                                     | <input type="checkbox"/> Methyl Bromide (bromomethane)                       |
| <input type="checkbox"/> 1,2-Dichloroethane                                | <input type="checkbox"/> Beta-BHC                                      | <input type="checkbox"/> Methyl Chloride (chloromethane)                     |
| <input type="checkbox"/> 1,2-Dichloroethane                                | <input type="checkbox"/> Beta-Endosulfan                               | <input type="checkbox"/> Methylene Chloride (dichloromethane)                |
| <input type="checkbox"/> 1,2-Dichloropropane                               | <input type="checkbox"/> Bis (2-Chloroethyl) Ether                     | <input type="checkbox"/> Monocyclic Aromatics or Phthalate Esters            |
| <input type="checkbox"/> 1,2-Diphenylhydrazine                             | <input type="checkbox"/> Bis (2-Chloroisopropyl) Ether                 | <input type="checkbox"/> Naphthalene   |
| <input type="checkbox"/> 1,2-Trans-Dichloroethylene                        | <input type="checkbox"/> Bis (2ethylhexyl) phthalate                   | <input type="checkbox"/> Nitrobenzene  |
| <input type="checkbox"/> 1,3-Dichlorobenzene                               | <input type="checkbox"/> Bis (Chloromethyl) Ether                      | <input type="checkbox"/> N-Nitrosodimethylamine                              |
| <input type="checkbox"/> 1,3-Dichloropropylene (1,3-dichloropropene)       | <input type="checkbox"/> Bis(2-chlorethoxy) methane                    | <input type="checkbox"/> N-Nitrosodi-N-Propylamine                           |
| <input type="checkbox"/> 1,4-Dichlorobenzene                               | <input type="checkbox"/> Bis(2-Ethylhexyl) Phthalate                   | <input type="checkbox"/> N-Nitrosodiphenylamine                              |
| <input type="checkbox"/> 11,12-Benzofluoranthene (benzo(k)fluoranthene)    | <input type="checkbox"/> Bromoform                                     | <input type="checkbox"/> Parachlorometa cresol                               |
| <input type="checkbox"/> 2,3,7,8-Terachlordibenzo-P-Dioxin (TCDD)          | <input type="checkbox"/> Butyl Benzyl Phthalate                        | <input type="checkbox"/> PCB-1016 (Arochlor 1016)                            |
| <input type="checkbox"/> 2,4,6-Trichlorophenol                             | <input type="checkbox"/> Carbon Tetrachloride (tetrachloromethane)     | <input type="checkbox"/> PCB-1221 (Arochlor 1221)                            |
| <input type="checkbox"/> 2,4-Dichlorophenol                                | <input type="checkbox"/> Chlordane (technical mixture and metabolites) | <input type="checkbox"/> PCB-1232 (Arochlor 1232)                            |
| <input type="checkbox"/> 2,4-Dimethylphenol                                | <input type="checkbox"/> Chlorobenzene                                 | <input type="checkbox"/> PCB-1242 (Arochlor 1242)                            |
| <input type="checkbox"/> 2,4-Dinitrololuene                                | <input type="checkbox"/> Chlorodibromomethane                          | <input type="checkbox"/> PCB-1248 (Arochlor 1248)                            |
| <input type="checkbox"/> 2,4-Dinitrophenol                                 | <input type="checkbox"/> Chloroethane                                  | <input type="checkbox"/> PCB-1254 (Arochlor 1254)                            |
| <input type="checkbox"/> 2,4-Dinitrotoluene                                | <input type="checkbox"/> Chloroform (trichloromethane)                 | <input type="checkbox"/> PCB-1260 (Arochlor 1260)                            |
| <input type="checkbox"/> 2,6-Dinitrotoluene                                | <input type="checkbox"/> Chrysene                                      | <input type="checkbox"/> PCB-polychlorinated biphenyls                       |
| <input type="checkbox"/> 2-Chloroethyl Vinyl Ether                         | <input type="checkbox"/> Delta-BHC                                     | <input type="checkbox"/> Pentachlorophenol                                   |
| <input type="checkbox"/> 2-Chloronaphththalene                             | <input type="checkbox"/> Dichlorobromomethane                          | <input type="checkbox"/> Pesticides, PCBs, or Related Compounds              |
| <input type="checkbox"/> 2-Chlorophenol                                    | <input type="checkbox"/> Dichlorodifluoromethane                       | <input type="checkbox"/> Phenanthrene  |
| <input type="checkbox"/> 2-Nitrophenol                                     | <input type="checkbox"/> Dieldrin                                      | <input type="checkbox"/> Phenol  |
| <input type="checkbox"/> 3,3-Dichlorobenzidine                             | <input type="checkbox"/> Diethyl phthalate                             | <input type="checkbox"/> Polynuclear Aromatic Hydrocarbons                   |
| <input type="checkbox"/> 3,4-Benzofluoranthene (benzo(b)fuoranthene)       | <input type="checkbox"/> Dimethyl Phthalate                            | <input type="checkbox"/> Pyrene  |
| <input type="checkbox"/> 3,4-Benzopyrene (benzo(a)pyrene)                  | <input type="checkbox"/> Di-N-Butyl Phthalate                          | <input type="checkbox"/> Tetrachloroethylene                                 |
| <input type="checkbox"/> 4,4-DDD (p,p-TDEO)                                | <input type="checkbox"/> Di-N-Octyl Phthalate                          | <input type="checkbox"/> Toluene   |
| <input type="checkbox"/> 4,4-DDE (p,p-DDX)                                 | <input type="checkbox"/> Endosulfan-Sulfate                            | <input type="checkbox"/> Toxaphene   |
| <input type="checkbox"/> 4,4-DDT   | <input type="checkbox"/> Endrin  | <input type="checkbox"/> Trichlorofluoromethane                              |
| <input type="checkbox"/> 4,4-JDE   | <input type="checkbox"/> Endrin Aldehyde                               | <input type="checkbox"/> Vinyl Chloride (chloroethylene)                     |
| <input type="checkbox"/> 4,6-Dinitro-O-Creso                               | <input type="checkbox"/> Ethylbenzene                                  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> 4-Bromophenyl Phenyl Ether                        | <input type="checkbox"/> Fluoranthene                                  | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> 4-Chlorophenyl Phenyl Ether                       | <input type="checkbox"/> Fluorene                                      | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> 4-Nitrophenol                                     | <input type="checkbox"/> Gamma-BHC                                     | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Acenaphthene                                      | <input type="checkbox"/> Halogenated Aliphatic Hydrocarbons            | <input type="checkbox"/> Other: _____  |

I certify that any pollutant that is not checked is absent from our processes and chemical inventory, or, if present, is not expected to be released in wastewater discharged to OJRSA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section J: Total Toxic Organic (TTO) Requirements

1. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?  
☐ Yes ☐ No
2. Has a baseline monitoring report (BMR) been submitted which contains TTO information?  
☐ Yes ☐ No
3. Has a toxic organics management plan (TOMP) been developed?  
☐ Yes ☐ No

## Section K: Nature and Concentration of Pollutants in Wastewater

Are any of the following pollutants present or suspected of being present in the wastewaters discharged to the Authority's Sewer System? (Check all that apply.)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Alkyl Epoxides          | <input type="checkbox"/> Formaldehyde                                     | <input type="checkbox"/> Sodium                                       |
| <input type="checkbox"/> Ammonia (above) 20 mg/l | <input type="checkbox"/> Heptachlor Epoxide                               | <input type="checkbox"/> Sulfate                                      |
| <input type="checkbox"/> Antimony                | <input type="checkbox"/> Hydrogen-Ion Concentration (pH) above 10.0 units | <input type="checkbox"/> Sulfide                                      |
| <input type="checkbox"/> Arsenic                 | <input type="checkbox"/> Hydrogen-Ion Concentration (pH) below 6.0 units  | <input type="checkbox"/> Temperature (above) 150°F                    |
| <input type="checkbox"/> Asbestos                | <input type="checkbox"/> Iron   | <input type="checkbox"/> Thallium                                     |
| <input type="checkbox"/> Barium                  | <input type="checkbox"/> Lead   | <input type="checkbox"/> Tin  |
| <input type="checkbox"/> Beryllium               | <input type="checkbox"/> Manganese  | <input type="checkbox"/> TOC  |
| <input type="checkbox"/> BOD (above) 300 mg/l    | <input type="checkbox"/> Mercury  | <input type="checkbox"/> Total Chromium                               |
| <input type="checkbox"/> Boron                   | <input type="checkbox"/> Molybdenum                                       | <input type="checkbox"/> Total Dissolved Solids (above) 1,000 mg/l    |
| <input type="checkbox"/> Cadmium                 | <input type="checkbox"/> Nickel   | <input type="checkbox"/> Total Kjeldahl Nitrogen (above) 40 mg/l      |
| <input type="checkbox"/> Calcium                 | <input type="checkbox"/> Nitrate  | <input type="checkbox"/> Total Phosphorus (above) 15 mg/l             |
| <input type="checkbox"/> Cesium                  | <input type="checkbox"/> Nitrite  | <input type="checkbox"/> Total Toxic Organics (TTO) (above) 2.13 mg/l |
| <input type="checkbox"/> Chlordane               | <input type="checkbox"/> Oil & Grease (above) 100 mg/l                    | <input type="checkbox"/> Toxaphene                                    |
| <input type="checkbox"/> Chloride                | <input type="checkbox"/> Photographic Chemicals                           | <input type="checkbox"/> TSS (above) 300 mg/l                         |
| <input type="checkbox"/> Chromium                | <input type="checkbox"/> Poly Vinyl Alcohol                               | <input type="checkbox"/> Tungsten                                     |
| <input type="checkbox"/> Chromium (Hexavalent)   | <input type="checkbox"/> Precious Metals                                  | <input type="checkbox"/> Xylenes                                      |
| <input type="checkbox"/> Cobalt                  | <input type="checkbox"/> Radioactive Nuclides                             | <input type="checkbox"/> Zinc   |
| <input type="checkbox"/> COD (above) 900 mg/l    | <input type="checkbox"/> Selenium   | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Copper                  | <input type="checkbox"/> Silicate   | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Cyanide                 | <input type="checkbox"/> Silicon  | <input type="checkbox"/> Other: _____                                 |
| <input type="checkbox"/> Fluoride                | <input type="checkbox"/> Silver   | <input type="checkbox"/> Other: _____                                 |

I certify that any pollutant that is not checked is absent from our processes and chemical inventory, or, if present, is not expected to be released in wastewater discharged to OJRSA.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section K: *Nature and Concentration of Pollutants in Wastewater (Continued)*

Instructions: For any pollutant checked present in Section I and Section K, either measured or estimated average concentrations must be reported. For any pollutant that does not have data, the OJRSA will add this to your permit to compile some analytical data. If estimated pollutants are a concern, the OJRSA may choose to add these to your permit also.

Pollutant	Average Concentration (mg/L)	Estimated (E) / Measured (M)	Number of Samples

## Section L: *Pretreatment Operations*

1. Is any form of wastewater treatment (see list below) practiced at this facility? ☐ Yes ☐ No  
☐ No  
☐ Yes If "Yes", please indicate operational date and attach a copy of DHEC Permit to Operate  
 Operational date: \_\_\_\_\_

2. Is any form of wastewater treatment or changes to existing treatment processes planned for this facility within the next three (3) years? ☐ Yes ☐ No  
 If "Yes", please describe below:

3. Treatment devices or processes used or proposed for treating wastewater or sludge:

<input type="checkbox"/> Air flotation <input type="checkbox"/> Centrifuge <input type="checkbox"/> Chemical Precipitation  <input type="checkbox"/> Chlorination <input type="checkbox"/> Cyclone <input type="checkbox"/> Filtration <input type="checkbox"/> Flow Equalization <input type="checkbox"/> Grease Trap <input type="checkbox"/> Grease or Oil Separation <input type="checkbox"/> Chemical treatment, type: _____ <input type="checkbox"/> Chemical treatment, type: _____	<input type="checkbox"/> Grinding filter <input type="checkbox"/> Grit Removal <input type="checkbox"/> Ground water remediation (treatment & recovery) <input type="checkbox"/> Ion Exchange <input type="checkbox"/> Neutralization, pH correction <input type="checkbox"/> Ozonation <input type="checkbox"/> Reverse Osmosis <input type="checkbox"/> Screen(ing) <input type="checkbox"/> Sedimentation	<input type="checkbox"/> Septic Tank <input type="checkbox"/> Solvent Separation <input type="checkbox"/> Spill Protection (containment)  <input type="checkbox"/> Storm water diversion or storage <input type="checkbox"/> Storm water treatment or recovery <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other: <input type="checkbox"/> Other:
<input type="checkbox"/> Physical treatment, type: _____ <input type="checkbox"/> Physical treatment, type: _____		

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section L: Pretreatment Operations (Continued)

4. Describe the pollutant loadings, flow rates, design capacity, physical size, and operating procedures of each treatment facility checked in item 3. (Attach additional sheets if necessary.)

5. Attach a process flow diagram for each existing treatment system. Include process equipment, by-products, by-product disposal method, waste/by-product volumes, and design/operating conditions.

6. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

7. Does SCDHEC require that a certified operator be responsible for your pretreatment system?

☐ No

☐ Yes If "Yes", indicate level and type of certification(s) required:

8. Do you have a chief operator in charge? ☐ Yes ☐ No

9. As an attachment, please provide a list of all wastewater operators on site with their current certifications noted.

10. Do you have a manual on the correct operation of your treatment facility? ☐ Yes ☐ No

11. Has a copy been provided to the OJRSA? ☐ Yes ☐ No

12. Are there any bypass lines around this waste treatment facility? ☐ Yes ☐ No

If "Yes", please described below:

# OJRSA Industrial Discharge Permit Application and Questionnaire

Section M: *Raw Materials and Chemicals*[illegible]

<sup>1</sup> Chemicals that enter the sewer are those that come into direct contact with either a wet process (being discharged), pretreatment processes, or enter the sewer directly.

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section N: Non-Hazardous Waste

1. Are any non-hazardous liquids and/or sludge generated at this facility? ☐ No ☐ Yes If "Yes", please indicate below:

Technical Name	Description	Disposal Method / Transporter	Amount Shipped Per Quarter

**Please attach a most recent manifest representative of the above information**

2. Does your facility have non-hazardous waste storage areas? ☐ Yes ☐ No  
If "Yes", how many? \_\_\_\_\_
3. Does the area have spill containment? ☐ Yes ☐ No
4. Are there any floor drains located in this area? ☐ Yes ☐ No
5. Have steps been taken to prevent these wastes from entering the sewer system? ☐ Yes ☐ No  
If "Yes", please describe below:



# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section O: *Hazardous Waste*

6. Are any hazardous liquids and/or sludge generated at this facility? ☐ No ☐ Yes If "Yes", please indicate below:

Technical Name	Waste Codes	Disposal Method / Transporter	Amount Shipped Per Quarter

**Please attach a most recent manifest representative of the above information**

7. Does your facility have hazardous waste storage areas? ☐ Yes ☐ No  
If "Yes", how many? \_\_\_\_\_
8. Does the area have spill containment? ☐ Yes ☐ No
9. Are there any floor drains located in this area? ☐ Yes ☐ No
10. Have steps been taken to prevent these wastes from entering the sewer system? ☐ Yes ☐ No  
If "Yes", please describe below:

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section P: *Spill Prevention*

1. Do you have chemical storage containers, bins, or designated areas? ☐ Yes ☐ No

If "Yes", please describe their location, contents, size, and type below:

2. Please provide an up-to-date diagram showing the proximity of these storage areas to sewers or drains.

3. Do you have floor drains in manufacturing or chemical storage area(s)? ☐ Yes ☐ No

If "Yes", please describe where they discharge to:

4. If you have chemical storage in manufacturing areas, could a spill lead to a release to:

- ☐ an onsite disposal system?
- ☐ a public sanitary sewer? (ie: through floor drain)
- ☐ a storm drain?
- ☐ the ground (environment)?
- ☐ other: \_\_\_\_\_
- ☐ Not applicable because there is no possible discharges to any of the above routes

5. Do you have an accidental spill and/or slug loading prevention plan to prevent spills of chemicals or slug discharges from entering the OJRSA's Sewer System?

- ☐ Yes (please include a copy with this questionnaire)
- ☐ No
- ☐ N/A because there are no floor drains or this facility only discharges sanitary sewer

6. Describe below any previous spill events and remedial measures taken to prevent their recurrence.

# OJRSA Industrial Discharge Permit Application and Questionnaire

## Section Q: *Building Layout*

Please submit up-to-date engineering drawings or prints on the location of each building on the premises.

Show map orientation and location of the following:

- ☐ all water and sewer lines (throughout the facility)
- ☐ all water and sewer meters, including sampling points (on the premises)
- ☐ all restrooms
- ☐ any cafeteria (food preparation) and/or canteen areas
- ☐ any clean-up operations (including janitorial areas)
- ☐ all floor drains (throughout the facility)
- ☐ all manholes located on the premises (including all connections)
- ☐ all wastewater generation operations (either batch or continuous)
- ☐ all pretreatment equipment and/or treatment processes (current or proposed)
- ☐ sewer and water line connections to the public systems
- ☐ raw material, chemical, and/or hazardous waste storage areas
- ☐ any NPDES permitted discharge points
- ☐ all storm drains
- ☐ any bulk storage (liquid, granular, or powder)

The submitted Engineering drawings shall determine the course and destination of each sewer line and water line. The Certified State Registered Engineer shall determine the existence of all (existing and proposed) sewer lines and discharge points on the premises. Where sewer plans do not exist, smoke or dye testing shall be performed in order to locate all points of discharge into the sewer system.

A blueprint or engineering drawing of the facilities showing the above items shall be attached to this Questionnaire. This drawing must be certified (within the last five years) by a State Registered Professional Engineer. Any deviation from the requested information must be approved by the Executive Director of the Oconee Joint Regional Sewer Authority.