Gaffney Board of Public Works
Application for Industrial Wastewater Discharge Permit

Company Name:	
Physical Address	
Street :	
City:	**Zip:**
Mailing Address	
Street/PO Box:	
City:	**Zip:**
SIC Code(s)	
SIC Operation Description	
Designated Authorized Representative(s) **–List all authorized signing officials-**	
Name/Title:	
Phone/Email:	
Signature:	
Name/Title:	
Phone/Email:	
Signature:	
Name/Title:	
Phone/Email:	
Signature:	
Detailed narrative of the manufacturing or service activity at premise address, including raw materials used, including process chemicals, as well as principal products produced:	
Date the facility began or will begin operation (mm/dd/yyyy):____/____/____	
Type of Flow (check one) BATCH☐ CONTINUOUS☐	
Shifts normally worked each day (check all that apply)	
Sun Mon Tue Wed Thu Fri Sat	
First Shift ☐	
Second Shift ☐	
Third Shift ☐	

Total Number of Employees:
Seasonal operations only, indicate with a check which months operation will take place:
Jan☐Feb☐Mar☐Apr☐May☐Jun☐Jul☐Aug☐Sep☐Oct☐Nov☐Dec☐
Seasonal Operation Comments:
Maximum Daily Process Wastewater Flow Gal/Day:
Annual Daily Average Process Wastewater Flow Gal/Day:

Show the estimated average quantity of water received and wastewater discharged daily.

(1) Enter appropriate code letter indicating the source:

A) Gaffney Board of Public Works,
B) Recycled or reclaimed water
C) Private Well
D) Storm Water

(2) Enter the appropriate code letter indicating the discharge point:

A) Surface Waters
B) Storm Sewer
C) Product
D) Evaporation
E) Hauled by wastewater hauler
F) Domestic Sewer

(3) Describe other:

	Supply From		Discharge To	
Water Used For	**Gal/Day**	**Source (1)**	**Gal/Day**	**Discharge to (2)**
Sanitary				
Process				
Cooling				
Lawn Sprinkling				
Boiler				
Evaporation				
Other (3)				
Total Gal/Day				

Are any significant changes in production that will affect wastewater discharge expected in the next five years? Yes☐No☐ If yes, describe in an attachment.

Give technical, common names and amount in gallons of raw materials and chemicals on site that are used in the manufacturing or other processes which may or may not be discharged to the sanitary sewer. Please attach additional sheets if necessary.

Technical Name	Common Name	Manufacturer's Name	Number of gallons on site

Priority Pollutants – Name and concentration of pollutants in Wastewater Discharge
Attach laboratory analysis for the following pollutants to this form and sign this certification statement: I certify that sampling and analysis for this application is representative of normal work cycles and the expected pollutant discharges to the POTW.
Name:
Signature:

Organic Priority Pollutants	Known Present	Known Absent
Acenaphthene	No	No
Acrolein	No	No
Acrylonitrile	No	No
Benzene	No	No
Benzidine	No	No
Carbon tetrachloride	No	No
Chlorobenzene	No	No
1,2,4-trichlorobenzene	No	No
Hexachlorobenzene	No	No
1,2-dichloroethane	No	No
1,1,1-trichloethane	No	No
Hexachloroethane	No	No
1,1-dichloroethane	No	No
1,1,2-trichloroethane	No	No
1,1,2,2,-tetrachloroethane	No	No
Chloroethane	No	No
Bis (2-chloroethyl) ether	No	No
2-chloroethyl vinyl ethers	No	No
2-chloronaphthalene	No	No
2,4,6-trichlorophenol	No	No
Parachlorometa cresol	No	No
Chlorform	No	No
2-chlorophenol	No	No
1,2-dichlorobenzene	No	No
1,3-dichlorobenzene	No	No
1,4-dichlorobenzene	No	No
3,3-dichlorobenzidine	No	No
1,1-dichlorotheylene	No	No
1,2-trans-dichloroethylene	No	No
2,4-dichlorophenol	No	No
2,4-dichloropropane	No	No
1,2-dichloropropylene	No	No
2,4-dimethylphenol	No	No
2,4-dinitrotoluene	No	No
2,6-dinitrotoluene	No	No
1,2-diphenylhydrazine	No	No
Ethylbenzene	No	No
Fluoroanthene	No	No
4-chlorophenyl phenyl ether	No	No
4-bromophenyl phenyl ether	No	No
Bis(2-chloroisopropyl) ether	No	No
Bis(2-chloroehtoxy) methane	No	No
Methylene chloride	No	No
Methyl chloride	No	No
Methyl bromide	No	No

Bromoform	No	No
Dichlorobromomethane	No	No
Chlorodibromomethane	No	No
Hexachlorobutadiene	No	No
Hexachlorocyclopentadiene	No	No
Isophorone	No	No
Naphthalene	No	No
Nitrobenzene	No	No
2-nitrophenol	No	No
4-nitrophenol	No	No
2,4-dinitrophenol	No	No
4,6-dinitro-o-cresol	No	No
N-nitrosodimethylamine	No	No
N-nitrosodiphenylamine	No	No
N-nitrosodi-n-propylamine	No	No
Pentachlorphenol	No	No
Phenol	No	No
Bis(2-ethylhexyl) phthalate	No	No
Butyl benzyl phthalate	No	No
Di-N-Butyl Phthalate	No	No
Di-n-octyl phthalate	No	No
Diethyl Phthalate	No	No
Dimethyl phthalate	No	No
Benzo(a)anthracene	No	No
Benzo(a)pyrene	No	No
Benzo(b)fluoranthene	No	No
Benzo(b)fluoranthene	No	No
Chrysene	No	No
Acenaphthylene	No	No
Anthracene	No	No
Benzo(ghi)perylene	No	No
Fluorene	No	No
Phenanthrene	No	No
Dibenzo(h)anthracene	No	No
Indeno (1,2,3-cd)pyrene	No	No
Pyrene	No	No
Tetrachloroethylene	No	No
Toluene	No	No
Trichloroethylene	No	No
Vinyl chloride	No	No
Aldrin	No	No
Diedrin	No	No
Chlordane	No	No
4,4-DDT	No	No
4,4-DDE	No	No
4,4-DDD	No	No
Alpha-endosulfan	No	No

Beta-endosulfan	No	No
Endosulfan sulfate	No	No
Endrin	No	No
Endrin aldehyde	No	No
Heptachlor	No	No
Hetachlor epoxide	No	No
Alpha-BHC	No	No
Beta-BHC	No	No
Gamma-BHC	No	No
Delta-BHC	No	No
PCB-1242	No	No
PCB-1254	No	No
PCB-1221	No	No
PCB-1232	No	No
PCB-1248	No	No
PCB-1260	No	No
PCB-1016	No	No
Toxaphene	No	No
2,3,7,8-TCDD	No	No
	No	No
Metals and Inorganic Priority Pollutants		
Antimony	No	No
Arsenic	No	No
Asbestos	No	No
Beryllium	No	No
Cadmium	No	No
Chromium	No	No
Copper	No	No
Cyanide, Total	No	No
Lead	No	No
Mercury	No	No
Nickel	No	No
Selenium	No	No
Silver	No	No
Thallium	No	No
Zinc	No	No

For all pollutants indicated as being present, list the average concentration average for each.

Pollutant	Annual Daily Concentration Average mg/L

Is there an operational industrial wastewater pretreatment system onsite? Yes☐ No☐
If yes, provide a description of the entire system:

Treatment devices or processes used for treating wastewater or sludge (check all that apply)

___Neutralization, pH correction
___Ozonation
___Reverse osmosis
___Chemical precipitation
___Chlorination
___Solvent separation
___Spill protection
___Sump
___Grease trap
___Grinding filter
___Grit removal
___Ion exchange
___Air floatation
___Screen
___Sedimentation
___Septic Tank
___Filtration
___Flow equalization
___Grease or oil separation
___Rainwater diversion or storage
___Biological Treatment, Type:_____
___Other Chemical Treatment, Type:_____
___Other Physical Treatment, Type:_____

If there is a written maintenance schedule for treatment equipment, please attach a copy.

Attach a copy of the construction permit which will provide information detailing the need for an operator for the pretreatment system and of what grade. If the facility requires an operator provide the name(s) of all operators along with a copy of their license showing the expiration date.

The pretreatment system operates from _____AM/PM until_____AM/PM

Circle the days of the week in which operation of the pretreatment system occurs: S M T W R F S

Indicate those process activities which occur at the facility for which this permit application is submitted. (Check all that apply)

___405 Dairy Products
___406 Grain Mills
___407 Canned/Preserved Fruits and Vegetables
___408 Canned/Preserved Seafood
___409 Sugar
___410 Textile
___411 Cement Manufacturing
___412 Concentrated Animal Feeding Operations (CAFO)
___413 Electroplating
___414 Organic Chemicals, Plastics, Synthetic Fibers
___415 Inorganic Chemicals Manufacturing
___417 Soap and Detergent Manufacturing
___418 Fertilizer Manufacturing
___419 Petroleum Refining
___420 Iron and Steel Manufacturing
___421 Nonferrous Metals Manufacturing
___422 Phosphate Manufacturing
___423 Steam Electric Power Generating
___424 Ferroalloy Manufacturing
___425 Leather Tanning and Finishing
___426 Glass Manufacturing
___427 Asbestos Manufacturing
___428 Rubber Manufacturing
___429 Timber Products
___430 Pulp, paper, and paperboard
___432 Meat products
___433 Metal Finishing
___434 Coal Mining
___435 Oil and Gas Extraction
___436 Mineral Mining
___439 Pharmaceutical Manufacturing
___440 Ore Mining and Dressing
___442 Transportation Equipment Cleaning
___443 Paving and Roofing Materials
___446 Paint Formulating
___447 Ink Formulating
___454 Gum and Wood Chemicals Manufacturing
___455 Pesticide Chemicals
___457 Explosives Manufacturing
___458 Carbon Black Manufacturing
___459 Photographic
___460 Hospital
___461 Battery Manufacturing
___463 Plastics Molding and forming
___464 Metal Molding and Casting
___465 Coil Coating
___466 Porcelain Enameling
___467 Aluminum Forming
___468 Copper Forming
___469 Electrical and Electronic Components
___471 Nonferrous Metals Forming and Metal Powders

Are there chemical storage containers, bins or ponds at your facility OR are you a Haz-Mat licensee? Y☐ N☐

If yes, please give a description of their location, contents, size and frequency and methods of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Provide a copy of the Spill Prevention Plan and any Haz-Mat License. A copy of our Spill Prevention Control and Countermeasures Plan (SPCC) will be provided for a minimum reference and additions are recommended.

Are there floor drains in the manufacturing or chemical storage areas? Y☐ N☐

If yes, to where do they discharge?

If you have chemical storage containers, bins, or ponds, could an accidental spill lead to discharge to any of the following? (check all that apply):
☐ An onsite disposal system
☐ to the ground outside
☐ public sanitary sewer system (e.g. through a floor drain
☐ Storm drain or receiving ditch
☐ other (specify)

Attach a sketch of the entire facility along with the pretreatment system, showing all lines in and around the facility, note the process wastewater monitoring point. Also differentiate between process, sanitary, and combined lines.

Type and Brand of Flow Meter at Wastewater Discharge Point:
Totalizer Factor:
Recorder Brand/Type:

Calibration of the flow meter is required once every six months, please provide the name of the calibration company:

If this is a new industry please attach laboratory analysis performed for BOD, COD, TSS, O&G, pH, Temperature, Nitrogen and Phosphorus.

<u>Note to signing official</u>: In accordance with Title 40 of the Code of Federal Regulations 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 Part2.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision on 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 believe true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine an imprisonment for knowing violations.

Name (Print or Type)	**Title**
Signature	**Date**