



Department of Utility Operations - Wastewater Compliance
1200 Simmon Tree Lane | Columbia, SC 29201 | (803) 733-8566

**REGULATED INDUSTRIAL WASTEWATER SURVEY QUESTIONNAIRE
(DISCHARGE PERMIT APPLICATION)**

Company Name: _____

Physical Facility Address: _____

Mailing Address: _____

Chief Company Executive at this location: _____

Company Representative to serve as contact person:

Name: _____

Title: _____

Telephone No: _____

Nature of Business:

Provide a brief narrative description of the primary manufacturing, production, or service activities performed at this location.

Standard Industrial Classification Number(s) (SIC Code/NAICS No) for your facilities:

ColumbiaSCWater.Net



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

yes no

If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

Average monthly water usage: _____

Wastes generated at this facility (list all wastes):

Average Gallons Per Day

1. Domestic Wastes _____ estimated measured
 2. Cooling Water,
Non-Contact _____ estimated measured
 3. Boiler/Tower
Blow down _____ estimated measured
 4. Cooling Water,
Contact _____ estimated measured
 5. PROCESS _____ estimated measured
 6. Equipment/Facility
Wash down _____ estimated measured
 7. Air Pollution
Control Unit _____ estimated measured
 8. Storm Water Runoff
To Sewer _____ estimated measured
 9. Other
(Describe) _____ estimated measured
- Total 1 - 9

Wastes listed above are discharged to (account for all wastes):

Average Gallons Per Day

1. Sanitary Sewer _____ estimated measured
2. Storm Sewer _____ estimated measured
3. Surface Water _____ estimated measured

4. Ground Water _____ [] estimated [] measured
5. Waste Haulers _____ [] estimated [] measured
6. Evaporation _____ [] estimated [] measured
7. Other _____ [] estimated [] measured
8. Provide name and address of waste hauler(s), if used.

Is any source water generated onsite (e.g. well water)? [] yes [] no

Volume: _____

Total 1 - 8 _____ (Totaled amounts must match)

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

Permit Type	Permit No	Issuing Agency	Effective Date	Expiration Date

Facility Manufacturing Operation Characteristics

Number of employee shifts worked per 24-hour day is _____.

Average number of employees per shift is _____.

Starting times of 1st _____ A.M. 2nd _____ A.M. 3rd _____ A.M.
 Each shift: P.M. P.M. P.M.

Note: The information requested in the following section must be provided for each product line.

Principal product(s) produced: _____

Raw materials and process additives used: (Use separate sheet if needed and avoid trade names):

#/Day or Gal/Day

Production process is:

Batch Continuous both

Batch – Provide the following information:

- 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): _____

Both –

_____ % batch _____ % continuous

Average number of batches per 24-hour day

Hours of operation: __ A.M. to __ P.M. continuous

Is production subject to seasonal variation? yes no

If yes, briefly describe seasonal production cycle.

Are the following pollution control documents currently implemented at your facility?

- a. Slug Control Plan: yes no Date Submitted to the City of Columbia: _____
- b. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility? yes no
Date of last revision: _____

Provide a general description of the manner in which slug discharges to the public sewer or prevented to ensure compliance with pretreatment regulations and reduce potential impact to the sanitary sewer system: _____

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-
- c. Toxic Organic Management Plan: yes no
Date Submitted to the City of Columbia: _____

Wastewater Information

If your facility employs processes in any areas identified below (subject to National Categorical Pretreatment Standards) and any of these processes generate wastewater or waste sludge, place a check beside the category or business activity (check all that apply).

Federal Industrial Categories (under 40 CFR)

1. Adhesives
2. Aluminum Forming (467)
3. Asbestos Manufacturing (427)
4. Auto and Other Laundries
5. Battery Manufacturing (461)
6. Builders' Paper and Board Mills (431)
7. Canned and Preserved Fruits and Vegetables (407)
8. Canned and Preserved Seafood (408)
9. Carbon Black Manufacturing (458)
10. Cement Manufacturing (411)
11. Centralized Waste Treatment (437)
12. Coal Mining (434)
13. Coil Coating (465)
14. Copper Forming (468)
15. Dairy Products Processing (405)
16. Electric and Electronic Components Manufacturing (469)
17. Electroplating (413)
18. Explosives Manufacturing (457)
19. Ferro Alloy Manufacturing (424)
20. Fertilizer Manufacturing (418)
21. Foundries, Metal Mold and Cast (464)
22. Glass Manufacturing (426)
23. Grain Mills (406)
24. Gum and Wood Chemicals (454)
25. Ink Formulating (447)
26. Inorganic Chemicals Manufacturing (415)
27. Iron and Steel Manufacturing (420)
28. Leather Tanning and Finishing (425)
29. Meat Products (432)
30. Metal Finishing (433)
31. Metal Molding and Casting (464)
32. Nonferrous Metals. Form, and Powders (471)
33. Ore Mining and Dressing (440)
34. Organic Chemicals, Plastics, and Synthetic Fibers (OCPSF – 414)
35. Paint Formulating (446)
36. Paving and Roofing Materials Manufacturing (443)
37. Pesticides Manufacturing (455)
38. Petroleum Refining (419)
39. Pharmaceuticals Manufacturing (439)
40. Phosphate Manufacturing (422)
41. Photographic Supplies (459)

- 42. [] Plastics Molding and Forming (463)
 - 43. [] Porcelain Enameling (466)
 - 44. [] Pulp, Paper, Paperboard (430)
 - 45. [] Soap and Detergent (417)
 - 46. [] Steam Electric Power Generation (423)
 - 47. [] Sugar Processing
 - 48. [] Textile Mills
 - 49. [] Timber Products Processing (429)
 - 50. [] Transportation Equipment Cleaning (442)

 - 51. [] All Other (Identify): _____
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Those uses 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 the City of Columbia to establish limitations according to the applicable Pretreatment Standards. 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, and location(s) from which sample(s) were taken (attach sketches, plans, etc., as necessary).

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

Known to be Present: The pollutant has been detected in the wastewater discharge by a SCDHEC approved lab analytical procedures at the approved sampling point or by references is known to be present in the raw materials or product in the wastewater discharge.

Known to be Absent: The Application of SCDHEC approved analytical procedures designed to detect the pollutant has yielded less than the specified minimum PQL for that method. 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.

Unknown

Chemical Compound	Known Present	Known Absent	Undetermined
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I. METALS AND INORGANICS

1. Antimony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Asbestos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Chromium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Mercury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Nickel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Thallium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical Compound	Known Present	Known Absent	Undetermined
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II. PHENOLS AND CRESOLS

16. Phenol(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Phenol, 2-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Phenol, 2,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Phenol, 2,4,6-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Phenol, pentachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Phenol, 2-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Phenol, 4-nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Phenol, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Phenol, 2,4-dimethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. m-Cresol, p-chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. o-Cresol, 4,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. MONOCYCLIC AROMATICS

(Excluding Phenols, Cresols and Phthalates)

27. Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Benzene, chloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Benzene, 1,2-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Benzene, 1,3-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Benzene, 1,4-dichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Benzene, 1,2,4-trichloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Benzene, hexachloro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Benzene, ethyl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Benzene, nitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Toluene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Toluene, 2,4-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Toluene, 2,6-dinitro	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Chemical Compound	Known Present	Known Absent	Undetermined
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IV. PCBs AND RELATED COMPOUNDS

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. ETHERS

47. Ether, bis (chloromethyl)	[]	[]	[]
48. Ether, bis (2-chloroethyl)	[]	[]	[]
49. Ether, bis (2-chloroisopropyl)	[]	[]	[]
50. Ether, vinyl (2-chloroethyl)	[]	[]	[]
51. Ether, phenyl (4-bromophenyl)	[]	[]	[]
52. Ether, phenyl (4-chlorophenyl)	[]	[]	[]
53. Bis, methane (2-chloroethoxy)	[]	[]	[]

VI. NITROSAMINES AND OTHER NITROGEN-CONTAINING COMPOUNDS

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	[]	[]	[]

Chemical Compound	Known Present	Known Absent	Undetermined
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VII. HALOGENATED ALIPHATICS

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. Ethane, chloro	[]	[]	[]
78. Chloroethylene (vinyl chloride)	[]	[]	[]
79. Ethylene, 1,1-dichloro	[]	[]	[]
80. Ethylene, trans- dichloro	[]	[]	[]
81. Ethylene, trichloro	[]	[]	[]
82. Ethylene, tetrachloro	[]	[]	[]
83. Propane, 1,2-dichloro	[]	[]	[]
84. Propene, 1,2-dichloro	[]	[]	[]
85. Butadiene, hexachloro	[]	[]	[]
86. Cyclopetadiene, hexachloro	[]	[]	[]

Chemical Compound	Known Present	Known Absent	Undetermined
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VIII. PHTHALATE ESTERS

87. Phthalate, di-c-methyl	[]	[]	[]
88. Phthalate, di-n-ethyl	[]	[]	[]
89. Phthalate, di-n-butyl	[]	[]	[]
90. Phthalate, di-n-octyl	[]	[]	[]
91. Phthalate, bis (2-ethylhexyl)	[]	[]	[]
92. Phthalate, butyl benzyl	[]	[]	[]

IX. POLYCYCLIC AROMATIC HYDROCARBONS

93. Acenaphthene	[]	[]	[]
94. Acenaphthylene	[]	[]	[]
95. Anthracene	[]	[]	[]
96. Benzo (a) anthracene	[]	[]	[]
97. Benzo (b) fluoranthene	[]	[]	[]
98. Benzo (k) fluoranthene	[]	[]	[]
99. Benzo (ghi) perylene	[]	[]	[]
100. Benzo (a) pyrene	[]	[]	[]
101. Chrysene	[]	[]	[]
102. Dibenzo (a,h) Anthracene	[]	[]	[]
103. Fluoranthene	[]	[]	[]
104. Fluorene	[]	[]	[]
105. Indeno (1,2,3-cd) pyrene	[]	[]	[]
106. Naphthalene	[]	[]	[]
107. Phenanthrene	[]	[]	[]
108. Pyrene	[]	[]	[]

X. PESTICIDES

109. Acrolein	[]	[]	[]
110. Aldrin	[]	[]	[]
111. BHC (Alpha)	[]	[]	[]
112. BHC (Beta)	[]	[]	[]
113. BHC (Gamma) or Lindane	[]	[]	[]

Chemical Compound	Known Present	Known Absent	Undetermined
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114. BHC (Delta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
115. Chlordane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
116. DDD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
117. DDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
118. DDT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
119. Dieldrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
120. Endosulfan (Alpha)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
121. Endosulfan (Beta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
122. Endosulfan Sulfate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
123. Enrin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
124. Enrin Aldehyde	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
125. Heptachlor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
126. Heptachlor expoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
127. Isophorone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
128. TCDD (or Dioxin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
129. Toxaphene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate what type of cleaning takes place at this property and what type of cleaners (e.g. alkaline or acid) are used:

Non-Contact Cooling Water/ Cooling Tower discharged to Sanitary Sewer? yes no

Capacity of System: _____

Additives:

Name of Chemical	Amount (gallons)	Frequency (day/week/month)

Does this facility have above ground or below ground storage tanks? yes no

Storage Tank ID/Capacity	Above/Below Ground Storage Tank	Contents	Spill Containment/Prevention Measures

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.

Sewer Connection Information

Provide a drawing (schematic) to show each connection relative to this facility. Indicate locations of any City Water and discharge flow meter(s). Please identify street(s) and building in the drawing such that these connection point locations could be generally located in the field. Number each connection point in the drawing and indicate in the table below if the wastewater at that point from your facility is domestic only, process only, or combined.

Connection Location (refer to drawing)	Type of Wastewater Discharged at each Connection to the Sanitary Sewer			
	Domestic Only	Process Only	Combined	Average Discharge (gpd)
Totals				

Control Manhole:

Does this facility have a wastewater flow monitoring system approved by the City?

yes no

- a. Primary Flow Device and size (e.g. flume, weir, mag meter): _____
- b. Flow Meter brand (e.g. 3”mag meter / XY Company) _____
- c. Totalize Multiplier (e.g. 100x) _____ Non-resettable? yes no
- d. Sampler Type: _____ Sampler Pacing Rate: _____ Gal/pulse)
- e. Most Recent Calibration date: _____
- f. Technician/Company performed calibration: _____

Parameter	From Laboratory Analysis				
	Average Concentration (mg/L)	Frequency of analysis	Sample Type		If Estimated Mark with “X”
			Grab	Composite	
BOD5					
TSS					

O&G					
pH					
TKN					
NH3-N					
Total Phosphorus					

Pretreatment Facilities

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 _____
- [] Chlorination _____
- [] Filtration _____
- [] Flow Equalization _____
- [] Grease or Oil separation, type _____
- [] Grease Trap/interceptor (size) _____
- [] Grit removal _____
- [] Ion Exchange _____
- [] Neutralization, pH adjustment _____
- [] Reverse Osmosis _____
- [] Screening _____
- [] Sedimentation _____
- [] Solvent Separation _____
- [] Ultrafiltration _____
- [] Biological Treatment, type and capacity _____

- [] Rainwater Diversion or storage _____
- [] Metals Precipitation _____
- [] Solids Press _____
- [] Other: _____

Is this pretreatment equipment permitted by SCDHEC? [] Yes [] No

If Yes SCDHEC Permit Number: _____

Operator of Appropriate Grade Requirement: [] A [] B [] C [] D Type: _____

Flow diagram for the Pretreatment Equipment:

OTHER WASTES

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

yes no

If "no", skip the remainder of this section.

If "yes", complete the following items:

Estimated Gallons or Pounds/Year

- Acids and Alkalies

- Heavy Metal Sludges

- Inks/Dyes
- Oil and/or Grease
- Organic Compounds
- Paints
- Pesticides
- Plating Wastes
- Pretreatment Sludges
- Solvents/Thinners
- Other Hazardous Wastes

Other Wastes (Specify)

For the above checked wastes, does your company practice:

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

SCDHEC Pump and Haul Permit: _____

SCDHEC Approved Disposal Location: _____

Include a copy of this SCDHEC Pump and Haul Permit with this application.

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

Certification:

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403. 12(b)(6), 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 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, of 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.

Date

(Signature of Official)

(Title of Official)

(Printed name of Official)