Appendix I Blank Pretreatment Questionnaire / Application

BEAUFORT-JASPER WATER & SEWER AUTHORITY
INDUSTRIAL PRETREATMENT PERMIT APPLICATION

SECTION A - GENERAL INFORMATION

A.1 [ ] New or [ ] Existing User

A.2 Company name, mailing address, and telephone number:

_____

_____

Zip Code _____ Telephone Number (_____)_____

A.3 Address of production or manufacturing facility. (If same as above, check _____.)

_____

_____

Zip Code _____ Telephone Number (_____) _____

A.4 Name, title, and telephone number of person authorized to represent this firm in official dealings with BJWSA:

_____

_____

A.5 Alternate person to contact concerning Information provided herein:

Name _____

Title _____ Telephone No. _____

A.6 Environmental Permits: List any other environmental control permits held by or for the facility:

_____

_____

_____

_____

_____

SECTION B - PRODUCT OR SERVICE INFORMATION

B.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	40 CFR Part	Regulated Pollutants
1.	[ ]	Aluminum Forming	467	RTS
2.	[ ]	Asbestos Manufacturing	427	NNL (pH, TSS, COD)
3.	[ ]	Battery Manufacturing	461	RTS
4.	[ ]	Builder's Paper	431	Tri & Pentachlorophenol
5.	[ ]	Carbon Black	458	O&G 100 mg/l
6.	[ ]	Cement Manufacturing	411	NNL (pH, TSS)
7.	[ ]	Coal Mining	434	NNL
8.	[ ]	Coil Coating	465	RTS
9.	[ ]	Copper Forming	468	RTS
10.	[ ]	Dairy Products Processing	405	NNL (pH, BOD, TSS)
11.	[ ]	Electric & Electronic Components	469	RTS
12.	[ ]	Electroplating	413	RTS
13.	[ ]	Explosives Manufacturing	457	NNL (pH, BOD, COD, TSS)
14.	[ ]	Feedlots	412	NNL (BOD, Fecal Coliform)
15.	[ ]	Ferroalloy Manufacturing	424	NNL
16.	[ ]	Fertilizer Manufacturing	418	RTS
17.	[ ]	Fruits & Vegetables Processing Mfg.	407	NNL (BOD, TSS)
18.	[ ]	Glass Manufacturing	426	NNL (pH, TSS O&G)
19.	[ ]	Grain Mills Manufacturing	406	NNL (pH, BOD, TSS)
20.	[ ]	Gum & Wood Chemicals Manufacturing	454	NNL
21.	[ ]	Hospitals	460	Point Source Only
22.	[ ]	Ink Formulating	447	NNL
23.	[ ]	Inorganic Chemicals	415	RTS
24.	[ ]	Iron & Steel Manufacturing	420	RTS
25.	[ ]	Leather Tanning & Finishing	425	pH, Sulfide, Chromium
26.	[ ]	Meat Processing	432	NNL pH,BOD,TSS,O&G,Fecal
27.	[ ]	Metal Finishing	433	RTS
28.	[ ]	Metal Molding and Casting	464	RTS
29.	[ ]	Mineral Mining and Processing	436	NNL
30.	[ ]	Nonferrous Metals Forming	471	RTS
31.	[ ]	Nonferrous Metals Manufacturing	421	RTS
32.	[ ]	Oil and Gas Extraction	435	NNL
33.	[ ]	Ore Mining and Dressing	440	NNL
34.	[ ]	Organic Chemicals, Plastics, &	414&	RTS
35.	[ ]	Synthetic Fibers	416	RTS
36.	[ ]	Paint Formulating	446	NNL
37	[ ]	Paving & Roofing (Tars & Asphalt)	443	NNL
38.	[ ]	Pesticides	455	NNL

39.	[ ]	Petroleum Refining	419	RTS
40.	[ ]	Pharmaceuticals	439	RTS (Cn)
41.	[ ]	Photographic Processing	459	Point Source Only
42.	[ ]	Phosphate Manufacturing	422	NNL
43.	[ ]	Plastic Molding & Forming	463	NNL
44.	[ ]	Porcelain Enameling	466	RTS
45.	[ ]	Pulp, Paper, & Paperboard	430	RTS
46.	[ ]	Rubber Processing	428	NNL
47.	[ ]	Seafood Processing	408	NNL (pH, BOD, TSS, O&G)
48.	[ ]	Soaps & Detergents Manufacturing	417	NNL (pH,BOD,COD,TSS,O&G)
49.	[ ]	Steam Electric Power Generation	423	RTS
50.	[ ]	Sugar Processing	409	NNL (pH, BOD, TSS)
51.	[ ]	Textile Mills	410	NNL
52.	[ ]	Timber Products Processing	429	RTS
53.	[ ]	Other (Identify) _____		

RTS-refer to standards
NNL-no numerical limits
NNL ()-no numerical limits but monitor the parameters in parentheses

B.2 Identify the types of business conducted (auto repair, machine shop, electroplating, warehousing, painting, printing, meat packing, food processing, etc.) and include the Standard Industrial Classification Number(s) (SIC Code) for each:

_____
_____
_____

B.3 Provide a brief narrative description of the manufacturing, production, or service activities your firm conducts:

_____
_____
_____
_____

B.4 Principal Raw Materials used, including any Process Chemicals:

_____
_____
_____
_____
_____

B.5 Principal Products Produced:

_____
_____
_____
_____

SECTION C - PLANT OPERATIONAL CHARACTERISTICS

C.1 Production process is:
[ ] Batch [ ] Continuous [ ] Both % Batch _____
%Continuous _____

If Batch:

a. Average number of batches per 24-hour day _____
b. Average volume of batches _____ gallons
c. Average rate of flow of each batch _____ gal/min

C.2 Describe the nature or characteristics of the wastewater discharge:
_____
_____

C.3 Is production subject to seasonal variation
Yes [ ] No [ ]

If yes, briefly describe seasonal cycle and indicate the months of peak operations and discharge:
_____
_____

Is there a scheduled shut down? Yes [ ] No [ ] If yes, when_____

C.4 Number of shifts worked per 24-hour day is ____. Number of work days per week: ____

Average number of employees per shift: 1st _____,
2nd _____, 3rd _____.

C.5 Starting times of each shift: 1st _____am _____ pm,
2nd _____am _____pm, 3rd _____am _____pm

C.6 Describe any water recycling or material reclaiming processes used:
_____
_____

C.7 a. Clean-up operations, Indicate all applicable: | Clean-up Time and Frequency

_____Routine Janitorial Cleaning	_____
_____Special Clean-up Shift	_____
_____Portion of Shift(s)	_____
_____Clean-up Day	_____

b. Explain what is cleaned (i.e. what vats are dumped and what type of cleaners (i.e. alkaline or acid) are used:
_____
_____

SECTION D - WATER CONSUMPTION AND LOSS

D.1 Raw water source(s):

[ ] Municipal Water Service [ ] County Water Service
[ ] Private Source [ ] Private Well
[ ] Surface Water [ ] Other _____

D.2 Name of water supplier: _____
_____

D.3 Water service account number: _____

D.4 List the past 12 months water usage from your water bills:

Month	Gallons
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Total	_____
Volume from other sources	_____

D.5 List water consumption by category (gallons per day):

a. Cooling water _____
b. Boiler feed _____
c. Process _____
d. Sanitary _____
e. Plant & equipment washdown _____
f. Irrigation _____
g. Other (specify): _____
h. Total of a thru g _____

D.6 List average water usage for SIC processes itemized in Section B (gallons per day):

Brief Process Description	SIC No.	Consumption
a._____	_____	_____
b._____	_____	_____
c._____	_____	_____

SECTION E - WASTEWATER INFORMATION

E.1 List volume of discharge or water losses in gallons per day to:

[ ]	Sanitary sewer	_____	[ ] estimated [ ] measured
[ ]	Storm sewer	_____	[ ] estimated [ ] measured
[ ]	Surface water	_____	[ ] estimated [ ] measured
[ ]	Ground water	_____	[ ] estimated [ ] measured
[ ]	Waste haulers	_____	[ ] estimated [ ] measured
[ ]	Evaporation	_____	[ ] estimated [ ] measured
[ ]	In Product	_____	[ ] estimated [ ] measured
[ ]	Other	_____	[ ] estimated [ ] measured

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

_____
_____

E.2 If any cooling water is discharged to the public sewer system, please check and complete the following information that applies to your system:

a. [ ] Cooling water is recycled, only system bleed-off is discharged to the sewer.

b. [ ] Cooling water is once-thru (not recycled), all system water that is not evaporated is discharged to the sewer.

c. [ ] The cooling system serves:

- [ ] Air conditioning/humidification
- [ ] Machinery
- [ ] Product formulation
- [ ] Other (describe) _____

d. [ ] Chemical additives to the cooling water:
Type (example chromium algicide)
_____
_____
_____
Amount and frequency _____gallons/week

e. [ ] Other than the carrier piping, the cooling water contacts the following prior to discharge to the sewer:

- [ ] Machine parts
- [ ] Hydraulic fluid
- [ ] Product
- [ ] Other wastewater
- [ ] Non-contact
- [ ] Other (describe) _____

E.3 If any boiler water is discharged to the public sewer system, please check or complete the following information that applies to your system:

a. [ ] Excess boiler feed water discharged directly to the sewer.
b. [ ] Excess boiler feed water recycled to make-up tank.
c. [ ] Make-up tank overflow is discharged to:
    [ ] Public sewer system
    [ ] Storm sewer or ditch
    [ ] Other (specify) _____
d. [ ] Boiler blowdown is:
    [ ] Automatic
    [ ] Manual
    [ ] Discharged to public sewer
    [ ] Discharged to storm sewer or ditch
e. List amounts and frequency of addition of boiler water treatment chemicals
    _____
    _____

f. Estimated volume of boiler blowdown discharged to public sewer during a typical working day: _____ gallons per day, _____ days per week.

E.4 Discharge to public sewer system:

a. Number of days per week that wastewater is discharged to the public sewer:

    Process wastewater _____ days/week
    Sanitary wastewater_____ days/week
b. Hours per day that process wastewater is discharged: _____ hours/day

c. List below the approximate percent of your total daily wastewater discharge that occurs during each shift:

    First Shift _____% Second Shift _____%
    Third Shift _____% Clean-up Shift _____%

E.5 a. If this facility discharges wastewater only from restrooms, cafeterias, and mop sinks, etc. and no process wastewater, you do not need to complete any further sections in this application.

b. If this facility discharges wastewater other than described in item E.5 a. above, you are required to complete the remaining sections.

SECTION F - SEWER INFORMATION

F.1 Number of points of connection (or points of discharge) to the public sewer that your facility will require: _____

Attach or provide a sketch (schematic) to show each connection or discharge point location relative to your facility. Also indicate locations of any supply water or effluent flow meters. Please identify streets and buildings in the sketch such that these connection points could be located in the field. Number each connection point and indicate whether the wastewater at that point is domestic, process, or combined.

SKETCH:

F.2 Please provide the following information on the type of wastewater discharged:

Connection Location #	Type Wastewater Discharged at Each Connection to Public Sewer (indicate with "X")		
	Domestic Only	Process Only	Average Flow Combined (gpd)
#1	_____	_____	_____
#2	_____	_____	_____
#3	_____	_____	_____
#4	_____	_____	_____

F.3 Does your facility have a designated sampling location or flow monitoring station that can be used by BJWSA for obtaining representative samples of your process wastewater discharge?

[ ] Yes [ ] No

If yes, indicate where and on which line connecting to the public sewer this sampling point is located in the sketch in F.1 b above.

F.4 Does your facility have a wastewater flow monitoring system?

[ ] Yes [ ] No

If yes, provide the following information:

a. Meter Type and Brand _____
b. Totalizer Factor _____
c. Gallons Per Pulse (if applicable) _____
d. Recorder Brand _____
e. Recorder Chart Type _____
f. Flume Type _____
g. Weir Type _____
h. Date or most recent Calibration _____
i. Name of Calibration Company _____
j. Are readings suitable for user charge and/or surcharge billings?
[ ] YES [ ] NO

SECTION G - WASTEWATER VOLUMES, PRETREATMENT, SLUDGE INFORMATION

G.1 Does the wastewater discharged:

a. Create a fire or explosion hazard? [ ] Yes [ ] No
b. Have a pH lower than 5.0? [ ] Yes [ ] No
c. Contain a substance that can obstruct the flow in the collection system?
[ ] Yes [ ] No
d. Constitute a hazard to humans or animals, create a hazard in the sewers or wastewater treatment plant, or create a toxic effect in the receiving waters by containing toxic, poisonous, noxious, or malodorous liquids or gases.
[ ] Yes [ ] No

G.2 Has a Spill Prevention Control and Countermeasure Plan and/or Slug Control Plan been prepared for the facility?
[ ] Yes [ ] No

G.3 If any form of wastewater or sludge pretreatment is in place at the facility, check those listed below that are applicable:

[ ] Air Flotation
[ ] Centrifuge
[ ] Chemical precipitation
[ ] Chlorination
[ ] Cyclone
[ ] Filtration
[ ] Flow Equalization
[ ] Grease or oil separation, type _____
[ ] Grease trap
[ ] Grit Removal
[ ] Ion Exchange
[ ] Neutralization, pH correction
[ ] Ozonation
[ ] Reverse Osmosis
[ ] Screen
[ ] Sedimentation
[ ] Septic Tank
[ ] Solvent Separation
[ ] Spill Protection
[ ] Sump
[ ] Biological treatment, type _____
[ ] Rainwater diversion or storage
[ ] Other chemical treatment, type _____
[ ] Other physical treatment, type _____
[ ] Other, type _____
[ ] No pretreatment provided

G.4 If you have plans to install a pretreatment unit, please describe the units and the schedule for installation _____
_____
_____

G.5 Please provide a schematic flow diagram of the pretreatment units at your plant; label each unit process; also indicate at which point any planned pretreatment units would be located.

G.6 a. Does the South Carolina Department of Health and Environmental Control require a certified operator for your pretreatment facility. [ ] Yes [ ] No

If yes, provide the level and type of certification required
_____

b. Provide the name and title of your treatment system operator:
Name _____ Title_____

G.7 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
METALS, CYANIDE, AND TOTAL PHENOL	1	Antimony				
	2	Arsenic				
	3	Beryllium				
	4	Cadmium				
	5	Chromium				
	6	Copper				
	7	Lead				
	8	Mercury				
	9	Nickel				
	10	Selenium				
	11	Silver				
	12	Thallium				
	13	Zinc				
	14	Cyanide				
	15	Total Phenol				
ACID COMPOUNDS	16	Phenol				
	17	2-Chlorophenol				
	18	2,4-Dichlorophenol				
	19	2,4,6-Trichlorophenol				
	20	Pentachlorophenol				
	21	2-Nitrophenol				
	22	4-Nitrophenol				
	23	2,4-Dinitrophenol				
	24	2,4-Dimethylphenol				
	25	P-Chloro-M-Cresol				
	26	4,6-Dinitro-O-Cresol				
VOLATILE COMPOUNDS	27	Acrolein				
	28	Benzene				
	29	Bromoform				
	30	Carbon Tetrachloride				
	31	Chlorobenzene				
	32	Chlorodibromomethane				
	33	Chloroethane				
	34	2-Chloroethylvinyl Ether				

Company _____

		Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
	35	Chloroform				
	36	Dichlorobromomethane				
	37	1,1-Dichloroethane				
	38	1,2-Dichloroethane				
	39	1,1-Dichloroethylene				
	40	1,2-Dichloropropane				
	41	1,3-Dichloropropylene				
	42	Ethylbenzene				
	43	Methyl Bromide				
	44	Methyl Chloride				
	45	Methylene Chloride				
	46	1,1,2,2-Tetrachloroethane				
	47	Tetrachloroethylene				
	48	Toluene				
	49	1,2-Trans-Dichloroethylene				
	50	1,1,1-Trichloroethane				
	51	1,1,2-Trichloroethane				
	52	Trichloroethylene				
	53	Trichlorofluoromethane				
	54	Vinyl Chloride				
BASE/NEUTRAL COMPOUNDS	55	Acenaphthene				
	56	Acenaphthylene				
	57	Anthracene				
	58	Benzidine				
	59	Benzo (a) Anthracene				
	60	Benzo (a) Pyrene				
	61	3,4-Benzofluoranthene				
	62	Benzo (ghi) Perylene				
	63	Benzo (k) Fluoranthene				
	64	Bis (2-Chloroethoxy) Methane				
	65	Bis (2-Chloroethyl) Ether				
	66	Bis (2-Chloroisopropyl) Ether				
	67	Bis (2-Ethylhexyl) Phthalate				
	68	4-Bromophenyl Phenyl Ether				
	69	Butyl Benzyl Phthalate				
	70	2-Chloronaphthalene				
	71	4-Chlorophenyl Phenyl Ether				
	72	Chrysene				
	73	Dibenzo (a,h,) Anthracene				
	74	1,2-Dichlorobenzene				
	75	1,3-Dichlorobenzene				

Company _____

		Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
	76	1,4-Dichlorobenzene				
	77	3,3'-Dichlorobenzidine				
	78	Diethyl Phthalate				
	79	Dimethyl Phthalate				
	80	Di-N-Butyl Phthalate				
	81	2,4-Dinitrotoluene				
	82	2,6-Dinitrotoluene				
	83	Di-N-Octyl Phthalate				
	84	1,2-Diphenylhydrazine				
	85	Fluoranthene				
	86	Fluorene				
	87	Hexachlorobenzene				
	88	Hexachlorobutadiene				
	89	Hexachlorocyclopentadiene				
	90	Hexachloroethane				
	91	Indeno (1,2,3-cd) Pyrene				
	92	Isophorone				
	93	Naphthalene				
	94	Nitrobenzene				
	95	N-Nitrosodimethylamine				
	96	N-Nitrosodi-N-Propylamine				
	97	N-Nitrosodiphenylamine				
	98	Phenanthrene				
	99	Pyrene				
	100	1,2,4-Trichlorobenzene				
	101	Aldrin				
	102	BHC (Alpha)				
	103	BHC (Beta)				
	104	BHC (Gamma) or Lindane				
	105	BHC (Delta)				
	106	Chlordane				
PESTICIDES	107	4,4-DDT				
	108	4,4-DDE				
	109	4,4-DDD				
	110	Dieldrin				
	111	Endosulfan (Alpha)				
	112	Endosulfan (Beta)				
	113	Endosulfan Sulfate				
	114	Endrin				
	115	Endrin Aldehyde				
	116	Heptachlor				

	Chemical Compound	Known Present	Suspected Present	Known Absent	Suspected Absent
117	Heptachlor Expoxide				
118	PCB-1016				
119	PCB-1221				
120	PCB-1232				
121	PCB-1242				
122	PCB-1248				
123	PCB-1254				
124	PCB-1260				
125	Toxaphene				
126	TCDD Dioxin				

G.8 Please provide the following information on the priority pollutants you indicated to be "Known Present" or "Suspected Present":

Chemical Compound	Chemical Number	Process	Estimated Discharge (lbs/year)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

G.9 Please provide the concentration of any priority pollutant that is present in your wastewater discharge and whether the source of the data is based on laboratory analyses or an estimate:

Priority Pollutant	Concentration (mg/l)	Source
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

G.10 If laboratory data is available for the conventional parameters listed below, please provide the data:

BOD _____ mg/l pH _____ s.u.
COD _____ mg/l Temperature _____ ^{o}C
TOC _____ mg/l Alkalinity _____ mg/L
TSS _____ mg/l Petroleum Derived
TDS _____ mg/l Oil & Grease _____ mg/L

Note: Abbreviations: BOD, Biochemical Oxygen Demand;
COD, Chemical Oxygen Demand;

TOC, Total Organic Carbon;
TSS, Total Suspended Solids;
TDS, Total Dissolved Solids;
S.U., Standard Units

G.11 Source of analytical results included above:
Laboratory Name _____
SCDHEC Certification No. _____

SECTION H – AUTHORIZATION AND SIGNATURE

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 Pretreatment 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 gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

_____ _____
Signature of Authorized Representative Date