

Notice of Intent (NOI) NPDES General Permit for Vehicle Wash Water Discharges SCG750000

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by an NPDES permit issued for Vehicle Wash Water discharges in a State location identified in Section I of this form. Becoming a permittee obligates such a discharge to comply with all terms and conditions of the permit. ALL NECESSARY INFORMATION MUST BE INCLUDED WITH THIS FORM. AN ANNUAL OPERATING FEE OF \$100 IS REQUIRED FOR COVERAGE UNDER THIS PERMIT. See Instructions.

I. Facility/Operator I	nformation										
Name of Facility:											
Facility Site Address:											
City:		Stat	te:			(County:		ZIP:		
Operator Name:								Ph	none:		
Operator Address:											
City:		Stat	te:				ZIP:_		Operator Status:		
II. Facility Contact In											
Contact Name:								P	Phone:		
Contact Title:											
Mailing Address:											
City:								State:	ZIP:		
III. Site and Discharge											
A. SIC or Activity Codes	: Primary:		2	nd:			3r	d:	4th:		
(The SIC code for veh	icle washing activi	ties is 7	/542. F	Please li	ist any c	other SIC	ℂ codes	applicable to y	your facility.)		
B. Does the facility curre	ntly have Vehicle	Wash V	Vater G	eneral	Permit (coverage	e?	Yes, SCG75		No	
C. List any other NPDES	S or ND Permit nur	mbers f	for the t	facility:	· SC			SC	ND		
 List the type of discharge which the discharge flo 		ons per	: day), 1	the latit	aude and	longitu	de (to ti	he nearest 15 s	seconds), and the name of the re	eceiving water to	
Discharge Type	Flow	Latitude			l l	Longitude			Receiving Waters		
	(gpd)	Deg	Min	Sec	Deg	1	Sec	1			
	† †			\vdash	+	\vdash	\vdash	†			
E. Dazanika the type of fo	liter amplying for	2271000	Za Ec	- avam	la- con	tol (Z222011	dealamhin	M4 amountions ato		
E. Describe the type of fa	acility applying for	covera	ge. ro	r exam	ple: car	rentai a	gency,	car dealersnip,	, fleet operations, etc.		
E. Dosoribo the discharge	of flow noth from th	o noint	it avite	the exp	ctom to	the noir	st it onto	ens the receiving	a watar (attach a caparata chaot	if more enges is	
									g water (attach a separate sheet lischarge not on property of the		
are not waters of the S	State.										
G. Locate the facility and the discharge iden						nute qua	ıd sheet	. An 8½ x 11	copy of the portion of the map	with the facility	
and the discharge iden	IIIIeu Shoulu be sui	Hinteu	With the	IIS INOI							

Parameter	Maximum Daily Value (include units)	Average Daily Value (include units)	Number of Samples (if based on actual data)	Source of Estimate or Actual Data
Total Suspended Solids (TSS)				
Oil and Grease (O&G)				
oH (give high and low in range)				
Surfactants				
Are you required to submit a BMP plan sun Describe your sludge disposal method. □ No sludge generated.	nmary with this NOI?	Yes, attach summary to N	IOI No	
☐ Lagoon or other facility with no routine ☐ Disposal at an approved facility, such as ☐ Disposal by land application. Indicate N	a landfill or wastewater tr			
☐ Other. Describe:				
List all cleansers and chemicals used in the	washing of vehicles. Attack	ch a Material Safety Data S	heet (MSDS) for ϵ	each product used.
. Use the space below to bring to the Depart an additional sheet if necessary.	ment's attention any additio	onal information you feel sh	ould be considered	d in the permit decision. Attac
V. Certification certify under penalty of law that this document as assure that qualified personnel gather and ever those persons directly responsible for gather and complete. I am aware that there are significated policious.	nd all attachments were prep luate the information subm ng the information, the info	pared under my direction or itted. Based on my inquiry ormation submitted is, to th	supervision in acc of the person or p e best of my know	cordance with a system designe persons who manage the systen cledge and belief, true, accurate
W. Certification certify under penalty of law that this document a assure that qualified personnel gather and evaluation that the persons directly responsible for gather and complete. I am aware that there are significa	nd all attachments were prep luate the information subm ng the information, the info nt penalties for submitting fal	pared under my direction or itted. Based on my inquiry ormation submitted is, to th se information including the	supervision in acc of the person or p e best of my know e possibility of fine	cordance with a system designe persons who manage the systen eledge and belief, true, accurat e and imprisonment for knowir
an additional sheet if necessary. V. Certification certify under penalty of law that this document a assure that qualified personnel gather and evaluations those persons directly responsible for gather and complete. I am aware that there are significated collins.	nd all attachments were prep luate the information subm ng the information, the info nt penalties for submitting fal	pared under my direction or itted. Based on my inquiry ormation submitted is, to the se information including the Title:	supervision in acc of the person or p e best of my know e possibility of fine	cordance with a system designo persons who manage the syster eledge and belief, true, accurat e and imprisonment for knowin

INSTRUCTIONS

Notice Of Intent (NOI) For Vehicle Wash Water Discharges To Be Covered Under the NPDES General Permit SCG750000

Who Must File A Notice of Intent (NOI) Form.

Federal law at 40 CFR Part 122 prohibits point source discharges to a water body(ies) of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. The operator of a facility that has vehicle wash water discharges must submit a NOI to obtain coverage under the NPDES General Permit for Vehicle Wash Water Discharges. If you have questions about whether you need a permit under the NPDES Program, or if you need information as to whether a particular program is administered by EPA or a state agency, contact S.C. DHEC at (803) 898-4300.

Where To File NOI Form.

NOIs must be sent to the following address:

SC Department of Health & Environmental Control Bureau of Water/NPDES Permit Administration 2600 Bull Street Columbia, SC 29201-1797

Completing the Form

You must type or print all information. If you have any questions on this form, call S.C. DHEC at (803) 898-4300.

Revisions to a previously-submitted NOI

If there are only changes in name, address, or facility contact person, only Sections I, II and IV of the NOI are required to be completed. The entire NOI should be completed for changes in discharge(s) or discharge characteristics.

The annual NPDES administration fee of \$100 is required to be submitted with the NOI for coverage of a new facility. The fee applies only to those facilities required to sample as identified below in Part III.H. Make check payable to S.C. DHEC and attach to NOI.

Section I: Facility/Operator Information.
Give the legal name and physical address of the facility to be permitted, including city, state, zip and county. If the facility lacks a street address, indicate the state or county Highway number, the nearest town or city, or the quarter section, township, and range (to the nearest quarter section) of the approximate center of the site.

Give the legal name of the person, firm, public organization, or any other entity that operates the facility or site described in this application. The name of the operator may or may not be the same name as the facility. The operator of the facility is the legal entity which controls the facility's operation, rather than the plant or site manager. Do not use a colloquial name. Enter the complete address and telephone number of the operator.

Operator Status: Enter the appropriate letter to indicate the legal ownership status of the facility.

F= Federal M= Public (other than federal or state)

S= State P= Private

Section II: Facility Contact Information

Enter the name, title and complete address and phone number of the person who is familiar with the operation of the facility and with the facts reported in this NOI and to whom all permitting correspondence should be sent.

Section III: Site and Discharge Information.

- List the four 4-digit standard industrial classification (SIC) codes that best describes the principal services provided at the facility or site identified in Section I.
- Indicate whether the facility is currently covered by the Vehicle Wash Water General Permit and give the permit number, if applicable.
- C. List any other NPDES or ND (land application) permits issued for the facility, if applicable.
- D. List the discharge for which coverage is sought. Actual or estimated flow data should be included for the discharge. If coverage is sought for more than one discharge of the same type, please note that the discharges are distinct. If more space is needed, attach a separate sheet. The Vehicle Wash Water General Permit limits the discharge to 10,000 gallons per day of wash water.

Give the latitude and longitude (to the nearest 15 seconds) for each discharge and the name of the receiving waters. Name all waters to which discharge is made and which flow into significant receiving waters. For example, if the discharge is made to a ditch which flows into an unnamed tributary which in turn flows into a named river, you should provide the name or description (if no name is available) of the ditch, the tributary and the river.

- E. Describe the type of facility applying for coverage.
- F. Describe the discharge flow path.

- G. Provide an 81/2x 11 copy of the applicable portion of a US Geological Survey 71/2 minute quad map locating the facility and discharge point(s). The quad sheet name must be provided with the map.
- H. Sampling data is required to characterize the discharge to be covered by the general permit. The following types of facilities are not required to conduct sampling for the purposes of this NOI:
 - 1. Mobile Washers;
 - 2. Any facility which generates less than 1,000 gallons per day;
 - 3. Charitable organizations conducting one-time car washes for fundraising
 - 4. Golf courses that discharge to the land; and
 - 5. 100% recycle wash water systems.
- Your facility is required to submit a BMP plan summary if you have ancillary industrial activities and use, store, manufacture, handle or discharge any pollutant listed as toxic under section 307(a) of the Clean Water Act (CWA) or any pollutant listed as hazardous under section 311 of the CWA. These discharges are subject to the requirements of this part for all activities which may result in significant amounts of those pollutants reaching waters of the State. If this is not applicable to your facility, check "No".
- J. Describe your facility's sludge disposal.
- K. List all cleansers and chemicals used when washing vehicles. Attach a Material Safety Data Sheet (MSDS) for each product used.
- L. Provide any other relevant information.

Section IV: Certification

Please print the name and title of the authorized person and sign and date in accordance with the following:

Federal statutes provide for severe penalties for submitting false information on this application form. Federal regulations require this application to be signed as follows:

For a corporation: by a responsible corporate officer, which means: (I) president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision making functions, or (ii) the manager of one or more manufacturing, production, or operating facilities employing more than 250 persons or having gross annual sales or expenditures exceeding \$25 million (in second-quarter 1980), if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures:

For a partnership or sole proprietorship: by a general partner or the proprietor; or

For a municipality, State, Federal, or other public facility: by either a principal executive officer or ranking elected official.

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 1.5 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of the collection of information, or suggestions for improving this form, including any suggestions which may increase or reduce this burden to: Manager, Federal, Energy, Pre-Treatment Permitting Section, Bureau of Water, S.C. Dept.of Health & Environmental Control, 2600 Bull Street, Columbia, SC 29201-1797.