

Notice of Intent (NOI) NPDES General Permit for Utility Water Discharges SCG250000

Discharge Type	(gpd)	Deg	Min	Sec	Deg	Min	Sec		Receiving Waters	ers
condensate, air condition any combination of these receiving water or munic	er condensate of e), the flow ass	or other sociated	non-cont l with ea	act cool ch disch eiving v	ling wat narge, tl vater to	er discha ne latitud	rging fro le and l e discha	om heating and cool ongitude (to the ne	ling (HVAC) syste earest 15 seconds ditional discharge	ms, other condensate of), and the name of the s on a separate page.
D. List the type of discharge										
C. List any other NPDES or					-					
B. Does the facility currently	v have Utility V	Water G	eneral P	ermit co	overage	? □Y	es, <u>SC(</u>	G2 <u>5</u> [□No	
A. SIC or Activity Codes: F		4	2nd:		3rd:		4th:			
IV. Site and Discharge Info	ormation									
City:								State:	ZIP:	
Billing Address:										
Billing Contact Name or Titl										
Billing Company Name:										
III. Billing Information						DI			EAV	
City:									ZIP:	
Mailing Address:										
Contact Title:										
Contact Name:						Pho	one:		FAX:	
II. Facility Contact Information	ation									
City:		S	tate:		ZIP:		_Opera	tor Status: Fede	ral □State □Pu	blic Private
Operator/Owner Mailing Add	dress:									
Operator/Owner Name:										
Facility Latitude:										
City:									ZIP:	
Facility Site Address:										
Name of Facility:										Update Only

- E. Provide a short description of the each discharge's flow from the plant site to waters of the State, identifying the distance in feet and specifying if the discharge flows through a pond. Indicate the type of discharge associated with each description.
- F. Locate the facility and each discharge on a U.S. Geological Survey 7½ minute quad sheet. Highlight the path from the outfall to the point the discharge reaches the receiving stream. An 8½ x 11 copy of the portion of the map with the facility and each outfall path identified should be submitted with this NOI.
- G. For each discharge described in D above, please provide concentrations of the following parameters and indicate whether the data is based on actual sampling results or, if estimated, a source of the estimated value. The average daily value is typically based on an average of the last 365 days of data. In the spaces provided, list any other pollutants believed present and their concentrations. If more than one discharge is present, make copies of the table and provide data for each discharge attached to the NOI.

Type of Discharge:					
Parameter	Maximum Daily Value (mg/l)	Average Daily Value (mg/l)	Number of Samples	Source of Estimate or Actual Data	
Biochemical Oxygen Demand (BOD ₅)					
Total Suspended Solids (TSS)					
Total Residual Chlorine (TRC)					
pH (give high and low in range)					
Temperature (summer)	•				
Temperature (winter)					
Total Dissolved Solids (TDS)*					
Total Copper					
Total Lead					
Total Zinc					

*if boiler blowdown is discharged

H. Describe your sludge disposal method.

□No sludge generated.

Lagoon or other facility with no routine sludge disposal.

Disposal at an approved facility, such as a landfill or wastewater treatment facility. Attach a letter of approval from the receiving facility. Disposal by land application. Indicate ND number, Construction Permit number or other approval by the Department.

- I. List any additives used in the utility water systems. Describe their composition, provide aquatic toxicity information and attach Material Safety Data Sheets for each product used. Attach an additional sheet if necessary.
- J. Identify the source of water used at this facility for utility water.

 Public water supply
 Groundwater
 Surface Water Intake Structure
 Other (please specify)

Is there a potential for chlorine to be present in the discharge (from any other source than a public water supply source)?

K. Use the space below to bring to the Department's attention any additional information you feel should be considered in the permit decision. Attach an additional sheet if necessary.

IV. Certification

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 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:

_____ Date:_____

Title:

Notice Of Intent (NOI) For Utility Water Discharges To Be Covered Under the NPDES General Permit SCG250000

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 utility water discharges must submit a NOI to obtain coverage under the NPDES General Permit for Utility 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.

Completed 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 ownership, name, address, site contact information or billing information, only those relevant sections of the NOI are required to be completed. Please check the box at the top right of the NOI form labeled "Update Only" if you are only updating information. A signature is required for all changes.

Fees

The annual NPDES administration fee of \$100 is required to be submitted with the NOI for coverage of a new facility. Make check payable to *S.C. DHEC*.

Section I: Facility/Operator Information.

Give the legal name, physical address, including city, state, zip and county, and the latitude and longitude of the facility to be permitted. 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. This name should be the name as registered with the SC Secretary of State to do business in SC. 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 that controls the facility's operation, rather than the plant or site manager. Enter the complete mailing address and telephone number of the operator. This name is not the name of the person who operates the wastewater treatment plant.

Operator Status: Indicate the legal ownership status of the facility.

Section II: Facility Contact Information

Enter the name, title and complete address, phone number and electronic mail (e-mail) address 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. Billing Information

Enter the company name to which invoices should be sent. Name the person or title to which the annual invoice should be mailed and provide his address, phone and e-mail information.

Section IV: Site and Discharge Information.

- A. List, in descending order of significance, up to four 4-digit standard industrial classification (SIC) codes that best describe the principal products or services provided at the facility or site identified in Section I. If you are not sure of the SIC code to use, go to <u>http://www.osha.gov/pls/imis/sicsearch.html</u> to search by keywords.
- B. Indicate whether the facility is currently covered by the Utility 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 each discharge for which coverage is sought. Actual or estimated flow data should be included for each 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 following are the stated flow limits for the types of discharges authorized by the General Permit for Utility Water Discharges:

- 1. Once-through, non-contact cooling water of **500,000 gallons per day** (**gpd**) on the maximum day or less.
- 2. Recirculated, non-contact cooling water of **200,000 gpd** on the maximum day or less.
- 3. Air washer water of 100,000 gpd on the maximum day or less.
- 4. Boiler blowdown of **10,000 gpd** on the maximum day or less.
- 5. Steam condensate of 10,000 gpd on the maximum day or less.
- 6. Combined discharges of any of the discharges in 1 5 above of **500,000 gpd** on the maximum day or less in which the flow limits on the individual waste streams above are not exceeded.
- No limit on air conditioner condensate or other non-contact cooling water discharging from heating and cooling (HVAC) systems and other condensate as defined in the NPDES General Permit SCG250000.

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 that 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 discharge flow path.
- F. Provide an $8\frac{1}{2} \times 11$ copy of the applicable portion of a US Geological Survey $7\frac{1}{2}$ minute quad map locating the facility and discharge point(s). The quad sheet name must be provided with the map.
- G. Sampling data is required to characterize each discharge to be covered by the general permit. If the discharge is proposed and cannot be sampled, or if there has been no discharge due to the absence of a particular waste stream for some time, an estimate of each parameter shall be included based on data from an existing or similar facility or data source. Indicate the source of the data in the last column. Data up to three (3) years old may be used on this form provided the data is representative of current operations. The following waste streams are not required to be sampled for the purpose of this NOI:
 - Once-through, non-contact cooling water of less than 5000 gpd.
 Recirculated, non-contact cooling water of less than 2500 gpd.
 - 3. Air washer water of less than 1000 gpd.
 - 4. Boiler blowdown of less than 1000 gpd.
 - 5. Steam condensate of less than 1000 gpd.
 - 6. Combined discharges of any of the discharges in 1 5 above less than 2000 gpd.
 - 7.Air conditioner condensate or other non-contact cooling water discharging from heating and cooling (HVAC) systems and other condensate as defined in the NPDES General Permit SCG250000.
- H. Describe your facility's sludge disposal.
- I. List chemical additives used. Attach Material Safety Data Sheets (MSDS) for each product used that is discharged.
- J. Identify the source of the water used at this facility for utility water. Is chlorine added such that chlorine could be in the discharge? This information will be used to determine whether Total Residual Chlorine (TRC) limits are needed.
- K. 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.