



**Notice of Intent (NOI)  
NPDES General Permit for Water Treatment Plant Discharges  
SCG646000**

Submission of this Notice of Intent constitutes notice that the party identified in Section I is requesting to be authorized by an NPDES permit issued for Water Treatment Plant discharges in South Carolina at a location(s) identified below. Becoming a permittee obligates such a discharge to comply with all terms and conditions of the issued NPDES General permit. ALL NECESSARY INFORMATION MUST BE INCLUDED. See Instructions on pages 3 and 4.

**I. Facility/Owner Information**

Name of Facility: \_\_\_\_\_  
 Facility Site Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Owner Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Owner Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Operator Status: \_\_\_\_\_

**II. Facility Contact Information**

Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Contact Title: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**III. Site and Discharge Information**

- A. SIC or Activity Codes: Primary: 4941 2<sup>nd</sup>: \_\_\_\_\_ 3<sup>rd</sup>: \_\_\_\_\_ 4<sup>th</sup>: \_\_\_\_\_  
 B. Does the facility currently have Water Treatment Plant General Permit coverage?  Yes, SCG \_\_\_\_\_  No  
 C. List any other NPDES or ND Permit numbers for the facility: SC \_\_\_\_\_ SC \_\_\_\_\_ ND \_\_\_\_\_  
 D. List the type of discharge (see item F below), the estimated flow (in gallons per day) associated with each discharge, the latitude and longitude (to the nearest 15 seconds), and the name of the receiving water to which the discharge flows.

Discharge Type	Flow (gpd)	Latitude			Longitude			Receiving Waters
		Deg	Min	Sec	Deg	Min	Sec	

- E. Describe each discharge flow path from the point it exits the system to the point it enters the receiving water (attach a separate sheet if more space is needed). Indicate the type of discharge associated with each description.
- F. Identify which, if any, of the following are used:  
 Aluminum-based coagulants  
 Iron-based Coagulants  
 Polymer-based Coagulants  
 Iron and/or Manganese removal and/or softening [without the addition of chemical coagulants]  
 Ion Exchange  
 Reverse Osmosis  
 Activities associated with the operation and maintenance of water treatment facilities including collection and distribution systems
- G. Locate the facility and each discharge on a U.S. Geological Survey 7½ minute quad sheet. An 8½ x 11 copy of the portion of the map with the facility and each discharge identified should be submitted with this NOI.
- 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 letter of approval from the receiving facility.  
 Disposal by land application. Indicate ND number, Construction Permit number, or other approval by the Department.

I. For each discharge described in D above where quantitative data exists, please provide concentrations of the following parameters. Indicate whether the data is based on actual sampling results or, if estimated, the source of the estimated value. Data must be representative of the facility's current operation and include all parameters on your current permit (if any). The average daily value is typically based on an average of the last three (3) years of data. In the spaces provided (or on an attachment), 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	Average Daily Value	Number of Samples	Source of Estimate or Actual Data
Flow-m <sup>3</sup> /day (MGD)				
Total Suspended Solids (TSS), mg/l				
Total Residual Chlorine (TRC), mg/l				
pH (give high and low in range), S.U.				
Total Aluminum, mg/l				
Total Iron, mg/l				
Total Phosphorus, mg/l				
Whole Effluent Toxicity (Acute Testing) [Pass/Fail or IC <sub>25</sub> data, if available]				
Attach supplement for Ion Exchange or Reverse Osmosis processes				

J. Does the applicant own all properties necessary to allow for direct discharge of wastewaters into the Waters of the State?  
 Yes     No

If NO, have all necessary easements been obtained by the applicant for any conveyances of the discharge not on the property of the permittee and which do not constitute Waters of the South Carolina?

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 additional sheets 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.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INSTRUCTIONS-** Notice Of Intent (NOI) For Water Treatment Plant Discharges To Be Covered Under the NPDES General Permit SCG646000

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

Federal law at 40 CFR Part 122 prohibits point source discharges to a waterbodies of the U.S. without a National Pollutant Discharge Elimination System (NPDES) permit. The owner/operator of a water treatment facility must submit an NOI to obtain coverage under the NPDES General Permit for Water Treatment Plants. If you have questions about whether you need a permit under the NPDES Program, or if you need information contact S.C. DHEC at (803) 898-4300.

**Where To File NOI.**

NOIs must be sent to the following address:

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

**Completing the NOI**

You must type or print all information. If you have any questions, call S.C. DHEC at (803) 898-4300, ask for the Domestic Wastewater Permitting Section.

**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.

**Fees**

The annual NPDES administration fee of \$100 must be submitted with the NOI for coverage of a new facility. This fee is for all facilities requesting coverage, under the SCG646000 permit. 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 code 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 owns/operates the facility or site described in this application. The name of the owner/operator may or may not be the same name as the facility. The owner/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 owner/operator.

Owner/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  
I=Industrial

**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.**

- 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. The SIC code for water treatment facilities primarily engaged in distributing water for domestic, commercial, and industrial use is 4941.

- B. Indicate whether the facility is currently covered by the Water Treatment Plant 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. 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 each discharge flow path from the point it exits the system to the point it enters the receiving water (attach a separate sheet if more space is needed). Indicate the type of discharge associated with each description.
- F. Identify the primary source for each proposed outfall location:
1. Filter backwash water, sedimentation basin washdown, and decant from water treatment facilities (or other covered activities) using aluminum based coagulation agents.
  2. Filter backwash water, sedimentation basin washdown, and decant from water treatment facilities (or other covered activities) using iron based coagulation agents.
  3. Filter backwash water, sedimentation basin washdown, and decant from water treatment facilities (or other covered activities) using polymer based coagulation agents.
  4. Filter backwash water, sedimentation basin washdown, and decant from treatment using technologies designed for iron and/or manganese removal and/or softening without the addition of chemical coagulants.
  5. Filter backwash water, sedimentation basin washdown, and decant from treatment using technologies designed for ion exchange.
  6. Filter backwash water, sedimentation basin washdown, and decant from treatment using technologies designed for reverse osmosis.
  7. Activities that involve aluminum based coagulation agents, iron based coagulation agents, polymer based coagulation agents, or other technologies designed for iron and/or manganese removal and/or softening without the addition of chemical coagulants which are associated with the operation and maintenance of water treatment facilities including collection and distribution systems.
- G. Provide an 8½ x 11 copy of the applicable portion of a US Geological Survey 7½ minute quad map locating the facility and discharge point(s). The quad sheet name must be provided with the map.
- H. Describe your facility's sludge disposal.
- I. Complete this section only if there is existing data describing the concentration of pollutants in the discharge(s). Provide data from the previous three (3) years prior to the permit application.
- J. The permittee must obtain all necessary easements before applying for this permit.
- K. Provide any other relevant information you wish to be considered in the permit decision.

**Supplemental Information needed for Ion Exchange or Reverse Osmosis.**

For each discharge described in D above where quantitative data exists, please provide concentrations of the following parameters. Indicate whether the data is based on actual sampling results or, if estimated, the source of the estimated value. Data must be representative of the facilities current operation and include all parameters on your current permit (if any). The average daily value is typically based on an average of the last three (3) years of data. List any other pollutants believed present and their concentrations. If more than one discharge is present, provide data for each discharge attached to the NOI.

Total Arsenic  
Total Barium  
Total Cadmium  
Total Copper  
Total Mercury  
Total Selenium  
Total Zinc  
Temperature (effluent)  
Salinity (effluent)

**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. 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.