



South Central Wastewater Authority  
900 Magazine Road  
Petersburg, VA 23803

Phone: (804) 861-0111

## APPLICATION FOR SPECIAL DISCHARGE PERMIT

This Special Discharge Permit application is designed to provide the Authority with all information necessary to accurately characterize all wastes delivered to the treatment works by means of a licensed waste hauler or conveyance system. Please keep in mind while completing this form, different facilities have a variety of processes. Questions contained in this form may or may not apply to your particular facility or operation. Please note these exclusions by inserting or marking "NA" where indicated.

### Section A

#### General Information

1.)

Facility Name \_\_\_\_\_

Plant/Division (if different from facility name) \_\_\_\_\_

Facility Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Facility Mailing Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Name of Authorized Company Representative \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Name of Facility Representative/Contact \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

2.) Date operations commenced, or will commence, at this location: \_\_\_\_\_

3.) Has a Special Discharge Permit been issued to this facility in the past? YES  NO

If so, what was the permit number? \_\_\_\_\_

What was the permit expiration date? \_\_\_\_/\_\_\_\_/\_\_\_\_

Section B

Business Activity

1.) Give a brief description of all operations at this facility. Attach additional sheets and diagrams if necessary.

Five horizontal lines for providing a description of operations.

2.) For all processes, list the applicable Standard Industrial Classification (SIC) code numbers and NAICS Codes with titles

Table with 3 columns: SIC CODES, NAICS Codes, and Code Titles/ Descriptions. It contains three rows for listing processes.

3.) Identify any applicable Federal Categories from the following list.

- A list of 20 federal categories with checkboxes, including: None Apply, Aluminum Forming, Battery Manufacturing, Builders' Paper and Board Mill, Carbon Black Manufacturing, Coil Coating, Copper Forming, Electrical/ Electrical Components, Electroplating, Feedlot, Fertilizer Manufacturing, Glass Manufacturing, Grain Mill, Ink Formulating, Inorganic Chemicals Manufacturing, Iron and Steel Manufacturing, Leather Tanning and Finishing, Metal Finishing, Metal Molding and Casting, Nonferrous Metals Forming / Powders, Nonferrous Metals Manufacturing, Organic Chemicals/Plastics/Syn. Fibers, Paint Formulating, Paving and Roofing Materials (Tar/Asph), Pesticide Chemicals, Petroleum Refining, Pharmaceutical Manufacturing, Porcelain Enameling, Pulp, Paper, and Paperboard, Rubber Manufacturing, Soap and Detergents Manufacturing, Steam Electric Power Generation, and Timber Products Processing.

Section C

**Water Use and Discharge**

1.) What is the source(s) of your clean potable water (drinking water)? \_\_\_\_\_

2.) Is your potable/drinking water metered?  Yes  No  N/A

Daily Average Flow \_\_\_\_\_ gal./Day  
 Daily Maximum Flow \_\_\_\_\_ gal./Day  
 Monthly Maximum Flow \_\_\_\_\_ gal./Month

3.) Other Wastewater Discharge Points:

- |  |  |
|--|--|
| <input type="checkbox"/> Surface Water                   | <input type="checkbox"/> Number of Outfalls _____          |
| <input type="checkbox"/> Sewer                           | <input type="checkbox"/> Number of Sewer Connections _____ |
| <input type="checkbox"/> Other (i.e. Waste hauler) _____ |  |

4.) Describe your wastewater discharge location(s).

*Attach map if available.*

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5.) Please describe the type of wastewater to be discharged.

- Portable Toilet
- Landfill Leachate
- Wastewater Treatment Plant Sludge  
*(i.e. WAS, Digester, RAS, etc.)*
- Other (Please describe in detail)

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6.) What is your operating schedule?

<u>Days of Operation</u>	<u>Hours of Operation</u>	<u>Hours of Discharge</u>
<input type="checkbox"/> Sunday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/> Monday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/> Tuesday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/> Wednesday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/> Thursday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/> Friday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM
<input type="checkbox"/> Saturday	_____ AM / PM to _____ AM / PM	_____ AM / PM to _____ AM / PM

7.) Is your facility or operation subject to seasonal variation? If so, please describe.

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Section D

**Pretreatment**

1.) Does your Facility or operation provide pretreatment to its discharge?  Yes  No  N/A  
If so, describe your pretreatment. Provide drawings, if available.

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2.) Is your facility or operation subject to Air Pollution Control?  Yes  No  N/A  
If so, please describe.

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3.) Has the wastewater been analyzed during the past 6 months?  Yes  No  N/A  
If so, provide copy of the Certificate of Analysis.

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Section E

**Other Wastes**

1.) Are any hazardous or regulated wastes contained in the discharge?  Yes  No  
If any pollutants are believed to be present, please list below.

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Section F

**Certification of Application Content**

This application and all other official communication with South Central Wastewater Authority must be signed by an authorized official of your firm only after adequate examination and review of the information provided. In accordance with Title 40 of the Code of Federal Regulations Part 403, Section 403.13, information provided in this application that identifies the nature and frequency of discharge is available to the public without restriction. Requests for confidential treatment of information is governed by procedures specified in 40 CFR Part 2. This Application will become a part of any discharge permit granted to your facility.

I have personally examined and am familiar with the information submitted in this document and its attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

\_\_\_\_\_  
Signature of Authorized Company Official

\_\_\_\_\_  
Date