



**Notice of Intent (NOI)
NPDES General Permit for
Hydrostatic Test Water Discharges SCG670000**

Submission of this Notice of Intent constitutes notice that the party identified in Section I of this form intends to be authorized by a NPDES permit issued for Hydrostatic Test 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.

I. Facility/Operator Information

Name of Company: _____
Company Corporate Address: _____
City: _____ State: _____ ZIP: _____
Phone: (____) _____ Fax: (____) _____
Operator Name: _____ Phone: (____) _____
Operator Address: _____
City: _____ State: _____ ZIP: _____ Operator Status: _____

II. Facility Information

Facility Name: _____ Phone: (____) _____
Facility Contact Title: _____ County: _____
Mailing Address: _____
City: _____ State: _____ ZIP: _____

III. Permit Information

A. SIC or Activity Codes: Primary: _____ 2nd: _____ 3rd: _____ 4th: _____
B. Does the facility currently have Hydrostatic Test Water General Permit coverage? **G** Yes (Renewal) SCG67 **G** No (First Time NOI)
C. List any other NPDES or ND Permit numbers for the facility: SC SC ND

IV. Discharge Information

A. List operations that may contribute to wastewater discharges covered by this permit (New natural gas pipelines, used natural gas pipelines, new LPG pipelines, used LPG pipelines, new petroleum tanks, new petroleum pipelines, used petroleum tanks, and used petroleum pipelines): _____

B. Provide an approximate range of hydrostatic wastewater discharge volumes that are expected from this operation: _____

C. Describe any treatment that may be performed prior to discharge and what type: _____

D. List any expected toxic and/or hazardous pollutants and the reason for their presence: _____

E. Provide a brief description of all erosion and other pollution control measures which may be taken on a project: _____

G. For each discharge described in A on the previous page, 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. Data must be representative of the facility's current operation. 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	Minimum Daily Value (include units)	Average Daily Value (include units)	Maximum Daily Value (include units)	Source of Estimate or Actual Data
pH				
Total Suspended Solids (TSS)				
Total Residual Chlorine (TRC)				
Total Petroleum Hydrocarbons (TPH)				
Chromium (III)				
Copper				
Zinc				
Iron				
Lead				
Benzene				
Ethylbenzene				
Toluene				
Xylene				
Naphthalene				
Methyl Tert Butyl Ether (MTBE)				
Surfactants				

- H. Provide the following test information:
- a. Type of structure to be tested: _____
 - b. Structure is: New Existing
 - c. Volume of test water for proposed discharge: _____
 - d. Expected date(s) for testing and discharge: _____
 - e. Affected Landowners contacted: Yes No

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

V. 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.

Responsible Person: _____ Phone: _____
 Print Name: _____ Title: _____
 Signature: _____ Date: _____

INSTRUCTIONS

Notice Of Intent (NOI) For Hydrostatic Test Water Discharges To Be Covered Under the NPDES General Permit SCG670000

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 Hydrostatic Test 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.

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* and attach to NOI.

Section I: Facility/Operator Information.

Give the company name and corporate address for the legal owner of the facility. Also, 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

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. .

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 regarding this facility should be sent.

Section III: Permit 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.
- B. Indicate whether the facility is currently covered by the Hydrostatic Test 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.

Section IV Permit Information

- A. List each type of wastewater discharge for which coverage is sought for this facility. 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 Hydrostatic Test Water Discharges:
 1. New natural gas pipelines.
 2. Used natural gas pipelines.
 3. New liquefied petroleum gas (LPG) pipelines.

4. Used LPG pipelines.
5. New petroleum pipelines.
6. New petroleum tanks.
7. Used petroleum pipelines.
8. Used petroleum tanks.

- B. Provide an approximate range of hydrostatic wastewater volumes that are expected from the operations at this facility.
- C. Describe any treatment that may be performed prior to discharge and what type.
- D. List any expected toxic and/or hazardous pollutants and the reason for their presence. Your facility is have 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 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, indicate that it is not applicable (NA).
- E. Provide a brief description of all erosion and pollution control measures which may be taken on a project at this facility.
- F. List estimated concentrations of pollutants that are expected to be present in the hydrostatic test water discharges from this facility. Data from previous similar discharges should be used, if available.
- G. Use this space to bring to the Department's attention any additional information that you believe should be considered in the permit process.

Section IV: Certification

List the name and phone number of the person responsible for the project. This may or may not be the same person as the facility contact.

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, Industrial Wastewater Permitting Section, Bureau of Water, S.C. Dept. of Health & Environmental Control, 2600 Bull Street, Columbia, SC 29201-1797.