



Karen E. Sprinkle
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561 Mauldin Rd. • Greenville, SC 29607
www.ReWaonline.org

Date

Name
Address

RE: New Transporter Discharge Application

Dear:

Enclosed is the Transporter Discharge Permit Application that you have requested. Please complete the application, and submit it along with a copy of your current DHEC license to the Accounting Department. The address is:

Renewable Water Resources
561 Mauldin Road
Greenville, SC 29607
Attn: Kayla Parks

Please enclose the Transporter Permit Fee of \$75.00 for each truck permitted. Your permit will be issued upon receipt of payment and submittal of SCDHEC license.

I have also enclosed a ReWa Sewer Use Regulation for your information. Should you require additional information concerning this matter, please contact me at (864) 299-4000 ext. 222.

Sincerely,

Karen E. Sprinkle
Pretreatment Data Control Technician

Attachment: ReWa Sewer Use and Regulation
cc: Transporter File, Kayla– Accounting

TRANSPORTER DISCHARGE PERMIT APPLICATION

SECTION A - GENERAL INFORMATION

1. Company Name: _____
2. Mailing Address: _____
3. Premise Address: _____
4. Name and Title of Signing Official: _____
 Phone No. () _____ Fax No. () _____
5. Alternate Contact Concerning Information Provided Herein:
 Name and Title: _____ Phone No. () _____
6. Dispatcher Name: _____ Phone No. () _____
7. Company status (Check one): Existing Proposed

SECTION B – TRANSPORT VEHICLE INFORMATION

Vehicles	Make and Model	ACTUAL TANK SIZE (gallons)	License # and State Registered	SCDHEC License #
1.				
2.				
3.				
4.				

SECTION C – WASTE INFORMATION

(Please note that in accordance with Section 4.1 – Prohibited Discharges of the ReWa Sewer Use Regulation hazardous or toxic waste is prohibited)

1. Types and estimated annual volumes of wastes to be transported and discharged to ReWa (check all that apply)
 Industrial sanitary only ___ Landfill Leachate ___ Septic Tank Contents ___
 Grease Interceptors/Traps _____ Portable Toilets _____ Other (please describe) _____

2. Disposal Sites:

Company Agency Name	Address	Contact Name and Phone No.
1.		
2.		
3.		

Company Name _____

SECTION D - OPERATIONAL CHARACTERISTICS

1. What is the frequency of discharge? (approximate) _____
2. What is the volume of each discharge? _____
3. What is the average rate of flow of each discharge? _____
4. Is your business subject to seasonal variation? _____
If yes, explain and indicate the month(s) of peak operation and products: _____

- Is there a scheduled shut down? YES NO If yes, when _____
5. Shift information (List projected shift information in parenthesis) :
 - a. Number of shifts per work day: _____ b. Number of work days per week: _____
 - c. Delivery time of wastewater or septage: 1st shift _____ 2nd shift _____
6. Clean-up:
_____ Routine Clean out of Tank
_____ Special Clean out (Please explain what is cleaned) _____
6. Are routine laboratory monitoring and analyses conducted on the wastewater or septage discharge?
 YES NO (if yes, give name of outside commercial laboratory)

Note to Signing Official : In accordance with Section 6.4 – Confidentiality of the ReWa’s Sewer Use Regulation, information and data provided in this questionnaire which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in Section 6.4 of the Regulation. Should a discharge permit be required for your business, the information in this questionnaire will be used to issue the permit.

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 properly 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.

Date

Signature of Official (Seal If applicable)

Title

Return Completed Application to:

RENEWABLE WATER RESOURCES
561 Mauldin Road
Greenville, South Carolina 29607
c/o Accounting Office – Kayla Parks