



INDUSTRIAL WASTEWATER FACILITY CLOSURE FORM

Form purpose: This form is intended to facilitate the development and review of industrial wastewater closure plans. Although recommended, it is not required by regulation that you use this form. Please note: All closure plans must be approved by the Department as a prerequisite to closure as per R.61-67.300.F.17 of the Standards for Wastewater Facility Construction.

1. Name of Facility	Name of Facility:		
2. Facility Contact	First Name:	MI:	Last Name:
	Title:	Phone:	E-mail:
3. Facility Contact Mailing Address	Street or P.O. Box:		
	City:	State:	Zip Code:
4. Facility Location Address	Street, Route, or Other Specific Identifier:		
	City:	State:	Zip Code:
5. Legal Owner	Name:	Phone:	
6. Legal Owner Mailing Address (If different from Facility Contact Mailing Address in Item 3 above)	Street or P.O. Box:		
	City:	State:	Zip Code:
7. Wastewater Facility Existence Date	Facility Existence Date (mm/dd/yyyy):		
8. SIC or NAICS Codes	Primary:	2nd:	3rd: 4th:
9. Facility Type	Pretreatment: <input type="checkbox"/> yes <input type="checkbox"/> no	NPDES: <input type="checkbox"/> yes <input type="checkbox"/> no	Land Application: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, check type: <input type="checkbox"/> wastewater <input type="checkbox"/> sludge
	10. Applicable NPDES and/or ND Permits (List All)	NPDES or ND:	NPDES or ND:
11. Wastewater Construction Permits (List All)	Permit #:	Permit #:	Permit #:
	Permit #:	Permit #:	Permit #:
	Permit #:	Permit #:	Permit #:
12. Satellite Sewer Permit Coverage (If Applicable)	S	S	S
13. Current Pump and Haul Approvals (List All)	Date or LOA #:	Date or LOA #:	Date or LOA #:
	14. EPA ID Number (If Applicable)	S	C
15. RCRA/HSWA Corrective Action	Is this facility subject to RCRA/HSWA corrective action requirement via a permit or an order? <input type="checkbox"/> yes <input type="checkbox"/> no		
16. Groundwater Questions	Any known releases to soil or groundwater from the wastewater treatment unit? <input type="checkbox"/> yes <input type="checkbox"/> no		
	Depth to groundwater (in feet):		
	Is this facility subject to groundwater monitoring requirements via a permit, order or other agreement? <input type="checkbox"/> yes <input type="checkbox"/> no		
	If yes, list permit number, order, number, or date of agreement:		

17. List below the name, physical address, and telephone number for each facility that is receiving wastewater, sludge, soil, etc. as a result of this closure. Additionally, please attach a letter of acceptance from each facility. The letter of acceptance should clearly state the amount and type of waste to be received.

Name of Receiving Facility:		Name of Receiving Facility:	
Address (Street, Route, or Other Specific Identifier):		Address (Street, Route, or Other Specific Identifier):	
City:	State:	Zip:	City: State: Zip:
Phone:	Waste types to be received: <input type="checkbox"/> Wastewater <input type="checkbox"/> Sludge <input type="checkbox"/> Soils <input type="checkbox"/> Other (specify _____)		Phone:
Contact:			Contact:
Name of Receiving Facility:		Name of Receiving Facility:	
Address (Street, Route, or Other Specific Identifier):		Address (Street, Route, or Other Specific Identifier):	
City:	State:	Zip:	City: State: Zip:
Phone:	Waste types to be received: <input type="checkbox"/> Wastewater <input type="checkbox"/> Sludge <input type="checkbox"/> Soils <input type="checkbox"/> Other (specify _____)		Phone:
Contact:			Contact:

18. Provide a topographic map or maps of the area extending to at least one mile beyond the property boundaries of the facility.

The map should clearly show the following:

- The legal boundaries of the facility;
- The location of any intake and discharge structures;
- The location of any wastewater treatment facilities;
- All land application sites;
- All groundwater monitoring, recovery, or injection wells (not just those associated with the wastewater treatment plant);
- All surface water bodies in the area;
- All drinking water wells within 1/4 mile of the facility identified in the public record or otherwise known to you.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second of the wastewater treatment plant and any outfall structures. Use a 7-1/2 minute series map published by the U.S. Geological Survey. If a 7-1/2 minute series map has not been published for your facility site, then you may use a 15-minute series map from the U.S. Geological Survey. If neither a 7-1/2 nor 15-minute series map has been published for your facility site, use a plant map or other appropriate map, and include all the requested information.

19. Provide a drawing showing the general layout of the wastewater treatment facility.

This drawing should be approximately to scale and should clearly show the following:

- All components of the wastewater treatment plant, each clearly labeled;
- Dimensions and materials of construction;
- The locations of any known leaks or spills; and
- The locations of any proposed soil sample or groundwater monitoring locations.

20. Provide photographs that clearly delineate all existing wastewater structures.

Photographs may be color or black and white, ground-level or aerial. Indicate the date each photograph was taken.

21. On Appendix A of this document, identify all pollutants that may be present in the wastewater treatment system by placing a check mark [✓] in the 'Believed Present' column. Additionally, please list below any pollutants that may be present that are not listed on Appendix A.

Constituent	Believed Present	Constituent	Believed Present	Constituent	Believed Present

22. Please provide a detailed description of how each wastewater treatment component will be closed.

Additionally, in your description, please include the following:

- Your reasons for closing the system;
- If this is to be a closure of the entire wastewater treatment system or if only certain components are to be closed; and
- If the closure plan is intended to be a clean-out plan rather than a complete closure of the system (for example, if the system is being cleaned out for resale to another owner).

Use the space below and attach additional sheets as necessary; or provide as a separate attachment.

APPENDIX A

Pollutant	CAS No.	Believed Present	Pollutant	CAS No.	Believed Present
Acenaphthene	83-82-9		Chrysene	218-01-9	
Acenaphthylene	208-96-8		Colbalt, Total	7440-48-4	
Acetaldehyde	75-07-0		Color	n/a	
Acrolein	107-02-8		Copper, Total	7440-50-8	
Acrylonitrile	107-13-1		Coumaphos	56-72-4	
Aldrin	309-00-2		o-Cresol	95-48-7	
Allyl alcohol	107-18-6		m-Cresol	108-39-4	
Allyl chloride	107-05-1		p-Cresol	106-44-5	
Aluminum, Total	7429-90-5		Cresols	1319-77-3	
Ammonia	7664-41-7		Crotonaldehyde	123-73-9	
Amyl acetate	628-63-7		Cyanide, Total	57-12-5	
Aniline	62-53-3		Cyclohexane	110-82-7	
Anthracene	120-12-7		2,4-D	94-75-7	
Antimony, Total	7440-36-0		Diazinon	333-41-5	
Arsenic, Total	7440-38-2		Dibenz[a,h]anthracene	53-70-3	
Asbestos	1332-21-4		Dicamba	1918-00-9	
Barium, Total	7440-39-3		Dichlobenil	1194-65-6	
Benzene	71-43-2		Dichlone	117-80-6	
Benzidene	92-87-5		1,2-Dichlorobenzene	95-50-1	
Benz[a]anthracene	56-55-3		1,3-Dichlorobenzene	541-73-1	
Benzo[a]pyrene	50-32-8		1,4-Dichlorobenzene	106-46-7	
Benzo[ghi]perylene	191-24-2		3,3-Dichlorobenzidine	91-94-1	
Benzo[k]fluoranthene	207-08-9		Dichlorobromomethane	75-27-4	
3,4-Benzofluoranthene	205-99-2		Dichlorodifluoromethane	75-71-8	
Benzyl chloride	100-44-7		1,1-Dichloroethane	75-34-3	
Beryllium, Total	7440-41-7		1,2-Dichloroethane	107-06-2	
alpha-BHC	319-84-6		1,1-Dichloroethylene	75-35-4	
beta-BHC	319-85-7		1,2-trans-Dichloroethylene	156-60-5	
delta-BHC	319-86-8		2,4-Dichlorophenol	120-83-2	
gamma-BHC	58-89-9		1,2-Dichloropropane	78-87-5	
Biochemical Oxygen Demand (BOD)	n/a		2,2-Dichloropropionic acid	75-99-0	
Bis(2-chloroethoxy) methane	111-91-1		1,3-Dichloropropylene	542-75-6	
Bis(2-chloroethyl) ether	111-44-4		Dichlorvos	62-73-7	
Bis(2-chloroisopropyl) ether	102-80-1		4,4'-DDD	72-54-8	
Bis(2-ethylhexyl) phthalate	117-81-7		4,4'-DDE	72-55-9	
Bis(chloromethyl) ether	542-88-1		4,4'-DDT	50-29-3	
Boron, Total	7440-42-8		Dieldrin	60-57-1	
Bromide	24959-67-9		Diethylamine	109-89-7	
Bromoform	75-25-2		Diethyl phthalate	84-66-2	
4-Bromophenyl phenyl ether	101-55-3		Dimethylamine	124-40-3	
N-Butylamine	109-73-9		2,4-Dimethylphenol	105-67-9	
N-Butyl acetate	123-86-4		Dimethyl phthalate	131-11-3	
Butyl benzyl phthalate	85-68-7		Di-N-butylphthalate	84-74-2	
Cadmium, Total	7440-43-9		o-Dinitrobenzene	528-29-0	
Captan	133-06-2		m-Dinitrobenzene	99-65-0	
Carbaryl	63-25-2		4,6-Dinitro-o-cresol	534-52-1	
Carbofuran	1563-66-2		2,4-Dinitrophenol	51-28-5	
Carbon disulfide	75-15-0		2,4-Dinitrotoluene	121-14-2	
Carbon tetrachloride	56-23-5		2,6-Dinitrotoluene	606-20-2	
Chemical Oxygen Demand (COD)	n/a		Di-N-octyl phthalate	117-84-0	
Chlordane	57-74-9		1,2-Diphenylhydrazine	122-66-7	
Chlorine, Total Residual	n/a		Diquat	85-00-7	
Chlorobenzene	108-90-7		Disulfoton	298-04-4	
Chlorodibromomethane	124-48-1		Diuron	330-54-1	
Chloroethane	75-00-3		alpha-Endosulfan	959-98-8	
2-Chloroethylvinyl ether	110-75-8		beta-Endosulfan	33213-65-9	
Chloroform	67-66-3		Endosulfan sulfate	1031-07-8	
2-Chloronaphthalene	91-58-7		Endrin	72-20-8	
2-Chlorophenol	95-57-8		Endrin aldehyde	7421-93-4	
4-Chlorophenyl phenyl ether	7005-72-3		Epichlorohydrin	106-89-8	
Chlorpyrifos	2921-88-2		Ethion	563-12-2	
Chromium, Total	7440-47-3		Ethylbenzene	100-41-4	

Pollutant	CAS No.	Believed Present	Pollutant	CAS No.	Believed Present
Ethylene diamine	107-15-3		PCB-1260	11096-82-5	
Ethylene dibromide	106-93-4		p-Chloro-m-cresol	59-50-7	
Fecal Coliform	n/a		Pentachlorophenol	87-86-5	
Fluoranthene	206-44-0		pH	n/a	
Fluorene	86-73-7		Phenanthrene	85-01-8	
Fluoride	16984-48-8		Phenol	108-95-2	
Formaldehyde	50-00-0		Phenols, Total	n/a	
Furfural	98-01-1		Phenolsulfonates, Total	n/a	
Guthion	86-50-0		Phosgene	75-44-5	
Heptachlor	76-44-8		Phosphorus, Total	7723-14-0	
Heptachlor epoxide	1024-57-3		Propargite	2312-35-8	
Hexachlorobenzene	118-74-1		Propylene oxide	75-56-9	
Hexachlorobutadiene	87-68-3		Pyrene	129-00-0	
Hexachlorocyclopentadiene	77-47-4		Pyrethrins	n/a	
Hexachloroethane	67-72-1		Quinoline	91-22-5	
Indeno(1,2,3-cd)pyrene	193-39-5		Resorcinol	108-46-3	
Iron, Total	7439-89-6		Selenium, Total	7782-49-2	
Isophorone	78-59-1		Silver, Total	7440-22-4	
Isoprene	78-79-5		Strontium	7440-24-6	
Isopropanolamine	78-96-6		Strychnine	57-24-9	
Keithane	115-32-2		Styrene	100-42-5	
Kepone	143-50-0		Sulfate (as SO4)	14808-79-8	
Lead, Total	7439-92-1		Sulfide (as S)	18496-25-8	
Magnesium, Total	7439-95-4		Sulfite (as S03)	14265-45-3	
Malathion	121-75-5		Surfactants	n/a	
Manganese, Total	7439-96-5		2,4,5-T	93-76-5	
Mercaptodimethur	2032-65-7		TDE (Tetrachlorodiphenylethane)	72-54-8	
Mercury, Total	7439-97-6		2,3,7,8-Tetrachlorodibenzo-p-dioxin	1764-01-6	
Methoxychlor	72-43-5		1,1,2,2-Tetrachloroethane	79-34-5	
Methyl bromide	74-83-9		Tetrachloroethylene	127-18-4	
Methyl chloride	74-87-3		Thallium, Total	7440-28-0	
Methyl mercaptan	74-93-1		Tin, Total	7440-31-5	
Methyl methacrylate	80-62-6		Titanium, Total	7440-32-6	
Methyl parathion	298-00-0		Toluene	108-88-3	
Methylene chloride	75-09-2		Total Organic Carbon (TOC)	n/a	
Mevinphos	7786-34-7		Total Suspended Solids (TSS)	n/a	
Mexacarbate	315-18-4		Toxaphene	8001-35-2	
Molybdenum, Total	7439-98-7		2,4,5-TP	93-72-1	
Monoethylamine	75-04-7		1,2,4-Trichlorobenzene	120-82-1	
Monomethylamine	74-89-5		1,1,1-Trichloroethane	71-55-6	
Naled	300-76-5		1,1,2-Trichloroethane	79-00-5	
Naphthalene	91-20-3		Trichloroethylene	79-01-6	
Napthenic acid	1338-24-5		Trichlorofluoromethane	75-69-4	
Nickel, Total	7440-02-0		Trichlorofon	52-68-6	
Nitrate-Nitrite (as N)	n/a		2,4,6-Trichlorophenol	88-06-2	
Nitrobenzene	98-95-3		Triethanolamine	102-71-6	
Nitrogen, Total Organic (as N)	n/a		Triethylamine	121-44-8	
2-Nitrophenol	88-75-5		Trimethylamine	75-50-3	
4-Nitrophenol	100-02-7		Uranium	7440-61-1	
Nitrotoluene	1321-12-6		Vanadium	7440-62-2	
N-Nitrosodimethylamine	62-75-9		Vinyl acetate	108-05-4	
N-Nitrosodi-N-propylamine	621-64-7		Vinyl chloride	75-01-4	
N-Nitrosodiphenylamine	86-30-6		Xylene	1330-20-7	
Oil and Grease	n/a		Xylenol	1300-71-6	
Parathion	56-38-2		Zinc, Total	7440-66-6	
PCB-1016	12674-11-2		Zirconium	7440-67-7	
PCB-1221	11104-28-2		Radionuclides		
PCB-1232	11141-16-5		Alpha, Total	n/a	
PCB-1242	53469-21-9		Beta, Total	n/a	
PCB-1248	12672-29-6		Radium, Total	n/a	
PCB-1254	11097-69-1		Radium-226, Total	n/a	

Instructions

Purpose of the Form

This form is intended to facilitate the development and review of industrial wastewater closure plans. Although recommended, it is not required by regulation that you use this form. Please note: All closure plans must be approved by the Department as a prerequisite to closure as per R.61-67.300.F.17 of the Standards for Wastewater Facility Construction.

Intended Users

Owners/operators of industrial wastewater treatment facilities.

Completing the Form

Please type or print all information. If you have any questions regarding this form, please call SCDHEC at (803) 898-4300.

Where to File the Form

Three (3) copies of the completed form should be mailed to the following address:

SCDHEC
Bureau of Water
Industrial Wastewater Permitting Section
2600 Bull Street
Columbia, SC 29201

Item 1

Please provide the legal name of company at which the wastewater treatment facility is located.

Item 2

Enter the name, title, phone number, and electronic mailing address (e-mail) of the person who is familiar with the operation of the wastewater treatment facility and with the facts reported on this form and to whom all correspondence should be sent.

Item 3

Enter the complete mailing address for the facility contact above.

Item 4

Enter the physical address for the property at which the wastewater treatment facility is located.

Item 5

Provide the name and phone number of the legal owner of the wastewater treatment facility. This could be a person, firm, public organization or entity. This name should be the name registered with the SC Secretary of State to do business in SC.

Item 6

Provide the complete mailing address for the legal owner above. If address is the same as the Facility Contact Mailing Address in Item 3 you may just put 'Same as Item 3'.

Item 7

Provide the date the wastewater treatment facility first began operation.

Item 8

List, in descending order of significance, up to four 4-digit Standard Industrial Classification (SIC) codes or 2-6 digit North American Industry Classification System (NAICS) codes that best describe the principal products or services provided at the location identified in Item 4. If you are not sure of the appropriate code to use, go to the following websites to search by keywords:

<http://www.osha.gov/pls/imis/sicsearch.html>

<http://www.census.gov/eos/www/naics/>

Item 9

Please identify the type of wastewater treatment system to be closed: pretreatment (i.e. system discharges to a POTW or other treatment system not owned by the facility); NPDES (i.e. system discharges to a Waters of the State); and/or Land Application (i.e. wastewater or sludge from system is applied to the land).

Item 10

List any applicable NPDES or ND (land application) permits issued for the facility.

Item 11

List any wastewater construction permits associated with the wastewater treatment facility.

Item 12

List any satellite sewer permit coverages associated with the facility, if applicable. Note: This is a 9-digit number beginning with SSS.

Item 13

List the date or Letter of Approval (LOA) number (if available) of any pump and haul approvals.

Item 14

List the Resource Conservation and Recovery Act (RCRA) EPA Identification Number (if applicable) for the property at which the wastewater treatment facility is located. This is a 12-digit number beginning with SC and is associated with facilities with regulated hazardous waste management activities.

Item 15

Please indicate if the facility at which the wastewater treatment facility is located is subject to RCRA/HSWA corrective action. If so, this will be in a permit or order issued by SCDHEC or the Environmental Protection Agency (EPA).

Item 16

Please indicate if there are any known releases to groundwater as a result of operating the wastewater treatment unit. If the depth to groundwater is known, please provide that in the space indicated. Also, please indicate if the facility is subject to groundwater monitoring requirements via a permit, order, or other agreement and if so, provide the permit or order number or the date of the agreement.

Item 17

Provide the name, physical address, contact name, and telephone number for each facility that is receiving wastewater, sludge, contaminated soils, etc. as a result of this closure. Please include also a letter of acceptance from each facility listed. The letter of acceptance should clearly state the amount and type of waste to be received.

Item 18

Provide a topographic map or maps of the area extending to at least one mile beyond the property boundaries of the facility. The map should clearly show the following: the legal boundaries of the facility; the location of any intake and discharge structures; the location of any wastewater treatment facilities; all land application sites; all groundwater monitoring, recovery, or injection wells (not just those associated with the wastewater treatment plant); all surface water bodies in the area; all drinking water wells within 1/4 mile of the facility identified in the public record or otherwise known to you.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second of the wastewater treatment plant and any outfall structures. Use a 7-1/2 minute series map published by the U.S. Geological Survey. If a 7-1/2 minute series map has not been published for your facility site, then you may use a 15-minute series map from the U.S. Geological Survey. If neither a 7-1/2 nor 15-minute series map has been published for your facility site, use a plant map or other appropriate map, and include all the requested information.

Item 19

Provide a drawing showing the general layout of the wastewater treatment facility. This drawing should be approximately to scale and should clearly show the following: all components of the wastewater treatment plant, each clearly labeled; dimensions; materials of construction; the locations of any known leaks or spills; and the locations of any proposed soil sample or groundwater monitoring locations.

Item 20

Provide photographs that clearly delineate all existing wastewater structures. Photographs may be color or black and white, ground-level or aerial. Indicate the date each photograph was taken.

Item 21

On Appendix A of this document, identify all pollutants that may be present in the wastewater treatment system by placing a check mark '✓' in the 'Believed Present' column. Additionally, please list in the additional spaces provided any pollutants that may be present that are not listed on Appendix A.

Item 22

Please provide a detailed description of how each wastewater treatment component will be closed. Also, in your description please indicate your reasons for closing the system; if this is to be a closure of the entire wastewater treatment system or if only certain components are to be closed; and if the closure plan is intended to be a clean-out plan rather than a complete closure of the system (for example, if the system is being cleaned out for resale to another owner). Attach additional sheets as necessary.

Appendix A

See Item 21 above.