



Satellite Sewer System Owner Notification Form

General Permit SSS000000

BUREAU OF WATER

→Complete one form for each satellite system.

Mail form to: Bureau of Water, DHEC, 2600 Bull Street, Columbia, SC 29201 (or fax: 803-898-4215)

OWNER INFORMATION

Is this for a transfer? Yes No

Owner name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Authorized representative: *Printed name* _____

Signature _____

Owner public? Yes No

Customer rates regulated by PSC? Yes No

Is owner registered with Secretary of State (e.g., corporation)? Yes No

Federal Employer Identification Number _____

EMERGENCY CONTACT (if different from above):

Name: _____

Company: _____

Phone: _____ Cell phone: _____ Pager: _____

SYSTEM DESCRIPTION

System name: _____ County(ies): _____

Treatment plant receiving your system's wastewater and providing final treatment:

Plant name _____ *Permit number:* _____

Other satellite system receiving your system's wastewater (if applicable) _____

Pump stations in system? Yes No

Is this a pretreatment facility? Yes No

Customers served by system include:

Residential? Yes No

Commercial? Yes No

Industrial? Yes No

Approximate age of oldest part of sewer system _____

Describe facilities served by system (e.g., apartment complex, neighborhood, industry, town, sewer district)

INSTRUCTIONS: Satellite Sewer System -Owner Notification Form

Purpose: This form must be completed so that DHEC will have accurate information about the person responsible for *each* satellite sewer system in the state. The owner of a satellite sewer system will complete this form upon notification by DHEC that the subject satellite sewer system is covered under a general permit for operation and maintenance of such systems. A satellite sewer system means a sewer system that is owned or operated by one person that discharges to a system that is owned or operated by a different person. Satellite sewer systems depend on a separate person for final wastewater treatment and discharge.

Item-by-item instructions: For each satellite system, complete a separate form. For example if the City of Spartanburg has collection systems connected to two different plants, this situation would be two separate satellite systems and would require the completion of two forms.

OWNER INFORMATION

Transfer? Indicate if the completion of this form is to request a transfer of the permit to another owner.

Name: List the name of the owner of the sewer system (e.g., City of West Columbia, Parker Sewer District, Woodberry Apartments, Piedmont Industries). Identify each system by a name. If the owner is registered with the Secretary of States' office, the name listed should match.

Address/City/State/Zip: The official mailing address.

Phone/Fax/E-mail: The numbers where the owner's authorized representative can be reached.

Authorized representative: The individual authorized to represent the owner but not a consultant. For a corporation, a responsible corporate officer. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively. For a public facility, the mayor or duly authorized employee.

Owner public? Select yes or no. Customer rates: Select yes or no.

Is owner registered with Secretary of State? Select yes or no.

Federal Employer Identification Number: Include if applicable.

Signature: Signature of the authorized representative.

EMERGENCY CONTACT

Name/Company/Phone: The person who needs to be called to address sewer system problems and matters that need urgent attention. This person could be the authorized representative or a contractor for the owner.

SYSTEM DESCRIPTION

System name: Identify each system by a name. County: List name of county/counties that the system serves.

Plant name: Name of the treatment system that provides final treatment and disposal services for your system.

Permit number: The DHEC assigned number for the plant. For a surface water discharge, this would be a nine-digit number beginning with "SC" (e.g., SC0012345). For a land disposal system, this would be a nine-digit number beginning with "ND" (e.g., ND0012345).

Satellite system receiving wastewater: In some cases, the subject satellite system may connect to a separate satellite system (which would transport waste to a third system that does have a treatment plant). If applicable, list the name of that system/system owner.

Pump stations in system? Select yes or no. Is this a pretreatment facility? Select yes or no.

Customers served by system: Select yes or no to each category. Approximate age: Identify age of sewer system (or oldest part of system)

Describe facilities served by system: Provide a narrative description.

Office Mechanics and Filing: The completed form will be maintained with DHEC's Bureau of Water. Filing and retention will match the treatment system associated with the satellite system. This form should be filed with the Water Facilities Permitting Division. Each system will be assigned a separate number for tracking purposes.