

# City of Rock Hill, South Carolina

## LIQUID WASTE HAULER PERMIT APPLICATION

Manchester Creek Wastewater Treatment Plant  
City of Rock Hill Utilities  
Mailing Address: P.O. Box 11706 Rock Hill, South Carolina 29731-1706  
Office Address: 310 Red River Rd (29730)  
Office: 803-329-8707  
[www.cityofrockhill.com/ipp](http://www.cityofrockhill.com/ipp)

### **SECTION I – GENERAL INFORMATION**

**Identify the type of Liquid Waste Hauler Discharge Permit applying for (select one)**

**Porta-Pot Liquid Waste Hauler Discharge Permit** **\$360.22/ Month**

Authorizes the owner of this permit to discharge Porta- Pot Waste (Chemical Toilet Waste).  
Septage from chemical toilets is all that this permit allows you the liquid waste hauler to discharge to the receiving facility at Manchester Creek Wastewater Treatment Plant, located at 310 Red River Rd, Rock Hill, SC.

**Domestic Liquid Waste Hauler Discharge Permit** **\$690.64/ Month**

Authorizes the owner of this permit to discharge Domestic Household Wasted (Septage from Septic Tanks).  
Septage from domestic household septic tanks is all that this permit allows you the liquid waste hauler to discharge to the receiving facility at Manchester Creek Wastewater Treatment Plant, located at 310 Red River Rd, Rock Hill, SC.

**Nondomestic Liquid Waste Hauler Discharge Permit** **\$1030.30/ Month**

Authorizes the owner of this permit to discharge Nondomestic Waste (Household(Septic), Chemical Toilet Waste, Waste from Approved Businesses).  
Septage from household septic tanks, chemical toilets, and approved businesses is all this permit allows you the liquid waste hauler to discharge to the receiving facility at Manchester Creek Wastewater Treatment Plant, located at 310 Red River Rd, Rock Hill, SC.

**Provide a brief narrative description of the type of wastewater to be transported to the City of Rock Hill's POTW:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**City of Rock Hill Business License Number:** \_\_\_\_\_  
(Please provide a copy of issued business license with application)

**SCDHEC Registration Number:** \_\_\_\_\_

List any environmental control permits, disposal sites (POTWs) and authorizations issued to your company and any discharge limits associated with those permits.

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Company Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Federal Id Number: \_\_\_\_\_ EIN: \_\_\_\_\_

Physical Address of Facility: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

(List the Names of all Drivers Operating a Vehicle Covered Under This Permit)

Name	License No.	State	Expiration Date

## **SECTION II – TRANSPORT VEHICLE INFORMATION**

**NOTE:** Transport vehicle must be in “LIQUID TIGHT” state at all times. There are to be no leaks from engines, radiators, transmissions, brake cylinders, brake lines, wheel hubs, fuel lines, fuel tanks, waste tank, water tanks, hoses, hose fittings, valves, etc...

<b>Vehicle Make</b>	<b>Vehicle Model</b>	<b>Actual Tank Size (Gallons)</b>	<b>License Plate No.</b>	<b>State</b>	<b>SDHEC Reg No.</b>

## **SECTION III – WASTE INFORMATION**

Type of wastewater to be transported and discharged to the City of Rock Hill’s POTW. (Check all that apply)

Portable Toilet Waste Only

Domestic Waste

Nondomestic Waste

Grease Interceptor / Grease Trap

Other (Please Describe): \_\_\_\_\_  
\_\_\_\_\_

Does the discharge wastewater:

Create a fire or explosion hazard?

Yes       No

Have a pH lower than 6.0 s.u. or above 12.0 s.u.?

Yes       No

Contain a substance that can obstruct the flow in the collection system?

Yes       No

Contain hazardous materials?

Yes       No

Sec. 29 – 171 (j) No wastewater permits or authorizations outside York County. In no event shall any discharge be accepted by the City pursuant to this article for any wastewater from any area or person outside York County, South Carolina or for portable loads exceeding 2,500 gallons unless such load restrictions is specifically approved / waived by the City. Fee for services under this subsection shall be in accordance with section 29-222.

## **SECTION IV – OPERATIONAL CHARACTERISTICS**

What will be the frequency of discharge & estimated volume? \_\_\_\_\_

Is this business subject to seasonal variation?

Yes       No

Is there a scheduled shut down period?

Yes       No

List any kind of preventive maintenance performed on transport vehicle(s) \_\_\_\_\_

Routine clean out of tank & at what frequency? \_\_\_\_\_

Is routine laboratory monitoring and analysis conducted on wastewater of septage that is discharged?

Yes       No

**Note:** Any SC certified lab analysis of wastewater discharged to Manchester Creek Wastewater Treatment Plant must be submitted to the City.

## **SECTION V – REQUIRED ATTACHMENTS**

**Copies of Driver's License:** Submit a legible copy of driver's license for each driver that will be operating any vehicle covered by this permit.

**SCDHEC Registration:** Submit proof of state transporter permit and/ or any other DHEC permits.

**City of Rock Hill (CURRENT) Business License:** Submit a copy or current issued City of Rock Hill Business License.

**Certification of discharge from other POTW(s)** used to discharge loads.

## **SECTION VI – SIGNATORY REQUIREMENTS**

1. Any person signing this document shall make the following certification: *“I certify under the 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 or 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”.*

2. Authorized Representative:

(a) For a corporation: the 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 for the corporation, or a duly – authorized representative of such person if the representative is responsible for the overall operation of one or more manufacturing, production, or operating facilities applying for or subject to a permit and either

(i) the facilities employ more than 250 persons or have a gross annual sales or expenditures exceeding \$25 million or

(ii) the delegation of authority to such representative is approved in advance by the Director;

(b) For a partnership or sole proprietorship: a general partner or the proprietor, respectively;

(c) The designated representative delegated with such authority and approved in advance by the Director.

**PLEASE SIGN IN BLUE INK!**

*Authorized Representative for This Company:*

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(Print) (Date)

*Authorized Representative for This Company:*

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(Signature) (Date)

*Return Completed Application to:*

**Matthew Erb**  
Industrial Pretreatment Field Technician  
Utilities  
City of Rock Hill  
P.O. Box 11706  
310 Red River Road (29730)  
Rock Hill, South Carolina 29731-1706  
o: 803-329-8707  
m: 803-322-7266

[Matthew.Erb@cityofrockhill.com](mailto:Matthew.Erb@cityofrockhill.com)  
[www.cityofrockhill.com](http://www.cityofrockhill.com)



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