

North Charleston Sewer District

Industrial Pretreatment Program

SAMPLING NOTIFICATION

Please submit completed form to:

North Charleston Sewer District
P.O. Box 63009
N. Charleston, SC 29419
Attn: Adam Shealy, Industrial Pretreatment Supervisor

You may e-mail this form to adam.shealy@ncsd.sc.gov

1. Company Name: _____
2. Address of Premises: _____
3. Permit Number: _____
4. Contact Person: _____
5. Title: _____
6. Telephone Number: _____
7. Date of Notice: _____
8. **Sampling Information**
Date and time of Sample: _____
Sample type: Permit Required ____ Resample ____ Other ____
Comments: _____

9. **Signature**

The notification must be made at least 24 hours prior to every sampling event.
Multiple sampling events during the same month can be submitted on one form.