

North Charleston Sewer District

Industrial Pretreatment Program

24 HOUR VIOLATION 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. Telephone Number: _____
6. Date of Notice (must be within 24 hrs of becoming aware): _____
7. **Violation Information**
Date of Violation: _____
Violation type: Daily max and/or monthly average (circle)
Parameter: _____
Concentration in mg/l: _____
Mass in lbs: _____
Flow: _____
Date of Re-sample (must be within 30 days): _____
Comments: _____

8. **Signature of Responsible Official**
