

# North Charleston Sewer District

7225 STALL ROAD / P.O. BOX 63009

NORTH CHARLESTON, SC 29419

Telephone (843) 764-3072

Fax (843) 764-2655

## **INDUSTRIAL PRETREATMENT PROGRAM WASTEWATER DISCHARGE DISCLOSURE DECLARATION (WDDD)**

Please return completed form to:

North Charleston Sewer District  
P.O. Box 63009  
N. Charleston, SC 29419

Attn: Adam Shealy, Industrial Pretreatment Supervisor

Or you may e-mail this form to [adam.shealy@ncsd.sc.gov](mailto:adam.shealy@ncsd.sc.gov)

1. Company Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Address of Premises: \_\_\_\_\_
4. Person to Contact: \_\_\_\_\_
5. Title: \_\_\_\_\_
6. Telephone Number: \_\_\_\_\_
7. North American Industrial Classification System Number(s) or SIC code: \_\_\_\_\_  
\_\_\_\_\_
8. Under normal operating conditions, what is the average number of employees at this facility? \_\_\_\_\_
9. Description of manufacturing, business or service activity on premises: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. Are any wastes other than wastewater of human origin being discharged to the sanitary sewer system, that is cooling, clean-up, process waste, etc?  
 YES       NO  
If YES, then describe the waste being discharged to the sanitary sewer system:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date