

Jeffrey B. Archie
Vice President, Nuclear Operations
803.345.4214



January 18, 2007

Ms. Patty G. Barnes
NPDES/ND Administration
Bureau of Water
South Carolina Department of Health
and Environmental Control
2600 Bull Street
Columbia, SC 29201

Dear Ms. Barnes:

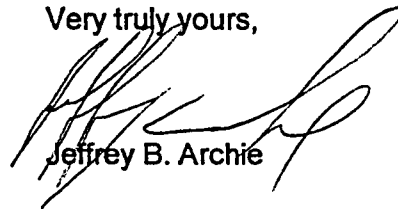
Subject: VIRGIL C. SUMMER NUCLEAR STATION
NPDES PERMITS NO. SC0038407
RENEWAL APPLICATION

This letter provides the renewal application for NPDES Permit No. SC0038407 for the Virgil C. Summer Nuclear Station Nuclear Training Center with one additional copy of the application package. Included in this package are the following items:

- Completed Application Form 1 – General Information
- Completed Form 2E – Facilities Which Do Not Discharge Process Wastewater
- Sludge Disposal Procedure
- Location Supplement to NPDES Application (with Correct Required Quad Map)

Should there be any questions, please contact Ms. Susan B. Reese at (803) 345-4591.

Very truly yours,



Jeffrey B. Archie

SBR/JBA/sbr
Enclosures

c: W. F. Bacon
P. A. Mothena
M. B. Roberts
J. W. Preston (w/o enclosures)
R. J. White (w/o enclosures)
NRC Resident Inspector (w/o enclosures)
NSRC (w/o enclosures)

Document Control Desk
RTS (L-99-0078)
File (814.07-2, LP 131)
DMS (RC-07-0007)

C001

APPLICATION FORM 1

FORM 1 GENERAL	U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	I. EPA I.D. NUMBER <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">S</td> <td style="width:15%;"></td> <td style="width:5%;">TA</td> <td style="width:5%;">C</td> </tr> <tr> <td>F</td> <td></td> <td></td> <td>D</td> </tr> <tr> <td>1</td> <td>2</td> <td>13</td> <td>14</td> </tr> <tr> <td></td> <td></td> <td></td> <td>15</td> </tr> </table>	S		TA	C	F			D	1	2	13	14				15
S		TA	C															
F			D															
1	2	13	14															
			15															
LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE	GENERAL INSTRUCTIONS If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.															
II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.																		
SPECIFIC QUESTIONS		Mark "X" YES NO FORM ATTACHED	SPECIFIC QUESTIONS															
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)															
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)															
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	F. Do you or will you inject at this facility industrial or municipal effluent below the lowest stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)															
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)															
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)															
III. NAME OF FACILITY 1 SKIP Nuclear Training Center																		
IV. FACILITY CONTACT A. NAME & TITLE (last, first, & title) 2 Goff Ray Hascal, Supervisor			B. PHONE (area code & no.) (803) 345-4840															
V. FACILITY MAILING ADDRESS A. STREET OR P.O. BOX 3 P. O. Box 88																		
B. CITY OR TOWN 4 Jenkinsvillle		C. STATE SC	D. ZIP CODE 29065															
VI. FACILITY LOCATION A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER 5 Junction Hwy 213 and County Road 16																		
B. COUNTY NAME 6 Fairfield																		
C. CITY OR TOWN 6 Jenkinsvillle		D. STATE SC	E. ZIP CODE 29065	F. COUNTY CODE (if known)														

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C	7	4911	(specify) Electricity Generation	C	7		(specify)
15	16	-	19	15	16	-	19
C. THIRD				D. FOURTH			
C	7		(specify)	C	7		(specify)
15	16	-	19	15	16	-	19

VIII. OPERATOR INFORMATION

A. NAME												B. Is the name listed in Item VIII-A also the owner?																						
C	8	S	o	u	t	h	C	a	r	o	l	i	n	a	E	l	e	c	t	r	i	c	&	G	a	s	C	o	m	p	a	n	y	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
15	16																									55	56							

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other," specify.)												D. PHONE (area code & no.)	
F = FEDERAL	M = PUBLIC (other than federal or state)	P	(specify)	C	A	(803)	217-9000						
S = STATE	O = OTHER (specify)	56		15	16	-	18	19	-	21	22	-	26
P = PRIVATE													

E. STREET OR P.O. BOX											
1	4	2	6	Main	S	t	r	e	e	t	
26											55

F. CITY OR TOWN										G. STATE	H. ZIP CODE	IX. INDIAN LAND							
C	B	C	o	l	u	m	b	i	a	SC	29201	Is the facility located on Indian lands?							
15	16											40	41	42	47	-	51	52	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)						D. PSD (Air Emissions from Proposed Sources)															
C	T	I	S	C	0	0	3	8	4	0	7	C	T	I	9	P					
15	16	17	18	30	15	16	17	18	30	15	16	17	18	30							

B. UIC (Underground Injection of Fluids)						E. OTHER (specify)								
C	T	I	9	U		C	T	I	9		CM	1000-0012	(specify) Air Quality Permit	
15	16	17	18	30	15	16	17	18	30	15	16	17	18	30

C. RCRA (Hazardous Wastes)						E. OTHER (specify)								
C	T	I	9	R		C	T	I	9				(specify)	
15	16	17	18	30	15	16	17	18	30	15	16	17	18	30

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Office Facility and Radiological Environmental Laboratory for V. C. Summer Nuclear Station

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)		B. SIGNATURE		C. DATE SIGNED	
Jeffrey B. Archie Vice President, Nuclear Operations				1/18/07	

COMMENTS FOR OFFICIAL USE ONLY												
C												
15	16											55

FORM 2E

FORM 2E NPDES **EPA** **Facilities Which Do Not Discharge Process Wastewater**

I. RECEIVING WATERS

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001	18	19	17	34	15	54	Mayo Creek

II. DISCHARGE DATE (If a new discharger, the date you expect to begin discharging)

III. TYPE OF WASTE

A. Check the box(es) indicating the general type(s) of wastes discharged.

- Sanitary Wastes Restaurant or Cafeteria Wastes Noncontact Cooling Water Other Nonprocess Wastewater (Identify)

B. If any cooling water additives are used, list them here. Briefly describe their composition if this information is available.

IV. EFFLUENT CHARACTERISTICS

A. Existing Sources — Provide measurements for the parameters listed in the left-hand column below, unless waived by the permitting authority (see instructions).
 B. New Dischargers — Provide estimates for the parameters listed in the left-hand column below, unless waived by the permitting authority. Instead of the number of measurements taken, provide the source of estimated values (see instructions).

Pollutant or Parameter	(1) Maximum Daily Value (include units)		(2) Average Daily Value (last year) (include units)		(3)	(or)	(4)
	Mass	Concentration	Mass	Concentration	Number of Measurements Taken (last year)		Source of Estimate (if new discharger)
Biochemical Oxygen Demand (BOD)	0.22 lbs/d	13 PPM	0.02 lbs/d	6.3 PPM	6		
Total Suspended Solids (TSS)	0.11 lbs/d	6.7 PPM	0.01 lbs/d	3.6 PPM	6		
Fecal Coliform (if believed present or if sanitary waste is discharged)	N/A	<1 cts/100ml	N/A	<1 cts/100ml	6		
Total Residual Chlorine (if chlorine is used)	<0.0008lbs/d	<0.05 PPM	<0.0002lbs/d	<0.05 PPM	6		
Oil and Grease	0.03 lbs/d	1.8 mg/l	0.005 lbs/d	1.8 mg/l	1		
*Chemical oxygen demand (COD)							
*Total organic carbon (TOC)							
Ammonia (as N)	0.005 lbs/d	0.31 mg/l	0.0009 lbs/d	0.29 mg/l	2		
Discharge Flow	Value 0.002 MGD		0.00036 MGD		12		
pH (give range)	Value 7.84 s.u.		7.1 s.u.		6		
Temperature (Winter)			N/A °C				
Temperature (Summer)			26.5 °C		1		

*If noncontact cooling water is discharged

V. Except for leaks or spills, will the discharge described in this form be intermittent or seasonal? Yes No

If yes, briefly describe the frequency of flow and duration.

VI. TREATMENT SYSTEM (Describe briefly any treatment system(s) used or to be used)

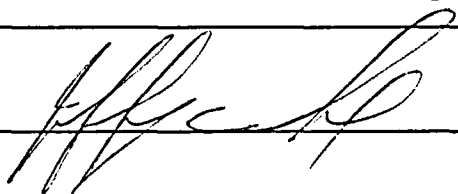
Sanitary sewage treatment system consisting of:
aeration tank, clarifier, chlorinator, chlorine contact tank, dechlorinator, sludge storage tank, lift station, approximately 1100 feet of 4" force main and 3100 feet of 4" gravity main.

VII. OTHER INFORMATION (Optional)

Use the space below to expand upon any of the above questions or to bring to the attention of the reviewer any other information you feel should be considered in establishing permit limitations. Attach additional sheets, if necessary.

VIII. CERTIFICATION

I certify under 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 of 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.

A. Name & Official Title Jeffrey B. Archie, Vice President, Nuclear Operations	B. Phone No. (area code & no.) (803) 345-4214
C. Signature 	D. Date Signed 1/18/07

SLUDGE DISPOSAL SUMMARY



BUREAU OF WATER
SLUDGE DISPOSAL SUPPLEMENT FOR NPDES AND ND PERMIT APPLICATIONS

Facility Name: Nuclear Training Center

Permit Number: SC00 38407 (leave blank for a new facility)

or ND00 _____

Please check your proposed or current sludge disposal procedure:

I. Existing Facilities:

Lagoon or other facility with no routine sludge disposal. Please attach a letter that addresses the approximate schedule for sludge removal and address the anticipated disposal method (note that the proposed sludge disposal method must be approved by the Department prior to initiation).

Sludge disposal at another wastewater treatment facility. Attached is a recent letter of acceptance dated _____. This letter must include the NPDES or ND number of the treatment facility accepting the sludge for disposal. If no previous SCDHEC approval has been granted on the disposal method, then please include a detailed report on the existing sludge disposal method. See the attached requirements for Sludge Disposal Report A. If a previous SCDHEC approval has been granted, then include a recent analysis that shows the non-hazardous nature of the sludge or a signed statement that the sludge characteristics have not changes since the last analysis.

Sludge disposal at a landfill. If the landfill is SWAIP (special waste) approved, an recent acceptance letter from the landfill is acceptable. If the landfill is not SWAIP approved, attached is SCDHEC Solid and Hazardous Waste approval dated _____, or other SCDHEC approval dated _____. If no previous approval has been granted on the disposal method, then please include a detailed report on the existing sludge disposal method. See the attached requirements for Sludge Disposal Report B.

Sludge disposal by Beneficial Use of Sludge. Attached is SCDHEC approval letter or program approval dated _____. If no previous approval has been granted on the disposal method, then please include a detailed report on the existing sludge disposal method. See the attached requirements for Sludge Disposal Report C.

II. Proposed Facilities:

Lagoon or other facility with no routine sludge disposal. Please attach a letter that addresses the approximate schedule for sludge removal and address the anticipated disposal method (note that the proposed sludge disposal method must be approved by the Department prior to initiation).

Sludge disposal at another wastewater treatment facility. Please include a detailed report on the proposed sludge disposal method. See the attached requirements for Sludge Disposal Report A.

Sludge disposal at a landfill. Please include a detailed report on the proposed sludge disposal method. See the attached requirements for Sludge Disposal Report B.

Sludge disposal by Beneficial Use. Please include a detailed report on the proposed sludge disposal method. See the attached requirements for Sludge Disposal Report C.

Send this form and the appropriate disposal report (if applicable) with your NPDES or ND permit application.

ALSO SEE ATTACHED INSTRUCTIONS

Sludge Disposal Summary
V. C. Summer Nuclear Station Nuclear Training Facility
Highway 213, Jenkinsville, SC 29065

Facility: V. C. Summer Nuclear Station Nuclear Training Facility
Owner: South Carolina Electric & Gas Company (SCE&G)
Type: Wastewater Package Plant
Frequency: Once every ten to fifteen years

Sludge Disposal Method: Sludge from the Nuclear Training Facility package plant is pumped into a tanker truck and transported to the V. C. summer Nuclear Station wastewater treatment plant (NPDES Permit No. SC0030856 Outfall 005). The sludge is place into the inlet end of Outfall 005. The sludge/wastewater progresses through the normal flow path of normal domestic wastewater at the V. C. Summer Nuclear Station. The normal flow path consists of a settling tank, aeration basin, sand filter, chlorination basin and dechlorination basin.

LOCATION SUPPLEMENT
FOR
NPDES PERMIT APPLICATION

**SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
BUREAU OF WATER**

LOCATION SUPPLEMENT FOR ND AND NPDES PERMIT APPLICATIONS

FACILITY: Nuclear Training Center DATE: 01/10/2007

ITEM 1: Please give a short description of the plant location, if the address is not a specific location. Example: Plant is located at the interchange of Interstate 26 and U.S. Highway #1.

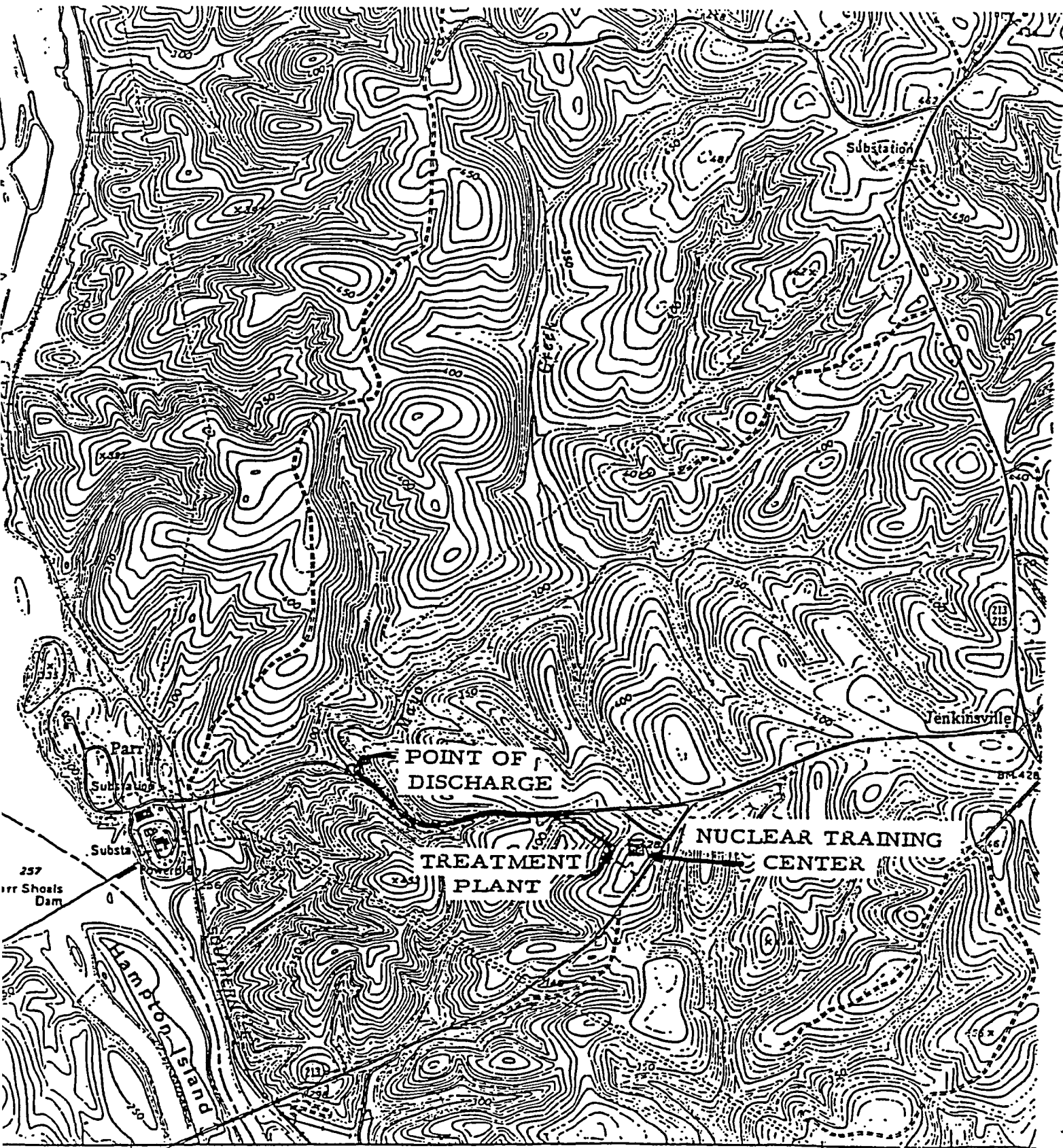
Plant is located at the junction of Highway 213 and County Road 16.

ITEM 2: Please give a description of the location of the discharge point into the receiving stream using some landmark as a reference point, i.e., bridge, stream, road junction, the plant itself, etc. Give the direction and the distance in feet from the reference point. Example: Discharge #001 is into Johnny Creek approximately 300 feet directly behind the plant. Discharge #002 is into Doris Creek 150 feet downstream from U.S. Highway #30 bridge.

Discharge #001 is into Mayo Creek approximately 3/4 of a mile behind the plant.

ITEM 3: Please locate the discharge on a U.S. Geological Survey 7 1/2 minute quad sheet (or a 15 minute quad if a 7 1/2 quad is not available for the area). The entire quad sheet need not be submitted. An 8 1/2 by 11 inch photocopy of the applicable portion of the map is sufficient. The quad sheet name must be provided on the copy submitted to the Department. USGS Maps are available at the SC Dept. Of Natural Resources/Map Division, 2221 Devine Street, Suite 222, Columbia, SC 29205. Phone number is 734-9108.

RETURN TO: SCDHEC
Bureau of Water
NPDES Administration
2600 Bull Street
Columbia, SC 29201



469 20'

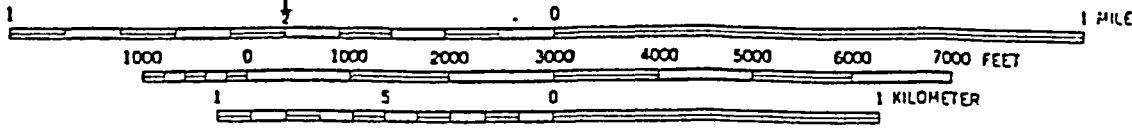
PEAK 0.5 MI.

471 (CHAPIN)
472 IN NE

472

473 17'30"

SCALE 1:24 000



CONTOUR INTERVAL 10 FEET
 NATIONAL GEODETIC VERTICAL DATUM OF 1929