

# SANTA CRUZ COUNTY SANITATION DISTRICT

## SPECIAL DISCHARGE PERMIT

This permit once issued by the Santa Cruz County Sanitation District (SCCSD) in accordance with District Code 7.04.280 authorizes the responsible party indicated below to discharge the listed waste(s). These waste(s) may be discharged to the District on a one-time basis or for the specified period of time indicated below. The responsible party must re-apply for a new permit 30 days prior to the expiration date of the permit or for any change in discharge characteristics.

### TO BE COMPLETED BY THE PERMITTEE AND APPROVED BY THE SCCSD PRIOR TO DISCHARGE:

#### Discharge Source:

Name: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Responsible Party:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Proposed Discharge:

Type of waste: \_\_\_\_\_  
Discharge Location: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_ Duration of Discharge: \_\_\_\_\_  
The Permittee must notify the SCCSD if conducting more than (1) discharge event.

Applicant must submit lab results showing compliance before discharge to the sanitary sewer can begin

### TO BE COMPLETED BY SCCSD AND ACKNOWLEDGED BY RESPONSIBLE PARTY:

Permit Fee:	<u>\$150.00</u>
Sewer Service Charge:	<u>\$ Current Rate per HCF</u>
Total:	<u>To be determined</u>

Date Analysis Received: \_\_\_\_\_  
Analysis Accepted:  Yes  No Maximum Flow Rate: 5 gpm  
Flow Meter Required:  Yes  No Authorized Discharge Period: \_\_\_\_\_

Pretreatment or Other Requirements: \_\_\_\_\_

Samples from the treatment system influent, midfluent, and effluent will be collected for each discharge event. The first batch of treated groundwater from each remediation event must be sampled and determined to meet the discharge limits set forth in this permit prior to discharge to the sanitary sewer. After the initial batch of treated groundwater is determined to be in compliance, the remaining discharge may be continuous. Summary reports after each discharge event must be submitted to the Santa Cruz County Sanitation District (SCCSD), Environmental Compliance Unit for review to ensure that discharged water is meeting the parameters set forth in this permit. Discharge reports must include amount of water discharged and laboratory reports from the required sampling events. Submittals must be sent to Santa Cruz County Sanitation District, Attn: Environmental Programs Coordinator, 2750 Lode Street, Santa Cruz, CA 95062.

Parameters	Daily Max (mg/L)*	Sample Frequency	Composite Sample Required
Methyl tert-Butyl Ether (MTBE)	1.0 mg/L	1 <sup>st</sup> batch of each sample event	Yes
Total Petroleum Hydrocarbons as Gasoline (TPHg)	0.050	1 <sup>st</sup> batch of each sample event	Yes
Benzene, toluene, ethyl benzene, xylenes (BTEX)	0.0005 each	1 <sup>st</sup> batch of each sample event	Yes
Total Petroleum Hydrocarbons as Diesel (TPHd)	0.050	1 <sup>st</sup> batch of each sample event	Yes

\* Unless otherwise specified.

**CAUTION:** Violation of District Sewer Use Codes or the limitations and requirements of this permit will be enforced in accordance with the attached Enforcement Response Plan. Samples must be collected and analyzed using EPA approved analytical methods for wastewater in 40 CFR Part 136.

Approved By:

\_\_\_\_\_  
Sanitation Operations Manager

I, the responsible party indicated above, declare under penalty of perjury, that to the best of my knowledge I have accurately described the type, quantity, and source of all wastes which I now request to discharge to SCCSD. I further declare, under penalty of perjury, that I have personal knowledge or have had a qualified professional undertake such investigations as required to determine that this waste is not hazardous and meets the requirements of the SCCSD Code. I am aware of the conditions and requirements of the SCCSD Code and other requirements stated in this Special Discharge Permit. Further, I understand that failure to accurately describe the above information or failure to comply with the permit and/or any applicable SCCSD Code, may result in the immediate suspension of this Special Discharge Permit and/or other penalties as may be allowed by law.

Acknowledged by: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Party