



APPLICATION FOR SPECIAL DISCHARGE PERMIT

INSTRUCTIONS

Please complete this form to be considered for a Special Discharge Permit to Santa Cruz County Sanitation District (District). Applications must be received sixty (60) days prior to any planned water discharge into the sewer system or expiration of an existing permit. If you have any questions, please call the Environmental Compliance Unit at (831) 477-3907, or email: dpwenv@santacruzcountyca.gov

Please return the completed form to the email listed above.

Project Name/Description: _____

Project Address: _____

Business Name: _____

Business Address: _____

Individual responsible for water discharge: _____

Title: _____ Phone#: _____

Email Address: _____

Emergency contact for duration of project: _____

Title: _____ Phone#: _____

Certification:

I certify that the information contained in this application is true and correct to the best of my knowledge. I also agree to comply with the provisions on the last page of this application.

Signature*

Date

Printed Name

Title

*The application must be signed by the owner or an executive officer of the business.

GENERAL INFORMATION

- 1. Proposed Discharge Date Range: _____
- 2. Estimated Discharge Volume (if possible): _____
- 3. Proposed Discharge Location (manhole ID, or attach satellite image): _____
- 4. Please describe the source of the discharge water:

- 5. Has an underground storage tank been removed from this site: Yes No
Are there underground tanks present that are scheduled for removal: Yes No

- 6. Please complete the following for each tank removed or scheduled for removal:

<u>Tank ID</u>	<u>Date</u>	<u>Volume</u>	<u>Contents</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 7. Please attach a site plan showing the location of the following:
 - a. The source(s) of the discharge water.
 - b. Identify existing and proposed locations of monitoring wells and/or sampling points by number.
 - c. The proposed connection for wastewater discharge to the sanitary sewer.
 - d. The location(s) of any holding tank waste.
 - e. The location of pretreatment equipment.

- 8. Please list the pollutants suspected at your site:

9. Does your facility generate hazardous waste? Yes No
If yes, please provide the following information:

a. Type of waste generated _____ (volume)
_____ (volume)
_____ (volume)
_____ (volume)

b. Generator's EPA ID Number: _____

c. Transporter 1 Company Name: _____

Phone #: _____ U.S. EPA ID Number: _____

Transporter 2 Company Name: _____

Phone #: _____ U.S. EPA ID Number: _____

OPERATIONAL DATA

1. Check any existing or proposed type of pretreatment equipment:

- | | |
|--|--|
| <input type="checkbox"/> Carbon bed filtration | <input type="checkbox"/> Chemical treatment |
| <input type="checkbox"/> Clarifier | <input type="checkbox"/> Flow equalization |
| <input type="checkbox"/> Filters | <input type="checkbox"/> Solvent separation/recovery |
| <input type="checkbox"/> Oil & grease removal | <input type="checkbox"/> Oil & water separator |
| <input type="checkbox"/> Waste hauling | <input type="checkbox"/> Waste storage tank |
| <input type="checkbox"/> pH correction | <input type="checkbox"/> Other (please describe below) |

Please attach a schematic of the current or proposed pretreatment system. Be sure to indicate how and where the pretreatment system discharges to the sanitary sewer and identify all sampling points.

2. Will the pretreatment process or the pretreatment system generate any hazardous waste?
Yes No

If yes, please identify the waste and provide a brief explanation of proposed handling:

SAMPLING POINTS

1. Is a sampling point available where a representative sample of the wastewater discharged to the District sewer collection system may be collected?
2. Describe the location and nature (manhole, sump, cleanout, etc.) of each sampling point.
3. Are these sampling points accessible to authorized District personnel at all times?
4. Are there security measures at your facility which require clearance before entry into or onto your premises?
5. Please explain any special safety precautions required at any of the sampling points.
6. If there are no adequate sampling points currently available, provide a detailed description of all proposed sampling manholes and the scheduled dates of their installation.

SPILL CONTINGENCY PLAN

1. Has your facility developed a spill prevention plan to prevent and contain accidental spills? Yes No

If yes, please attach a copy of the plan. (If applicable, you may submit a copy of your facility's Hazardous Waste Management Plan).

If no, please submit a plan within 30 days of the date of this application.

2. Accidental Spill Response: Outline your facility's plan for containing and cleaning up an accidental spill in order to prevent discharge to the sanitary sewer or the environment.

ENVIRONMENTAL PERMITS

1. Please list all other environmental permits that have been issued to you by other agencies, for groundwater cleanup operations or otherwise (i.e. Air Quality or Water Quality Control Board, County Environmental Health, etc.)

<u>Agency Name</u>	<u>Permit Number</u>	<u>Expiration Date</u>

APPLICANT FOR PERMIT MUST READ AND AGREE TO THE FOLLOWING SPECIAL DISCHARGE PERMIT PROVISIONS:

1. To submit preliminary lab testing results for parameters established by the Santa Cruz County Sanitation District (District). A permit will not be issued until preliminary testing results are approved.
2. To furnish any additional information on wastewater discharges as required by the District.
3. To accept and abide by all provisions of Chapter 7.04, Article IV, Use of Sewers, and Article V, Permits and Fees, of the District Code. Applicants must additionally accept and abide by Title 7 Health and Safety, Chapter 7.79 Runoff and Pollution Control of the Santa Cruz County Code.
4. To effectively operate and maintain wastewater pretreatment equipment to ensure compliance with wastewater discharge limits.
5. To effectively implement the use of a properly calibrated and maintained flow meter to ensure accurate discharge volume is recorded.
6. To cooperate at all times with reasonable requests by District personnel in the inspection, sampling, and monitoring of industrial waste discharges.
7. To notify District dispatch immediately, at (831) 477-3907, in the event of an accident or other occurrence that results in the discharge to the sewer of any material that, by nature and/or quantity, violates wastewater discharge limits or constitutes a hazard to District infrastructure, personnel, or the environment.
8. To pay the District the required sewer use fee for wastewater treatment.
9. To submit, as required by the District, accurate data on industrial wastewater flows and constituents.
10. To apply for a revised wastewater discharge permit if any change in processes or operations creates a significant change in wastewater quantity or characteristics.