



APPLICATION FOR SPECIAL DISCHARGE PERMIT GROUNDWATER DISCHARGE

INSTRUCTIONS

Please complete this form to be considered for a groundwater discharge permit to Santa Cruz County Sanitation District (SCCSD). Applications must be received sixty (60) days prior to any new groundwater discharges 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 mail to: Attn: Environmental Compliance Unit
 Santa Cruz County Sanitation District
 2750 Lode St., Santa Cruz, CA 95062

GENERAL INFORMATION

1. Business Name: _____
2. Street Address: _____
3. Mailing Address: _____
4. Phone#: _____ Fax#: _____
5. Individual responsible for wastewater disposal: _____
Title: _____ Phone#: _____
6. Emergency contact: _____
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. Please describe the source of contaminated water:

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

3. 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>

4. Please attach a site plan showing the location of the following:

- a. The source(s) of the contaminated groundwater.
- 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.

5. Please attach laboratory results for all samples collected and analyzed. Please include the following information for each sample:
- Description of sampling point location.
 - Date and time of sample collection.
 - Sample type--grab or composite.
 - Sample preservation technique.
 - Date of laboratory analysis.
 - Method of analysis.
 - Laboratory name, address, and phone number.

Omission of any of the above information may result in the requirement for additional sampling.

6. If sampling has not been completed or laboratory data is pending, please list the pollutants suspected at your site:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. Does your facility generate hazardous wastes? 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. Please describe the proposed self-monitoring plan:

Sampling technique _____

Sampling frequency _____

Sampling location _____

Pollutants to be analyzed _____

3. 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:

SAMPLING POINTS

1. Is a sampling point available where a representative sample of the wastewater discharged to SCCSD 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 SCCSD 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. Have you contacted any other regulatory agencies regarding the proposed groundwater clean-up operations? If so, please provide the following information about each agency:

<u>Agency Name</u>	<u>Contact Name</u>	<u>Title</u>	<u>Telephone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Please list all other environmental permits that have been issued to you by other agencies (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 PROVISIONS:**

- A. To furnish any additional information on wastewater discharges as required by the Santa Cruz County Sanitation District (SCCSD).
- B. To accept and abide by all provisions of Chapter 7.04, Article IV, Use of Sewers, and Article V, Permits and Fees, of the Santa Cruz County Sanitation District Code. Applicant must additionally accept and abide by Chapter 7.79, Runoff and Pollution Control, of the Santa Cruz County Municipal Code.
- C. To effectively operate and maintain wastewater pretreatment equipment to ensure compliance with wastewater discharge limits.
- D. To cooperate at all times with reasonable requests by SCCSD personnel in the inspection, sampling, and monitoring of industrial waste discharges.
- E. To notify SCCSD 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 SCCSD infrastructure, personnel, or the environment.
- F. To pay SCCSD the required sewer use fee for wastewater treatment.
- G. To submit, as required by SCCSD, accurate data on industrial wastewater flows and constituents.
- H. To apply for a revised wastewater discharge permit if any change in processes or operations creates a significant change in wastewater quantity or characteristics.