

**GROUNDWATER DISCHARGE PERMIT
INITIAL APPLICATION
COVER SHEET**

THIS COVER SHEET MUST ACCOMPANY THE REPORT.

Company Name: _____
Sewer Authority Name: **UNION SANITARY DISTRICT**
Report Date: _____

Person to contact concerning information contained in this report:

Name: _____
Title: _____
Facility Address: _____

Mailing Address: _____

Telephone #: _____

"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."

Date

Signature of Official

Title



UNION SANITARY DISTRICT
5072 BENSON ROAD
UNION CITY, CA 94587
(510) 477-7500

GROUNDWATER DISCHARGE PERMIT
PART A — APPLICATION/PERMIT

Please use typewriter or computer

SECTION 1 — APPLICATION

A1. Applicant Business Name: _____ Permit No.: _____

A2. Address of Premises Discharging Wastewater: _____
City: _____ State: _____ Zip: _____

A3. Business Address: _____
City: _____ State: _____ Zip: _____

A4. Mailing Address: _____
City: _____ State: _____ Zip: _____

A5. Chief Executive Officer: _____ Title: _____
Mailing Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____

A6. Person to be contacted about this application: _____
Title: _____ Phone: _____
E-Mail Address: _____ Fax: _____

A7. Person to be contacted in case of an **emergency** or on **routine inspection**:
Name: _____ Title: _____ Day Phone: _____
Night Phone: _____ E-Mail Address: _____
Alternate Contact: _____ Title: _____

A8. 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.

I further certify that the sampling and analyses performed for and submitted with this report are representative of normal work cycles and expected pollutant discharges and conform to EPA 40 CFR 136 requirements."

Signature

Title

Print Name

Date



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GROUNDWATER DISCHARGE PERMIT
PART A (cont'd)

SECTION 1 — APPLICATION

1. Name and Address of Property Owner:

Name: _____ **Phone:** _____
Street _____
City: _____ **State:** _____ **Zip:** _____

2. Name, Business Name and Address of Consultant::

Business Name: _____
Project Manager: _____ **Phone:** _____
Street Address: _____ **City:** _____
State: _____ **Zip:** _____

3. Person to Receive Mailings and Billing:

Company Name: _____
Name: _____ **Title:** _____
Street: _____
City: _____ **State:** _____ **Zip:** _____

Comments:



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**GROUNDWATER DISCHARGE PERMIT
 PART B — BUSINESS DESCRIPTION**

Permit No.: _____

Purpose — The Business Description is primarily used to determine the substances which may enter into the groundwater discharge from the Business Activity. The production quantities are necessary for State and Federal Reports.

B1. Business Activity — (Complete a separate Part B for each major business activity occurring on the premise.)

ACTIVITY: _____ SIC:

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(a) Product:

TYPE OF PRODUCTS (Brand Name)	QUANTITIES				
	PAST CALENDAR YEAR		ESTIMATED THIS CALENDAR YEAR		
	Amount		Units	Amount	
	Avg.	Max.		Avg.	Max.

(b) Description — Describe the groundwater generating operations. Indicate variations in production and operations during the year. (Use additional sheets as necessary.)

(c) Substances Proposed to be Discharged — Give common and technical names of any materials or product proposed to be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product.

NAME	DESCRIPTION

B2. Discharge Period:

(a) Discharge occurs daily from _____ to _____

(b) Circle the days of the week that the discharge occurs:

S M T W T F S

B3. Variation of Operation:

Indicate whether the business activity is: Continuous throughout the year, or Seasonal - Circle the months of the year during which discharge occurs:

J F M A M J J A S O N D

Comments: _____

EPA Hazardous Waste Generator No.: _____

B4. Other Liquid Wastes — List the type and volume of liquid waste removed from the premises by means other than community sewers and disposal site.

DESCRIPTION	VOLUME (gal/mo.)	REMOVED BY (name & address)	DISPOSAL SITE



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**GROUNDWATER DISCHARGE PERMIT
PART C — SCHEMATIC FLOW DIAGRAM**

Permit No.: _____

Purpose — The Schematic Flow Diagram shows the flow pattern of products through the facility and the various sources of groundwater. This information will enable the Agency to assess the quality, volume and peak flows of the discharge.

Schematic Flow Diagram — For each major activity in which groundwater is generated, draw a diagram of the flow materials and water from start to completed product, showing all unit processes generating groundwater. Number each unit process having discharges to the community sewer. Use these numbers when showing this unit process in the Building Layout in Part D.

Blank area for drawing the Schematic Flow Diagram.



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**GROUNDWATER DISCHARGE PERMIT
PART D — BUILDING LAYOUT**

Permit No.: _____

Purpose — The Building Layout shows the groundwater generating operations which contribute to each building sewer. This building layout will also enable the District and the applicant to select suitable sampling locations for determining and verifying groundwater strength.

Building Layout — Draw to scale the location of each building on the premises. Show location of all water meters, storm drains, numbered unit processes (from Part C), community sewers and each building sewer connected to the community sewers. Number each building sewer and possible sampling location. Show public streets and property lines.

Blank area for drawing the building layout.



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**GROUNDWATER DISCHARGE PERMIT
 PART E — WATER SOURCE & USE**

Permit No.: _____

Purpose — The Water Source and Use information will enable the District to determine the volumes and sources of groundwater discharged to the community sewer.

- E1. Water Use and Disposition — Average quantity of water received and groundwater discharged daily.**
Note: Show on separate sheet the method and calculations used to determine the quantities on table.

WATER USED FOR:	SUPPLIED FROM			DISCHARGED TO	
	ACWD	OTHER (1)		USD SEWER	OTHER (2)
	gal.day	gal.day	Source	gal.day	Discharge To
Domestic					
Processes					
Boiler					
Cooling					
Washing					
Irrigation					
Product					
Other (3)					
TOTAL					

Notes:

- (1) Enter the quantity and the appropriate code letter indicating the source:
 a. well b. creek c. estuary d. bay e. storm drain f. reclaimed water
- (2) Enter the quantity and the appropriate code letter indicating the discharge point:
 a. well b. creek c. estuary d. bay e. storm drain f. rail barge g. evaporation h. product
- (3) Describe:

- E2. Number of Employees**

	OFFICE		PRODUCTION (number of employees per shift)					
	No.	Hours	DAY SHIFT		SWING SHIFT		NIGHT SHIFT	
			No.	Hours	No.	Hours	No.	Hours
WEEKDAY		to		to		to		to
SATURDAY		to		to		to		to
SUNDAY		to		to		to		to

Describe if necessary:

LANDSCAPE METER: YES _____ NO _____ Account #: _____
 PRIVATE METER: YES _____ NO _____

- E3. Source of Groundwater Discharged**

Alameda County Water District	Percent (%) Discharged to Building Sewer:				TOTAL % DISCHARGED TO ALL SEWERS
	Sewer No. 1	Sewer No. 2	Sewer No. 3	Sewer No. 4	



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**GROUNDWATER DISCHARGE PERMIT
 PART F — BUILDING SEWER DISCHARGE**

Permit No.: _____
 Sampling _____
 Location: _____

Purpose — The Building Sewer Discharge information will identify the variation in flow rate and the type of constituents and characteristics of the discharge for each building sewer.

F1. Building Sewer No. _____ (From Part D)

F2. Groundwater Flow Rate

PEAK HOURLY		MAX. DAILY		ANNUAL DAILY AVG.		IF OPERATIONS ARE SEASONAL AVERAGE DAILY (GALLONS/DAY)			
gallons/minute		gallons/day		gallons/day		Seasonal min.		Seasonal max.	
A		B		C		D		E	

F3. If Batch Discharge, indicate:

- a. Number of batch discharges: _____ per month
- b. Time of batch discharges: _____ at _____
 (Days of Week) (Hours of Day)
- c. Average quantity per batch: _____ gallons.
- d. Flow Rate: _____ gallons/minute

F4. Groundwater Constituents—Indicate if any of the following constituents, characteristics or substances is or can be present (X) in your groundwater discharge as a result of your operations (for all chemicals or materials stored or used on site).

CODE	CONSTITUENTS	CODE	CONSTITUENTS	CODE	CONSTITUENTS
ALGC	Algicides *	FORMA	Formaldehyde	RAD	Radioactivity *
AL	Aluminum	HC	Hydrocarbons *	SE	Selenium
NH3N	Ammonia	I-	Iodide	AG	Silver
SB	Antimony	FE	Iron	NA	Sodium
AS	Arsenic	PB	Lead	SOLV	Solvents
BA	Barium	MG	Magnesium	SO4=	Sulfate
BE	Beryllium	MN	Manganese	SO3=	Sulfite
B	Boron	HG	Mercury	S=	Sulfide
BR-	Bromide	MO	Molybdenum	MBAS	Surfactants MBAS
CD	Cadmium	NI	Nickel	TEMP	Temp Above 140° F
CA	Calcium	O&G M	Oil and Grease (mineral)	TEMP	
CL2	Chlorine	O&G T	Oil and Grease (Total)	TI	Titanium
CL-	Chloride	PESTC	Pesticides *	SN	Tin
CR	Chromium	pH	pH Increase (+)	V	Vanadium
CO	Cobalt	pH	pH Decrease (-)	TVA	Volatile Acids
CU	Copper	PHENL	Phenols	ZN	Zinc
CN-	Cyanide	P	Phosphorus		
F-	Fluoride	K	Potassium		

* Identify the chemical compounds or elements and concentrations where known.

F5. Attach copy of HMMP and/or Chemical Inventory List (if no HMMP, include all available MSDS).

Comments:



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**GROUNDWATER DISCHARGE PERMIT
 PART F (cont'd) — BUILDING SEWER
 DISCHARGE**

Permit No.: _____

F6. Groundwater Strength Estimates — Enter the average annual and maximum groundwater strength for this building for each of the following estimates of groundwater strength for the period covered by the Permit.

ANY SIGNIFICANT DEVIATION FROM THESE VALUES CAN RESULT IN TERMINATION OF THE PERMIT.

ELEMENTS OF GROUNDWATER STRENGTH	UNIT	CODE	J	AVERAGE	I	MAXIMUM
Suspended Solids	mg/l	TSS				
Total Chemical Oxygen Demand	mg/l	CODT				

If data from a commercial laboratory was used to determine the values, please give the name and address of the laboratory.

*

Name: _____ Address: _____

F7. Pollution Abatement Practices

a. Groundwater Pretreatment—Check the type of treatment, if any, given groundwater from this building sewer before it is discharged to the District sewer:

none
 holding tank
 grease trap
 oil and water separator
 grinding
 sedimentation
 pH adjustment
 biological treatment
 screening
 chlorination
 other _____

Description:

Describe the loading rates, design capacity, physical size, etc. of each pretreatment facility checked above. Use additional sheets if necessary and attach schematic plans of all pretreatment systems.

b. Planned Groundwater Pretreatment Improvements — Describe any changes in treatment or disposal methods planned or under construction for the groundwater carried by this building sewer. Show estimated time schedule where possible.
