USD TREAT PROTECT PRESERVE est.1918
TRI-CITY WASTEWATER

GROUNDWATER DISCHARGE PERMIT
COVER SHEET

THIS COVER SHEET MUST ACCOMPANY YOUR WRITTEN RESPONSE AND BE SIGNED BY A RESPONSIBLE CORPORATE OFFICIAL PER 40 CFR 403.12(l).

Permit Applicant's Legal Business Name: _____

Project/Site Name: _____

Report Date: _____ Sewer Authority: Union Sanitary District

Person to contact concerning information contained in this submittal:

Name: _____ Title: _____

Company: _____ Email: _____

Phone: _____ Mobile: _____

CERTIFICATION STATEMENT

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 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 of Official Date

_____ _____
Print Name Title

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

GROUNDWATER DISCHARGE PERMIT
PART A — GENERAL INFORMATION

GROUNDWATER DISCHARGE PERMIT APPLICATION

A1. Project/Site Name: _____ Permit No.: _____

A2. Permit Applicant's Legal Business Name: _____

A3. Address of Site Generating Groundwater:

A4. Permit Applicant's Business Mailing Address:

A5. Site Assessor's Parcel Number (APN): _____

A6. Permit Applicant's Executive Officer Name: _____

Title: _____ Office Phone: _____

A7. Designated Contact Company: _____ *Check if same as Applicant in A2:* ☐

Designated Contact Person [Primary Contact]: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

Contact Address: [*Receives Mailings and Billings]

A8. Property Owner Name: _____

Phone: _____

Property Owner Address:

A9. Site Inspection Contact Company: _____ *Check if same as Designated Contact in A7 (skip to A10):* ☐

Site Contact Name: _____ Email: _____

Title: _____ Mobile Phone: _____

A10. Company Operating Treatment System: _____ *Check if same as Site Contact in A9 (skip to A11):* ☐

Operator Name: _____ Title: _____

Email: _____ Office Phone: _____

Mobile Phone: _____

A11. Emergency Contact Company: _____

Name: _____ Day Phone: _____

Email: _____ Night Phone: _____

PERMIT APPLICATION 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 sampling and analyses performed for and submitted with this report are representative of expected pollutant discharges and conform to EPA 40CFR136 requirements.

_____ _____
Signature Date

_____ _____
Print Name Title

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GROUNDWATER DISCHARGE PERMIT
PART B — SITE DESCRIPTION

Permit No.: _____

Purpose: The Site Description is used to determine site activities and conditions that may cause the introduction of substances into the wastewater discharge.

B1. Site Activity Generating Wastewater:
(Select all that apply)

- ☐ Construction Groundwater Dewatering
- ☐ Groundwater Remediation
- ☐ Well Pump Testing
- ☐ Potable Source Water Discharge more than 100,000 gallons.
- ☐ Potable Source Water Discharge less than 100,000 gallons
  **** Contact USD for Potable Discharge Permit*
- ☐ Other: _____

B2. Detailed description of site activity generating wastewater for discharge:

B3. Describe site contamination and/or proximity to known areas of contamination. List pollutants, including concentrations. For remediation projects, provide copy of approved remedial action plan submitted to the cleanup oversight agency for the work being performed.

☐ *Check here if investigation shows no known contamination in the area. Describe how determined below.*
☐ *Check here if remediation plans are provided separately.*

B4. Substances Proposed to be Treated and/or Discharged— Give common and technical names of any substance to be treated and/or discharged to the sanitary sewer from wastewater generating operations. Briefly describe the physical and chemical properties of each material.

☐ *Check here if uncontaminated groundwater only*

NAME OF SUBSTANCE TO BE TREATED AND/OR DISCHARGED	DESCRIPTION

B5. Does site have a stormwater management plan or SWPPP? ☐ Yes ☐ No

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GROUNDWATER DISCHARGE PERMIT
PART C — SCHEMATIC FLOW DIAGRAM

Permit No.: _____

Purpose: Schematic Flow Diagram(s) shows the flow pattern of groundwater from extraction to the discharge point(s).

C1. Schematic Flow Diagram(s) — Provide a schematic flow diagram that shows the flow of water from extraction to discharge. Include all pumps, flow meters, holding tanks, sample points, and pretreatment equipment. Field deviations from this diagram require permit revision by applicant.

☐ *Check here if attached separately*

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GROUNDWATER DISCHARGE PERMIT
PART D — SITE LAYOUT

Permit No.: _____

Purpose: The Site Layout shows the wastewater generating operations which contribute to each sewer discharge point.

D1. Site Layout — Provide site map showing plumbing from extraction to discharge. At minimum, indicate groundwater extraction area(s), holding tanks/pretreatment equipment, and proposed discharge point(s). Include map orientation, property lines, public streets, and public sewers (if available).

☐ *Check here if attached separately*

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GROUNDWATER DISCHARGE PERMIT
PART E —DISCHARGE LOCATION AND FLOW

Permit No.: _____

Purpose: The Discharge Location and Flow information is used to evaluate the discharge location point(s) and flow volumes to the community sewer.

E1. Wastewater to be discharged to *(select)*:

- ☐ Private lateral to sewer with approval from property owner
- ☐ USD sewer manhole. Encroachment Agreement(s) required

E2. Construction Permit – Permitee must apply separately for a USD Construction Permit if project involves physical construction or modification of sewer system on project site or to USD sewer infrastructure.

(a) Does project involve physical construction or modification of sewer system? ☐ Yes ☐ No

(b) If Yes, provide USD PTS Project No.: _____

E3. Describe how discharge point(s) (shown in Part D) will be secured:

E4. Will the discharge take place in the Public Right-of-Way? ☐ Yes* ☐ No

**If yes, submit copy of the Traffic Control Plan*

E5. Wastewater Flow – Provide estimated wastewater discharge flow rates.

(a) Maximum Instantaneous Flow Rate (gallons/minute): _____

(b) Average Daily Flow Rate (gallons/day) when discharging: _____

E6. Characterize the anticipated period of discharge to sewer.

	MON	TUE	WED	THU	FRI	SAT	SUN
(a) Hours of Discharge: (e.g. 6am to 6pm)							

(b) Total Duration of Discharge Project (i.e. 3 months): _____

E7. Make/Model of Final Discharge Flow Meter: _____

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GROUNDWATER DISCHARGE PERMIT
PART F —WASTEWATER CHARACTERIZATION AND TREATMENT

Permit No.: _____

Purpose: The Wastewater Characterization and Treatment information will identify the type of constituents and characteristics of the discharge.

F1. Wastewater Constituents – Check appropriate box if the following constituents, characteristics, or substances can be present in this wastewater. List additional constituents that may be present in the wastewater in the space provided.

CONSTITUENTS	CONSTITUENTS	CONSTITUENTS
☐ Algaecides	☐ Lead	☐ Temp Above 140^{o} F
☐ Aluminum	☐ Magnesium	☐ Titanium
☐ Ammonia	☐ Manganese	☐ Thallium
☐ Antimony	☐ Mercury	☐ Tin
☐ Arsenic	☐ Methyl tert-butyl ether (MTBE)	☐ Toluene
☐ Barium	☐ Molybdenum	☐ Total Petroleum Hydrocarbons - Diesel
☐ Benzene	☐ Nickel	☐ Total Petroleum Hydrocarbons - Gasoline
☐ Beryllium	☐ Oil & Grease (Animal/Vegetable)	☐ Total Petroleum Hydrocarbons - Motor Oil
☐ Boron	☐ Oil & Grease (Mineral)	☐ Vanadium
☐ Bromide	☐ Pesticides	☐ Volatile Acids
☐ Cadmium	☐ pH Increase (+)	☐ Volatile Organic Compounds
☐ Calcium	☐ pH Decrease (-)	☐ Xylene
☐ Chlorine	☐ Phenolics	☐ Zinc
☐ Chloride	☐ Phosphorus	
☐ Chromium	☐ Polychlorinated biphenyls (PCB)	LIST OTHER CONSTITUENTS IN DISCHARGE (Not-Listed):
☐ Cobalt	☐ Potassium	
☐ Copper	☐ Radioactivity	_____
☐ Corrosion Inhibitor	☐ Salinity / High Conductivity	_____
☐ Cyanide	☐ Selenium	_____
☐ Dioxins	☐ Silver	_____
☐ Ethylbenzene	☐ Semi-Volatile Organic Compounds	_____
☐ Fluoride (HF)	☐ Sodium	_____
☐ Formaldehyde	☐ Solvents	_____
☐ Halogenated Organics	☐ Sulfate	_____
☐ Hydrocarbons	☐ Sulfite	_____
☐ Iodide	☐ Sulfide	_____
☐ Iron	☐ Surfactants MBAS	_____

* If selected constituent above, identify the chemical compounds in the wastewater. Show concentrations where known.

F2. Sample Analysis – Representative samples must be collected and analyzed by a State of California Certified Laboratory. This requirement may be waived for potable water discharges.

☐ *Check here if Analytical Laboratory Report(s) provided separately*

(a) Describe the sampling location(s) and method(s) of collection:

(b) Do sample results meet all USD discharge limits prior to treatment? ☐ Yes ☐ No

Note: If 'No', treatment system must be designed and confirmed to meet limits established by USD.

F3. Pollution and Solids Abatement

(a) Groundwater Treatment -- Select the type(s) of treatment devices or processes used for treating the wastewater from this site. Check as many as appropriate and list additional devices or processes in space provided:

☐ ***NONE***	☐ GAC Filters (virgin carbon)	OTHER TREATMENT(Not-Listed):
☐ Weir Sedimentation Tank(s)	☐ GAC Filters (reactivated carbon)	
☐ Sedimentation Tank(s)	☐ Oil-Water Separator	
☐ Holding Tank(s)	☐ De-chlorination	
☐ Sand Filters	☐ pH Adjustment	
☐ Bag Filters	☐ Chemical/Polymer Coagulation	
☐ Cartridge Filters	☐ Chemical/Polymer Flocculation	
	☐ Thermal/Chemical Oxidation	

(b) Describe pollutant and solids abatement devices and processes -- Include pollutant loadings, design capacity, physical size, filter size, treatment chemicals used, etc. for each abatement practice checked above. The corresponding schematics are to be included in Part C.

☐ *Check here if additional sheets are attached*

F4. Designated System Operators - Provide information on who will be on-site or immediately available to ensure proper operation and maintenance of the groundwater treatment system during all discharge periods.

Lead Operator Name: _____ Title: _____

Company: _____ Mobile Phone _____

Backup Operator Name: _____ Title: _____

Company: _____ Mobile Phone _____