

GROUNDWATER DISCHARGE PERMIT APPLICATION

SILICON VALLEY CLEAN WATER
1400 RADIO ROAD REDWOOD CITY, CA 94065 650 832-6240 FAX 650 591-7122

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SITE LOCATION:

SITE NAME _____
ADDRESS _____
CITY/ZIP _____
U.S.T. SITE NUMBER _____

RESPONSIBLE PARTY:

CONTACT PERSON _____ PHONE () -
TITLE _____ FAX () -
COMPANY _____
ADDRESS _____
CITY/ZIP _____

CONSULTANT:

CONTACT PERSON _____ PHONE () -
TITLE _____ FAX () -
COMPANY _____
ADDRESS _____
CITY/ZIP _____

PROPOSED FLOW:

MAXIMUM INSTANTANEOUS FLOWRATE _____ GALLONS PER MINUTE
MAXIMUM DAILY FLOW _____ GALLONS PER DAY

PERIOD OF DISCHARGE:

PROPOSED STARTING DATE _____
PROPOSED COMPLETION DATE _____

SOURCE OF CONTAMINATION:

GROUNDWATER DISCHARGE PERMIT APPLICATION (cont)

ADDITIONAL MATERIAL REQUIRED

- SITE PLAN SHOWING EXACT LOCATION OF SEWER CONNECTION; INCLUDE A DETAILED DRAWING OR DESCRIPTION OF METHOD PROPOSED FOR SEWER CONNECTION
- DRAWINGS AND SPECIFICATIONS OF PROPOSED TREATMENT SYSTEM AND FLOW METERING EQUIPMENT
- COPIES OF RECENT GROUNDWATER ANALYSIS REPORTS
- INDICATE EXPECTED CONTAMINANT LEVELS IN DISCHARGE TO SEWERS
- A STATEMENT THAT WATER REUSE WAS INVESTIGATED AND DISCUSS THE REASONS WHY REUSE IS NOT A FEASIBLE ALTERNATIVE TO DISCHARGE TO THE SANITARY SEWERS.

RETURN APPLICATION TO:

SILICON VALLEY CLEAN WATER
ATTN: ENVIRONMENTAL SERVICES DEPARTMENT
1400 RADIO ROAD
REDWOOD CITY, CA 94065

NOTE TO APPLICANT:

THE APPROVAL OF THIS DISCHARGE IS SUBJECT TO THE AVAILABILITY OF SEWER CAPACITY. YOU WILL BE REQUIRED TO PURCHASE THIS CAPACITY. IT IS NOT ADVANTAGEOUS TO REQUEST MORE CAPACITY THAN YOU NEED. YOU ARE STRONGLY URGED TO CONDUCT A "DRAW DOWN" TEST ON ONE OF YOUR WELLS BEFORE YOU COMPLETE THIS APPLICATION.