

CITY OF YUBA CITY
Treated Groundwater Discharge Permit Application

Please provide the requested information as completely and accurately as possible. An application fee in the amount of \$250.00 is required with this form pursuant to Section 6-5.402.E. item (i), of the Yuba City Municipal Code. Please make check payable to the City of Yuba City and return this form to the Utilities Department 302 Burns Drive Yuba City, CA 95991 attention Pretreatment Coordinator

Section A) General Information

1. Company Name: _____
2. Mailing Address: _____

3. Site/Facility owner: _____

4. Site/Facility Address:
Street: _____ City: _____
State: _____ Zip: _____
5. Authorized Representative (All applications and permit required reports signed by the authorized representative agree to the terms of the certification statement as stated in the box below):
Name: _____ Title: _____
Telephone: _____ Signature: _____ Date: _____

Authorized Representative 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 information submitted. Based on my inquiry of the person or persons who manage the system, or those individuals 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.”

6. Project Engineer/Manager: responsible for system operations and compliance (If different from item # 5):
Name: _____
Title: _____
Telephone: _____

Section B) Sewer Connection Information

1. Will the installation of this pump and treat system require a new connection to the sanitary sewer?
If yes, have you applied for a sanitary sewer hook-up? Yes () No ()
2. Please provide a schematic representation of discharge point if discharge will occur from an existing connection to the City’s sanitary sewer system. Attach additional sheets if necessary or attach site plans with highlighted plumbing details.

Section C) Wastewater Discharge Information (Rate of discharge is limited to ten gallons per minute unless otherwise approved by the Utilities Director)

1. Please provide the following information on wastewater flow rate.
 - a. Hours/Day Discharged (i.e. 8 hours/day, 24 hours/day etc.):
 M _____ T _____ W _____ TH _____ F _____ Sat _____ Sun _____
2. Is discharge continuous () or seasonal () Circle months – J F M A M J J A S O N D
3. Is discharge groundwater elevation dependant? Y () N ()
4. Schematic Flow Diagram – Provide an actual or conceptual diagram of the remediation system showing all unit processes. Attach sheets as necessary.
5. Do you have or plan to have, automatic sampling equipment or continuous flow measuring equipment at the facility?
 Flow measuring Y () N () Automatic Sampling Y () N ()

Section D) Characteristics of Discharge

Use this table to report analytical results available from any monitoring done to date.

Date	Pollutant	Concentration	Detection level	Date	Pollutant	Concentration	Detection level
	Lead				Lead		
	BTEX				BTEX		
	MTBE				MTBE		
	TPH _(gas)				TPH _(gas)		
	TAME				TAME		

Section E) Spill Prevention

1. Are any chemicals stored on site? () Yes () No
 If yes, provide a description of the location, size, content, type, secondary containment, and frequency of cleaning or off site hauling. Include a description of the proximity of these containers to the sanitary sewer or storm drains.
2. If chemical storage is present at your facility could an accidental spill lead to discharge to (check all that apply): () an on-site disposal system () public sanitary sewer system (e.g. through a floor drain) () to ground or storm drain () other, specify: _____
 () there is no possibility of discharge to any of the above.
3. Do you have an accidental spill control and countermeasures plan to prevent spills from entering the City's collection system or any storm drains on-site? () Yes () No () Not applicable: no floor drains and/or domestic discharge only.
 If yes, please enclose a copy.

Section F) Hauled or Non- Discharged Wastes

1. Are any waste liquids or sludge generated that are not disposed of to the sanitary sewer?
 () Yes Please describe below. () No

Waste Generated	Quantity (per year)	Disposal Method
_____	_____	_____
_____	_____	_____
2. Do you hold any additional Federal, State or local environmental permits? () Yes () No If yes, please describe and list; _____
