



SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT (Regional San)
Wastewater Discharge Permit Application for Contaminated Groundwater

For assistance, call the Wastewater Source Control Section at (916) 875-6470.

Section A – Applicant Information

New Permit Application Permit Renewal Application
Permit Number GRW-_____ Date _____

SITE INFORMATION

Facility Name _____
Facility Address _____
City _____ Zip _____
Assessor Parcel No. _____
Legal Responsible Party Name _____
Anticipated Start Date (discharge) _____ Anticipated End Date _____

MAILING/CONTACT INFORMATION

Consultant/Mailing Company
Name _____
Mailing Address _____
City _____ State _____ Zip _____
Primary Contact Name _____ Title _____
Phone _____ Fax _____
Email _____

BILLING INFORMATION

Billing Company Name _____
Billing Address _____
City _____ State _____ Zip _____
Primary Contact Name _____ Title _____
Phone _____ Fax _____
Email _____

Office Use Only: Regional San Infill Regional San New SASD Relief SASD Expansion City of Sac Sump 2 West Sac Folsom

Section B – Site Characteristics & Remediation System

Describe source and type of contamination

Current Remedial Action Plan Title _____ Date of Plan _____

Has there been a change in constituents required to remediate? Yes No

If there has been a change to the remediation requirements, explain below and attach documentation/approval.

Describe remediation system to be used at this facility

Section C – Wastewater Characterization

Table 1: Summary of Total Sewer Discharges (see instructions)

Outfall #	Wastewater Flow (gallons)				
	Max Daily	Ave Monthly	Max Monthly	Max Flow Rate (gpm*) requested	Minimum gpm needed
1					
2					
3					
4					

*gpm = gallons per minute

Table 2: Batch Discharges to Sewer (these flows may be included in Table 1) Outfall #	Process (describe)	# discharges per (indicate) day, week, month, or year	Duration (hours)	Time of day	Volume (gallons)	Max Flow Rate (gpm*)	Included above in Table 1?

Table 3: Sewer Discharge Characteristics for Process Wastewater

List all chemicals that are present as contaminants (not background) in groundwater (for example, MTBE, benzene, lead)			
Outfall #	Constituents/contaminants of concern	Outfall #	Constituents/contaminants of concern

Section D – Permit Renewal

Table 4: Permit Allocations – usual basis is on a typical maximum month

Monthly Allocation	Flow (gallons)	Discharge Rate (gpm)
Existing		
Additional Requested		
New Total Requested		

List any process, operation, or facility changes since last application.

Section E – Attachments

(See Instructions)

Attach the Following:

For New Permits	<ol style="list-style-type: none"> 1. Process Flow Diagram for remediation system 2. Outfall Diagram (include remediation system, LEL meter, sample port, flow meter, connection to sewer, parcel boundaries, and street names) 3. A copy of site’s approved Corrective Action Plan (CAP), Final Remediation Plan, or equivalent (electronic copy preferred—see instructions) 4. Recent analytical data from source water prior to and after treatment 5. Documentation/approval of any constituents that have been phased out of original CAP or that are no longer present 6. Signature Authorization Form
For Permit Renewal	<ol style="list-style-type: none"> 1. Updated Process Flow Diagram and Outfall Diagram 2. Documentation/approval of any constituents that have been phased out of original CAP or that are no longer present 3. Signature Authorization Form (if authorized personnel have changed)

Section F – Certification and Signature

Authorized signature and certification of application is required.

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.

Signature _____

Date _____

Printed Name _____

Title _____

Submit To

Sacramento Regional County Sanitation District (Regional San)
Wastewater Source Control Section (WSCS)
10060 Goethe Road
Sacramento, CA 95827
Phone: 916-875-6470
Fax: 916-854-9286