

Short Term / Groundwater Discharge Request Form

Fairfield-Suisun Sewer District
1010 Chadbourne Road
Fairfield, California 94534

Section A: Applicant Information

Current Business/Site name: _____

Address: _____

City: _____ State: _____ Zip: _____

Owner(s) of the property: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact: _____

Consulting Firm Managing Discharge Operations: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact: _____

Title _____ Phone (day) _____ Phone (night) _____

Application is for: Less than one year More than one year

Proposed Start Date: _____ Proposed Finish Date: _____

If more than one year, specify the length of time discharges will be made: _____

Section B: Business Description

NAICS Code: _____ SIC Code: _____

A. Primary manufacturing, service or activity that is, or was conducted at the facility/site:

List all processes and/or activities wastewater was generated from (remediation, equipment cleaning, etc.):

Is this site supervised by Solano County Resource Management for groundwater remediation? _____

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Section C: Discharges of Treated Groundwater

Wastewater flow (gallons per day)				
Maximum Daily	Average Daily	Maximum Monthly	Peak Hourly Flow (gal./min.)	Discharge Hours (from-to)

What is the total volume expected to be discharged from the site? _____ gallons.

What is the expected rate of discharge? _____ gallons/minute.

Section D: Process Wastes: Describe any wastes that will be generated from these activities, and how the materials will be disposed (spent filters, canisters, chemicals, etc.). Use additional sheets as needed.

Description	Pollutants / Characteristics	Disposal

Section E : Pretreatment Information

A. Will wastewater be treated before it is discharged to the sewer system? _____

B. If yes, provide, a detailed written description and flow diagrams for all pretreatment operations (attach sheets as needed):

C. How will the volume of wastewater be measured and recorded?

D. Is there an LEL meter to monitor the system before discharge to the sewer system? (required) _____

Section F: Storm Drains and Storm Water Run Off

A. Are there storm drains on the facility property? If so, attach a written description and map of the location(s).

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- B.** Are there any storage areas, process areas (or other materials/areas) that are open to the atmosphere and if so, attach a map showing the locations of the nearest storm drain to each area.

Section G: Wastewater Analysis

- A.** List all constituents for which an analysis has been performed and a statement outlining whether or not this includes all pollutants expected to be present. Include copies of analyses performed to characterize the wastewater requested for discharge. Attach additional sheets as needed. All analyses shall be performed using EPA methods for the analysis of wastewater.

Section H: Certification and Signature

Name (print):		Title:	
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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:	
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