



# Groundwater Remediation Application

## SECTION A - GENERAL INFORMATION

<b>1</b>	Applicant (Discharger):	
<b>2</b>	Mailing Address:	
<b>3</b>	Billing Address:	
<b>4</b>	Telephone Number:	
	FAX Number:	
	E-mail:	
<b>5</b>	Discharge Address:	
<b>6</b>	Assesor's Parcel Number (APN):	
<b>7</b>	Discharge Point (s):	
<b>8</b>	Company Performing Site Remediation:	
<b>9</b>	Individual Responsible for Wastewater Discharge:	
	Name:	
	Position:	
	Telephone Number:	
	Cell Phone Number:	
	E-mail:	

**SECTION B - Discharge Information**

1	Wastewater Sources:	
2	Type of Discharge:	Continuous      Batch
3	Days per week:	
4	Months of operation:	
5	Number of operating days per year:	
6	Peak Discharge Rate (gpm):	
7	Peak Flow (MGD):	
8	Total Annual Flow (MG):	
9	Solid Waste Sources:	
10	Disposal of Solid Waste:	

## SECTION C - Batch Discharges

1	Volume of Treated Groundwater Discharged per Month (estimated gallons)	Describe Groundwater Prior to Discharge (Neutralization, Continuous Precipitation, etc.)	Continuous or Batch	
			Continuous	Batch
2	Schematic Flow Diagram			
		<p>For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, wastewater. Indicate which processes use water discharges to the sanitary sewer. Use these numbers when showing the position of and which generates waste streams. Include the average daily volume and maximum daily volume of each wastestream. If using estimates, this must be stated. Number each unit process having wastewater that unit processes in the building layout diagram in the next section:</p>		

## SECTION D - Groundwater Treatment

1	Provide a description of the treatment devices and processes that will be used for treating the contaminated groundwater								
2	Describe the pollutant loadings , flow rates, design capacity, physical size, and operating procedures of each treatment device and process identified above for treating the contaminated groundwater								
3	<p>Do you have a groundwater treatment system operator?</p> <table border="0"><tr><td style="width: 150px; text-align: center;"><input type="checkbox"/> Yes</td><td style="width: 150px; text-align: center;"><input type="checkbox"/> No</td></tr><tr><td>Name:</td><td></td></tr><tr><td>Title:</td><td></td></tr><tr><td>Phone Number:</td><td></td></tr></table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:		Title:		Phone Number:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Name:									
Title:									
Phone Number:									

## SECTION E - Characteristics of Groundwater Discharge

1	<b>Characteristics of Discharge</b>
	Identify what groundwater contaminants will be present or are suspected to be present in the groundwater being treated (Provide analytical results):
2	<b>Identify any chemicals or additives used in the groundwater treatment process:</b>
3	<b>Describe all chemical and waste storage containers that will be kept on site. Include the location, container size and type, and contents of each chemical or waste storage container:</b>
4	<b>Have you developed an accidental spill plan for this groundwater remediation operation?</b>
	<input type="checkbox"/> YES - Attach copy to application <input type="checkbox"/> NO - Plan must be submitted within 60 days of permit issuance <input type="checkbox"/> Not Applicable - No floor drains or only domestic wastes

## SECTION F - Other Information

1	<b>Non-Discharged Wastes</b>		
	Will there be any waste liquids or sludges generated by the groundwater treatment process that will NOT be disposed of in the sanitary sewer?		
	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO		
	If yes, please complete the following table:		
	Waste Generated	Quantity (Year)	Disposal Method
2	<b>Environmental Permits</b>		
	List all other environmental permits applicable to this groundwater remediation (federal, state, local).		
	Regulatory Agency	Permit Number	Expiration Date

## SECTION G- CERTIFICATION

Enter the name and title of the person signing the application, along with their mailing address, phone number, and email address. The person signing the application must meet the signatory criteria as specified in Watsonville Municipal Code 6-3.100 (d)

<https://www.codepublishing.com/CA/Watsonville/#!Watsonville06/Watsonville0603.html#6-3.100>

"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 ensure 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 fines and imprisonment for knowing violations."

Printed Name:	
Title:	
Company Name:	
Mailing Address:	
Email Address:	
Phone:	
Signature:	
Date:	