



MUNICIPAL UTILITIES DEPARTMENT
REGIONAL WASTEWATER CONTROL FACILITY
2500 NAVY DRIVE (209) 937-8700 PHONE
STOCKTON, CA 95206 (209) 937-8702 FAX

GROUNDWATER DISCHARGE PERMIT
PART A – APPLICATION

1. Property Information:

Site Address: _____

Property Owner:

Name

Mailing Address City Zip

Phone (Office) Phone (Cell) Phone (Fax)

2. Environmental Consulting Firm:

Name Phone _____

Mailing Address City Zip

Project Manager:

Name Title _____

Phone (Office) Phone (Cell) Phone (Fax)

E-mail: _____

3.

Emergency Contact Name Title/Company _____

Day Phone Night Phone _____

4. CERTIFICATION: I certify that the information above and on the following parts are true and correct to the best of my knowledge.

Signature (Original Signature Required) Date _____

Print Name Title _____



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 PART B – GROUNDWATER DESCRIPTION**

B1. Business Activity – Describe the present and past business activities occurring on the premise; as well as present and past wastewater generating operations:

a.) Present Activity: _____
 Product: _____
 Wastewater Generating Operations(s): _____

b.) Past Activity: _____
 Product: _____
 Wastewater Generating Operations(s): _____

B2. Description – Describe the known or suspected pollutant source(s) and history of the groundwater contaminants (Attach sheets as necessary).

B3. Substances Proposed to be Discharged – Give common and technical names of any materials or chemicals proposed to be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product. Give proposed concentrations (Attach sheets as necessary).

NAME	DESCRIPTION	CONCENTRATIONS

B4. Proposed Quantities – Give the maximum average monthly flow rate in gallons per minute of the groundwater proposed to be discharged to the sewer.

B5. Proposed Discharge Period – Give the following information:

a.) Discharge will occur daily from _____ to _____

b.) Circle the days of the week that the discharge will occur:

S M T W T F S

c.) Seasonal – Circle the month(s) of the year the discharge will occur:

J F M A M J J A S O N D

d.) Years – Indicate the total proposed discharge period: _____

e.) Proposed start date _____



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 PART C – PUMPING PLAN**

PURPOSE – Description of all aspects of the pumping plan will enable the City of Stockton to evaluate the plan for possible approval.

C1. Description – Fully describe the proposed pumping plan, including number and size of wells, types and capacities of pumps, and all other relevant information. (Attach description)

C2. Pretreatment – Describe any proposed groundwater pretreatment prior to discharge to the sanitary system, and give expected pollutant removal efficiencies. (Attach sheets as necessary)

C3. Analyses – Attach pertinent laboratory analyses to verify contaminants and concentrations.

C4. Calculations – Calculate the pounds/day of each contaminant proposed to be discharged to the sewer. (Attach work sheets)

C5. Pollution Control – Describe steps taken to prevent present and future groundwater contamination. (Attach sheets as necessary)

C6. Sludge Disposal – Describe sludge disposal methods that will be utilized if applicable. (Attach sheets as necessary)

C7. Miscellaneous – Give any other pertinent facts or factors that warrant consideration. (Attach sheets as necessary)

C8. Diagram – Attach as accurate a diagram of the plume or area of contamination, as is available.

C9. Sample Schedule – Attach a proposed sampling schedule and method of results transmittal to the City of Stockton. Indicate sample point.



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PART D – SCHEMATIC LAYOUT**

Purpose – The Schematic layout will show the relative positions of major features including directional flow of groundwater and area of contamination. This information will enable the City of Stockton to assess the pumping plan.

Schematic Layout – Draw to scale the locations of wells, buildings, proposed groundwater lines, existing sewer lines and manholes, as well as other related features or structures. The schematic layout should show the proposed groundwater flow directions and include sampling points. Include a lightly shaded area that characterizes the areas of contamination, if known. A suitable attachment may be used in lieu of drawing the layout below. Note any such attachment by printing or typing “See Attached”.

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