INSTRUCTIONS
FOR WASTEWATER DISCHARGE PERMIT APPLICATION
TEMPORARY DISCHARGE

PART A APPLICATION/PERMIT

A1. Applicant Business Name: Use Corporation or DBA name.

A2. Physical Address of Facility Discharging Wastewater: Indicate physical address of facility discharging wastewater to the sewer. Include phone number of actual location.

A3. Mailing address: Complete *only if different* than physical address.

A4. Chief Executive Officer:

a. Name and title of person in charge of total operation (could be owner).
b. Mailing address of officer.
c. Phone number of officer.

A5. Environmental Consultant:

a. Name and title of person and/or organization in charge of environmental consulting
b. Mailing address of environmental consultant
c. Phone number of environmental consultant

A6. Primary Contact Person:

Person to be contacted about this application, or in case of an emergency. List person who would be easily accessible to our staff and has authority to take prompt action if needed or requested by the Town.

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Prior to discharge, the facility must submit to the Industrial Waste Group a report of pollutant concentrations detected in the proposed discharge. Samples must be analyzed by a California Environmental Laboratory Accreditation Program (ELAP) certified laboratory and in accordance with procedures outlined in 40 CFR. A site inspection is required at this point and prior to discharging.

The applicant will be liable for damages to the sanitary sewer system as a result of the proposed wastewater discharge. The applicant will also be held liable for any discharge of pollutants which cause an increase in priority pollutant concentrations above background levels as measured at the Town of Windsor's Wastewater Treatment Plant, which may cause any violation of the terms of the Town's NPDES permit.

The Town of Windsor will require a monitoring and reporting program, which will be further detailed in the wastewater discharge permit. Modifications to this program may occur at any time during the permitting period. Permittee will be held responsible for all costs associated with sampling, testing, and staff time.

The applicant will be required to abide by all provisions of Town Codes and Ordinances, permit requirements, and all applicable Federal and State discharge requirements and regulations. The Town must be given access, 24-hours per day, to the treatment process and discharge area to enable the taking of flow meter readings and samples.

REMIT APPLICATION TO:

Town of Windsor
Adrienne Cibor, Environmental Program Manager
8400 Windsor Road, Windsor, CA 954923
Telephone (707) 838-1219
Or by email to: acibor@townofwindsor.com

TOWN OF WINDSOR

WASTEWATER DISCHARGE PERMIT APPLICATION
TEMPORARY DISCHARGE

PART A – APPLICATION / PERMITTEE INFORMATION

A1. Applicant Business Name_____

A2. Physical Address of Facility or Location <u>Discharging</u> Wastewater_____

City_____ State _____ Zip_____

Phone (_____)_____

A3. Mailing Address_____

City _____State _____Zip_____

A4. Chief Executive Officer_____

a. Title_____

b. Mailing Address_____

City_____State_____Zip_____

A5. Environmental Consultant_____

a. Title_____

b. Mailing Address_____

City_____State_____Zip_____

c. Phone (_____)_____

A6. Primary Contact Person _____

Title_____

Day Phone _____Night/Emergency Phone_____

TOWN OF WINDSOR

WASTEWATER DISCHARGE PERMIT APPLICATION
TEMPORARY DISCHARGE

PART B – SITE INFORMATION & TREATMENT

Purpose: *The Site Information Section is primarily used to determine the substances which may enter into the wastewater discharge from the business activity and the intention of how it will be treated.*

B1. Site History

Summarize the business activities and/or manufacturing processes responsible for the wastewater. Provide the name and contact information of the current property owner: _____

B2. Describe the nature of the site contamination (if any):_____

B3. Identify the contaminants of concern in the wastewater discharge (eg. Hydrocarbons, BTEX, PAHs, Metals, Suspended Solids, etc.) Include supporting analytical data for the wastewater :

B4. Describe the proposed treatment system(s) and sampling location(s) and attach a schematic: _____

PART B – SITE INFORMATION & TREATMENT CONTINUED

B5. Operating Period & Discharge Flow

Specify the proposed operating period for the activities (i.e. the period during which wastewater is discharged to the sanitary sewer)

Hours/Day: _____ Days/Week: _____ Weeks/Year: _____

Specify the typical number of hours of discharge to the sanitary sewer during the following periods:
08:00 to 16:00: _____ 16:00 to 24:00: _____ 0:00 to 08:00: _____

Expected maximum flow rate of discharge: _____ gpm

Expected average flow rate of discharge: _____ gpm

Maximum volume of treated wastewater to be discharged to the sanitary sewer: _____ gallons

Anticipated start date for project: _____

Anticipated end date for project: _____

PART C – CERTIFICATION 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 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.

I, the undersigned, and Engineer/Consultant (where applicable), certify that this firm's operation and its resultant wastewater discharge will achieve consistent compliance with the Town of Windsor's Municipal Code and Ordinances, permit requirements (as detailed herein), and applicable Federal and State discharge regulations and requirements. If the wastewater discharge does not meet all the applicable regulations, my firm is responsible for immediately halting the flow causing non-compliance, installing wastewater pretreatment equipment, or performing whatever is necessary to meet the waste discharge requirements. I am aware that there are significant penalties for violation of the regulations, requirements and conditions of this permit, the Town of Windsor's Municipal Code and Ordinances, and the State and Federal Government discharge regulations and requirements, including the possibility of fine and imprisonment.

Signature: _____

Title: _____

Date: _____

This document must be signed by the most responsible person of the organization applying for the discharge permit. This includes the owner, president, corporate officer, or any other representative of the organization in an authorized decision-making capacity. The person signing this document is legally responsible for all information contained herein and becomes liable for any and all future enforcement actions.