



WASTEWATER DISCHARGE PERMIT APPLICATION TEMPORARY

Temporary Wastewater Discharge Permits are issued for all short-term projects that discharge into the City's sewer system. The type of discharge may vary and could include, for example, process wastewater or groundwater. Permit applications require a minimum of 30 days for processing.

Based on the anticipated or known contaminants/pollutants in the discharge, the applicant may be required to retain all wastewater in a holding tank until representative samples are analyzed and demonstrate compliance with Local Limits. Additionally, a monitoring and reporting program will be required during the term of the Permit. The required analyses and frequency of monitoring are determined on a case by case basis and are dependent on the nature of the discharge, location or project. All samples must be analyzed by a California Water Code Section 13176 certified commercial laboratory and in accordance with the procedures outlined in 40 CFR Part 136.

A Temporary Wastewater Discharge Permit application fee of \$300.00 and a Temporary Connection Fee based on maximum discharge volume, maximum biochemical oxygen demand (BOD), and maximum total suspended solids (TSS) will be invoiced to the applicant. The fee calculation may be found in the City's Municipal Code, Section 14.04.090.

The applicant will be required to abide by all provisions of the Wastewater Discharge Permit, Sewer Use Ordinance, and all applicable Federal and State discharge requirements and regulations. Upon request, the City must be provided access to the business/facility/location to enable the taking of flow meter readings and samples.

REMIT APPLICATION TO:

**City of American Canyon
Environmental Services Department
151 Mezzetta Ct. American Canyon, CA 94503
Telephone (707) 647-4542**



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GENERAL INFORMATION

❖ Facility/Business/Location Name: _____

❖ Physical Address of Facility/Business/Location **Discharging** Wastewater: _____

City: American Canyon State: CA Zip: 94503

❖ Authorized representative of the Facility/Business:

- If corporate owned, a responsible corporate officer (president, vice president, or secretary-treasurer) in charge of a principal business function
- If local owned, a general partner or proprietor (if the Facility is a partnership or sole proprietorship)

Name: _____ Title: _____

Address: _____ City: _____ State: _____ Zip _____

Email: _____ Phone: _____

❖ Environmental Consulting Firm (if applicable): _____

Name: _____ Title: _____

Address: _____ City _____ State: _____ Zip _____

Phone: _____ Night/Emergency Phone: _____

Email: _____

❖ Primary Contact (person responsible for receiving and responding to all forms of communication from the City regarding the Wastewater Discharge Permit or other environmental subjects):

Name: _____ Title: _____

Address: _____ City _____ State: _____ Zip _____

Phone: _____ Night/Emergency Phone: _____

Email: _____



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DESCRIPTION & TREATMENT

- ❖ Type of Business: _____
- ❖ Business Activity (Summarize the activities to be conducted at the proposed Business/Facility/Location that generate wastewater): _____

- ❖ If the Business/Facility/Location is part of a remediation project, describe the nature of the contamination: _____

- ❖ Identify the contaminants of concern in the wastewater to be discharged (attach supporting analytical reports):

- ❖ Describe the proposed wastewater treatment and sampling location (attach a schematic indicating the location of water meters, wells, storm drains, sewer lines, cleanouts, grease traps and other pretreatment systems): _____

- ❖ Describe the proposed period for wastewater discharge days/hours and flow rate:
 - 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: _____
 - Maximum flow rate of discharge: _____ gpm
 - Wastewater discharge start date: _____ End date: _____
- ❖ Temporary Connection Fee Information (all values used to calculate the Fee must be verified. Any instance of waste discharge above these values will trigger a reassessment of the Fee):
Maximum volume of treated wastewater to be discharged to the sanitary sewer: _____ gallons
Maximum biochemical oxygen demand (BOD): _____ mg/L (may not be greater than 200 mg/L)
Maximum total suspended solids (TSS): _____ mg/L (may not be greater than 220 mg/L)



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CERTIFICATION STATEMENT

This document and any 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.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of Responsible Person

Date

Print Name

Print Title

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 a 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.