

Subject: Napa Sanitation District Discharge Requirements for Wastewater Generated from Groundwater Remediation and Underground Storage Tank Remediation Activities

Enclosed you will find information concerning the District's requirements regarding the discharge of wastewater generated as a result of underground storage tank removal or soil/groundwater remedial cleanup to the sanitary sewer system.

Discharges of this type must comply with all requirements of the District's current Sewer Use Ordinance as well as any special conditions that will be identified based on the nature and estimated quantity of the proposed discharge. All requirements and conditions are subject to change without prior notice to dischargers.

In order to obtain discharge approval, your company is required to submit a request to discharge wastewater to the sanitary sewer. You will then be issued a permit application form to be completed and returned to the District. A copy of the unsigned wastewater discharge permit is included with the permit application. Please carefully review the permit, paying particular attention to the accuracy of the cover page. Fill out completely and return the permit application, the Permit cover sheet, Signatory page, analytical data/reports, necessary maps, and any other requested documents along with the required payment (check) to Napa Sanitation. Upon approval, you will receive the signed permit to discharge to the sanitary sewer.

If you have any questions, please contact Bill Gaffney during regular business hours at (707) 258-6000 extension 502.

Submit all fees and correspondence to:

Napa Sanitation District
P.O Box 2480
Napa, Ca. 94558
Attn.: William J. Gaffney
or
Napa Sanitation District
935 Hartle Court
Napa, Ca. 94559
Attn.: William J. Gaffney

Sincerely,

William J. Gaffney

PERMIT APPLICATION FORM

SECTION A: GENERAL INFORMATION

Site Facility Name: _____

Project Number: _____

Facility Address: Street _____

City _____ State _____ Zip _____

Standard Industrial Classification (SIC): 4959

Permittee: "Signatory authority of the facility":

Name _____

Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Company supplying services for this facility":

Name _____

Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Designated Facility Contact:

Name _____

Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Brief description of all operations at this facility:

SECTION B: WASTEWATER DISCHARGE INFORMATION

Type of flow:

Continuous_____ Batch_____

List rate of discharge: Gal/Min_____

Describe the duration of discharge:

SECTION C: TREATMENT

Is there any form of wastewater pretreatment at this facility?

Yes _____ No_____ If yes describe:

SECTION D: SAMPLING AND ANALYSIS

Description of sampling location:

Description of sampling, preservation, and chain of custody procedures:

Analysis Results from the sampling location described above: (Include actual Laboratory Data Report)

pH_____ TPH (gas)_____ TPH (diesel)_____ Lead_____

Benzene_____ Toluene_____ Ethylbenzene_____ Xylene_____ MTBE_____

Other_____

Describe discharge location: (Contact Napa Sanitation District Engineering Technician or Construction Inspector at (707) 258-6000 for assistance in location of discharge line)

Describe flow-metering device to be used: Size, flow rate, etc.:

Note: Flow meter may be required to have a totalizer (gals) and rate (gal/min)

Describe LEL meter to be used: Make, model etc.: (May not be applicable for short term discharges)

Describe screening device(s) to be used to prevent solids (including rocks, sand, mud etc.) from entering sewer system.

Note: The above information may be submitted on the firm's format in lieu of this form provided all the pertinent information and the Authorized Representative Statement is included in the report.

Authorized Representative 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 for knowing violations.

Signature of Authorized Representative _____ Date _____