



CITY OF SAN MATEO / ESTERO MUNICIPAL IMPROVEMENT DISTRICT

ENVIRONMENTAL COMPLIANCE PROGRAM

330 WEST 20TH AVENUE, SAN MATEO, CA 94403 650-522-7300

APPLICATION FOR INDUSTRIAL WASTE DISCHARGE PERMIT



**Please see instructions included on a separate page. Type or print all applicable information.
Please return completed application not less than 30 days prior to commencing discharge.**

PART A. SEWER USER INFORMATION

1. Discharge Requested By:		1a. Name of Facility:	
2. Street Address (Discharge Location):			
City:	State:	ZIP:	Bus. Phone:
3. Mailing Address (if different from above):			
City:	State:	ZIP:	Email:
4. Owner/Chief Executive Officer:		Title:	
Mailing Address (if different from above):			
5. On-Site Primary Contact Person (if different from above):		Title:	
Day Phone (if different from bus. phone):		Emergency Phone:	

PART B. FACILITY INFORMATION

6. Description of Facility:			
7. Description of Process(es) Generating Wastewater:			
8. Description of Pretreatment Equipment (if any) prior to discharge:			
9. Type of Discharge: <input type="checkbox"/> Periodic <input type="checkbox"/> Continuous		10. Frequency and Duration of Discharge:	
11. List Source(s) and Est. Discharge Volume		12. List Contaminants (if any) and Expected Concentrations	
Source	Flow (gpd)	Contaminant	Concentration
13. Attach a flow diagram or thorough description of process wastewater source(s), any pretreatment equipment or systems, and location of point of discharge to City sanitary sewer.			

PART C. SIGNATORY

Note to Signing Official: Information provided in this application is public information and shall be available to the public without restriction. **Signature indicates agreement to comply with conditions on the reverse side.**

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, the information 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 or both.

Name:	Signature:
Title:	Date:

Official Use Only
Approved by:
Date:

APPLICANT FOR GROUNDWATER WASTE DISCHARGE PERMIT MUST READ THIS MATERIAL

BY SIGNING THE PERMIT APPLICATION ON THE REVERSE, the applicant agrees:

1. To furnish any additional information on groundwater discharges as required by the City of San Mateo (City)/City of Foster City(EMID);
2. To accept and abide by all provisions of ordinances, policies and guidelines of the City, including the Sanitary Sewer Use Ordinance (San Mateo Municipal Code Section 7.38)/City of Foster City (EMID) Code Section 8.37 and prohibitions against illegal discharges of non-stormwater and other wastes to the City's storm drain system as specified in the Stormwater Ordinance (San Mateo Municipal Code Section 7.39)/City of Foster City (EMID) Code Section 8.04;
3. To train employees to abide by all provisions of ordinances, policies and guidelines of the City as specified in (2.) above;
4. To operate and maintain any required groundwater treatment devices in a satisfactory manner as approved by the City;
5. To keep records of groundwater discharge and/or treatment system operation and maintenance **on-site** and make these records available upon request by City personnel;
6. To cooperate at all times with City personnel, or their representatives, in the inspection, sampling and study of groundwater discharge facilities and discharges;
7. To immediately notify the City at [650]-522-7300 (during normal working hours or after hours/on weekends and holidays) in the event of any accident, negligence or other occurrence that causes the discharge to the sewer or storm drain system of any material whose nature and quantity might be reasonably judged to constitute a hazard to the public health, environment, City personnel or wastewater treatment facilities;
8. To pay to the City annually the required Waste Discharge Permit annual fee;
9. To submit, as required by the City, accurate data on groundwater discharge flows and groundwater quality (contaminants);
10. To submit additional pages as required to furnish the necessary information if there is inadequate room on the reverse side of this permit form to complete the submittal of requested information;
11. To apply for a revised Waste Discharge Permit if any change in production, method of groundwater treatment or operations creates a significant change in groundwater quantity or quality, or, if the quantity or quality of groundwater discharged changes by more than 25%, or changes above any other threshold level specified in Waste Discharge Permit requirements;
12. To provide immediate access to authorized City personnel to any facility directly or indirectly connected to the City's sanitary sewer system under emergency conditions and at all other reasonable times;
13. To apply for a renewed Waste Discharge Permit at least 30 days prior to the expiration date specified on the Permit.
14. To notify the Environmental Compliance Program at [650] 522-7300 within 30 days of an owner name change or business name change.
15. To comply with all requirements and conditions of approval specified by City personnel in accordance with San Mateo Municipal Code section 7.38/City of Foster City (EMID) Code Section 8.37. Failure to do so invalidates the permit approval.

CITY OF SAN MATEO / ESTERO MUNICIPAL IMPROVEMENT DISTRICT

INSTRUCTIONS FOR COMPLETING APPLICATION FOR INDUSTRIAL WASTE DISCHARGE PERMIT

Part A. Sewer User Information

1. **Discharge Requested By:** Approval to discharge may be requested by: a consultant, coordinating party, or individual company. The person or party requesting the discharge holds all liability. Name of the Facility (1a. should reflect the name of the business or location where the discharge is proposed to occur)
2. **Street Address:** The discharge location is the street addresses where the discharge will occur. Include building numbers, if any.
3. **Mailing Address:** Complete if different from the address specified in Number 2 above. *Please include a valid email address.*
4. **Owner/Chief Executive Officer:** Name and title of person in charge of total operation; mailing address if different from above.
5. **On-Site Primary Contact Person:** Best person to contact about this application, or in case of an emergency. Name of *local* manager of the business is preferable.

Part B. Facility Information

6. **Description of Facility:** Describe the facility where the discharge is proposed.
7. **Description of Process(es) Generating Wastewater:** Describe all activities or processes which produce wastewater (e.g., metal anodizing or finishing, pharmaceutical manufacturing, semiconductor fabrication).
8. **Description of Pretreatment Equipment (if any) prior to discharge:** Describe the pretreatment equipment, (including location and purpose) used to treat wastewater quality before discharge to sanitary sewer.
9. **Type of Discharge:** Choose one that best describes the nature of the discharge to the sewer system.
Periodic – During hours of operation, or some portion thereof.
Continuous – 24 hour/day flow
10. **Frequency and Duration of Discharge:** If not a continuous flow, specify how frequently the discharge will occur, and for how long.
11. **List Source(s) and Estimated Discharge Volume:** Identify source(s) and estimated volumes of each, for wastewater being discharged in gallons per day (gpd) (e.g., acid waste or rinse water). If discharge is of a known volume (temporary storage tank, etc.) specify actual volume in gallons.
12. **List Contaminants (if any) and Expected Concentrations:** If wastewater is known to contain contaminants from commercial/industrial activities (such as petroleum hydrocarbons, solvents, metals, etc.) specify each contaminant and concentration expected in the discharge. **If unknown, specify “unknown.”** Depending on the nature of wastewater generating activities, the applicant may be required to collect samples representative of the water quality anticipated in the expected discharge. Discharge may not be permitted pending the analytical results of the samples.
13. **Attach a flow diagram:** With this attachment, thoroughly describe or otherwise depict the wastewater flow; from process generating the wastewater, through pretreatment system(s), to sample points, to the exact location where the connection will be made to the sanitary sewer for discharge. This may include a site map/drawing depicting the process.

Part C. Signatory

The application must be signed by the most responsible person of the organization applying for the Waste Discharge Permit. This may include the owner, general partner, corporate officer, or other duly authorized representative of the organization in a decision-making capacity. The person signing the document is legally responsible for all information contained therein, and becomes liable for any and all future enforcement actions.

Note: The person that signs the application must first read the reverse side of the application prior to signing it, as the signature indicates agreement to comply with the terms stated on the reverse side of the application.

Please return the completed application not later than 30 days prior to commencing discharge. Thank you.