

CITY OF SOUTH SAN FRANCISCO / SAN BRUNO

DISCHARGE PERMIT APPLICATION FOR GROUNDWATER DISCHARGE SITES

SECTION A. APPLICATION

A1. Applicant's business name:

A2. Address of discharge location:

(Street) (City)

A3. Mailing address (if different from above):

(Street) (City) (State) (Zip)

A4. Name of Company managing disposal of tank contents:

Company Name (Please Print) Day phone number Night phone number

A5. Person to be contacted about this application:

(Print Name) (Title or Position) (Phone Number)

A6. Person to be contacted in case of emergency:

(Print Name) (Title) (Day Phone Number)

(Name of Company) (Night Phone Number)

A7. Name of business requesting or required to implement clean-up.

A8. Name of person (from above business) to contact about this project.

(Print Name) Title Phone Number

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SECTION B. DISCHARGE DESCRIPTION

B1. Describe the nature of the business which utilized the tank(s):

B2. Circle below for each discharge site, if it is an Underground Storage Tank (UST) or an Excavated Tank Pit (ETP) and if the tank contained: Gasoline (GAS), Diesel Fuel (DF) or Other (OT). If Other, note comments below.

Number of gallons to discharge	Type of Site		Tanks Contents		
	UST	ETP	GAS	DF	OT
Site #1: _____	UST	ETP	GAS	DF	OT
Site #2: _____	UST	ETP	GAS	DF	OT
Site #3: _____	UST	ETP	GAS	DF	OT
Site #4: _____	UST	ETP	GAS	DF	OT
Site #5: _____	UST	ETP	GAS	DF	OT

Total gallons: _____

B3. Constituents of water to be discharged from each tank or pit: Submit analytical results of tank or pit contents. Analysis required for Total Lead, Total Petroleum Hydrocarbon, Benzene, Toluene, Xylene, Ethylbenzene, pH , COD, TSS, SW8260 and Flash Point.

B4. Proposed discharge Date: _____ Time: _____

B5. Reason for the tank/pit discharge to the sanitary sewer:

B6. Submit drawing showing locations of discharge sites on the premises, sites of sanitary sewer and storm sewer.

B7. Comments- Discuss anything that may affect the approval of this permit:

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SECTION C. CERTIFICATION

Certification: I have personally examined and am familiar with the information submitted in this application. Based upon my inquiry of those individuals responsible for obtaining the information reported herein. I hereby certify that information presented in this application is true, correct and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

Signature of Authorized Agent for Discharge

Date

Name (Please Print)

Title (Please Print)

**Return to: Water Quality Control Plant
Environmental Compliance Department
195 Belle Air Road
South San Francisco, CA 94080**