

SANTA CRUZ COUNTY SANITATION DISTRICT

SPECIAL DISCHARGE PERMIT

This permit once issued by the Santa Cruz County Sanitation District (SCCSD) in accordance with District Code 7.04.280 authorizes the responsible party indicated below to discharge the listed waste(s). These waste(s) may be discharged to the District on a one-time basis or for the specified period of time indicated below. The responsible party must re-apply for a new permit 30 days prior to the expiration date of the permit or for any change in discharge characteristics.

TO BE COMPLETED BY THE PERMITTEE AND APPROVED BY THE SCCSD PRIOR TO DISCHARGE:

Discharge Source:

Name: _____
Site Address: _____
City: _____ State: _____ Zip: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____

Responsible Party:

Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Proposed Discharge:

Type of waste: Treated Groundwater
Discharge Location: _____
Discharge Date: _____ Duration of Discharge: 1 year

TO BE COMPLETED BY SCCSD AND ACKNOWLEDGED BY RESPONSIBLE PARTY:

Permit Fee:	<u>\$150.00</u>
Sewer Service Charge:	<u>\$3.81/HCF or current rate</u>
Total:	<u>To be determined</u>

Date Analysis Received: ongoing/monthly
Analysis Accepted: X Yes No Maximum Flow Rate: 5 gpm
Flow Meter Required: X Yes No Authorized Discharge Period: _____

Pretreatment or Other Requirements: 3-2000 pound aqueous phase activated carbon vessels in series.

Samples from the treatment system influent, both midfluents, and effluent will be collected on a monthly basis. Quarterly reports will be submitted to the County of Santa Cruz, Environmental Compliance Section for review to ensure that discharged water is meeting the parameters set forth in this permit on the following page. Once breakthrough of contaminants is detected in the effluent from the second carbon unit, the flow route is to be adjusted so that the 3rd unit becomes the primary and the carbon will be changed in the former primary unit. Submittals must be sent to Santa Cruz County Sanitation District, Attn: Environmental Programs Coordinator, 2750 Lode Street, Santa Cruz, CA 95062.

Parameters	Daily Max (mg/L)	Sample Frequency	Composite Sample Required
Methyl tert-Butyl Ether (MTBE)	1.0 µg/L	Monthly	Yes
Total Petroleum Hydrocarbons as Gasoline (TPHg)	0.050	Monthly	Yes
Benzene, toluene, ethyl benzene, xylenes (BTEX)	0.0005 each	Monthly	Yes
Total Petroleum Hydrocarbons as Diesel (TPHd)	0.050	Monthly	Yes

Approved By: _____
Sanitation Operations Manager

I, the responsible party indicated above, declare under penalty of perjury, that to the best of my knowledge I have accurately described the type, quantity, and source of all wastes which I now request to discharge to SCCSD. I further declare, under penalty of perjury, that I have personal knowledge or have had a qualified professional undertake such investigations as required to determine that this waste is not hazardous and meets the requirements of the SCCSD Code. I am aware of the conditions and requirements of the SCCSD Code and other requirements stated in this Special Discharge Permit. Further, I understand that failure to accurately describe the above information or failure to comply with the permit and/or any applicable SCCSD Code, may result in the immediate suspension of this Special Discharge Permit and/or other penalties as may be allowed by law.

Acknowledged by: _____ Date: _____
Responsible Party