



Groundwater Remediation Application


SECTION A - GENERAL INFORMATION

1	Applicant (Discharger):	
2	Mailing Address:	
3	Billing Address:	
4	Telephone Number:	
	FAX Number:	
	E-mail:	
5	Discharge Address:	
6	Assesor's Parcel Number (APN):	
7	Discharge Point (s):	
8	Company Performing Site Remediation:	
9	Individual Responsible for Wastewater Discharge:	
	Name:	
	Position:	
	Telephone Number:	
	Cell Phone Number:	
	E-mail:	

SECTION B - Discharge Information

1	Wastewater Sources:	
2	Time of Discharge:	
3	Days per week:	
4	Months of operation:	
5	Number of operating days per year:	
6	Peak Discharge Rate (gpm):	
7	Peak Flow (MGD):	
8	Total Annual Flow (MG):	
9	Solid Waste Sources:	
10	Disposal of Solid Waste:	

SECTION C - Batch Discharges

1	Volume of Treated Groundwater Discharged per Month	Treatment of Batch Prior to Discharge (Neutralization, Precipitation, etc.)	Day and Time of Discharge
2 Schematic Flow Diagram			
	<p>For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, wastewater. Indicate which processes use water discharges to the sanitary sewer. Use these numbers when showing the position of and which generates waste streams. Include the average daily volume and maximum daily volume of each wastestream. If using estimates, this must be stated. Number each unit process having wastewater that unit processes in the building layout diagram in the next section:</p>		
			

SECTION D - Groundwater Treatment

1	<p>Provide a description of the treatment devices and processes that will be used for treating the contaminated groundwater</p>						
2	<p>Describe the pollutant loadings , flow rates, design capacity, physical size, and operating procedures of each treatment device and process identified above for treating the contaminated groundwater</p>						
3	<p>Do you have a groundwater treatment system operator?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name:</td> <td></td> </tr> <tr> <td>Title:</td> <td></td> </tr> <tr> <td>Phone Number:</td> <td></td> </tr> </table>	Name:		Title:		Phone Number:	
Name:							
Title:							
Phone Number:							

SECTION G- CERTIFICATION

Enter the name and title of the person signing the application, along with their mailing address, phone number, and email address. The person signing the application must meet the signatory criteria as specified in Watsonville Municipal Code 6-3.100 (d)

<https://www.codepublishing.com/CA/Watsonville/#!/Watsonville06/Watsonville0603.html#6-3.100>

"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 ensure that qualified personnel properly gathering 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 fines and imprisonment for knowing violations."

Printed Name:	
Title:	
Company Name:	
Mailing Address:	
Email Address:	
Phone:	
Signature:	
Date:	