



CITY OF SAN LEANDRO
ENVIRONMENTAL SERVICES DIVISION
835 E14th St, San Leandro CA 94577
(510) 577-3401 FAX (510) 577-6019
SPECIAL DISCHARGE PERMIT APPLICATION

Please return completed application by: _____

I. GENERAL INFORMATION

1. Applicant Name: _____
Address: _____ Zip _____
Telephone Number: _____
Name of Responsible Official: _____
Title: _____ Telephone No.: _____
2. If applicant is different than the facility located at the wastewater generation site, complete the following:
Facility Name: _____
Address: _____ Zip: _____
Telephone Number: _____
Address of Discharge: _____
Individual responsible for wastewater disposal: _____
Title: _____ Telephone No.: _____
3. Emergency contact: _____
Title: _____ Telephone No: _____

II. CERTIFICATION

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(s) 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 Responsible Official	Date
_____	_____
Print Name of Responsible Official	Title of Responsible Official

III. CONTAMINATED WATER INFORMATION

1. Describe the source of contaminated water: _____

2. Describe wastewater volume determination method: _____

3. (a) Type of discharge: Batch Continuous
- (b) Estimated duration of discharge: _____
- (c) Total volume of discharge (gallons): _____
- (d) If batch discharge: Average number per month _____ per day _____
 Average volume per batch (gallons) _____ Days and times of discharge _____
- (e) If continuous discharge: Average gallons per day _____
- (f) Describe proposed pretreatment: _____

IV. Identification of Potentially Interfering Pollutants: (check where applicable)

Pollutant category	Known or suspected present	Discharged to Sanitary
Pollutants that may cause a fire or explosion hazard.		
Corrosive materials. Wastes with a pH less than 6.0 or greater than 12.5.		
Solid or viscous pollutants.		
Any known pollutant such as BOD, COD, suspended solids, oil & grease, etc., released in high volume or high strength.		
Wastes with a temperature in excess of 140°F.		
Waters or wastes with total dissolved solids > 1,000 mg/L.		
Radioactive Materials		

V. FACILITY DESCRIPTION

1. Please attach a site plan showing the location of:

- (a) Source(s) of groundwater contamination (if applicable).
- (b) Location of monitoring wells and/or sample points. Identify wells or sample points by number. Include and identify all existing and proposed wells.
- (c) Proposed connection for discharge to the sanitary sewer.
- (d) Location of any holding tank(s).
- (e) Location of pretreatment equipment.
- (f) Location of underground storage tanks (including tanks that have been previously removed).

2. If applicable, provide information for the removal of each underground storage tank (including tanks that have been previously removed/closed and those scheduled for removal/closure).

Tank Name	Date of removal	Volume	Material stored

VI. MISCELLANEOUS

1. Will hazardous wastes be generated? yes no

If yes, please provide the following information:

- a. Generator's EPA ID Number: _____
- b. California State Generator's ID: _____
- c. Transporter 1:
 Company Name: _____ Phone: _____
 US EPA ID Number: _____ State Transporter's ID: _____
- d. Transporter 2:
 Company Name: _____ Phone: _____
 US EPA ID Number: _____ State Transporter's ID: _____

TYPE OF WASTE GENERATED (HAZARD CLASS)	QUANTITY
1.	
2.	
3.	
4.	
5.	

2. Has your facility developed a plan to prevent and control spills? yes no

If yes, describe _____

3. Have you contacted any other regulatory agencies regarding proposed cleanup operation? Yes No
 If yes, provide:

Name of Agency			
Contact Name			
Title			
Telephone No.			

APPLICANT FOR PERMIT MUST READ THIS MATERIAL

In consideration of granting this permit, applicant agrees:

- A. To furnish any additional information on wastewater discharges as required by the City of San Leandro.
- B. To abide by all provisions of the Uniform Wastewater Discharge Regulations, abide by all rules and regulations of the Federal Register pertaining to the Clean Water Act and any special conditions as required by the Environmental Services Division.
- C. To operate and maintain any required wastewater pretreatment equipment satisfactorily in the approved manner.
- D. To cooperate at all times with reasonable requests by City personnel in the inspection, sampling, and monitoring of industrial waste discharges.
- E. To notify the San Leandro Water Pollution Control Plant at (510)577-3434 (weekdays) or (510)577-3459 (weekends/after hours) immediately in the event of an accident or other occurrence that results in the discharge to the sewer of any material that by nature or quantity constitutes a hazard to the Publicly Owned Treatment Works or City personnel or the environment.
- F. To pay the City of San Leandro the required permit fee, deposits, wastewater treatment costs and laboratory costs incurred by the City.
- G. To submit, as required by the City, accurate data on industrial wastewater flows and constituents.
- H. To apply for a revised Special Discharge Permit if any change in processes or operations creates a significant change in wastewater quality or quantity.

Notice: Any discharge of contaminated water, regardless of pretreatment, without securing a special discharge permit may result in forfeiture of all fees and deposits and may result in civil and criminal penalties.

I affirm that all information is true and correct and that applicant will comply with the above conditions.

Signature of Responsible Official

Date

Print Name of Responsible Official

Title of Responsible Official

**CITY OF SAN LEANDRO
ENVIRONMENTAL SERVICES DIVISION**

RESPONSIBLE PERSONNEL AUTHORIZATION FORM

COMPANY
NAME: _____

ADDRESS: _____

The above company is: (Check one)

Corporation

Partnership

Sole Proprietorship

1. If the company is a corporation, identify the following corporate officers:

President: _____ Vice
President: _____

Secretary: _____

Treasurer: _____

Other _____ (specify _____ name _____ and
title): _____

2. If the company is a partnership, identify the general partners: _____

3. If the company is a sole proprietorship, identify the proprietor: _____

All reports, permit applications, permits or agreements shall be signed as follows: By a responsible corporate officer, if User is a corporation. By a general partner or proprietor if User is a partnership or sole proprietorship, respectively. By a duly authorized representative of the designated individual above, provided the authorization is submitted in writing to the City."

_____ is an authorized representative
Name and/or Title*

of _____ in charge of assuring compliance with terms stated in our
Designated Individual¹

Special Discharge Permit and/or the Uniform Wastewater Discharge Regulations.

Signature

Title

Print Name¹

Date

¹ Must be one of the designated individuals identified in 1, 2, or 3 above.

The documents listed above, which also include responses to Notices of Violation and Compliance Schedule submissions, must be signed by a corporate officer or the named* individual or position title above.

Submission of a new Responsible Personnel Authorization form is required in the event of any change in the signatory designation for the permitted entity.