

**CITY OF SOUTH SAN FRANCISCO / SAN BRUNO  
WASTEWATER DISCHARGE APPLICATION (GROUNDWATER/DEWATERING)**

**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, if applicable:**

\_\_\_\_\_

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

CITY OF SOUTH SAN FRANCISCO WASTEWATER DISCHARGE PERMIT

SECTION B. DISCHARGE DESCRIPTION

B1. Describe the nature of the the discharge::

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B2. Will any UST's be remove or disturbed during this project?    YES    NO

IF yes complete this section, if not then skip to section B3

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. If applicable. If not state N/A.

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

Total gallons: \_\_\_\_\_

B3. Proposed Flow Rate: \_\_\_\_\_

B4. Proposed discharge Date: \_\_\_\_\_ Time: \_\_\_\_\_

B5. Reason for the 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CITY OF SOUTH SAN FRANCISCO  
GROUNDWATER DISCHARGE PERMIT**

**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.**

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**Signature of Authorized Agent for Discharge**

**Date**

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**Name (Please Print)**

**Title (Please Print)**

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