

# GROUNDWATER SEMI-ANNUAL REPORT

## REGIONAL WATER QUALITY CONTROL PLANT

2501 Embarcadero Way Palo Alto, California 94303 650/329-2598

|  |                         |                             |
|--|-------------------------|-----------------------------|
| Operated by the City of Palo Alto for the<br><br>East Palo Alto Sanitary District<br>Los Altos, Los Altos Hills, Mountain View, Palo Alto and Stanford | <b>Reporting Period</b> | <b>This GSAR is due on:</b> |
|  | 1/1/___ to 6/30/___     | 7/31/___                    |
|  | 7/1/___ to 12/31/___    | 1/31/___                    |

NPDES Number: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Permittee: \_\_\_\_\_

Address at point of discharge: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Consultant: \_\_\_\_\_ Phone #: \_\_\_\_\_

**BILLING ADDRESS-if different from mailing address:** \_\_\_\_\_

Has there been any discharge during this reporting period? YES \_\_\_\_\_ NO \_\_\_\_\_

**If NO, please complete the above portion of this form only and sign at the bottom.**

Is groundwater being re-used? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what percent of groundwater is being re-used and how?

**If batch discharge:** Number of batches \_\_\_\_\_ Maximum Flow Rate \_\_\_\_\_ gpm

**If continuous discharge:** Average Flow Rate: \_\_\_\_\_ gpm Maximum Flow Rate: \_\_\_\_\_ gpm

**Total volume discharged during this 6-month period:** \_\_\_\_\_

If applicable: Lowest LEL Range: \_\_\_\_\_ Highest LEL Range: \_\_\_\_\_

Source of groundwater contamination: Solvent Leak \_\_\_\_\_ Fuel Leak \_\_\_\_\_ Both \_\_\_\_\_ Other: \_\_\_\_\_

Is groundwater treated before discharge? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, what type of treatment system is being used? \_\_\_\_\_

Were there any violations during this reporting period? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what parameter(s) were in violation? \_\_\_\_\_

If yes, what was the concentration/flow rate during violation? \_\_\_\_\_

Describe any significant changes in system operation during this reporting period: \_\_\_\_\_

**NOTE:** Please attach original analytical laboratory reports for effluent data only.

Print Name and Title: \_\_\_\_\_ Company: \_\_\_\_\_

Date and Sign Here: \_\_\_\_\_ Telephone Number: \_\_\_\_\_