

REGIONAL WATER QUALITY CONTROL PLANT  
2501 Embarcadero Way  
Palo Alto, CA 94303  
Telephone: 650/329-2598

Operated by the City of Palo Alto for the  
East Palo Alto Sanitary District, Los Altos, Los Altos Hills, Mountain View, Palo Alto, and Stanford

**APPLICATION GUIDELINES FOR DISCHARGERS OF CONTAMINATED  
GROUNDWATER TO THE REGIONAL WATER QUALITY CONTROL PLANT**

Dischargers are expected to provide the following in order to be considered for the Contaminated Groundwater Discharge Permit:

1. **Application**

All Groundwater Dischargers must file a completed application with the RWQCP prior to any discharge. Permits are issued for a maximum period of 3 years.

2. **Fees**

A permit application fee of \$750.00 must be submitted with any application except for those concerning one-time batch discharges of 2000 gallons or less.

In addition to the permit fee, the discharger will be billed semi-annually for volume of the discharge. **Please refer to the City's Utility Schedule Fee for the current discharge fee.**

3. **Groundwater Reuse Study**

Attachment #1 is a guide to performing a groundwater reuse study. A new policy adopted by the Partners of the Regional Water Quality Control Plant (RWQCP) on March 27, 1991, adds a new criterion for the issuance of groundwater discharge permits. Permittee must document that groundwater use alternatives (irrigation, industrial processes, etc.) have been thoroughly explored and that all practical ones are implemented. This will apply to new permits, reissuance and modifications to existing permits, such as increasing flow limitations.

4. **Hazardous Waste Certification Addendum**

Attachment #2 is a hazardous waste certification addendum that must be signed by either a principle executive officer, a general partner or proprietor, or a duly authorized representative of the prospective permittee.

5. **Designation of Authorized Representative**

Attachment #3 is a form that shall be submitted if the permittee designates a representative, other than the executive officer, general partner or proprietor, the authority to sign and submit any forms (i.e., the Hazardous Waste Addendum) or data requested by this office.

6. **Effluent Limitations**

Please refer to the City of Palo Alto Sewer Use Ordinance, Chapter 16.09 of the Municipal Code. Note in Section 16.09.110 (g) that the sum total concentration of Total Toxic Organics (TTO), excluding phenol, shall be less than 1.0 mg/l as an instantaneous maximum and that no individual toxic organic compound, excluding phenol, shall exceed 0.75 mg/l as an instantaneous maximum.

7. **Other Related Permits**

Potential dischargers need to determine whether they are required to obtain other related permits (ie. Air quality permits, treatment permits, sewer and plumbing connection permits).

Air Strippers used for groundwater remediation, must be permitted by the Bay Area Air Quality Management District before the Regional Water Quality Control Plant can issue a Contaminated Groundwater Discharge Permit to the prospective permittee.

Please call 650-329-2104 if you have any questions regarding this application.

The completed application (along with the appropriate attachments and sampling results) must be mailed to:

Industrial Waste Program  
Water Quality Control Plant  
2501 Embarcadero Way  
Palo Alto, CA 94303

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**NEW** or  **RENEWAL APPLICATION FOR**  
**DISCHARGE OF CONTAMINATED GROUNDWATER**

Batch Discharge

Continuous

Permit No.

**A. BUSINESS IDENTIFICATION**

Facility Name: \_\_\_\_\_

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

Contact's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address at Point of Discharge: \_\_\_\_\_

Discharge is to Manhole Number: \_\_\_\_\_

**B. PERMITTEE'S CONSULTANT**

Name: \_\_\_\_\_

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

Contact's Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**C. DISCHARGE ACTIVITIES**

1. What source of contaminant exist?

Solvent Leak

Fuel Leak

Other

If other source of contaminant exists, please explain:

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2. Point of Discharge: \_\_\_\_\_

3. Please provide the maximum flow rate and the volume of the discharge:

maximum rate: \_\_\_\_\_ (gallons per minute)

continuous volume: \_\_\_\_\_ (gallons per day)

batch volume: \_\_\_\_\_ (gallons per day)

4. Provide a map identifying the source(s) of groundwater discharge to sanitary sewer. (This includes groundwater monitoring wells, extraction wells and number and location of the nearest manhole).

5. Describe treatment systems, if any, to be used to treat groundwater. List the parameters to be treated:

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D. Have there been any changes since the last groundwater application submittal? If so, please explain:

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**E. CERTIFICATION SIGNATURE**

I certify, under penalty of law, that the information contained in this report is true and correct to the best of my knowledge. I am personally qualified to make this certification or I have consulted with a professional who is qualified to make this certification.

Please check one of the following:

- \_\_\_\_\_ A. I am a principal of at least the level of Vice President. (If the permittee is a corporation).
- \_\_\_\_\_ B. I am a General Partner or Proprietor. (If the permittee is a partnership or sole proprietorship, respectively).
- \_\_\_\_\_ C. I am a duly authorized representative of the individual designated in A or B above. (If such representative is responsible for the overall operation of the facility from which the discharge originates).

I further certify that a *Designation of Authorized Representative* (DOAR) form has been sent to the Control Authority. If your facility needs to submit a new or revised DOAR, please review the enclosed instructions on how to do so.

\_\_\_\_\_  
PRINTED NAME and TITLE OF OFFICIAL

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

\_\_\_\_\_  
COMPANY and MAILING ADDRESS OF SIGNING OFFICIAL

\_\_\_\_\_  
PHONE NUMBER OF SIGNING OFFICIAL

ATTACHMENT 1

**GROUNDWATER REUSE STUDY**

1. Company Name & Address: \_\_\_\_\_  
Source of Groundwater: \_\_\_\_\_

2. Is groundwater treated before discharging? If so, what is the method of treatment?

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3. Please describe, in detail, the reuse alternatives that have been explored?

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4. If reuse **will be** implemented, please explain the method and percentage of reuse.

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5. Location where groundwater will be reused:

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6. If reuse **will not be** implemented, please explain why in detail:

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7. Chemical characteristics of groundwater after treatment.

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8. How long is this project expected to continue? Is this a permanent, temporary, or seasonal proposal? \_\_\_\_\_

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Notes:

1. Reuse proposals that do not include discharge to State or Land/Irrigation waters do not need Regional Water Quality Control Board approval. A discharge to State waters includes any land application, discharge to storm sewers or directly to surface waters. Reuse that would not need the Regional Water Quality Control Board's approval includes industrial reuse, for example cooling water, which is then discharged to the sanitary sewer. This type of reuse may require approval of the agency regulating the sanitary sewer.
  2. In most cases the Regional Board will require that reused water meet Maximum Contaminant Levels (MCLs) and/or Best Available Technology standards. Our experience is that local health departments do not object to reuse proposals under these conditions, however, we recommend that the health departments be contacted regarding any reuse proposals.
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HAZARDOUS WASTE  
Certification Addendum

An application for discharge to the Palo Alto Regional Water Quality Control Plant has been prepared and dated \_\_\_\_\_.  
(Please write the date of the application here).

*I certify that the wastes for which the discharge application is being filed does not and will not constitute Ahazardous waste under Chapter 6.5 of the Health and Safety Code (Sections 25115 and 25117) and Title 22 of the California Administrative Code (Sections 66680 to, and including, 66746) at the point of discharge into the City sanitary sewer system. I am personally qualified to make this certification or I have consulted with a qualified professional who is qualified to make this certification.*

1. If the Permittee is a corporation:  
 I am a principal executive officer of at least the level of Vice President.
2. If the Permittee is a partnership or sole proprietorship respectively:  
 I am a general partner or proprietor.
3. If such representative is responsible for the overall operation of the facility from which the discharge originates:  
 I am a duly authorized representative of the individual designated in 1 or 2 above.

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SIGNATURE OF OFFICIAL and DATE

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TITLE OF OFFICIAL

Attachment 3

**CONTAMINATED GROUNDWATER DISCHARGE PERMIT**

*DESIGNATION OF AUTHORIZED REPRESENTATIVE*

A duly authorized representative may be designated to sign legal documents and permits if such representative is responsible for the overall environmental compliance of the facility from which the discharge originates. If a representative is designated to sign, then the permittee must submit to the Regional Water Quality Control Plant a DESIGNATION OF AUTHORIZED REPRESENTATIVE (DOAR) STATEMENT.

1. Please print the information

\_\_\_\_\_  
Name of Designated Representative

\_\_\_\_\_  
Signature of Designated Representative

\_\_\_\_\_  
Title of Designated Representative

\_\_\_\_\_  
Company Name of Designated Representative

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

\_\_\_\_\_  
City, State, and ZIP Code

Telephone Number of Designated Representative: \_\_\_\_\_

2. **FACILITY NAME:** \_\_\_\_\_

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

Facility Address: \_\_\_\_\_

\_\_\_\_\_

3. **SIGNATURE:** The above person is authorized as my representative to sign reports and certification statements submitted to the Control Authority as required by the Industrial Waste Discharge Permit. This authority shall remain in effect until the Control Authority is notified in writing of any changes.

4. **Please check one of the following boxes before signing:**

A. I am a principle executive officer of at least the level of Vice President. (If the permittee is a corporation).

B. I am a General Partner of Proprietor. (If the permittee is a partnership or sole proprietorship, respectively).

\_\_\_\_\_  
PRINT NAME OF OFFICIAL

\_\_\_\_\_  
SIGNATURE OF OFFICIAL

\_\_\_\_\_  
TITLE OF SIGNING OFFICIAL

\_\_\_\_\_  
DATE

MAILING ADDRESS OF SIGNING OFFICIAL: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER OF SIGNING OFFICIAL: \_\_\_\_\_

5. **MAILING:** Please return to

Industrial Waste Program  
WQCP  
2501 Embarcadero Way  
Palo Alto, CA 94303