



**CITY OF SANTA BARBARA
INDUSTRIAL WASTE PRETREATMENT PROGRAM
TEMPORARY WASTEWATER DISCHARGE PERMIT
APPLICATION**

FACILITY NAME: _____

Address: _____

Owner's Name: _____

Address: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

CONSULTANT: (If applicable) _____

Address: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

FACILITY OPERATOR/ MANAGER: (If applicable)

Contact Name: _____ Title: _____

Address: _____

Street _____

City _____ State _____ Zip Code _____

Contact Title: _____

Phone: _____ Email: _____

BILLING ADDRESS: Check if same as facility address

Street _____

City _____ State _____ Zip Code _____

Please fill in all of the blank spaces below

**If the question is not applicable to your site, answer "N/A".
If the answer is not known, answer "unknown" and indicate whether
this information will be available at a later date.**

1. Sources of groundwater contamination: _____

2. Pollutants known or suspected to be present:

POLLUTANTS	CONCENTRATION (mg/L)

Attach a separate sheet, if necessary.

3. Total discharge volume estimate: _____

4. Average discharge rate estimate gpm: _____

5. Maximum discharge rate gpm: _____

6. Type of treatment prior to sewer discharge: _____

7. Anticipated discharge commencement date: _____

8. Anticipated discharge duration: _____

9. Requested duration of permit: 30 Days 90 Days 6 months 9 months 1 year

10. Location of discharge (i.e. existing sewer lateral, or new connection): _____

Please attach the following items to this application:

1. Site schematic showing location of proposed discharge location, direction of flow and location of any pretreatment systems. More than one drawing will be necessary to present this information clearly. (May omit if you are re-applying and no changes have been made since last renewal.)
2. Treatment equipment specifics.
3. Analytical results reports with the concentration of pollutants in the wastewater.
4. Well schematic showing the construction of a typical monitoring well and a typical recovery well, if applicable
5. Site remediation work plan. (If items 1-4 are included in the work plan, they do not need to be attached separately.)
6. \$160.00 application/ renewal fee. Make check payable to: City of Santa Barbara.

The following certification must be signed by the Facility Owner or Representative:

“I certify under penalty of perjury that this document and all attachments to it were prepared under my direction or supervision and in accordance with a system designed to ensure that qualified personnel properly gather 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 required information, I believe that this information is accurate and complete to the best of my knowledge. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for having knowledge of violations and withholding such information.”

**Facility Owner or
 Representative Name and Title (Print)**

Signature

Date

Please Return To:

**Mary C. Thompson
 El Estero Wastewater Treatment Plant
 520 E. Yanonali St.
 Santa Barbara, CA 93103**

FOR OFFICIAL USE ONLY

Protection Services	_____	Attachments	_____	PCD	_____
Treatment	_____	Discharge	_____	Site Plan	_____
Application Fee	_____	Storm Drain	_____	Start Date	_____