



GROUNDWATER DISCHARGE PERMIT APPLICATION

SECTION A: GENERAL INFORMATION

A.1 Facility Name (Project Site): _____

A.2. Address of Project: _____

A.3. Authorized Facility Representative Information:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

A.4. CONSULTING FIRM INFORMATION (when applicable):

Name of Firm: _____

Project Representative: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Section B: PROJECT SITE INFORMATION

1. Nature of Business or Former Business: _____

2. List of all chemicals used at this location: _____

3. Is this request to discharge to the JEA sanitary sewer system associated with a Remedial Action Plan (RAP) to clean up the site?

_____ Yes _____No

4. What is the total estimated volume to be discharged? _____gallons.

5. What is the estimated maximum flow rate? _____gallons/minute.

6. What is the estimated average flow rate? _____gallons/minute.

7. What is the frequency of discharge? _____hours / day.

_____ days / month.

_____months / year.

8. What size of piping will be used to discharge?_____.

9. What size flow meter is required? _____.

10. What is the estimated date of first discharge? _____.

11. What is the estimated date of last discharge? _____.

12. What is the proposed connection point with the sanitary sewer? (provide a map if available)_____.

Section B: PROJECT SITE INFORMATION (CONTINUED)

13. Will groundwater be treated prior to discharge?

____ Yes; Briefly describe form of pretreatment:

____ No; Briefly explain reason why:

10. List all environmental permits which pertain to the site:

11. Include a copy of the most recent groundwater analyses for this site (analyses must be on samples that were collected within the past three months, based on the date of this application). Normally analyses should include any pollutants known or suspected to be of concern on site, as well as for the following metals: Cadmium, Chromium, Copper, Lead, Mercury, Nickel, Silver and Zinc.

SECTION C: BILLING INFORMATION

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

SECTION C: BILLING INFORMATION (CONTINUED)

Contact person regarding billing issues:

Name: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

SECTION D: AUTHORIZED REPRESENTATIVE CERTIFICATION STATEMENT

I certify 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 or persons 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 civil penalties for knowing violations.

Name

Title

Signature

Date