



**CITY OF SANTA BARBARA  
INDUSTRIAL WASTE PRETREATMENT PROGRAM  
GROUNDWATER 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. 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 monitoring wells, direction of groundwater flow and location of recovery wells. 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. Lab results with the concentration of pollutants in the groundwater. (May omit for application renewals.)
4. Well schematic showing the construction of a typical monitoring well and a typical recovery well. (May omit if you are re-applying and no changes have been made since last renewal.)
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:**  
**Pretreatment Program Coordinator**  
**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	_____