



TEMPORARY DISCHARGE
TO SANITARY SEWER SYSTEM APPLICATION

Applicant/Project Name _____

Location _____

Contact Name: _____ Phone # or Email: _____

Fill-out this application and submit the information listed below for City’s review:

A. Flow _____ gpm Total Discharge Volume: _____ gallons

Groundwater or discharge flows into sanitary sewer system:

- Shall not exceed 15 gallons per minute for continuous discharge (24/7).
 1. No discharge when there is a forecast of rain, during any rain, and no sooner than two hours after the rain.

- Shall not exceed 50 gallons per minute if the following restrictions in placed:
 2. Discharge will only be during the off-peak hours of 9 a.m. to 5 p.m., Monday through Friday
 3. No discharge when there is a forecast of rain, during any rain, and no sooner than two hours after the rain.
 4. No discharge on Saturday, Sunday or on any holiday.

B. Duration ____/____/____ to ____/____/____

C. Site Inspection – Discharge Structure

Provide a structure that is easily accessible to the City staff to inspect the discharge. This structure may be a manhole or other underground structures.

D. East Bay Municipal Utility District (EBMUD) Permit

EBMUD Permit Number _____

E. Discharge Quality. Provide a water quality treatment process to address the removal of the elements discovered during groundwater or other water discharge exploration known to the applicant. This includes silt removal and treatment of adverse elements.

F. Discharge Flow Rate and Treatment Monitoring Plan

Provide a monitoring plan to assure compliance with the requirements stated in this application and report on the following:

1. Discharge flow rates and the flow limits stated in this application.
2. Water quality and compliance with the limits stated in the EBMUD permit application.

G. Penalties

In an event when discharge exceeds the agreed amount or the quality of water fails to meet the requirements stated in the application, the applicant shall be assessed \$10,000 for each incident.

H. Enclose the following supporting material:

- Site plan
- Inspection structure location
- Treatment process
- Discharge Rate
- Treatment monitoring plan
- EBMUD water quality treatment process plan

Upon approval of the discharge application, the applicant will be contacted to pick-up the application and submit a check made to the City of Oakland. The payment will cover the staff costs for review and approval of the application and follow-up site inspections.

G. Permits

When this application has completed and approved by the Public Works Department, the applicant will obtain permit(s) for the work from the permit counter on the 2nd floor of 250 FOP. The applicant will be required to secure one or all of the following permits:

- Excavation Permit
- Obstruction Permit
- Sewer (Connection) Permit

CITY OF OAKLAND



DALZIEL BUILDING • 250 FRANK H. OGAWA PLAZA • SUITE 4314 • OAKLAND, CALIFORNIA 94612
Oakland Public Works Department
Engineering Design & ROW Management Division

(510) 238-3437
FAX (510) 238-7227

The applicant acknowledges that the City makes no representations or warranties as to the capacity of the City infrastructure related to the discharge. By signing this permit application, applicant agrees that it will use the public street or easement area at its own risk, is responsible for the proper coordination of its activities with all other permittees, underground utilities, contractors, or workmen operating, within the discharge area and for the safety of itself and any of its personnel in connection with its entry under this document.

The applicant hereby waive, and does hereby release the City from any and all claims for damages arising out of the discharge of water into the City sanitary sewer system; and,

The applicant further does remise, release, and forever discharge and agree to defend, indemnify and save harmless, the City, its officers, agents and employees and each of them, from any and all actions, causes of actions, claims and demands of whatsoever kind or nature, and any damage, loss or injury which may be sustained directly or indirectly or by the undersigned and any other person or persons, and arising out of, or by reason of, the occupation of said public property and the discharge of water into the City’s sanitary sewer system.

Applicants Signature

Date

Certification:

I understand that I am legally responsible for discharge of wastewater from the facility and for complying with the terms and conditions of this wastewater discharge permit. I certify under penalty of law 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. Base on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering 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 possibility of fine and imprisonment for knowing violations.

For City Use Only

<i>Date Received</i>	<i>Reviewed By</i>	<i>Reviewer phone</i>	<i>Application No.</i>