|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Business Information** | | | |
| Business Name |  | | |
| Mailing Address |  | | |
| Contact Name |  | Title |  |
| Telephone No. |  | Email |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Project Information** | | | | | |
| Property Owner (if different from above) |  | | | | |
| Contact Name |  | | Telephone No. |  | |
| Consultant (if different from above) |  | | | | |
| Contact Name |  | | Telephone No. |  | |
| Project Address |  | | | | |
| Square and Lot Number |  | | | | |
| Site Drainage Area (acres) |  | Impervious Drainage Area (acres) | | |  |
| Permits and Approvals (if applicable) | DC Water Sheeting and Shoring Permit Number | | | |  |
| DOEE Sediment and Erosion Control Plan Number | | | |  |

|  |
| --- |
| 1. **Project Description** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Sources and Volumes of Water/Wastewater** | | | |
| Groundwater 🞎 Deep Wells 🞎 Shallow Wells 🞎 Sump | Storm Water  🞎 Sump  🞎 Other | Water  🞎 Hydrant 🞎 Inside Tap 🞎 Tank | 🞎 Other (*specify: e.g., flooded basement, sewage, etc.*)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Estimated Maximum Volume to be Discharged (gallons per day) | | |  |
| Estimated Maximum Rate of Discharge (gallons per minute) | | |  |
| Estimated Flow Meter Size (e.g., 1”, 2”, 3”, 4”, etc.) | | |  |
| Estimated Frequency of Discharge (*e.g., once per week*) | | |  |
| Requested Permit Effective Date (i.e., start date of discharge) | | |  |
| Estimated Duration of Discharge (*e.g., one-time, six months, one year, two years*) (max two years) | | |  |

|  |
| --- |
| 1. **Description of Proposed Pretreatment (e.g., solids settling or filtration devices, etc.)** |
|  |

|  |
| --- |
| 1. **Required Attachments** |
| 1. **Water/Wastewater/Soil Analytical Data** - attach all available laboratory results. *Typical parameters of interest include volatile organics, PCBs, petroleum oil & grease, heavy metals (arsenic, cadmium, copper, lead, mercury, and zinc), suspended solids, and pH.* Complete organic scan (EPA Methods 624 and 625) required if organic contamination is suspected. Additional parameters may be requested based on the nature of the wastewater discharge or identified soil contamination. |
| 1. **Engineering Plans/Documents** – attach pertinent plans and reports including but not limited to the sediment and erosion control plan, dewatering plan, geotechnical report, site assessment reports (Phase I/Phase II) for the proposed project (if required), as available. |
| 1. **Discharge Location Map** – attach a map showing the proposed discharge location (identify specific manhole, catch basin, etc.) and treatment (sediment tank, etc.) |

|  |
| --- |
| 1. **Agreement Terms and Conditions** |
| 1. **All groundwater sources shall be metered and billed at $2.83/CCF ($3.78/thousand gallons) or in accordance with current rates for groundwater.** |
| 1. By signing this application, permittee agrees to contact the DC Water Meter Shop to obtain and install a DC Water meter on the discharge if groundwater is encountered at the site (in accordance with TDA Permit requirements); and. |
| 1. Permittee agrees to pay all fees associated with metering and discharging groundwater to DC Water. |
| 1. If the meter is not returned, permittee agrees to pay a lost meter fee and billing charges based on estimated or reported groundwater volumes discharged. |

|  |  |  |
| --- | --- | --- |
| 1. **Certification of Applicant by Signing Official – must meet requirements in 21 DCMR § 1508.11 - Required** | | |
| 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. Based on my inquiry of the person or 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 of having to pay a fine and imprisonment for knowing violations. | | |
|  |  |  |
| Name and Company of Signing Official (print) |  | Title (print) |
|  |  |  |
| Signature of Signing Official |  | Date |

|  |  |  |
| --- | --- | --- |
| 1. **Delegation of Signing Authority - Optional** | | |
| I hereby authorize the following individual to sign and certify report submittals including reports on periodic compliance monitoring required by the permit. | | |
|  |  |  |
| Name and Company of Delegated Signing Official (print) |  | Title (print) |
|  |  |  |
| Signature of Signing Official (from Section H above) |  | Date |

|  |  |
| --- | --- |
| FOR DC WATER USE ONLY | |
| Permit Number Issued |  |