

TEMPORARY DISCHARGE AUTHORIZATION PERMIT APPLICATION

New Permit

Renewal of TDA # _____

Business Information			
Business Name			
Mailing Address			
Contact Name		Title	
Telephone No.		Fax No.	

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			
Permits and Approvals (if applicable)	<i>MAXIMO Number (from DC Water Sheeting and Shoring Permit)</i>		
	<i>DDOE Sediment and Erosion Control Permit Number</i>		

Project Description

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Type of Water/Wastewater		
<input type="checkbox"/> Groundwater Remediation	<input type="checkbox"/> Construction Dewatering	<input type="checkbox"/> Other (<i>specify</i>) _____
Estimated Volume to be Discharged (gallons per day)		
Estimated Rate of Discharge (gallons per minute)		
Estimated Frequency of Discharge (<i>e.g., once per week</i>)		
Estimated Duration of Discharge (<i>e.g., six months</i>)		

Required Attachments
<p>a) Water/Wastewater Analytical Data - attach all available laboratory results. <i>Volatile organics, petroleum oil & grease, heavy metals (cadmium, copper, lead, mercury, and zinc), and pH required.</i> 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.</p> <p>b) Design Plans – attach pertinent plans including but not limited to the dewatering plan, geotechnical report, and treatment system design plan for the proposed project, if available.</p> <p>c) Discharge Location Map – attach a map showing the proposed or existing discharge location (identify specific manhole, catch basin, etc.)</p>

Certification of Applicant	
<p><i>I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete.</i></p>	
_____ Name of Official (print)	_____ Title (print)
_____ Signature of Official	_____ Date

FOR DC WATER USE ONLY	
Permit Number Issued	