



APPLICATION FOR GROUNDWATER PERMIT: DISCHARGE FROM "CURED IN PLACE PIPE" (CIPP) INSTALLATION

(Rev. 2/14)

INSTRUCTIONS: Please complete the application. All information is to be typed or printed in ink.

1. The permittee shall be either the CMSA Member Agency or the contractor employed by the Member Agency to do the installation.
2. A check for the appropriate permit fee, made out to Central Marin Sanitation Agency, must accompany the submitted application.

The Permit Fees for one-time and multiple installation permits are listed below. This fee covers the cost of application review and permit issuance.

Permit Fee, single installation project	\$200.00*
Permit Fee, multiple installation projects	\$370.00*

*If work is performed by member agency staff (an outside contractor is not utilized) permit fees will be waived.

3. All monitoring (sampling and inspections) will be performed by CMSA personnel. It is the responsibility of the permittee to provide adequate information in this application, and subsequently, to enable CMSA personnel to obtain representative samples of discharges.

The permittee will be invoiced for CMSA's costs for the monitoring. CMSA will collect one or more representative samples of the wastewater discharged from each installation project. The cost of each sample is based on the laboratory analyses performed and labor costs for the CMSA personnel to collect the sample. An estimate of the associated costs is listed below:

CMSA labor (hourly rate)	\$120
Contract laboratory, 8260 analysis	\$270
Contract laboratory, 8270 analysis	\$385

4. A flow charge of \$4.35 per thousand gallons (for FY 13/14) shall be invoiced for all discharges with a cumulative total volume exceeding 10,000 gallons.

APPLICATION

Check CMSA Member Agency:

- San Rafael Sanitation District
- Ross Valley Sanitary District (Sanitary District #1)
- Sanitary District #2

Member Agency contact for this permit:

Name _____
Phone _____
Email _____

Installation will be performed by:

Company Name _____
Address _____
City _____ State _____ Zip _____

Company contact for this permit:

Name _____
Title _____
Phone _____
Signature _____

Discharge Information:

1. Location(s) in the collection system where CIPP is to be installed:

2. Estimated dates and volumes of CIPP wastewater to be discharged to the sanitary sewer:

	DATE(S)	VOLUME (GALLONS)
Steam Condensate:		
Hot Water:		
Cooling Water:		