

Mailing Address:  
725 North Azusa Ave.  
Azusa, CA 91702

MAIN SAN GABRIEL BASIN WATERMASTER  
SUPERIOR COURT CASE NO. 924128-LOS ANGELES COUNTY

APPLICATION FOR WATER TREATMENT FACILITY

(1) APPLICANT:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

(2) LOCATION OF TREATMENT FACILITY:  
Address \_\_\_\_\_  
Thomas Brothers Guide (Please indicate year, page number and coordinates.) \_\_\_\_\_

(Please include a map showing the location of the treatment facility relative to streets, buildings, water system facilities and other points of reference.)

(3) (A) NAME OF WATER TREATMENT FACILITY \_\_\_\_\_  
CONTRACTOR: \_\_\_\_\_  
(B) NAME OF DESIGN ENGINEER AND STATE REGISTRATION NUMBER: \_\_\_\_\_

(4) PROPOSED ACTION AT TREATMENT FACILITY  
Construction ( ) Modification ( ) Removal ( )  
Destruction ( ) Other ( )

(5) DESCRIPTION OF FACILITY:  
(A) Type of treatment:  
Volatile Organic Chemical ( ) Nitrate ( ) Other ( )  
(B) Please describe the treatment process to be used at the proposed treatment plant.  
\_\_\_\_\_  
\_\_\_\_\_

(C) Please list, by Owner Designation, all wells to be treated:  
\_\_\_\_\_  
\_\_\_\_\_

(6) ANTICIPATED TREATMENT FACILITY CAPACITY:  
\_\_\_\_\_ Gallons Per Minute  
\_\_\_\_\_ Acre-feet Per Year

(7) EXPECTED CONCENTRATION OF CONTAMINANTS:

Contaminant	Influent Concentration (Parts per Billion)	Effluent Concentration (Parts per Billion)	Contaminant Removal Rate (Percent)
Trichloroethylene (TCE)	_____	_____	_____
Tetrachloroethylene (PCE)	_____	_____	_____
1,1,1-Trichloroethane (1,1,1-TCA)	_____	_____	_____
Carbon Tetrachloride (CTC)	_____	_____	_____
1,1-Dichloroethylene (1,1-DCE)	_____	_____	_____
1,1-Dichloroethane (1,1-DCA)	_____	_____	_____
1,2-Dichloroethane (1,2-DCA)	_____	_____	_____
Others:	_____	_____	_____

(8) DISPOSITION OF ALL TREATED WATER:  
(Please describe disposition of all treated water, and the corresponding annual amount of discharge.)  
\_\_\_\_\_  
\_\_\_\_\_

(9) INITAIL START-UP DATE: \_\_\_\_\_  
(10) EXPECTED OPERATING SCHEDULE:  
(A) Daily schedule \_\_\_\_\_  
(B) Number of days each month (Please specify if operating schedule varies month-to-month) \_\_\_\_\_

(11) EXPECTED COSTS  
(A) Capital cost:\$ \_\_\_\_\_  
(B) Operation and maintenance:\$ \_\_\_\_\_/AF.

(12) REGULATORY PERMITS: Please describe all necessary permits and/or all permits for which you have applied or have received from all regulatory agencies with regard to the proposed treatment facility. Please supply to Watermaster, copies of all environmental documents required under the California Environmental Quality Act and/or the National Environmental Protection Act.

(13) Applicant acknowledges it will comply with all portions of Section 28 of Watermaster's Rules and Regulations pertaining to quarterly data submittal, for treatment plant operation, to Watermaster. Specifically, at least the following data shall be provided on a quarterly basis:

- Name or other designation of treatment facility;
- Quantity of water treated during quarter;
- Quantity of each contaminant removed;
- Quality of water before treatment, at beginning and end of each quarter;
- Quality of water after treatment, at beginning and end of each quarter; and
- Operation and maintenance costs for each quarter.

(14) Please provide Watermaster with copies of all feasibility studies, alternative water supply sources, water quality studies or other reports which validate the Applicant's need to install a water treatment facility.

Applicant must provide supporting data to show compliance with the requirements of Section 28 with particular reference to Section 28(h) of Watermaster's Rules and Regulations.

I hereby agree to comply with all regulations of the Main San Gabriel Basin Watermaster pertaining to treatment plant construction, operation, repair, modification, destruction and inactivation.

Submitted for Applicant by: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date Received by Watermaster: \_\_\_\_\_

Watermaster Action:

Approved ( ) Denied ( )

Date of Action: \_\_\_\_\_

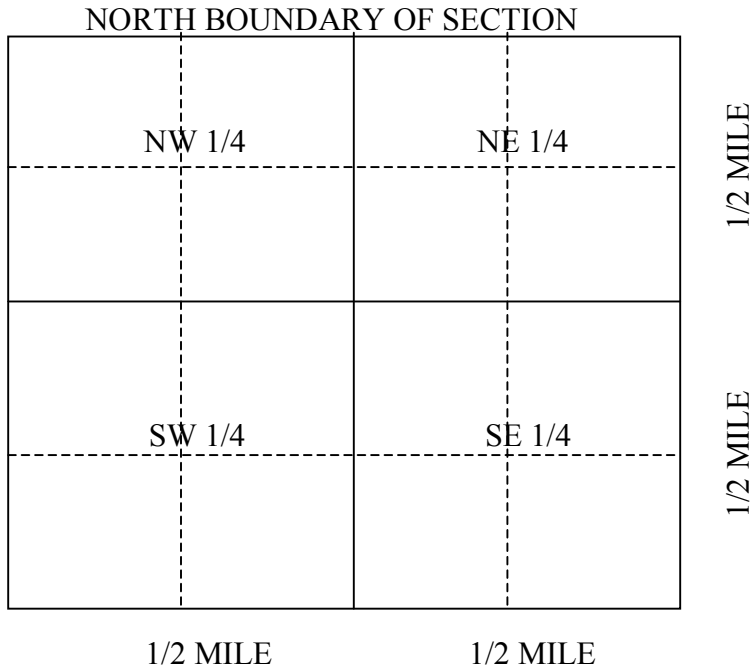
Permit Number: \_\_\_\_\_

By: \_\_\_\_\_

(Name)

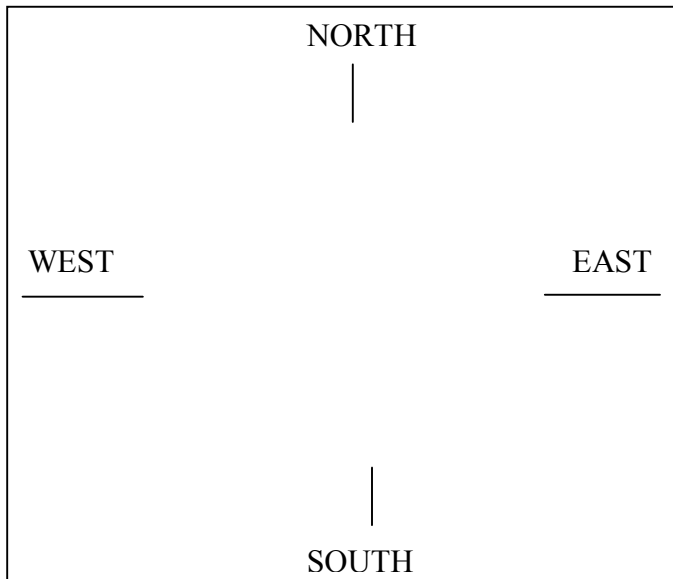
(Title)

# WELL LOCATION SKETCH



Township \_\_\_\_\_ N/S  
 Range \_\_\_\_\_ E/W  
 Section No. \_\_\_\_\_

- A. Location of well in sectionized areas.**  
 Sketch roads, railroads, streams, or other features as necessary.



- B. Location of well in areas not sectionized.**  
 Sketch roads, railroads, streams, or other features as necessary. Indicate distances.