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NAS CECIL FIELD, FL  
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LETTER REGARDING JEA ENVIRONMENTAL GROUP CONDITIONAL APPROVAL OF  
DISCHARGE OF INVESTIGATION-DERIVED WASTES TO PUBLICLY OWNED TREATMENT  
WORKS AT CECIL COMMERCE CENTER NAS CECIL FIELD FL

5/8/2001

JEA ENVIRONMENTAL GROUP

21 West Church Street  
Jacksonville, Florida 32202-3139

CERTIFIED MAIL  
7099 3400 0008 1587 1420

May 8, 2001



Mr. Mark P. Speranza  
Project Manager  
Tetra Tech NUS, Inc.  
661 Andersen Dr  
Pittsburgh, PA 15220

**RE: Cecil Commerce Center  
Approval to Discharge Investigation-Derived Wastes  
Tetra Tech NUS Job No. 0039 List 9**

E L E C T R I C

Dear Mr. Speranza:

W A T E R

The Office of Industrial Pretreatment has completed its review of Tetra Tech NUS, Inc.'s discharge request dated 3/16/01 for the subject project. We understand that the wastewater is purge and development water from groundwater monitoring wells around Cecil Commerce Center.

S E W E R

The Office of Industrial Pretreatment hereby approves the discharge of the subject wastewater to the Publicly Owned Treatment Works (POTW) at Cecil Commerce Center under the following conditions:

1. The discharge shall be subject to inspection and sampling by JEA representatives. Please notify this office at least 24 hours prior to discharge using the enclosed Batch Discharge Notification Fax Form.
2. The discharge shall be limited to the following drums of wastewater:  
List 9 – 3-32, 3-33, 5-28, 8-21, 428-3, and 428-4
3. The discharge shall not exceed a rate of 1000 gallons per day.
4. The wastewater will be discharged into the sanitary sewer system via the RV dump station at Lift Station 18LS.

Should you have any further questions or comments, please call me at (904)665-4796.

Sincerely,

A handwritten signature in black ink, appearing to read 'Dan Parnell', is written over a horizontal line.

Dan Parnell  
JEA Environmental Scientist

cc: Joe Logan, Tetra Tech NUS, fax (412)921-4040



**Industrial Pretreatment**

**FAX NUMBER: (904) 665-8334**

**BATCH DISCHARGE NOTIFICATION FAX FORM**

This is to notify JEA that:

Facility name: \_\_\_\_\_

Permit #: \_\_\_\_\_

intends to discharge a batch of wastewater to the POTW. Characteristics of this discharge include the following:

Date of discharge: \_\_\_\_\_

Discharge start time: \_\_\_\_\_

Volume of discharge (gallons): \_\_\_\_\_

Duration of discharge (minutes): \_\_\_\_\_

Pre-discharge sampling date(s) (if applicable \*): \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Name

\_\_\_\_\_

Title

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\* If batch has been sampled and analyzed prior to discharge, analysis results shall be faxed under cover of this form.