City of Tacoma
Environmental Services Department

Environmental Compliance: (253) 502-2222
Operations: (253) 591-5595
Email: sad@cityoftacoma.org

SPECIAL APPROVED DISCHARGE AUTHORIZATION
TO THE CITY OF TACOMA'S SANITARY SEWER SYSTEM
Tacoma Municipal Code, Subchapter 12.08B.250 and 12.08C.360

The Special Approved Discharge (SAD) Authorization is issued solely to the Authorized Discharger named in the Authorization and is subject to the conditions set forth in this authorization for discharge to the City of Tacoma's Sanitary Sewer System.

I. GENERAL INFORMATION

SAD # 25-001 Effective Date: 2-28-2025 Expiration Date: 2-27-2026

Authorized Discharger: Olson Brothers Excavation Inc

Company Representative: Bryce Sturrock

Address of Company: 6622 112th St E

City: Puyallup State: WA Zip: 98373

Phone #: 253-343-4850 Email: bryces@olsonbrothers.net

Name of Property Owner: City of Tacoma

Address of Property Owner: 747 Market Street

City: Tacoma State: WA Zip: 98402

Phone #: Email:

II. PROJECT INFORMATION

Project Name: Prairie Line Trail – Phase 2

Discharge Type: Sanitary

Flow rate (Gallons Per Minute): 50 GPM (max for project)

Discharge Location: MH 6767677 and MH 6766945

Address of Discharge Location: Hood Street from S 21st St to S 25th St

Project Narrative: Olsen Brothers Excavation Inc (Olson Brothers) has been contracted by the City of Tacoma to build part of the Prairie Line Tral. During the project Olsen Brothers will be installing new sanitary sewer, stormwater sewer and water lines. During excavation contaminated groundwater and contact stormwater is expected. This authorization allows the discharge of the contaminated water to the sanitary sewer following the approval from the Control Authority. This is a for fee authorization.

III. AUTHORIZATION GENERAL CONDITIONS

1. Duty to Comply
The Authorized Discharger shall comply with TMC Subchapters 12.08B and 12.08C, Authorization Terms and Conditions, and the Special Approved Discharge Authorization Policy.

2. Dilution Prohibition
The Authorized Discharger shall not, in any way, dilute a discharge as a substitute to achieve compliance with the Special Approved Discharge Authorization.

3. Calibration and Maintenance of Equipment
The Authorized Discharger shall provide, calibrate, inspect, and maintain all flow measuring, discharge, sampling, monitoring, and pretreatment equipment accurately and reliably.

Authorized Dischargers shall not interfere with to cause damage or make unauthorized alterations to any monitoring or pretreatment equipment.

Records of maintenance and calibration shall be maintained.

4. Flow Measurement
The Authorized Discharger shall use approved flow measurement devices and methods and meter all discharge flows unless other authorization has been granted by the Control Authority.

The Authorized Discharger shall control and monitor the flow of water in the upstream and downstream system to ensure that the capacity of the City of Tacoma's Municipal Sewer System is not exceeded as a result of the additional flow caused by the discharge.

The Authorized Discharger may be required to reduce the flow rate of the discharge or cease discharging during heavy rain events which may overburden the sanitary sewer system.

5. Discharge Parameters
The Authorized Discharger shall meet prescribed discharge parameters as outlined in section IV of the Special Approved Discharge Authorization in order to discharge to the City of Tacoma's Municipal Sewer System.

6. Discharge Contingencies
The Authorized Discharger shall cease discharge when a violation of the Special Approved Discharge Authorization General Conditions is suspected or detected; or when directed by the City of Tacoma.

The Authorized Discharger shall observe and monitor the discharge for unusual color, odor, and/or sheen. If any of these conditions are observed, the discharge shall be ceased and the Control Authority shall be notified.

7. Access
The Authorized Discharger shall provide access at reasonable times to the Control Authority for the purposes of inspection to evaluate compliance with the Special Approved Discharge Authorization.

8. Authorization Duration
Special Approved Discharge Authorizations shall be issued for no longer than one (1) year. Conditions of the Authorization may be subject to change by the Director at any time during the life of the Authorization.

9. Project Completion Notification
The Authorized Discharger shall submit notification in writing to the Control Authority upon completion of the project.

10. Authorization Transfer
A Special Approved Discharge Authorization may not be transferred, reassigned, or sold.

11. Severability
If any provision of the Special Approved Discharge Authorization, TMC Subchapters 12.08B and 12.08C, or the application thereof to any person or circumstance is held invalid, the remainder of the Special Approved Discharge Authorization or TMC Subchapters 12.08B and 12.08C, or the application of such provision to other persons or circumstances, shall not be affected thereby.

12. Property Rights
The issuance of the Special Approved Discharge Authorization does not convey to the Authorized Discharger any property rights, either real or personal or convey any exclusive privileges. Nor does such issuance authorize any injury to private property, any invasion of personal rights, or any violation of federal, state or local laws.

13. Authorization Termination
The Director may terminate the Special Approved Discharge Authorization for violation of the Authorization's terms and conditions or for violation of TMC, Subchapters 12.08B and 12.08C provisions.

IV. DISCHARGE PARAMETERS

Parameter	Discharge Limit		Approved Analytical Method	
			EPA	Standard
Arsenic	0.23	mg/L	200.7, 200.8	
Cadmium	0.103	mg/L	200.7, 200.8	
Chromium	4.74	mg/L	200.7, 200.8	
Copper	1.46	mg/L	200.7, 200.8	
Lead	0.427	mg/L	200.7, 200.8	
Mercury	0.033	mg/L	245.1; 245.2	
Molybdenum	0.55	mg/L	200.7, 200.8	
Nickel	1.12	mg/L	200.7, 200.8	
Selenium	0.14	mg/L	200.7, 200.8	
Silver	0.64	mg/L	200.7, 200.8	
Zinc	2.44	mg/L	200.7, 200.8	
BTEX	0.750	mg/L	624	
Benzene	0.050	mg/L	624	
pH	5.0-11.0	Units		4500HB-2000
Flow	80	gpm		
TTO - SVOA,VOA	2.13	mg/L	624/625	
SGT-HEM	50	mg/L	1664A; 1664B (measured as silica gel treated, hexane extractable materials (SGT-HEM)	
TSS	225	mg/L		2540D-1997

V. DISCHARGE REQUEST

Discharging to the municipal sewer system without prior permission from the Control Authority is prohibited.

Batch Dischargers

For discharges that occur by batch, the Authorized Discharger shall submit a Batch Discharge Request form. A copy of the analytical results from a certified laboratory and a chain of custody shall be attached and emailed to: SAD@cityoftacoma.org. Once reviewed, the Control Authority will return the approved email and the Authorized Discharger may commence the discharge between the hours of 7:30 a.m. and 5:00 p.m.

Continuous Dischargers

For discharges that occur on a continuous basis, the Authorized Discharger shall submit a copy of analytical data results from a certified laboratory and chain of custody to email: SAD@cityoftacoma.org. Once reviewed, the Control Authority will return the approved email and the Authorized Discharger may commence the discharge.

VI. DISCHARGE RECORDS

The Authorized Discharger shall submit discharge records for the previous month, including no discharge notification to the Control Authority by the 15th of each month.

1. The Authorized Discharger shall notify the Control Authority within twenty-four (24) hours of any changes to the site contact.

2. The Authorized Discharger shall notify the Control Authority within twenty-four (24) hours of any significant change to the quality or volume of the discharge or changes that affect the potential for slug load to the Municipal Sewer System.

3. The Authorized Discharger shall submit a formal written notification to the Control Authority within five (5) days of the occurrence describing the following:

    a. What was discharged
    b. Volume of the discharge
    c. Circumstances of the discharge
    d. Duration of the discharge including beginning and end times and dates
    e. Corrective actions to prevent reoccurrence

4. The Authorized Discharger shall notify the Control Authority within twenty-four (24) hours of becoming aware of any of the following violations:

    a. Discharges prohibited by Tacoma Municipal Code, Subchapters 12.08B and 12.08C, except where authorized by the Special Approved Discharge Authorization
    b. Exceedance of wastewater discharge limits as established in the Special Approved Discharge Authorization
    c. Failure to perform any Best Management Practices included in the Special Approved Discharge Authorization
    d. Bypass of any part of a required pretreatment system.

5. The Authorized Discharger shall submit a formal written report to the Control Authority within five (5) days after becoming aware of the violation. The report shall include the following information:

    a. Description of the violation, including the cause, date and time of the violation
    b. Date and time the discharge was stopped
    c. Measures taken to correct the violation
    d. Measures taken to prevent future violations

BILLING INFORMATION

The Authorized Discharger must pay the applicable fees and maintain payments as provided in Tacoma Municipal Code, Subchapter 12.08B.250. The Authorized Discharger, from which material in violation of Subchapter 12.08C is discharged into the City of Tacoma's Municipal Sewer System shall be liable to pay any supplemental charges the City of Tacoma incurs to respond to such violation as referenced in Subchapter 12.08B.500.

ENFORCEMENT PROVISION

Violations of this Authorization or Tacoma Municipal Code, Subchapters 12.08B and 12.08C may result in termination of the Special Approved Discharge Authorization and/or enforcement action in accordance with the policies and procedures contained in Tacoma's Enforcement Response Plan for wastewater, or Tacoma's Stormwater Compliance Policy for stormwater.

Date: 02/26/2025

By: Signed by: Kurt Fremont
Kurt Fremont [illegible]248A...
Business Operations Division Manager
Environmental Services

Date: 2/26/2025

By: [signature]
Authorized Representative