



**SPECIAL AUTHORIZATION
TO
DISCHARGE TO THE CITY OF TACOMA'S
SANITARY SEWER SYSTEM**

In accordance with Tacoma Municipal Code section 12.08.365 and subject to the conditions contained in Chapter 12.08 and in this Authorization, the entity specified herein is authorized to discharge to the City of Tacoma's (City) sanitary sewer system:

15-012
SAD No.

Dale N. Shepard

Received by

9/10/15 (S)

Date

Kidder Mathews Property Management, Dale Shepard, (253) 572-2337
Name of Responsible Company, Authorized Representative, Phone No.

PO Box #681868 Charlotte, NC 28216
Address of Company, Street, City, State, ZIP

Dale Shepard, (253) 572-2337, **Emergency Number (877) 445-6782**
Company Contact Person, Phone number, Emergency (24 hr.) Phone No.

TES Properties, (253) 722-1430
Name of Property Owner, Phone number

1425 4th Avenue, Suite 608, Seattle, WA 98101-2220
Address of Property Owner, Street, City, State, ZIP

326 East D Street, Tacoma
Address of Discharge Location, Street, City

A. PURPOSE OF DISCHARGE:

Kidder Mathews Property Management has hired MCS Mechanical to perform coolant pipe replacement on the third floor of the Center for Urban Waters building. In order to remove and replace the coolant piping, the coolant water must be drained from the system and discharged to the sanitary sewer system. The coolant water consists of propylene glycol which is a compatible waste for the sanitary sewer system. This SAD authorization also will cover discharges to the sanitary sewer system from routine maintenance activities of the coolant system in the building throughout the year. This is a for fee authorization. The authorized discharger will be required to reapply for a new SAD after one year from the date of issuance of this SAD.

7. The authorized discharger must submit a new application and pay an application fee for discharges that exceed twelve (12) months in duration.

E. PRIOR TO COMMENCEMENT OF DISCHARGE:

The authorized discharger must notify Source Control in advance if the discharge location changes.

F. REQUIRED REPORTING:

If applicable, the authorized discharger shall submit monthly reports to the City listing the sample analysis for the parameters specified in section B.2. Results obtained during the previous reporting period shall be submitted no later than the 15th calendar day of the month following the completed reporting period. The required discharge report must be faxed or delivered to:

**Environmental Services, Business Operations
City of Tacoma
326 East D Street
Tacoma, WA 98421
Fax (253) 502-2295**

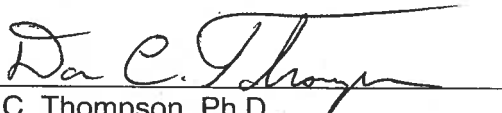
G. ENFORCEMENT:

Violations of this Authorization or of Tacoma Municipal Code Chapter 12.08 may be subject to Notices of Violation w/Civil penalties of up to \$5000.00 per violation per day

ON BEHALF OF THE CITY OF TACOMA

9-10-15

Dated



Dan C. Thompson, Ph.D.
Business Operations Division Manager
Environmental Services

The 24-hour emergency telephone number for City of Tacoma Sewer Transmission Operation and Maintenance is (253) 591-5595. The regular business hours (Mon-Fri 8:00 A.M. to 4:30 P.M.) number is (253) 591-5588. FAX (253) 502-2295



WASTEWATER OPERATIONS-BILLING
2201 PORTLAND AVENUE EAST
TACOMA, WA 98421-2711
253 502 2100



INVOICE

All incoming payments will be first applied against any existing late charges and penalties on this account.
 A late fee of 1% (\$3.00 minimum) may be assessed on delinquent accounts.

ZSD_SMF_SD103_INVOICE

Bill-To-Party
KIDDER MATHEWS PO BOX 681868 CHARLOTTE NC 28216-0031

Information	
Invoice #	90647479 Date: 09/10/2015
PO #	
Payment Terms	Due 10/10/2015
Customer #	400164811
Account #	300033958
Service Order #	
Sales Doc #	499097

Description	Quantity	UM	Net Price	Net Amount
SAD SANITARY ADMINISTRATIVE FEE	1.000	EA	200.00	200.00
			Invoice Subtotal:	\$200.00
			Taxes:	\$0.00
			Amount Due:	\$200.00



PLEASE RETURN THIS STUB AND PAYMENT TO:
 CITY TREASURER - P.O. BOX 11367
 TACOMA, WA 98411-0367

WASTEWATER OPERATIONS-BILLING
 2201 PORTLAND AVENUE EAST
 TACOMA, WA 98421-2711
 253 502 2100

#0003000339580#

KIDDER MATHEWS
 PO BOX 681868
 CHARLOTTE NC 28216-0031

Account Number:
 300033958

Amount Due:
\$200.00

Amount Enclosed:
 \$ _____

Changes?
 Name
 Address
 Telephone
 Provide details on
 back of stub.