



**LAGUNA TREATMENT PLANT  
APPLICATION FOR WASTEHAULER DISCHARGE PERMIT**

**PART A – BASIC INFORMATION**

**A1. Applicant Business Name** \_\_\_\_\_

**A2. Business Address**

1. Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone \_\_\_\_\_ Email \_\_\_\_\_

**A3. Owner/Chief Executive Officer**

Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**A4. Primary Contact, if other than owner:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**A5. Other Contact(s) to be notified in case of closure of services at the Wastehauler station:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**PART B - BUSINESS DESCRIPTION**

**B1. Type(s) of Waste Discharging (check all that apply):**

Septic/Chemical Toilet  High Strength (see below)  Leachate  Gray Water  Other  (see below)

1. If “other” is checked above, describe: \_\_\_\_\_

- (a) "Other" requires prior approval and verification of lab results prior to issuance of a discharge permit. Provide laboratory analyses describing the waste.

**B2. If "High Strength" is checked above, check all that apply:**

FOG/grease trap  Winery  Brewery  Creamery  Other  (see below)

1. If "other" is checked above, describe: \_\_\_\_\_

- (a) "Other" requires prior approval and verification of lab results prior to issuance of a discharge permit. Provide laboratory analyses describing the waste. Test for or include the following characteristics (average or ranges are acceptable):

1. Biochemical Oxygen Demand (BOD)- ex. Minimum > 10,000 mg/L
2. Total and/or Soluble Chemical Oxygen Demand (COD) – ex. Minimum > 30,000 mg/L
3. Total Solids Concentration (TS) – ex. >3% by weight
4. Volatile Fraction (VS) – ex. > 75% by weight
5. Nutrient loading (if deemed necessary)
  - i) Sodium
  - ii) Potassium
  - iii) Magnesium
  - iv) Calcium

**B3.** Average number of hauls made per week: \_\_\_\_\_

**B4.** Average disposal volume per week: \_\_\_\_\_

**B5. Truck Descriptions: All trailers are required to be reported. Use additional sheets if necessary.**

Truck or Trailer (check one)	CA License Plate #	Tank Capacity (Gallons)
1. <input type="checkbox"/> Truck <input type="checkbox"/> Trailer		
2. <input type="checkbox"/> Truck <input type="checkbox"/> Trailer		
3. <input type="checkbox"/> Truck <input type="checkbox"/> Trailer		
4. <input type="checkbox"/> Truck <input type="checkbox"/> Trailer		
5. <input type="checkbox"/> Truck <input type="checkbox"/> Trailer		

**Certification**

This document and any attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
**Responsible Person**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

**This document must be signed by the most responsible person of the organization applying for the discharge permit. This includes the owner, president, corporate officer, or any other representative of the organization in a decision-making capacity. The person signing this document is legally responsible for all information contained herein, and becomes liable for any and all future enforcement actions.**

**Submit To:**  
**City of Santa Rosa, Environmental Compliance Section**  
**4300 Llano Road, Santa Rosa CA 95407**  
**Phone: (707) 543-3369 Fax: (707) 543-3398**  
**envcompliance@srcity.org**