



**SUBREGIONAL WASTEWATER MANAGEMENT SYSTEM
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 _____

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