



## SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT (REGIONAL SAN)

### Wastewater Discharge Permit Application

For assistance, call the Wastewater Source Control Section (916-875-6470) or the Sacramento County Business Environmental Resource Center (916-874-2100).

#### Section A – Applicant Information

Date \_\_\_\_\_

#### SITE INFORMATION

Facility Name \_\_\_\_\_

Type of Business Entity ☐ Corporation ☐ Limited Liability Company (LLC) ☐ Limited Partnership (LP) ☐ Other

Facility Address \_\_\_\_\_

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

Assessor Parcel Number (list all) \_\_\_\_\_

Legal Name of Parent Company  
(if applicable) \_\_\_\_\_

Sewer Discharge Start Date \_\_\_\_\_ Date Business Operations Began \_\_\_\_\_

Days of Operation \_\_\_\_\_ Hours of Operation \_\_\_\_\_

Number of Employees Production: \_\_\_\_\_ Office: \_\_\_\_\_ Field: \_\_\_\_\_

#### MAILING/SITE CONTACT INFORMATION

Mailing Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

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

Primary Site Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Application Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

#### BILLING INFORMATION

Billing Company Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Primary Billing Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

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**Section B – Business Description**

List manufacturing or service processes (primary and secondary) at this facility

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Products

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Raw Materials

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## Section C – Wastewater Characterization

**Table 1: Summary of Total Sewer Discharges by Outfall (see instructions)**

Process (describe)	Wastewater Flow (gal)				Max Flow Rate (gpm*)	BOD (mg/L)		TSS (mg/L)		TKN (mg/L)		pH (specify range <u>before</u> treatment)	pH (specify range <u>after</u> treatment)	Batch** or Continuous	Pollutants/ Characteristics
	Daily Average	Daily Max	Monthly Average	Monthly Max		Avg	Max	Avg	Max	Avg	Max				
OF1:															
OF2:															
OF3:															
Domestic					NA	180		180		40	40	N/A	N/A	N/A	N/A

\* gpm = gallons per minute.

\*\* If batch discharge, complete table below.

**Table 2: Batch Discharges to Sewer**

Batch Process	# discharges per (indicate) day, week, month, or year	Volume per batch	Duration per batch (hours)

**Table 3: Wastewater Discharges**

Process/Wastestream	Describe Water Source (well or Water Provider name)	Wastewater Amount Discharged to Sewer (gal/day)	Wastewater Amount Discharged to Other Location (gal/day) Complete next column	Describe Other Location (e.g., product consumption, evaporation, recycled)
Process				
Cooling				
Boiler				
Water Treatment				
Washdown				
Irrigation				
Domestic				
Other wastestream (specify)				
Other wastestream (specify)				
<b>Total</b>				

**Table 4: Pretreatment – List any equipment or process used to treat the wastewater prior to discharge, for example, pH control, filters, or separators**

Process/Wastestream	Pretreatment Description

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#### Section D – Non-Sewered Process Wastes

**Table 5: Disposal of Non-sewered Wastes (List all hazardous or non-hazardous wastes, for example, waste chemical, filter waste, waste oil)**

Type of Waste	Hazardous or Non-hazardous	Amount	Frequency	Waste Removed By

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#### Section E – Chemical Use and Storage

**Table 6: Onsite Chemical Use and Storage (attach additional sheets as necessary)**

Chemical/Product Name	Hazardous Ingredients from MSDS	Process in Which Chemical is Used	Maximum Amount Stored	Amount Used Annually

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## Section F – Attachments

**Attach the Following** (see instructions):

1. Process Flow Diagram for all processes; include wastewater discharges
2. Site Layout Map (see instructions for list of required items)
3. A list of other regulatory permits (and corresponding agency) held by this facility, required per 40 CFR 403
4. Recent wastewater analytical data, if available- *Not Applicable for permit renewal*
5. Signature Authorization Form

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## Section G – Notes Section

**Add general notes in the space provided below. For Permit Renewal, note any changes since last application.**


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## Section H – Certification and Signature

Authorized signature and certification of application is required.

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

*I certify under penalty of law that this document and all 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.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Submit To

Sacramento Regional County Sanitation District (Regional San)  
Wastewater Source Control Section (WSCS)  
10060 Goethe Road  
Sacramento, CA 95827  
Phone: 916-875-6470  
Fax: 916-854-9286