



SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT (REGIONAL SAN)

Application for Temporary Discharge Permit or Letter of Authorization

For assistance, contact Sabina Rynas at (916) 876-6522

Fees and other conditions apply and will be determined after submittal

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____

Property Owner, Contact Name, and Email: _____

Project Name: _____

Site Address: _____

PROJECT DESCRIPTION (use attachments as necessary)

Amount of Waste	Provide details below on volume and frequency of discharge (continuous, #hrs/day, #days/week, months)
Total Project Volume:	Max Daily Volume:
Frequency of Discharge:	
Source of Wastewater	Describe how the waste was generated; what business process created the waste; will it be pretreated?
Chemical or Pollutant Make-up	Include expected pollutants, chemical or product names, existing lab analyses (additional testing may be requested), available Safety Data Sheets; pH of the waste
Procedure for Disposal	If sewer, provide discharge location such as manhole/drain location, property fixture, equipment used If hauled, provide hauler name
Discharge Rate Requested, if sewer	Gallons per minute:
Discharge start date: _____	Discharge end date: _____

Company Representative Certification: 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: _____ Title: _____

Printed Name: _____ Date: _____

Submit Via Fax or Email

Fax: (916) 854-9286

Email: RegionalSanTDP@sacsewer.com AND

cc: rynasS@sacsewer.com

****Please allow 15 business days for processing****

Rev: 9/1/2022