



CITY OF SANTA MARIA

HAULED WASTEWATER DISCHARGE PERMIT APPLICATION

NEW RENEWAL UPDATE



Utilities Department
Regulatory Compliance Division
2065 East Main Street
Santa Maria, CA 93454

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805-925-0951, ext. 7270
FAX: 805-928-7240

Section I Company Information

Name of Business: _____

Owner: _____ Phone: _____

Contact Person: _____ Phone: _____

Business Address: _____ City/State/Zip _____

Mailing Address: _____ City/State/Zip _____

FAX/E-mail/Alternate Phone: _____ / _____ / _____

Section II Driver Information Provide information for each driver. Attach extra pages if necessary.

1. Name: _____ Driver's License No. & State _____

2. Name: _____ Driver's License No. & State _____

Section III Vehicle Information Provide information for each truck and trailer. Attach extra pages if necessary. Tank capacity shall be established by vehicle manufacturer or State Certified Scale. Discharge fees are determined by the volume of wastewater discharged, and each tank is assumed to be at full volume at the time of discharge.

1. Make/Model: _____ License No. & State _____

Tank Capacity: _____ *County Health Dept. Permit No. _____

2. Make/Model: _____ License No. & State _____

Tank Capacity: _____ *County Health Dept. Permit No. _____

***For Septage &/or Chemical/Portable Toilet Waste Haulers only:** Each truck and trailer must have a current Santa Barbara County Health Department ("County") decal attached to tank body. **Important:** Documentation of tank capacity and County Permits must be attached and included with this application. **No permit shall be issued without the necessary documentation. County health permits are not required for other waste such as gray water, grease, or wash water for mobile washing.**

**Hauled Wastewater Discharge
Permit Application
(continued)**

Section IV Transported Waste Information

A. Identify each waste stream and its origin for which you are applying to discharge. *Attach extra pages if necessary.* Permits are issued for each separate type of waste stream, and there shall be no combined loads.

- Septage Origin: _____
- Portable Toilet Origin: _____
- Chemical Toilet Origin: _____
- Grease Origin: _____
- Other (identify) Origin: _____

B. Identify all unpermitted waste streams (i.e., industrial waste, petroleum products, etc.) that company trucks listed in Section III of this application also transport, which may create a cross-contamination of permitted waste.

Attach extra pages if necessary. _____

Section V Permit Information List all operating permits under which your company is authorized to pump, transport, and discharge waste streams identified in Section IV of this application. *Attach extra pages if necessary.*

Issuing Agency: _____ Issuing Agency: _____

Permit Type & Number: _____ Permit Type & Number: _____

Issue Date: _____ Issue Date: _____

Expiration Date: _____ Expiration Date: _____

Section VI Acknowledgments I have personally examined and am familiar with the information contained in this application and believe that the submitted information is true, accurate, and complete. I shall familiarize myself and the drivers listed in Section II of this application with the conditions and requirements of the Wastewater Discharge Permit and agree to comply with said permit at all times. I understand that failure to comply with permit conditions may result in the immediate suspension of access to the City of Santa Maria Wastewater Treatment Plant and/or other penalties detailed in Title 8-12.1411 of the City's Municipal Code.

Signature of Owner or Authorized Official Print Name & Title Date

No loads of any type shall be accepted until this application, with all necessary attached documentation, has been received, reviewed, and approved by City staff, and a City of Santa Maria Wastewater Discharge Permit has been issued to applicant.

For City Use Only Date Received: _____

Permit No. _____ Access Card(s) Issued: _____