LIQUID WASTE HAULER PERMIT APPLICATION CHECKLIST

REQUIRED DOCUMENTATION

- ☐ City of Santa Maria Hauled Wastewater Discharge Permit Application (attached)
- ☐ Certificate of Liability Insurance (COI) from Insurance Company (example attached)
- ☐ Only for liquid haulers hauling sewage, septage, septic tank waste, portable/chemical toilet waste - Santa Barbara County Health Permit – for each vehicle listed on Permit Application (example attached) – Contact County @ (805) 346-8473 to schedule an inspection
- ☐ Tank capacity verification – ex: manufacturer invoice, County Inspection Report

If you have any questions, please feel free to call Regulatory Compliance staff at (805) 925-0951 ext. 7270.

Submit application and additional documentation to Regulatory Compliance staff by email, fax, or mail at:

City of Santa Maria Utilities Department

Attn: Regulatory Compliance Division

2065 E. Main St.

Santa Maria, CA 93454

regulatorycompliance@cityofsantamaria.org

Fax: (805) 928-7240

LISTA DE DOCUMENTOS REQUERIDOS PARA OBTENER UN PERMISO DE TRANSPORTE DE DESECHOS LÍQUIDOS

DOCUMENTOS REQUERIDOS

- ☐ Solicitud para el transporte y descarga de desechos líquidos de la ciudad de Santa Maria (adjunta)
- ☐ Certificado de seguro de responsabilidad civil de la empresa de seguros (ejemplo adjunto)
- ☐ Solo para empresas transportando y descargando deshechos de agua negra, y desechos líquidos de baños portables, y fosas sépticas - Permiso del departamento de salud del condado de Santa Barbara para cada vehículo enumerado en la solicitud de permiso (ejemplo adjunto); comuníquese con el condado al (805) 346-8473 para programar una inspección
- ☐ Verificación de la capacidad del tanque - ejemplo: factura del fabricante, informe de inspección del condado

Si tiene alguna pregunta, no dude en llamar al personal de cumplimiento regulatorio al (805) 925-0951 ext. 7270. Entrege la solicitud con la documentación requerida al personal de cumplimiento regulatorio del departamento de utilidades por medio de correo electrónico, fax, o correo postal.

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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

regulatorycompliance@cityofsantamaria.org
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

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

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: _____

Santa Barbara County
PUBLIC Health
DEPARTMENT

Environmental Health Services

Health Permit

Charity Dean, M.D., M.P.H
Health Officer

Issued By: _____
Environmental Health Specialist

Date Issued: 12/26/2017

Valid through December 31, 2018

Issued to:

For: **SAMPLE**

PR0510982 4244-SEWAGE PUMPER VEHICLE License #:

This permit to operate is granted in accordance with the requirements of state statute and/or local ordinance and may be revoked by the Health Officer for cause. This permit is not transferrable and permit fees are nonrefundable except as provided by Chapter 16 of the Santa Barbara County Code. Operation without a required Health Permit may result in closure of the facility and a financial penalty of up to three times the standard permit fee.

12/26/2017

This Health Permit is to be posted in a conspicuous location at the permitted facility. Food facilities are required to maintain and make available a copy of the most recent routine health inspection report. Consumers may also view food inspection summaries at www.sbcphd/ehs.org

If you have any questions, please contact Environmental Health Services in Santa Barbara at (805) 681-4900, or, in Santa Maria at (805) 346-8460.

Mailed to:

FA0017743
11/15/2017 IN0095061

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/8/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

CONTACT NAME:

PHONE (A/C, No, Ext):

FAX (A/C, No):

E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED SPORT AND RECREATIONAL PROVIDERS ASSOCIATION (PURCHASING GROUP) AND ITS PARTICIPATING MEMBERS:

Jumpin Jax Jumps, LLC.

COVERAGES CERTIFICATE NUMBER: USP104734 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	**GENERAL LIABILITY** X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC				9/24/2012	9/24/2013	GENERAL AGGREGATE	$2,000,000.00
							PRODUCTS - COMP/OP AGG	$2,000,000.00
							PERSONAL & ADV INJURY	$1,000,000.00
							EACH OCCURRENCE	$1,000,000.00
							FIRE DAMAGE (Any one fire)	$300,000.00
							MED EXP (Any one person)	$5,000.00
								$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTO NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER	$
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
	GL Premium:							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Inflatable Jumps & Slides, Climbing Rockwall, Bungee Jump, Trackless Train, Concessions, etc

CERTIFICATE HOLDER

Jumpin Jax Jumps, LLC.

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NOTICE

June 30, 2021

In accordance with City of Santa Maria Resolution No. 93-40 and City Ordinance No. 83-1054 § 1, the rates for discharge of hauled waste at the City of Santa Maria's Wastewater Treatment Plant will be increased effective July 1, 2021. The new rates are as follows:

Septage

$0.1235 per gallon of septage, based on truck capacity

Chemical Toilet Waste

$0.1235 per gallon of chemical toilet waste, based on truck capacity; or

$38.28 per unit in the case of portable toilets having a holding tank not to exceed 100 gallons. In the event any portable toilet has a holding tank exceeding 100 gallons, the charge shall be $38.28 for each 100 gallons, or any fractional part thereof.

Grease Waste

$0.2058 per gallon for grease waste based on declared volume of load

Grease Waste haulers are required to have a holding tank at the City's Wastewater Treatment Plant property. A security deposit is required and determined by the capacity of the holding tank in accordance with Resolution No. 2021-39. The security deposit is refundable when the tank and contents have been removed from City property and the area has been satisfactorily cleaned.

SHAD S. SPRINGER, P.E., MPA
Director of Utilities