CALIFORNIA Water Boards

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GAVIN NEWSOM
GOVERNOR

YANA GARCIA
SECRETARY FOR ENVIRONMENTAL PROTECTION

State Water Resources Control Board

APPLICATION FOR AN EXEMPTION FOR A CLASS I WASTEWATER TREATMENT PLANT

I. THIS IS AN APPLICATION FOR: (*Check appropriate box*)

☐ Initial Exemption $1,080 ☐ Exemption Renewal $405

II. WASTEWATER TREATMENT OWNER INFORMATION

Name of Owner: _____

Owner Mailing Address: _____
(Street) *(City)*

_____
(County) *(State)* *(Zip Code)*

Owner Business Address: _____
(Street) *(City)*

_____
(County) *(State)* *(Zip Code)*

Owner Telephone Number: (_____)_____Owner Email Address: _____

III. WASTEWATER TREATMENT PLANT INFORMATION

Name of Wastewater Treatment Plant (WWTP):_____

WWTP Business Address:_____
(Street) *(City)*

_____
(County) *(State)* *(Zip Code)*

WWTP Telephone Number: (___) _____

Regional Water Quality Control Board (Regional Water Board): _____

You must provide a copy of this exemption application to the Regional Water Board.

IV. ATTACH THE FOLLOWING DOCUMENTATION:

- An employee organization chart;
- A copy of the current waste discharge requirements issued by the State Water Resources Control Board or Regional Water Board;
- A description and schematic of the wastewater treatment plant showing all wastewater treatment and solids handling processes including a flow diagram showing design flows and present flows for all wastewater treatment processes and a solids balance diagram for the solids handling processes; and
- An evaluation of the operations of the wastewater treatment plant signed and stamped by a California registered professional chemical, civil, or mechanical engineer. The engineer shall identify potential operator errors, evaluate the potential effects of the identified operator errors on the operation of the wastewater treatment plant, and determine whether the operator errors could cause the wastewater treatment plant to violate water quality objectives.

IV. SIGNATURE OF WASTEWATER TREATMENT PLANT OWNER OR AUTHORIZED REPRESENATIVE

I, the undersigned, certify that all statements made and information contained in this exemption application are true and correct to the best of my knowledge. I have read and understand that if the State Water Resources Control Board issues a Notice of Exemption for the above-named wastewater treatment plant, I must comply with the requirement in section 3677.3 of chapter 26 of division 3 of title 23 California Code of Regulations to notify the State Water Resources Control Board's Office of Operator Certification in writing at least 60 days before implementing any changes to the operation of the wastewater treatment plant. I understand that the State Water Resources Control Board may conduct an inspection before approving or denying my request for an exemption. I acknowledge that exemption application fees are non-refundable.

Print Name: _____ **Original Signature**:* _____ **Date:**_____

***PLEASE SIGN IN BLUE INK.**

Direct any questions concerning this application to: (916) 341-5819 or wwopcertprogram@waterboards.ca.gov

Mailing Address:
State Water Resources Control Board
Wastewater Operator Certification
P.O. Box 944212
Sacramento, CA 94244-2120

Overnight Mailing Address:
State Water Resources ControlBoard
Wastewater Operator Certification
1001 I Street, 17th Floor
Sacramento, CA 95814