State Water Resources Control Board

WASTEWATER TREATMENT FACILITY CLASSIFICATION FORM

(*Please fill out a separate form for each plant.*)

1. Owner Name and Mailing Address:

_____

_____

_____

Email:_____

Owner Telephone Number:

(____)_____

2. Specific Name and Physical Address of Wastewater Treatment Facility (Facility):

_____

_____

_____

Facility Telephone Number:

(____)_____

3. Does a Contractor operate the Facility? _____ If so, name of company: _____

Contract Operator No: _____

4.a. Is this Facility privately owned? Yes No *(circle one)*

4.b. Is this Facility used in the treatment of domestic waste (also known as sewage)? Yes No *(circle one)*

4.c. Is this Facility used in the treatment or reclamation of industrial waste? Yes No *(circle one)*

4.d. Is this Facility regulated by the Public Utilities Commission (PUC)? Yes No *(circle one)*

5. Facility flows

Design peak wet weather: _____MGD

Design average dry weather: _____MGD Current average dry weather: _____MGD

6a. Waste Discharge Requirements (WDRs)/Limits/Prohibitions WDRs Order No. _____

Constituent	Units	30-Day/Monthly Average	Monthly/7-Day Median
BOD (20 degree C, 5-day)	mg/l	_____	_____
Total Suspended Solids	mg/l	_____	_____
Settleable Solids	ml/l-hr	_____	_____
Total Coliform Organisms	MPN/100 ml	_____	_____

6b. List any other Waste Discharge Requirements/Limits/Prohibitions of particular significance:

_____

_____

_____

_____

6c. Name of Regional Water Quality Control Board overseeing the Facility (*please circle):*

North Coast (1) San Francisco Bay (2) Central Coast (3)

Los Angeles (4) Central Valley (5) Lahontan (6) Colorado River (7) Santa Ana (8) San Diego (9)

7. Chemicals added during treatment:

Type of Chemical	Amount Added Per Million Gallons	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. Name of Chief Plant Operator : _____ Certificate No. _____

Name(s) of Current Designated Operator(s)-in-Charge: _____

_____

_____

9. Please attach the following:

- A description and schematic of the facility's treatment processes.
- An employee organization chart showing all wastewater treatment facility personnel.
- Job descriptions for all wastewater treatment facility personnel classifications.
- Duty rosters for wastewater treatment facility personnel, or a listing of all facility personnel by title and/or classification.

I, the undersigned, certify that all statements made and information contained in this Wastewater Treatment Facility Classification Form, are true and correct to the best of my knowledge. I have read and understand that I must comply with the reporting requirements for owners of wastewater treatment plants set forth in section 3676 of chapter 26 of division 3 of title 23 California Code of Regulations, including, but not limited to, notifying the State Water Resources Control Board's Office of Operator Certification in writing within 30 days of the closure of the wastewater treatment plant or any change in the statements made and information contained in this Wastewater Treatment Facility Classification Form that may affect the classification of the wastewater treatment plant.

_____ _____

Printed Name Title

_____ _____

Signature Date

State Water Resources Control Board
Wastewater Operator Certification
P.O. Box 944212
Sacramento, CA 95818
WWOpCertProgram@waterboards.ca.gov
(916) 341-5819 x5

Owner: _____ Facility Name:_____ WDID No._____

Yes	Design Flow[1] (mgd)	No	Wastewater Treatment Process
			I. Liquid Treatment Train and Disposal
			A. Preliminary Treatment
____	____	____	1. Screening
____	____	____	2. Comminution/grinding/shredding
____	____	____	3. Grit removal
____	____	____	4. Flow equalization
____	____	____	5. Dissolved air flotation
____	____	____	6. Oil and grease separation (*Describe*: _____)
			B. Primary sedimentation
____	____	____	1. Primary clarification
____	____	____	2. Septic tank (*Number of tanks: ____; Total volume of tanks: _____ gallons)*
			C. Secondary Treatment (biological oxidation and secondary sedimentation)
			1. Pond or lagoon
____	____	____	a. Anaerobic
____	____	____	b. Facultative pond
____	____	____	c. Aerobic pond
____	____	____	d. Aeration provided (*Describe*: _____)
____	____	____	e. All ponds lined (*Describe*: _____)
____	____	____	f. Some ponds lined (*Describe*: _____)
____	____	____	2. Trickling filter
____	____	____	3. Rotating biological contactor
			4. Activated sludge
____	____	____	a. Conventional (*Describe*: _____)
____	____	____	b. Step aeration
____	____	____	c. Modified aeration
____	____	____	d. Contact stabilization
____	____	____	e. High-rate aeration
____	____	____	f. Extended aeration (*Describe*: _____)
____	____	____	g. Pure-oxygen
____	____	____	h. Membrane bioreactor
____	____	____	i. Sequencing batch reactor (*Describe*: _____)
____	____	____	5. Secondary clarification
____	____	____	6. Overland flow
			D. Nutrient Removal
____	____	____	a. Phosphorus removal
____	____	____	b. Nitrification
____	____	____	c. Denitrification
			E. Tertiary/Advanced Treatment
____	____	____	1. Dissolved air flotation (DAF)
____	____	____	2. Coagulation
____	____	____	3. Flocculation
			4. Filtration and Membrane Processes
			a. Granular
____	____	____	i. Single medium
____	____	____	ii. Multi-media with activated carbon
____	____	____	iii. Multi-media without activated carbon

[1] List design flow for each Facility treatment process, if different from facility design average dry weather flow reported in Item 5.

Yes	Design Flow[1] (mgd)	No	Wastewater Treatment Process
____	____	____	b. Microfiltration (pore size 10^{-1} – 10 μm)
____	____	____	c. Ultrafiltration (pore size 10^{-2} – 10^{-1} μm)
____	____	____	d. Nanofiltration (pore size 10^{-3} – 10^{-2} μm)
____	____	____	e. Reverse osmosis
____	____	____	f. Electrodialysis
____	____	____	g. Other (*Describe*: _____)
____	____	____	5. Ion exchange
____	____	____	6. Air stripping
			7. Temperature reduction
____	____	____	a. Cooling tower
____	____	____	b. Other (*Describe*: _____)
____	____	____	8. Alkalinity and/or pH adjustment
____	____	____	9. Wetland
____	____	____	10. Metals removal
____	____	____	11. Re-aeration
____	____	____	12. Other (*Describe*: _____)
			F. Disinfection
____	____	____	1. Chlorination (*Contact time*: _____; *Circle one*: Gas/Liquid/Powder/Tab)
____	____	____	2. Dechlorination (*Circle one*: Gas/Liquid/Powder/Tab)
____	____	____	3. Ultraviolet radiation (*Dosage*: _____)
____	____	____	4. Ozone
____	____	____	5. Other (*Describe*: _____)
			G. Disposal
			1. Discharge to land/groundwater (*Number of monitoring wells:* _____)
____	____	____	a. Percolation/evaporation
____	____	____	b. Spray irrigation
____	____	____	c. Reclamation/recycling (*Describe*: _____)
____	____	____	d. Leachfield (*Area*: _____ acres)
____	____	____	e. Deep well injection
____	____	____	f. Other (*Describe*: _____)
			2. Discharge to surface water (*NPDES No.*: CA_____)
____	____	____	a. Freshwater
____	____	____	b. Bay or estuary
____	____	____	c. Ocean
____	____	____	3. To other treatment facility (*Facility name*: _____)
			II. Solids Management, Treatment, and Disposal
			A. Digestion
____	____	____	1. Aerobic digestion
____	____	____	2. Anaerobic digestion
____	____	____	3. Mesophilic digestion
____	____	____	4. Thermophilic digestion
____	____	____	5. Lagoon, lined (*Describe*: _____)
____	____	____	6. Lagoon, unlined (*Describe*: _____)
____	____	____	7. Other digestion (*Describe*: _____)
			B. Drying
____	____	____	1. Drying bed, lined (*Describe*: _____)

[1] List design flow for each Facility treatment process, if different from facility design average dry weather flow reported in Item 5.

Yes	Design Flow[1] (mgd)	No	Wastewater Treatment Process
____	____	____	2. Drying bed, unlined (*Describe*: _____)
____	____	____	3. Belt press
____	____	____	4. Centrifuge
____	____	____	C. Pasteurization
____	____	____	D. Landfill
____	____	____	E. Composting
____	____	____	F. Cogeneration with fuel cells (*Describe*: _____) Capacity in kW _____
____	____	____	G. Cogeneration without fuel cells (*Describe*: _____) Capacity in kW _____
____	____	____	H. Land application/land spreading
____	____	____	I. Pump out and dispose off-site (*Pump-out frequency*: _____; *Disposal location*: _____)
____	____	____	J. Incineration (*Describe*: _____)
____	____	____	K. Cement kiln
____	____	____	L. Seed sludge for digesters
____	____	____	M. Construction product (*Describe*: _____)
____	____	____	N. Other reclamation: (*Describe*: _____)
____	____	____	O. Other (*Describe*: _____)
			III. Title 22 Effluent Quality
____	____	____	A. Disinfected Tertiary Recycled Water
____	____	____	B. Disinfected Secondary-2.2 Recycled Water
____	____	____	C. Disinfected Secondary-23 Recycled Water
____	____	____	D. Undisinfected Secondary Recycled Water
____	____	____	E. Other (*Describe*: _____)
			IV. Miscellaneous
____	____	____	A. Accept septage/grease trap waste/both (*circle one)*
____	____	____	B. Recreational vehicle (RV) park or dump station in service area
____	____	____	C. SCADA system
			D. Laboratory analyses
____	____	____	1. All analyses performed by commercial laboratory (*ELAP No.*: _____)
____	____	____	2. Process control analyses performed in-house; all other analyses performed by commercial laboratory (*ELAP Certificate No.*: _____)
____	____	____	3. Permit/WDRs-required analyses divided between in-house laboratory and commercial laboratory (*ELAP Certificate Nos.*: _____ , _____)
____	____	____	4. All analyses performed in-house (*ELAP Certificate No.*: _____)
____	____	____	E. Odor control (*Describe*: _____)
____	____	____	F. Influent flow measurement (*Method*: _____; *Date last calibrated*: ___/___/___)
____	____	____	G. Package (pre-fabricated/off-the-shelf) plant (*Manufacturer:*_____)
____	____	____	H. This plant primarily serves (*Circle all applicable*): Mobile Home Park / RV Park / Campground / Shopping Center / Restaurant / Place of Worship / Rest Stop / Service Station or Truck Stop / Residential Subdivision / Resort / Business Park / Correctional Facility / Food Processing Facility / Other Industrial Facility
			I. Approximate length of owned collection system: _____ feet *OR* _____ miles
			J. *Please attach description of any process used at this facility not described above.*

[1] List design flow for each Facility treatment process, if different from facility design average dry weather flow reported in Item 5.

Optional:	K. Current fiscal year operations and maintenance budget: $_____ L. Single-family residence monthly/bimonthly/annual (*circle one*) user fee: $_____ M. Population served: _____ Equivalent dwelling units (EDUs) served: _____

Additional information as needed:

Please mail the signed Wastewater Treatment Facility Classification Form to:

Mailing Address:

State Water Resources Control Board
Wastewater Operator Certification
P.O. Box 944212
Sacramento, CA 94244-2120
WWOpCertProgram@waterboards.ca.gov
(916) 341-5819 x5

Overnight Mailing Address:

State Water Resources Control Board
Wastewater Operator Certification
1001 I Street, 17th Floor
Sacramento, CA 95814