



State Water Resources Control Board

WASTEWATER TREATMENT PLANT CLASSIFICATION FORM

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

1. Owner Name and Mailing Address:	Specific Name and Physical Address of Wastewater Treatment Plant (WWTP):		
Email:			
Owner Telephone Number:	WWTP Telephone Number:		
()			
3. Does a Contractor operate the WWTP?	_ If so, name of company: Contract Operator No:		
4.a. Is this WWTP privately owned?	Yes/No (circle one)		
4.b. Is this WWTP used in the treatment of dome	e		
4.c. Is this WWTP used in the treatment or reclar			
4.d. Is this WWTP regulated by the Public Utilitie	s Commission (PUC)? Yes/No <i>(circle one)</i>		
5. Plant flows Design peak wet weather:MGD			
Design average dry weather:MGD	Current average dry weather:MGD		
6a. Waste Discharge Requirements (WDRs)/Lim	its/Prohibitions WDRs Order No.		
Constituent <u>Units</u>	<u>30-Day/Monthly Average</u> <u>Monthly/7-Day Median</u>		
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 Requirem	nents/Limits/Prohibitions of particular significance:		

6c.	Name of Regional Water	Quality	Control Board	overseeing the WWTP	(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
 ame of Chief Plant Operator : _		Certificate No
ame(s) of Current Designated C		

9. Please attach the following:

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

I, the undersigned, certify that all statements made and information contained in this Wastewater Treatment Plant 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 Plant 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

- 3 -WWTP Name:

WDID 1	No.
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Uwi	Owner: WWTP Name: WDID No.				
	Design				
Yes	Flow ¹	No	WWTD Treatment Process		
162		110	WWTP Treatment Process		
	(mgd)				
			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 (<i>Describe</i> :)		
			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 (<i>Describe</i> :)		
			e. All ponds lined (<i>Describe</i> :)		
			f. Some ponds lined (<i>Describe</i> :)		
			2. Trickling filter		
			-		
			3. Rotating biological contactor		
			4. Activated sludge		
			a. Conventional (<i>Describe</i> :)		
			b. Step aeration		
			c. Modified aeration		
			d. Contact stabilization		
			e. High-rate aeration		
			f. Extended aeration (<i>Describe</i> :)		
			g. Pure-oxygen		
			h. Membrane bioreactor		
			i. Sequencing batch reactor (<i>Describe</i> :)		
			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		
			i. Single medium		
			ii. Multi-media with activated carbon		
			iii. Multi-media without activated carbon		

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

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	 	4. Centrifuge		
		C. Pasteurization		
	 	D. Landfill		
	 	E. Composting		
	 	F. Cogeneration with fuel cells (<i>Describe</i> :)		
		Capacity in kW		
		Capacity in kW		
	 	H. Land application/land spreading		
	 	I. Pump out and dispose off-site (<i>Pump-out frequency</i> :;		
		Disposal location:)		
	 	J. Incineration (Describe:)		
	 	K. Cement kiln		
	 	L. Seed sludge for digesters		
		M. Construction product (Describe:)		
	 	N. Other reclamation: (Describe:)		
	 	O. Other (<i>Describe</i> :)		
		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 (<i>Describe</i> :)		
	 	IV. Miscellaneous		
		A. Accept septage/grease trap waste/both (<i>circle one</i>)		
	 	B. Recreational vehicle (RV) park or dump station in service area		
		C. SCADA system		
	 	•		
	 	D. Laboratory analyses		
	 	1. All analyses performed by commercial laboratory (<i>ELAP No</i> .:)		
	 	2. Process control analyses performed in-house; all other analyses performed by		
		commercial laboratory (<i>ELAP Certificate No</i> .:)		
	 	3. Permit/WDRs-required analyses divided between in-house laboratory and		
		commercial laboratory (<i>ELAP Certificate Nos.</i> :,)		
	 	4. All analyses performed in-house (<i>ELAP Certificate No.</i> :)		
	 	E. Odor control (<i>Describe</i> :) F. Influent flow measurement (<i>Method</i> :; <i>Date last calibrated</i> :/)		
	 	F. Influent flow measurement (<i>Method</i> :; <i>Date last calibrated</i> :/)		
	 	G. Package (pre-fabricated/off-the-shelf) plant (<i>Manufacturer</i> :)		
		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 5 7 1		

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	K. Current fiscal y	year operations and maintenance budget: \$
<i>Optional</i> : L. Single-family residence monthly/bimonthly/annual (<i>circle one</i>) use		residence monthly/bimonthly/annual (circle one) user fee: \$
	M. Population serv	ved: Equivalent dwelling units (EDUs) served:
Aditional information	as needed:	
Please mail the signed	d Wastewater Treatmen	nt Plant Classification Form to:
Mailing Address:	~	Overnight Mailing Address:
State Water Resource Wastewater Operato		State Water Resources Control Board Wastewater Operator Certification
Wastewater Operato P.O. Box 944212	r veruncauon	1001 I Street, 17th Floor
Sacramento, CA 942		Sacramento, CA 95814
wwopcertprogram@ (916)341-5819	waterboards.ca.gov	