

# REGION 8 SCRAP METAL PERMIT (ORDER NO. R8-2018-0069)

## Discharger's Guide to the Storm Water Multiple Application and Report Tracking System (SMARTS) Database

2018 Recertification



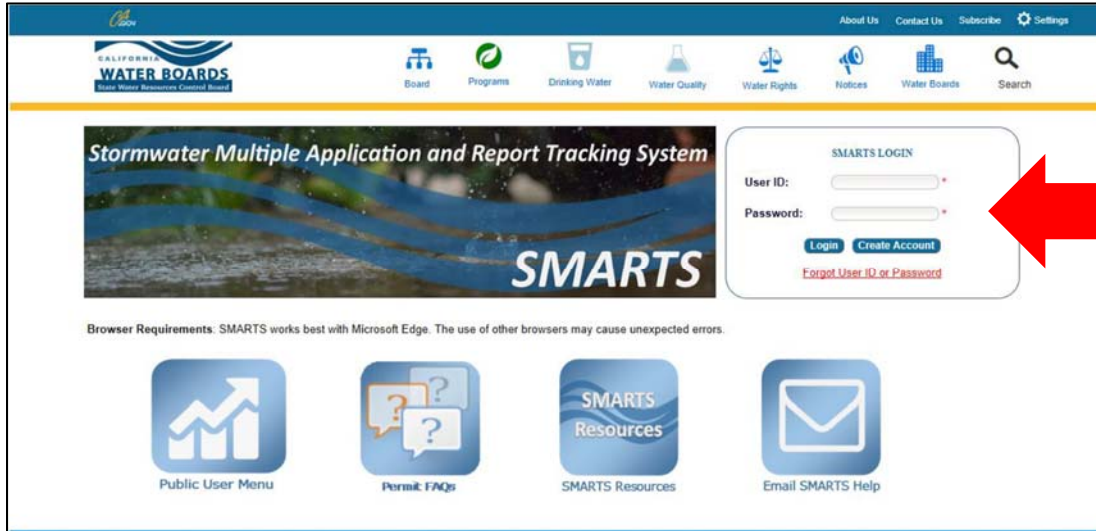
December 1, 2018

On October 19, 2018, a new 2018 Scrap Metal Permit was adopted by the Santa Ana Regional Water Quality Control Board and in doing so, the 2012 Scrap Metal Permit was rescinded. Existing dischargers with coverage under the 2012 Scrap Metal Permit are required to recertify their permit coverage. Each facility's Legally Responsible Person (LRP) must electronically certify and submit Permit Registration Documents (PRDs) via electronically via the State Board's Storm Water Multiple Application and Report Tracking System (SMARTS) for Notice of Intent (NOI) coverage under the Scrap Metal Permit (SMP).

**For more information regarding the Scrap Metal Permit, please visit:** [https://www.waterboards.ca.gov/santaana/water\\_issues/programs/stormwater/scrap\\_metal\\_permit.html](https://www.waterboards.ca.gov/santaana/water_issues/programs/stormwater/scrap_metal_permit.html). If you have any questions, please contact Christine Silken via email at [Christine.Silken@waterboards.ca.gov](mailto:Christine.Silken@waterboards.ca.gov) or via phone at (951) 321-4586.

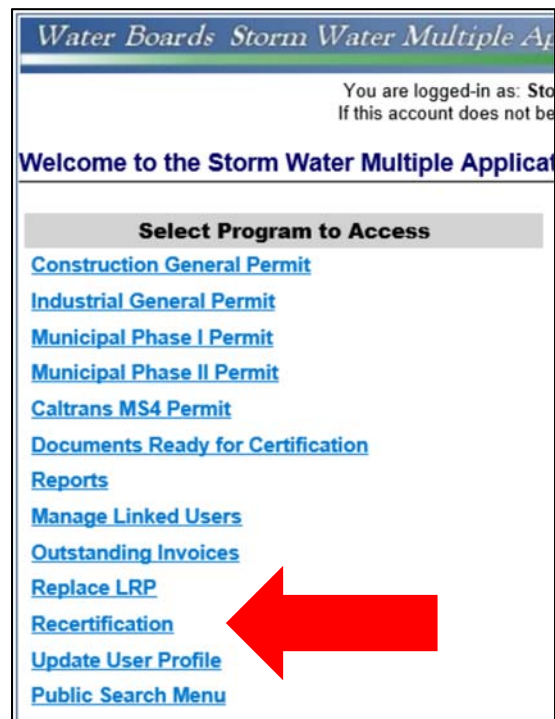
## Logging into SMARTS

1. Log into SMARTS: <https://smarts.waterboards.ca.gov/>
2. Enter your User ID & Password.

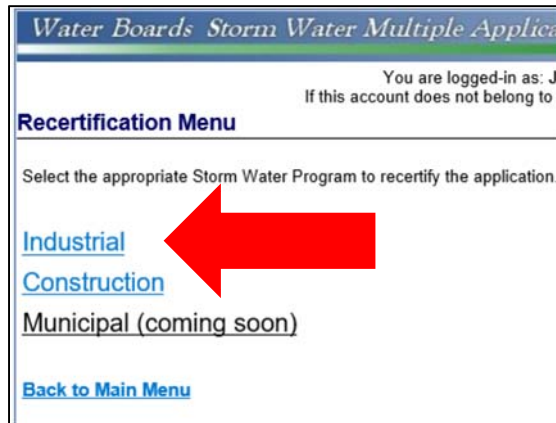


 NOTE: The User ID and Password are case sensitive.

3. After logging in, select the menu item: "**Recertification**":



- From the Recertification menu, select “Industrial”:



- Select the Application ID hyperlink to open the application for recertification:

App. ID	WDID/NEC ID	Status	Operator Name	Operator Address	Facility Name	Facility Address	Due Date	Recertification Complete
<a href="#">425432</a>	8 33MR000001	Not Recertified	Test Owner Co	PO Box 1977 Sacramento, CA 95814	Test Owner Company	1001 I Street Sacramento, CA 95814	December 15, 2018	No



NOTE: Only application(s) that still need to be recertified will be displayed.

- Review the Notice of Intent details and ensure that all mandatory fields are answered (marked by red \*).

### Region 8 Scrap Metal Recertification

Please review your Notice of Intent (NOI) details below. If you are the Legally Responsible Person for this NOI, please continue to certify.

Operator Information	
Owner Name: Test Record	Contact First Name: John *
Street Address: 3737 Main Street Suite 500 *	Contact Last Name: Doe *
Address Line 2:	Title:
City/State/Zip: Riverside CA 92501 *	Phone: 916-341-5536 * Ext: (999-999-9999)
Type: Private Business *	E-mail: stormwater@waterboards.ca.gov * (abc@xyz.com)
Federal Tax ID: 68-0281986	
Facility Information	
Facility Name: Test Record *	Contact First Name: John *
Street Address: 3737 Main Street Suite 500	Contact Last Name: Doe *
Address Line 2:	Title: *
City/State/Zip: Riverside CA 92501 *	Phone: 916-341-5536 * Ext: (999-999-9999)
Latitude: 33.98244 * Longitude: -117.37409 *	Emergency Phone: Ext: (999-999-9999)
<a href="#">Lat/Long Lookup</a> (Decimal degrees only, minimum 5 significant digits Ex: 99.99999)	
Total Site Size: 2 * <input checked="" type="radio"/> Acres <input type="radio"/> Sqft	E-mail: stormwater@waterboards.ca.gov * (abc@xyz.com)
Primary SIC Code 1: 5093 - Scrap and Waste Materials *	

<b>TMDL Watershed Question</b>	
Is the facility located within a TMDL boundary? *	Select
<b>Phased Approach Option</b>	
Are you choosing to comply with Option 1 (Phased Approach with Numeric Action Levels) or Option 2 (Non-Phased Approach with Numeric Effluent Limits)? *	
<input type="radio"/> Option 1 (Phased Approach) <input type="radio"/> Option 2 (Non-Phased Approach)	
<b>Scrap Metal Qualified SWPPP Developer (SM-QSD)</b>	
First Name:	<input type="text"/>
Last Name:	<input type="text"/> <input type="button" value="Lookup SM-QSD"/> *
SM-QSD Certification No:	<input type="text"/>
<b>Billing Information</b>	
Billing Name: Metal Recycling Inc *	Contact First Name: John *
Street Address: 3737 Main Street Suite 500 *	Contact Last Name: Doe *
Address Line 2: <input type="text"/>	Title: <input type="text"/>
City/State/Zip: Riverside CA  92501 *	Phone: 916-341-5536 * Ext: <input type="text"/> (999-999-9999)
	E-mail: stormwater@waterboards.ca.gov * (abc@xyz.com)
<b>Attachments</b>	
<input type="button" value="Upload Attachment"/> - Click on Upload Attachment button to upload SWPPP and Facility/Site Map as separate documents	
<b>Attachment Id</b>	<b>File Type</b>
<b>File Title</b>	<b>File Desc</b>
<b>Part #</b>	<b>Delete</b>
<input type="button" value="Refresh Uploaded Attachments"/>	
<b>Certification &amp; Submission Checklist</b>	
<input type="checkbox"/> * I certify under penalty of law that this document and all attachments were prepared under the direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
<input type="checkbox"/> * I am also aware that my user ID and password constitute my electronic signature and any information I indicate I am electronically certifying contains my signature. I understand that my electronic signature is the legal equivalent of my handwritten signature. My signature on this form certifies that my electronic signature is for my own use, that I will keep it confidential, and that I will not delegate or share it with any other person. Should I wish to delegate such authority, I will do so formally in writing and electronically notify the State Water Board using SMARTS2 of such delegation within 10 days of the delegation. I further certify that I will protect my electronic signature from unauthorized use, and that I will contact the State Water Board, within two business days of discovery, if I suspect that my electronic signature has been lost, stolen, or otherwise compromised.	
<b>Certified By</b>	
Certifier Name: Storm Water Administration	Date: 12/04/2018
Certifier Title: Test Owner	
<b>Please answer your security question and password before certifying the document.</b> What was your High School Mascot? <input type="text"/> * Please enter your password <input type="text"/> * <input type="button" value="Certify"/>	

NOTE: Ensure that the following fields are answered: TMDL boundary, Compliance Option1 or 2, select the SM-QSD, and upload an updated SWPPP and site map.

NOTE: Once you (the LRP) have entered and uploaded all of the required information, click **“Certify”**. You will then receive an auto-generated email from SMARTS identifying that you recertified the NOI.