

## 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 \$1,458

☐ Exemption Renewal \$547

#### 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 REPRESENTATIVE

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](mailto: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 Control Board  
Wastewater Operator Certification  
1001 I Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Rev. 07/2025