



## 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Owner Telephone Number:  
(\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 domestic waste/sewage?

Yes/No (circle one)

4.c. Is this WWTP used in the treatment or reclamation of industrial waste?

Yes/No (circle one)

4.d. Is this WWTP regulated by the Public Utilities Commission (PUC)?

Yes/No (circle one)

5. Plant 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. \_\_\_\_\_

<u>Constituent</u>	<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 Requirements/Limits/Prohibitions of particular significance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. JOAQUIN ESQUIVEL, CHAIR | EILEEN SOBECK, EXECUTIVE DIRECTOR

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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 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

Owner: \_\_\_\_\_ WWTP Name: \_\_\_\_\_ WDID No. \_\_\_\_\_

Yes	Design Flow <sup>1</sup> (mgd)	No	WWTP Treatment Process
			<b>I. Liquid Treatment Train and Disposal</b>
			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 ( <i>Number of tanks:</i> ____; <i>Total volume of tanks:</i> _____ 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
			a. Granular
			i. Single medium
			ii. Multi-media with activated carbon
			iii. Multi-media without activated carbon

<sup>1</sup> List design flow for each WWTP treatment process, if different from plant design average dry weather flow reported in Item 5.

_____	_____	_____	b. Microfiltration (pore size $10^{-1} - 10 \mu\text{m}$ )
_____	_____	_____	c. Ultrafiltration (pore size $10^{-2} - 10^{-1} \mu\text{m}$ )
_____	_____	_____	d. Nanofiltration (pore size $10^{-3} - 10^{-2} \mu\text{m}$ )
_____	_____	_____	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 ( <i>Describe:</i> _____)
_____	_____	_____	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)
_____	_____	_____	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> _____)
_____	_____	_____	<b>II. Solids Management, Treatment, and Disposal</b>
_____	_____	_____	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

<sup>1</sup> List design flow for each WWTP treatment process, if different from plant design average dry weather flow reported in Item 5.

_____	_____	_____	4. Centrifuge
_____	_____	_____	C. Pasteurization
_____	_____	_____	D. Landfill
_____	_____	_____	E. Composting
_____	_____	_____	F. Cogeneration with fuel cells ( <i>Describe:</i> _____) Capacity in kW _____
_____	_____	_____	G. Cogeneration without fuel cells ( <i>Describe:</i> _____) Capacity in kW _____
_____	_____	_____	H. Land application/land spreading
_____	_____	_____	I. Pump out and dispose off-site ( <i>Pump-out frequency:</i> _____; <i>Disposal location:</i> _____)
_____	_____	_____	J. Incineration ( <i>Describe:</i> _____)
_____	_____	_____	K. Cement kiln
_____	_____	_____	L. Seed sludge for digesters
_____	_____	_____	M. Construction product ( <i>Describe:</i> _____)
_____	_____	_____	N. Other reclamation: ( <i>Describe:</i> _____)
_____	_____	_____	O. Other ( <i>Describe:</i> _____)
_____	_____	_____	<b>III. Title 22 Effluent Quality</b>
_____	_____	_____	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> _____)
_____	_____	_____	<b>IV. Miscellaneous</b>
_____	_____	_____	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> ___/___/___)
_____	_____	_____	G. Package (pre-fabricated/off-the-shelf) plant ( <i>Manufacturer:</i> _____)
_____	_____	_____	H. This plant <u>primarily</u> serves ( <i>Circle all applicable</i> ): 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 <i>OR</i> _____ miles
_____	_____	_____	J. <i>Please attach description of any process used at this facility not described above.</i>

<sup>1</sup> List design flow for each WWTP treatment process, if different from plant design average dry weather flow reported in Item 5.

