



SACRAMENTO REGIONAL COUNTY SANITATION DISTRICT (REGIONAL SAN)

Application for Temporary Discharge Permit or Letter of Authorization

Fees and other conditions apply and will be determined after submittal

Date: _____

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____ Title: _____

Email: _____ Phone: _____

Property Owner, Contact Name and Email: _____

Project Name: _____

Site Address: _____

PROJECT DESCRIPTION (use attachments as necessary)

Amount of Waste	<i>Provide details below on volume and frequency of discharge (continuous, #hrs/day, #days/week, months)</i>
<i>Total Project Volume:</i>	<i>Max Daily Volume:</i>
<i>Frequency of Discharge:</i>	
Source of Wastewater	<i>Describe how the waste was generated; what business process created the waste; will it be pretreated?</i>
Chemical or Pollutant Make-up	<i>Include expected pollutants, chemical or product names, existing lab analyses (additional testing may be requested), available Safety Data Sheets; pH of the waste</i>
Procedure for Disposal	<i>If sewered, provide discharge location such as manhole/drain location, property fixture, equipment used If hauled, provide hauler name</i>
Discharge Rate Requested, if sewered	<i>Gallons per minute:</i>
Discharge start date: _____ Discharge end date: _____	

Company Representative Certification: I certify under penalty of law that this document and all attachments were prepared under my 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.

Signature: _____ Title: _____

Printed Name: _____ Date: _____

Submit To

Sacramento Regional County Sanitation District (Regional San)
Wastewater Source Control Section (WSCS)
10060 Goethe Road, Sacramento, CA 95827
Attention: Sabina Rynas

Phone: (916) 876-6522
Fax: (916) 854-9286
Email: rynasS@sacsewer.com
Please allow 15 business days for processing