



CITY OF SANTA MARIA

HAULED WASTEWATER DISCHARGE PERMIT APPLICATION

NEW RENEWAL



**Utilities Department
Regulatory Compliance Division
2065 East Main Street
Santa Maria, CA 93454**

**www.ci.santa-maria.ca.us
805-925-0951, ext. 7270
FAX: 805-925-2708
FAX: 805-928-7240**

Section I Company Information

Name of Business: _____
Owner: _____ Business Phone: _____
Contact Person: _____ Cell Phone: _____
Business Address: _____ City/State/Zip _____
Mailing Address: _____ City/State/Zip _____
FAX Phone Number/E-Mail/Alternate Phone: _____ / _____ / _____

Section II Driver Information Provide information for **each** driver. *Attach extra pages if necessary.*

1. Name: _____ Drivers License No. & State _____
2. Name: _____ Drivers License No. & State _____
3. Name: _____ Drivers License No. & State _____

Section III Vehicle Information Provide information for each truck and trailer. *Attach extra pages if necessary.* Tank capacity shall be established by vehicle manufacturer or State Certified Scale. Discharge fees are determined by the volume of wastewater discharged, and each tank is assumed to be at full volume at the time of discharge.

1. Make/Model: _____ License No. & State _____
Tank Capacity: _____ *SB County Health Dept. Permit No. _____
(Attach documentation of the manufacturer's tank specifications.) (805) 346-8460
2. Make/Model: _____ License No. & State _____
Tank Capacity: _____ *SB County Health Dept. Permit No. _____
(Attach documentation of the manufacturer's tank specifications.) (805) 346-8460

(*For Septage &/or Chemical Toilet Waste Haulers: Each truck and trailer must have a current Santa Barbara County Health Department decal attached to tank body. **Important:** Documentation of manufacturer's tank capacity and Santa Barbara County Permit must be attached and included with this application. **No permit shall be issued without the necessary documentation.)**

