

## **INTRODUCTION**

This application package constitutes a Report of Waste Discharge (ROWD) pursuant to California Water Code Section 13260. Section 13260 states that persons discharging or proposing to discharge waste that could affect the quality of the waters of the State, other than into a community sewer system, shall file a ROWD containing information which may be required by the appropriate Regional Water Quality Control Board (RWQCB).

This package is to be used to start the application process for all waste discharge requirements (WDRs) and National Pollutant Discharge Elimination System (NPDES) permits\* issued by a RWQCB except:

- a) Those landfill facilities that must use a joint Solid Waste Facility Permit Application Form, California Integrated Waste Management Board Form E-1-77; and
- b) General WDRs or general NPDES permits that use a Notice of Intent to comply or specify the use of an alternative application form designed for that permit.

### **This application package contains:**

1. Application/General Information Form for WDRs and NPDES Permits [Form 200 (10/97)].
2. Application/General Information Instructions.

## **Instructions**

Instructions are provided to assist you with completion of the application. If you are unable to find the answers to your questions or need assistance with the completion of the application package, please contact your RWQCB representative. *The RWQCBs strongly recommend that you make initial telephone or personal contact with RWQCB regulatory staff to discuss a proposed new discharge before submitting your application.* The RWQCB representative will be able to answer procedural and annual fee related questions that you may have. (See map and telephone numbers inside of application cover.)

All dischargers regulated under WDRs and NPDES permits must pay an annual fee, except dairies, which pay a filing fee only. The RWQCB will notify you of your annual fee based on an evaluation of your proposed discharge. Please do NOT submit a check for your first annual fee or filing fee until requested to do so by a RWQCB representative. Dischargers applying for reissuance (renewal) of an existing NPDES permit or update of an existing WDR will be billed through the annual fee billing system and are therefore requested NOT to submit a check with their application. Checks should be made payable to the State Water Resources Control Board.

## **Additional Information Requirements**

A RWQCB representative will notify you within 30 days of receipt of the application form and any supplemental documents whether your application is complete. If your application is incomplete, the RWQCB representative will send you a detailed list of discharge specific information necessary to complete the application process. The completion date of your application is normally the date when all required information, including the correct fee, is received by the RWQCB.

**\* NPDES PERMITS:** If you are applying for a permit to discharge to surface water, you will need an NPDES permit which is issued under both State and Federal law and may be required to complete one or more of the following Federal NPDES permit application forms: Short Form A, Standard Form A, Forms 1, 2B, 2C, 2D, 2E, and 2F. These forms may be obtained at a RWQCB office or can be ordered from the National Center for Environmental Publications and Information at (513) 891-6561.



State of California  
Regional Water Quality Control Board  
**APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR  
WASTE DISCHARGE REQUIREMENTS OR NPDES PERMIT**



**INSTRUCTIONS**  
**FOR COMPLETING THE APPLICATION/REPORT OF WASTE DISCHARGE  
GENERAL INFORMATION FORM FOR:  
WASTE DISCHARGE REQUIREMENTS/NPDES PERMIT**

If you have any questions on the completion of any part of the application, please contact your RWQCB representative. A map of RWQCB locations, addresses, and telephone numbers is located on the reverse side of the application cover.

**I. FACILITY INFORMATION**

You must provide the factual information listed below for ALL owners, operators, and locations and, where appropriate, for ALL general partners and lease holders.

**A. FACILITY:**

Legal name, physical address including the county, person to contact, and phone number at the facility.  
(**NO P.O. Box numbers!** If no address exists, use street and nearest cross street.)

**B. FACILITY OWNER:**

Legal owner, address, person to contact, and phone number. Also include the owner's Federal Tax Identification Number.

**OWNER TYPE:**

Check the appropriate Owner Type. The legal owner will be named in the WDRs/NPDES permit.

**C. FACILITY OPERATOR (The agency or business, not the person):**

If applicable, the name, address, person to contact, and telephone number for the facility operator. Check the appropriate Operator Type. If identical to B. above, enter "same as owner".

**D. OWNER OF THE LAND:**

Legal owner of the land(s) where the facility is located, address, person to contact, and phone number. Check the appropriate Owner Type. If identical to B. above, enter "same as owner".

**E. ADDRESS WHERE LEGAL NOTICE MAY BE SERVED:**

Address where legal notice may be served, person to contact, and phone number. If identical to B. above, enter "same as owner".

**F. BILLING ADDRESS**

Address where annual fee invoices should be sent, person to contact, and phone number. If identical to B. above, enter "same as owner".



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**II. TYPE OF DISCHARGE**

Check the appropriate box to describe whether the waste will be discharged to: A. Land, or B. Surface Water.

Check the appropriate box(es) which best describe the activities at your facility.

**Hazardous Waste - If you check the Hazardous Waste box, STOP and contact a representative of the RWQCB for further instructions.**

**Landfills - A separate form, APPLICATION FOR SOLID WASTE FACILITY PERMIT/WASTE DISCHARGE REQUIREMENTS, California Integrated Waste Management Board Form E-1-77, may be required. Contact a RWQCB representative to help determine the appropriate form for your discharge.**

**III. LOCATION OF THE FACILITY**

1. Enter the Assessor's Parcel Number(s) (APN), which is located on the property tax bill. The number can also be obtained from the County Assessor's Office. Indicate the APN for both the facility and the discharge point.
2. Enter the Latitude of the entrance to the proposed/existing facility and of the discharge point. Latitude and longitude information can be obtained from a U.S. Geological Survey quadrangle topographic map. Other maps may also contain this information.
3. Enter the Longitude of the entrance to the proposed/existing facility and of the discharge point.

**IV. REASON FOR FILING****NEW DISCHARGE OR FACILITY:**

A discharge or facility that is proposed but does not now exist, or that does not yet have WDRs or an NPDES permit.

**CHANGE IN DESIGN OR OPERATION:**

A material change in design or operation from existing discharge requirements. Final determination of whether the reported change is material will be made by the RWQCB.

**CHANGE IN QUANTITY/TYPE OF DISCHARGE:**

A material change in characteristics of the waste from existing discharge requirements. Final determination of whether the reported change would have a significant effect will be made by the RWQCB.

**CHANGE IN OWNERSHIP/OPERATOR:**

Change of legal owner of the facility. Complete Parts I, III, and IV only and contact the RWQCB to determine if additional information is required.

**WASTE DISCHARGE REQUIREMENTS UPDATE OR NPDES PERMIT REISSUANCE:**

WDRs must be updated periodically to reflect changing technology standards and conditions. A new application is required to reissue an NPDES permit which has expired.

**OTHER:**

If there is a reason other than the ones listed, please describe the reason on the space provided. (If more space is needed, attach a separate sheet.)



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**V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)**

It should be emphasized that communication with the appropriate RWQCB staff is vital before starting the CEQA documentation, and is recommended before completing this application. There are Basin Plan issues which may complicate the CEQA effort, and RWQCB staff may be able to help in providing the needed information to complete the CEQA documentation.

Name the Lead Agency responsible for completion of CEQA requirements for the project, i.e., completion and certification of CEQA documentation.

Check YES or NO. Has a public agency determined that the proposed project is exempt from CEQA? If the answer is YES, state the basis for the exemption and the name of the agency supplying the exemption on the space provided. (Remember that, if extra space is needed, use an extra sheet of paper, but be sure to indicate the attached sheet under Section VII. Other.)

Check YES or NO. Has the "Notice of Determination" been filed under CEQA? If YES, give the date the notice was filed and enclose a copy of the Notice of Determination and the Initial Study, Environmental Impact Report, or Negative Declaration. If NO, check the box of the expected type of CEQA document for this project, and include the expected date of completion using the timelines given under CEQA. The date of completion should be taken as the date that the Notice of Determination will be submitted. (If not known, write "Unknown")

**VI. OTHER REQUIRED INFORMATION**

To be approved, your application MUST include a COMPLETE characterization of the discharge. If the characterization is found to be incomplete, RWQCB staff will contact you and request that additional specific information be submitted.

This application MUST be accompanied by a site map. A USGS 7.5' Quadrangle map or a street map, if more appropriate, is sufficient for most applications.

**VII. OTHER**

If any of the answers on your application form need further explanation, attach a separate sheet. Please list any attachments with the titles and dates on the space provided.

**VIII. CERTIFICATION**

Certification by the owner of the facility or the operator of the facility, if the operator is different from the owner, is required. The appropriate person must sign the application form.

Acceptable signatures are:

1. **for a corporation**, a principal executive officer of at least the level of senior vice-president;
2. **for a partnership or individual (sole proprietorship)**, a general partner or the proprietor;
3. **for a governmental or public agency**, either a principal executive officer or ranking elected/appointed official.

**DISCHARGE SPECIFIC INFORMATION**

In most cases, a request to supply additional discharge specific information will be sent to you by a representative of the RWQCB. If the RWQCB determines that additional discharge specific information is not needed to process your application, you will be so notified.



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**I. FACILITY INFORMATION**

**A. Facility:**

Name:			
Address:			
City:	County:	State:	Zip Code:
Contact Person:		Telephone Number:	

**B. Facility Owner:**

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City:	State:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Zip Code:	5. <input type="checkbox"/> Other: _____		
Contact Person:		Telephone Number:	Federal Tax ID:

**C. Facility Operator (The agency or business, not the person):**

Name:		Operator Type (Check One)	
Address:		1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City:	State:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Zip Code:	5. <input type="checkbox"/> Other: _____		
Contact Person:		Telephone Number:	

**D. Owner of the Land:**

Name:		Owner Type (Check One)	
Address:		1. <input type="checkbox"/> Individual	2. <input type="checkbox"/> Corporation
City:	State:	3. <input type="checkbox"/> Governmental Agency	4. <input type="checkbox"/> Partnership Agency
Zip Code:	5. <input type="checkbox"/> Other: _____		
Contact Person:		Telephone Number:	

**E. Address Where Legal Notice May Be Served:**

Address:		
City:	State:	Zip Code:
Contact Person:		Telephone Number:

**F. Billing Address:**

Address:		
City:	State:	Zip Code:
Contact Person:		Telephone Number:



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II. TYPE OF DISCHARGE

Check Type of Discharge(s) Described in this Application (A or B):

[ ] A. WASTE DISCHARGE TO LAND

[ ] B. WASTE DISCHARGE TO SURFACE WATER

Check all that apply:

- [ ] Domestic/Municipal Wastewater Treatment and Disposal
[ ] Cooling Water
[ ] Mining
[ ] Waste Pile
[ ] Wastewater Reclamation
[ ] Other, please describe:

- [ ] Animal Waste Solids
[ ] Land Treatment Unit
[ ] Dredge Material Disposal
[ ] Surface Impoundment
[ ] Industrial Process Wastewater

- [ ] Animal or Aquacultural Wastewater
[ ] Biosolids/Residual
[ ] Hazardous Waste (see instructions)
[ ] Landfill (see instructions)
[ ] Storm Water

III. LOCATION OF THE FACILITY

Describe the physical location of the facility.

1. Assessor's Parcel Number(s) Facility: Discharge Point:

2. Latitude Facility: Discharge Point:

3. Longitude Facility: Discharge Point:

IV. REASON FOR FILING

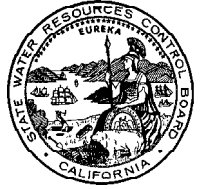
[ ] New Discharge or Facility [ ] Changes in Ownership/Operator (see instructions)
[ ] Change in Design or Operation [ ] Waste Discharge Requirements Update or NPDES Permit Reissuance
[ ] Change in Quantity/Type of Discharge [ ] Other:

V. CALIFORNIA ENVIRONMENTAL QUALITY ACT (CEQA)

Name of Lead Agency:
Has a public agency determined that the proposed project is exempt from CEQA? [ ] Yes [ ] No
If Yes, state the basis for the exemption and the name of the agency supplying the exemption on the line below.
Basis for Exemption/Agency:
Has a "Notice of Determination" been filed under CEQA? [ ] Yes [ ] No
If Yes, enclose a copy of the CEQA document, Environmental Impact Report, or Negative Declaration. If no, identify the expected type of CEQA document and expected date of completion.
Expected CEQA Documents:
[ ] EIR [ ] Negative Declaration
Expected CEQA Completion Date:



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VI. OTHER REQUIRED INFORMATION

Please provide a COMPLETE characterization of your discharge. A complete characterization includes, but is not limited to, design and actual flows, a list of constituents and the discharge concentration of each constituent, a list of other appropriate waste discharge characteristics, a description and schematic drawing of all treatment processes, a description of any Best Management Practices (BMPs) used, and a description of disposal methods.

Also include a site map showing the location of the facility and, if you are submitting this application for an NPDES permit, identify the surface water to which you propose to discharge. Please try to limit your maps to a scale of 1:24,000 (7.5' USGS Quadrangle) or a street map, if more appropriate.

VII. OTHER

Attach additional sheets to explain any responses which need clarification. List attachments with titles and dates below:

Three horizontal lines for listing attachments.

You will be notified by a representative of the RWQCB within 30 days of receipt of your application. The notice will state if your application is complete or if there is additional information you must submit to complete your Application/Report of Waste Discharge, pursuant to Division 7, Section 13260 of the California Water Code.

VIII. CERTIFICATION

"I certify under penalty of law that this document, including all attachments and supplemental information, were prepared under my direction and supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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."

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Table with 4 columns: Date Form 200 Received, Letter to Discharger, Fee Amount Received, Check #.

# **California Environmental Protection Agency**

## **Bill of Rights for Environmental Permit Applicants**

California Environmental Protection Agency (Cal/EPA) recognizes that many complex issues must be addressed when pursuing reforms of environmental permits and that significant challenges remain. We have initiated reforms and intend to continue the effort to make environmental permitting more efficient, less costly, and to ensure that those seeking permits receive timely responses from the boards and departments of the Cal/EPA. To further this goal, Cal/EPA endorses the following precepts that form the basis of a permit applicant's "Bill of Rights."

1. Permit applicants have the right to assistance in understanding regulatory and permit requirements. All Cal/EPA programs maintain an Ombudsman to work directly with applicants. Permit Assistance Centers located throughout California have permit specialists from all the State, regional, and local agencies to identify permit requirements and assist in permit processing.
2. Permit applicants have the right to know the projected fees for review of applications, how any costs will be determined and billed, and procedures for resolving any disputes over fee billings.
3. Permit applicants have the right of access to complete and clearly written guidance documents that explain the regulatory requirements. Agencies must publish a list of all information required in a permit application and of criteria used to determine whether the submitted information is adequate.
4. Permit applicants have the right of timely completeness determinations for their applications. In general, agencies notify the applicant within 30 days of any deficiencies or determine that the application is complete. California Environmental Quality Act (CEQA) and public hearing requests may require additional information.
5. Permit applicants have the right to know exactly how their applications are deficient and what further information is needed to make their applications complete. Pursuant to California Government code Section 65944, after an application is accepted as complete, an agency may not request any new or additional information that was not specified in the original application.
6. Permit applicants have the right of a timely decision on their permit application. The agencies are required to establish time limits for permit reviews.
7. Permit applicants have the right to appeal permit review time limits by statute or administratively that have been violated without good cause. For state environmental agencies, appeals are made directly to the Cal/EPA Secretary or to a specific board. For local environmental agencies, appeals are generally made to the local governing board or, under certain circumstances, to Cal/EPA. Through this appeal, applicants may obtain a set date for a decision on their permit and, in some cases, a refund of all application fees (ask boards and departments for details).
8. Permit applicants have the right to work with a single lead agency where multiple environmental approvals are needed. For multiple permits, all agency actions can be consolidated under a lead agency. For site remediation, all applicable laws can be administered through a single agency.
9. Permit applicants have the right to know who will be reviewing their application and the time required to complete the full review process.