**BASELINE MONITORING REPORT**

**COVER SHEET**

**THIS COVER SHEET MUST ACCOMPANY THE REPORT**

Company Name:

Sewer Authority Name: UNION SANITARY DISTRICT

Report Date:

Person to contact concerning information contained in this report:

Name:

Title:

Mailing Address:

Telephone #:

**CERTIFICATION STATEMENT:** (See BMR Attachment A)

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.

\_\_\_\_\_

Date Signature of Official

Title

**INDUSTRIAL USER BASELINE MONITORING REPORT**

Instructions: Please complete this form in as much detail as possible. Additional instructions are included in attachments. Include additional information on attached sheets as necessary. **Return this report to Union Sanitary District, Environmental Compliance Division, P.O. Box 5050, Union City, CA 94587**

**1. COMPANY NAME**

|  |  |  |  |
| --- | --- | --- | --- |
| **A.** | Facility Name: | **B.** | Legal Name: |
|  | Facility Address: |  | Mailing Address (if different): |
|  |  |  |  |
|  |  |  |  |
|  | Zip |  | Zip |
| **C.** | Name of Owner(s): | **D.** | Name of Operators: |
|  |  |  |  |
| **E.** Facility Contact (provide the name, title and phone number of a designated person to contact if additional information is necessary.): | | | |
| **F.** | Number of Employees: | **G.** | Shift Schedules: |
| **H.** | Days/ Months of Operation: |  |  |

**2. NATURE OF OPERATION**

1. List Raw Materials Used**:**

**B.** List Chemicals Used**:**

**C.** Describe Manufacturing or Service Activities Conducted and the Final Products:

**INDUSTRIAL USER BASELINE MONITORING REPORT**

**2. NATURE OF OPERATION (Cont'd)**

**D.** Summarize Each Regulated Process**:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Process Description** | **Production Rate** | **Pretreatment Standard**  **Category** | **Subpart** | **SIC Code** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3. WASTEWATER FLOW**

New sources must provide estimates of wastewater flow.

**A.** Total Plant Flow in Gallons Per Day (gpd): Average Maximum

**B.** Individual Process Flows in Gallons Per Day (gpd):

|  |  |  |  |
| --- | --- | --- | --- |
| **Please Describe:** | **Average Flow (gpd)** | **Maximum Flow (gpd)** | **Type of Discharge** |
| ***Regulated Process*** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Unregulated Process*** |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Cooling Water*** |  |  |  |
| ***Sanitary Water*** |  |  |  |

**INDUSTRIAL USER BASELINE MONITORING REPORT**

**C.** Provide on a separate sheet:

**1)** A schematic flow diagram of each regulated process showing the generation and flow of wastewater. Refer to BMR Attachment B.

**2)** A building and plumbing drawing indicating the source of all wastewater flows (regulated and unregulated), location of any treatment system, and sampling locations.

**4. NATURE AND CONCENTRATION OF POLLUTANTS**

**A.** Analysis of Regulated Flows **(Refer to BMR Attachment C)**

The industrial user must perform sampling and analysis of the effluent from all regulated processes (after treatment, if applicable.) Provide a summary of the analytical data for the regulated processes in the space provided below. Attach additional sheets if necessary. All pollutants specifically regulated by the applicable category must be reported. **New sources must provide estimates of the concentration of pollutants.**

First Regulated Process**:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **mg/l** | **Cd** | **Cr** | **Cu** | **Pb** | **Ni** | **Ag** | **Zn** | **CN** | **pH** | **TTO** |  |  |
| **Maximum** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average** |  |  |  |  |  |  |  |  |  |  |  |  |

Sample Location:

Sample Type:

Number of Samples and Frequency Collected:

Analytical Methods Used:

Second Regulated Process**:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **mg/l** | **Cd** | **Cr** | **Cu** | **Pb** | **Ni** | **Ag** | **Zn** | **CN** | **pH** | **TTO** |  |  |
| **Maximum** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Average** |  |  |  |  |  |  |  |  |  |  |  |  |

Sample Location:

Sample Type:

Number of Samples and Frequency Collected:

Analytical Methods Used:

**INDUSTRIAL USER BASELINE MONITORING REPORT**

**B.** Analysis of Plant Flow using the combined wastestream formula.

With approval of the District, an Industrial User may sample and analyze the total plant flow and calculate an equivalent concentration limit using the combined wastestream formula if regulated process flows are mixed with other flows prior to treatment and/or sampling. Record the analytical results for all required pollutants below. Record the calculated concentration limits as well as the actual measured concentrations.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **mg/l** | **Cd** | **Cr** | **Cu** | **Pb** | **Ni** | **Ag** | **Zn** | **CN** | **pH** | **TTO** |  |  |
| **MEC\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **AEC\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **MMC\*** |  |  |  |  |  |  |  |  |  |  |  |  |
| **MAC\*** |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **\*MEC** | Maximum Equivalent Concentration Limit (derived through the combined wastestream formula) |
| **\*AEC** | Average Equivalent Concentration Limit (derived through the combined wastestream formula) |
| **\*MMC** | Measured Maximum Concentration |
| **\*MAC** | Measured Average Concentration |

Sample Location:

Sample Type:

Number of Samples and Frequency Collected:

Analytical Methods Used**:**

**5. WASTEWATER TREATMENT**

Describe in detail any and all wastewater treatment utilized.

**6. OTHER WASTE DISPOSAL**

Does the facility generate any hazardous waste such as pretreatment sludges or spent process solutions? **YES NO**

If yes, briefly describe the disposal methods for these hazardous wastes:

**INDUSTRIAL USER BASELINE MONITORING REPORT**

**7. ENVIRONMENTAL CONTROL PERMITS**

List all environmental control permits held by or for the facility:

|  |  |  |  |
| --- | --- | --- | --- |
| **Descriptive Title of the Permit** | **Permit Number** | **Issuing Agency** | **Expiration Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**8. SPILL CONTROL**

Has the facility developed a plan to prevent and control spills? **YES NO**

**9. COMPLIANCE CERTIFICATION**

**A.** Is the facility meeting applicable pretreatment standards on a consistent basis?

**YES NO**

**B.** If no, do you require additional operation and maintenance (O&M) to achieve compliance?

**YES NO**

**C.** If additional O&M or new or additional pretreatment will be required to meet categorical pretreatment standards on a consistent basis, attach a schedule on a separate sheet projecting increments of progress indicating dates for the commencement and completion of major events leading to compliance with the standard.

**10. CERTIFICATION STATEMENT (To be filled out by the person preparing the report)**

I certify under penalty of law that I have personally examined and am familiar with the information in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I further certify that the sampling and analyses performed for and submitted with this report are representative of normal work cycles and expected pollutant discharges.

**Name-Authorized Representative Signature**

**Official Title Date**

|  |  |
| --- | --- |
|  |  |

BMR Attachment B

**BMR Attachment C**

**Wastewater Sampling and Analysis Requirements**

New sources must provide estimates of the nature and concentration (or mass) of regulated pollutants. Actual sample results must be reported in the 90-day compliance report. Existing facilities must analyze each industrial process wastestream for all pollutants regulated by the applicable Federal point source category. Tables listing regulated pollutants are attached.

**Sampling Location**

a) Include a site drawing clearly indicating the sampling location.

b) Samples must be taken immediately downstream from pretreatment facilities or immediately downstream from the regulated process, if no pretreatment exists. In either case, samples must be taken before the process wastewater combines with sanitary or other diluting wastestreams. (Boiler blowdown, non-contact cooling water, etc).

c) For facilities subject to metal finishing regulations, self-monitoring for cyanide must be performed immediately after cyanide treatment or immediately after the cyanide contributing process if there is no treatment, but before diluting with any other wastestreams including regulated or unregulated process wastestreams.

**Sampling Methods**

a) All samples must be representative of the wastestream and taken under normal discharging conditions when pollutants are likely to be present.

b) A minimum of one representative sample shall be taken to compile the necessary data to comply with the requirements of this report. A grab sample is a sample taken from a wastestream on a one-time basis representing conditions at that moment without regard to the flow in the wastestream and over a period not to exceed fifteen (15) minutes. A composite sample is a sample resulting from the combination of individual wastewater samples taken at selected intervals based on an increment of either flow or time. Samples may be taken manually or by using automatic equipment. Manual composite samples must be collected at least every two hours throughout the full operating day.

c) New sources covered under categorical standards must submit one sample for the relevant Total Toxic Organics (TTO) or alternate monitoring parameter in that federal category.

d) Samples must be collected using the appropriate type of clean bottle and must be delivered to the analyzing laboratory on the date collected or properly preserved until delivery.

e) Dischargers will be allowed to submit certification statements (Solvent Management Plan) in lieu of periodic monitoring for TTO’s only after consistent compliance has been demonstrated by sampling and analysis of the wastestream in the BMR, 90-day Report and POTW evaluation.

**Analysis of Samples**

All laboratory analyses must be performed by a State Certified Laboratory or a laboratory approved by the Union Sanitary District. Sampling and analysis procedures shall conform to EPA 40 CFR 136 requirements or those specified in Standard Methods for the Examination of Water and Wastewater.

**BMR Attachment C**

**Wastewater Sampling and Analysis Requirements**

Page 2

**Reporting Results**

a) For each sample, report:

1. The date, time, method, and location of sampling,

2. the preservation method,

3. the person collecting the sample,

4. the date the analysis was performed,

5. the analytical method,

6. the results of each analysis.

b) The report must include a statement certifying that the samples are representative of normal work cycles and expected pollutant discharge.

c) If any pollutant is monitored more frequently than required by Federal regulation or USD, using EPA approved methods by a state certified in‑house or contract laboratory, the results of this additional sampling must also be included in the report.

d) If self-monitoring indicates a violation, the permittee must notify the District within 24 hour of becoming aware of the violation, and must resample and submit the results within 30 days.

**BMR Attachment D**

**Toxic Organics Certification and Solvent Management Plan**

**Certification**

In addition to analyzing a sample for total toxic organics (TTO), the Union Sanitary District requires new sources covered under relevant categorical standards to certify that no dumping of toxic organics to the wastestream has occurred.

1. Submit a solvent management plan that specifies the toxic organic compounds on site, the method of disposal, and prevention procedures for ensuring that organics do not spill or leak into wastewater.

2. Include in the 90-Dy Report and Periodic Reports of Compliance, a statement certifying that no concentrated toxics organics have been discharged and that the solvent management plan is being implemented.

**Solvent Management Plan (SMP)**

An acceptable SMP must include the following information.

a. A list of each of the chemicals from the TTO list (attached) that are used at your facility, or that are present in products used at your facility (this will require a careful review of the Material Safety Data Sheets or contact the manufacturer of products whose ingredients are not listed).

b. The disposal method used for each of these chemicals, or products containing these chemicals. Include how the material is collected, how it is stored, how long it is stored, how it is disposed, and by whom.

c. How each chemical or product is used at your facility and how these materials are prevented from spilling, leaking, or in any manner entering the wastewater.

d. The following certification statement, signed by an authorized company official: "Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standards for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the baseline monitoring report. I further certify that this facility is implementing the solvent management plan submitted to the Union Sanitary District."

**See Attached SMP Sample**

**BMR Attachment D-1**

**Solvent Management Plan**

1. **General Description of Facility Operations**
2. **Solvent List**
   1. List the toxic organic compounds and solvents that are used or present on-site
3. **Description of Product Usage and process location for each TTO**
4. **Management Controls ( if applicable)**
   1. Spill Prevention/Spill Response Plan
   2. Treatment
   3. Handling and Disposal Methods
   4. Employee Training
5. **TTO List Quick Reference Sheet**
   1. Provide a table that only lists toxic organic compounds and solvents that are used or present on-site along with the following headings:

* Product Name
* Chemical Composition (actual chemical name, i.e. Toluene)
* Product Use
* Storage Location
* Waste handling, treatment and/or disposal methods

*For example:*

*Product Name Chemical Composition Product Use Storage Location Handling/Treatment/Disposal*

*X Brand Paint Xylene Paint Flam. Cabinet Empty – dried and disposed*

**Certification Statement**:

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standards for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the baseline monitoring report. I further certify that this facility is implementing the solvent management plan submitted to Union Sanitary District.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **BASELINE MONITORING REPORT REVIEW CHECKLIST** | | | |
| BMR REQUIREMENT | YES | NO | COMMENTS |
| 1. *COMPANY INFORMATION*  a. Adequate information on company name, location, mailing address, name of owner and operator, facility contact? |  |  |  |
| 2.  *NATURE OF OPERATION*  a. Adequate information to evaluate raw materials, chemicals, processes and products?  b. Are regulated processes adequately defined. |  |  |  |
| 3*. WASTEWATER FLOWS*  a. Adequate information on total flow as well as individual process flows and type of discharge?  b. Are schematic diagrams provided of the facility's wastewater flows and regulated process(es)?  c. Does the report identify the POTW receiving the wastes from the facility? |  |  |  |
| 4. *NATURE AND CONCENTRATION*  *OF POLLUTANTS*  a. Are analytical results provided for all regulated pollutants?  b. Is sampling data information provided in sufficient detail (number, type, and frequency of samples, analytical methods?  c. Is it sufficiently clear where samples were taken?  d. If total flow was sampled, was the combined wastestream formula used properly based on available information?  e. Was a sufficient number of samples taken? |  |  |  |
| 5. *WASTEWATER TREATMENT*  a. Are existing wastewater treatment practices adequately described? |  |  |  |
| **BASELINE MONITORING REPORT CHECKLIST** | | | |
| 6. *WASTE DISPOSAL*  a. Does the report adequately describe disposal practices for hazardous waste, if applicable? |  |  |  |
| 7. *ENVIRONMENTAL PERMITS*  a. Are environmental control permits adequately identified, if applicable? |  |  |  |
| 8. *SPILL CONTROL*  a. Does the report indicate if the facility has a spill control plan? |  |  |  |
| 9. *COMPLIANCE CERTIFICATION*  a. Does the report indicate where or not the facility is consistently meeting the standards? |  |  |  |
| 10. *CERTIFICATION STATEMENT*  a. Is the report signed and dated by the person who prepared the report? |  |  |  |
| 11.  *COVER SHEET*  a. Is the cover sheet attached?  b. Is the cover sheet signed by an appropriate company official? |  |  |  |

**BMR Attachment E**

**Laboratory List**

(Partial Listing)

**Lab List**

**This is not an endorsement list**

|  |  |
| --- | --- |
| **Accutest Laboratories**  2105 Lundy Avenue  San Jose, CA 95131  *Santa Clara County*  (408) 588-0200  *ELAP Cert #08258CA* | **Alpha Analytical Labs, Inc.**  6398 Dougherty Road, Suite 35  Dublin, CA 94568  *Alameda County*  (925) 828-6226  *ELAP Cert #2728* |
| |  |  | | --- | --- | | **Brelje and Race Laboratories, Inc.**  425 South E Street  Santa Rosa, CA 95404  *Sonoma County*  (707) 544-8807  *ELAP Cert #1243* | **CALTEST Analytical Laboratory**  1885 North Kelly Road  Napa, CA 94558  *Napa County*  (707) 258-4000  *ELAP Cert #1664* | | **CERCO Analytical Inc.**  1100 Willow Pass Court  Concord, CA 94520  *Alameda County*  (925) 462-2771  *ELAP Cert #2153* | **Curtis and Tompkins LTD**  2323 Fifth Street  Berkeley, CA 94710  *Alameda County*  (510) 486-0900  *NELAP Cert #01107CA* | | **CM Analytical, Inc.**  6700 Brem Lane #10  Gilroy, CA 95020  *Santa Clara County*  (408) 848-3619  *ELAP Cert #1423* | **Datalab**  1893 Concourse Drive  San Jose, CA 95131  *Santa Clara County*  (408) 943-1888  *ELAP Cert #2663* | | **Precision Enviro-Tech Analytical**  3935 N. Coronado Avenue  Stockton, CA 95204  *San Joaquin County*  (209) 477-8105  *ELAP Cert #2387* | **McCampbell Analytical Inc**  1534 Willow Pass Road  Pittsburg, CA 94565  *Contra Costa County*  (925) 252-9262  *ELAP Cert #1644* | | | | | | |  |
| |  |  | | --- | --- | | **TestAmerica** 1220 Quarry Lane  Pleasanton, CA 94566  *Alameda County*  (925) 484-1919  *ELAP Cert #2496* | **Torrent Laboratory Inc.**  483 Sinclair Frontage Road  Milpitas, CA 95035  *Santa Clara County*  (408) 263-5258  *ELAP Cert #1991* | | | | | |  |

For a complete listing and ELAP certification expiration information, go to: <http://www.cdph.ca.gov/certlic/labs/Pages/ELAP.aspx> and select “Certified Laboratory List” under Procedures and Lists.