



UNION SANITARY DISTRICT
5072 BENSON ROAD
UNION CITY, CA 94587
(510) 477-7500

ZERO DISCHARGE PERMIT INSTRUCTIONS

INSTRUCTIONS FOR COMPLETING ZERO DISCHARGE PERMIT APPLICATION

COVER SHEET

A Cover Sheet must accompany the Zero Discharge Permit Application and be signed by a responsible corporate official per 40 CFR 403.12(l) who has legal authority to bind the Applicant business. Submittal of the original wet-signed document must be submitted to the Union Sanitary District (USD). Electronic submittals are not accepted.

Enter the Company Name and date of submittal. Also, include information of the person to be contacted regarding this permit application.

PART A. GENERAL INFORMATION

- A1. Facility Name – Enter the name used to identify the premises pertinent to this Application.
Permit No. - Assigned by Union Sanitary District (USD).
- A2. Legal Business Name – Enter the legal business name of the facility.
- A3. Facility Address - Enter the full street address of the building or premises pertinent to this Application.
- A4. Business Mailing Address - Enter the full mailing address for the facility.
- A5. Executive Officer - Enter the name, title, phone number, and email address of the Applicant's Chief Executive Officer.
- A6. Executive Officer Address – Enter the full mailing address of the Applicant's Executive Officer in the home office. If this is the same as the Business Mailing Address listed in A4, select the checkbox and skip to next section.
- A7. Designated Contact – This is the primary contact for USD. This person shall be familiar with the permit application and associated permit requirements. Enter the name, title, office phone number, mobile phone number, and email address of the Designated Contact
- A8. Designated Contact Address– This is the address of the primary contact listed in A7 where all general correspondence and mailings such as Discharge Permits, Enforcements, PRCC Forms, and Capacity Fees will be sent. If this is the same as the Business Mailing Address listed in A4, select the checkbox and skip to next section.
- A9. Site Inspection Contact - Provide the name, title, office phone number, mobile phone number, and email address of the primary contact for site inspections and other site visits. Check box and skip to section A10 if this person is the same as the Designated Contact listed in A7.

- A10. Alternate Contact – List the name, title, office phone number, mobile phone number, and email address of an alternate contact in the event the Designated Contact and/or Site Contact is not available. If no alternate is indicated, the Executive Officer will be designated.
- A11. Alternate Contact Address– This is the address for the alternate site contact. If this is the same as the Business Mailing Address listed in A4, select the checkbox and skip to next section.
- A12. Emergency Contact – List the name and title of a person to be contacted in case of an emergency (i.e. spilling of a prohibited substance). List the phone numbers for the Emergency Contact that are monitored during the day and at night.

Permit Application Certification — Enter the name and title of the person signing this application. This application must be signed and dated by a responsible corporate official per 40 CFR 403.12(l) who has legal authority to bind the Applicant business. Submittal of the original wet-signed document must be submitted to the Union Sanitary District (USD). Electronic submittals are not accepted.

PART B. BUSINESS DESCRIPTION

General Instructions — A separate Part B is to be completed for each major business activity occurring on the premises.

- B1. Business Activity — Provide a brief description of the principal activity on the premises. For the purpose of completing this Part, an activity is a major business class of manufacture such as metal plating, paint manufacturing, food canning, etc.

Enter the North American Industry Classification System (NAICS) code number for the primary activity at the facility.

Enter the Standard Industrial Classification (SIC) code number for the primary activity at the facility.

- B2. Describe the business activity in more detail, elaborating on primary products and services.
- B3. Production Quantities — List the types of products produced, giving the common or brand name. For each product, list the average and maximum quantities produced during the past calendar year. Also, provide an estimate of the average and maximum production quantities anticipated for the current calendar year. Attach additional pages if necessary.
- B4. Describe the on-site wastewater generating processes and method(s) of disposal. Include any seasonal variation in volumes, plant operations, raw materials, and chemicals used in process and/or production. Keep disposal manifest records on-site for review.

EXAMPLE: *At the location, we manufacture paints by a dispersion process in which pigments (magnesium silicates, iron oxides, titanium dioxide and organic pigments) are incorporated into a liquid media consisting of binders (alkyd, phenolic vinyl, acrylate and polyether) and thinners (acetate, aliphatic and/or aromatic hydrocarbons as well as water). All raw materials are purchased from an outside supplier. Production is uniform throughout the year. Wastewater generated from the washing of the mixing vats is collected in a tote for weekly off-site disposal by a licensed TSDF.*

- B5. Substance Proposed to be Treated and/or Discharged — Give common and technical names of any material or product proposed to be treated and/or discharged to the sanitary

sewer from the wastewater generating operation. In the "Description" section of the table, briefly describe the physical and chemical properties of each substance. Specify acids, caustics, solvents, and soaps in rinses, etc. Mark the check box if the facility only discharges domestic wastewater, then skip to next question.

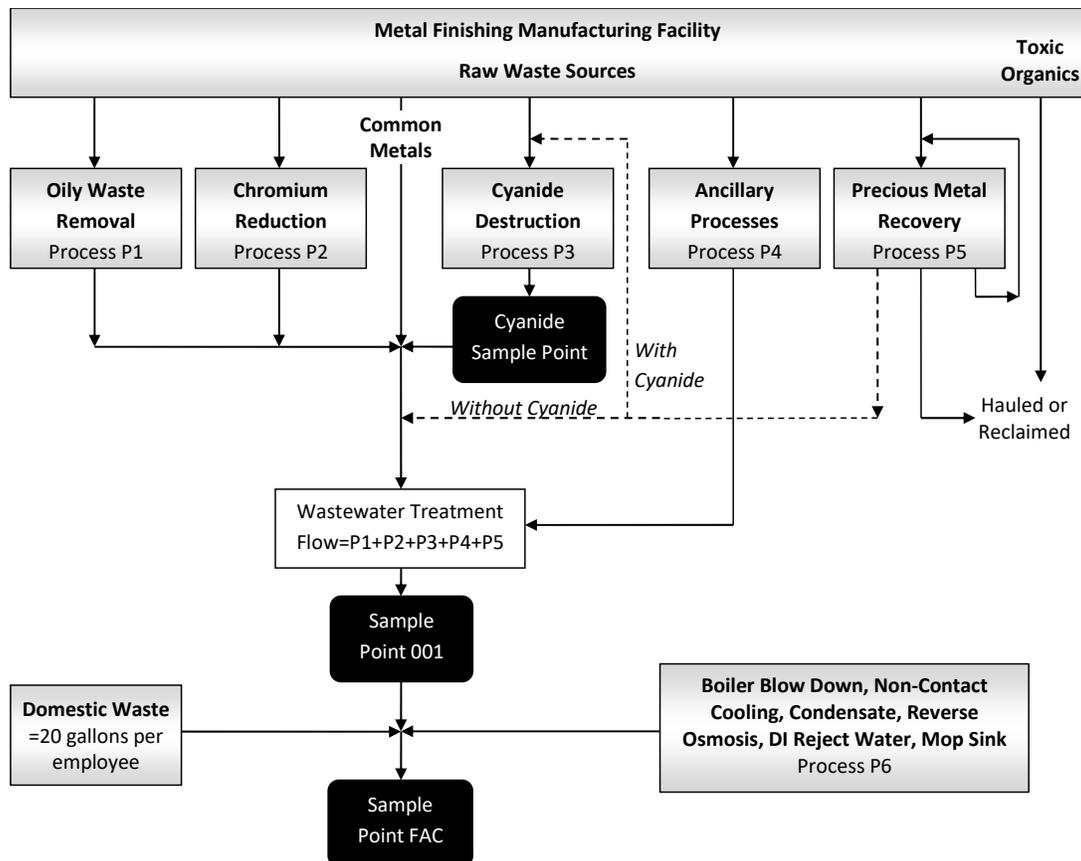
- B6. Other Liquid Wastes — List liquid waste(s) removed from the premises by means other than discharge to community sewers. For each waste item, list the name/type, quantity generated per year (in gallons or pounds), information on the waste hauler (company name, city, and state), information on the final disposal site (name, city, state), and whether or not the material is considered a Hazardous Waste in California.

List EPA Hazardous Waste ID number.

- B7. Space can be used to provide clarification on business operations if needed or requested by USD.

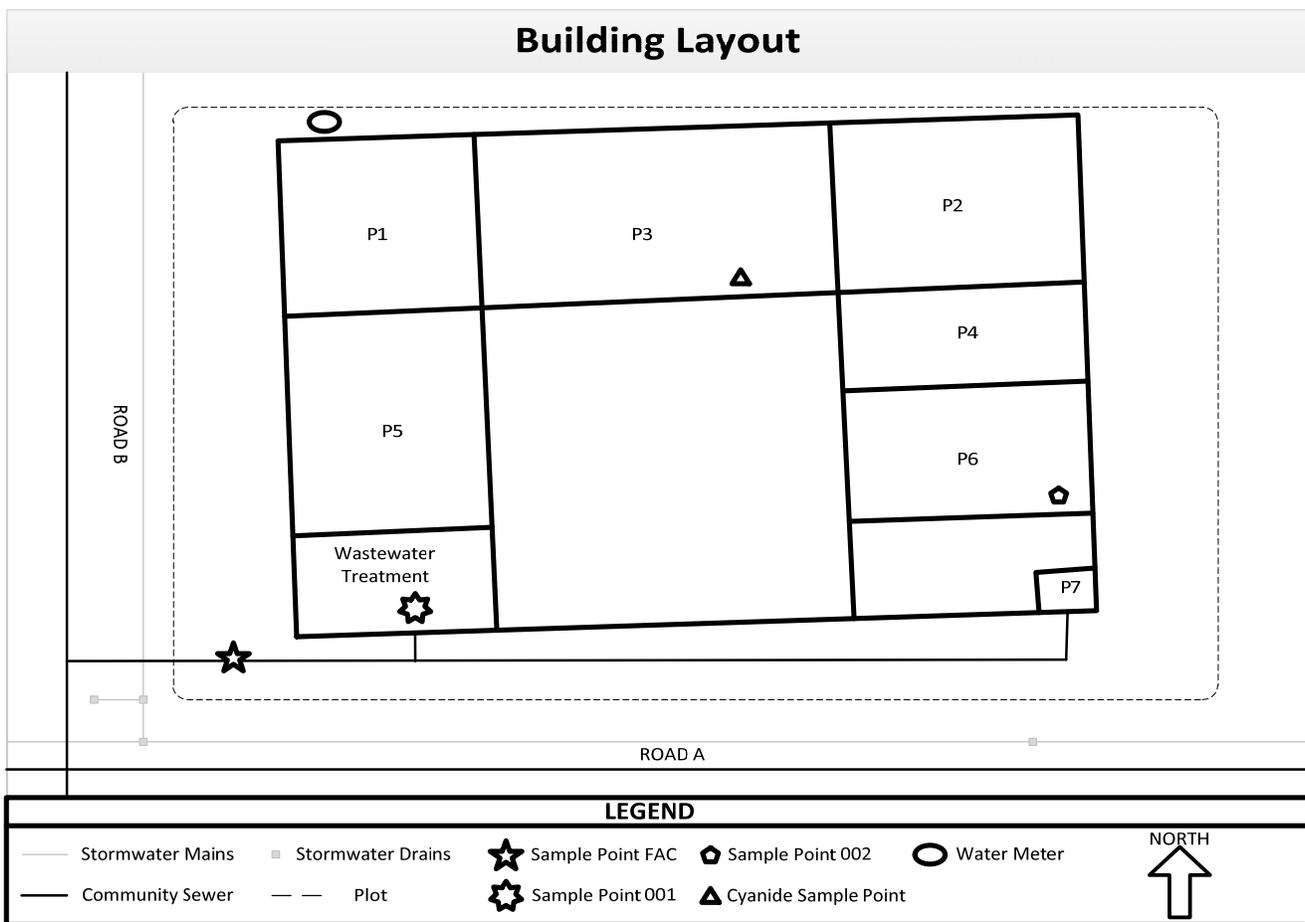
PART C. SCHEMATIC FLOW DIAGRAMS

- C1. Process Flow Diagram(s) — For each major activity in Part B in which wastewater is generated, provide a line drawing (schematic flow diagram) showing the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes generating wastewater. Number each process which generates wastewater using the same numbering as in the building layout or plant site plan shown in Part D. Mark the check box if the diagram is included on an attached sheet of paper. Please note that letter-sized paper attachments are preferred. Do the not submit sheets larger than 11" x 17." An example of the drawing required is shown below.



PART D. BUILDING LAYOUT

- D1. Provide a building layout or plant site plan of the premises. Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from Part C1 Schematic Flow Diagram), public sewers, floor drains, in-ground lift stations, floor sinks, and each facility sewer line connected to the public sewers. Number each sewer and clearly label existing and/or proposed sampling locations (FAC, 001, 002). Show public streets and property lines. Mark the check box if the diagram is included on an attached sheet of paper. Please note that letter-sized paper attachments are preferred. Do not submit sheets larger than 11" x 17." An example of the drawing required is shown below.



PART E. WATER SOURCE & USE

- E1. (a) Number of Employees On-Site and Hours of Operation — Enter the average number of office and production employees at the premises daily during the preceding twelve-month period. If there is more than one shift per day, enter the average number of employees per shift and the approximate time of each shift.
- (b) Total Number of On-site Employees – Enter the total number of employees that work on-site at the permitted facility location.

- E2. (a) Water Use and Disposition — Indicate the daily volume of water supply received and the daily volume of wastewater discharged/used in gallons per day (gpd) averaged for the preceding twelve-month period for each facility water use. In the table, total water supply should equal total water consumption/ discharge for each water usage. The maximum domestic allowance is the total number of employees (from E1(b)) multiplied by 20 gallons per employee per day.

Water Uses – List all operations/processes that use water at the facility. Examples include boiler feed/blowdown, wet scrubber, to product, non-contact cooling, contact cooling, equipment washing, RO/DI reject, softener regeneration, condensate, irrigation (if not on separate designated irrigation meter), etc.

Water Supply Sources – Add the daily volume of water supplied (in gpd) for each operation/process in the appropriate column: Alameda County Water District (ACWD) supplied water or Not-ACWD supplied water. Indicate the source of the water if not supplied by ACWD. The total supply should be checked using recent water bills to verify the amounts shown. If supply is not metered, show detailed estimate in E2(b). Examples of non-ACWD sources include groundwater, stormwater, reclaimed water, condensate, creek, bay, estuary, etc.

Water Consumption/Discharge - Add the daily volume of water used/discharged (in gpd) for each operation/process in the appropriate column: Union Sanitary District's (USD) sewer system or not to USD. Indicate the discharge point if not discharged to USD. Examples of non-USD discharges include evaporation, to product, stormdrain, reuse, hauled offsite, irrigation, etc.

Total – Add the summation of daily volumes for each column. The sum of total water supply sources should equal the sum of total water consumption/ discharges.

(b) Describe method and calculations used to determine volumes shown in E2(a). A separate sheet may be necessary.

E3. Sources of Wastewater–

- (a) Indicate if ACWD water supply meter is shared by multiple site tenants.
- (b) Indicate if the site has a separate ACWD water supply meter designated for irrigation only. If yes, list the account number for the irrigation meter.
- (c) Indicate if the site has any private water supply meters. If yes, describe the meter.
- (d) Percentage of Source Water Sent to Sewer – This information is used for computing the sewage disposal service charge for the facility.
 - Water Supply (ACWD) Account Number - Enter the number of each meter (municipal and private) serving the premises.
 - Total % Discharged to Sewer – For each water meter, indicate the total percentage of flow that is discharged to USD's Sewer.
 - If the facility has multiple building sewer discharge points, show the percentage of discharge to each building sewer. The method and calculations used to determine the proportioning to building sewers should be shown on a separate page. The sum of these percentages should equal the total % discharged to the sewer (listed in the second column)

PART F. BUILDING SEWER DISCHARGE

General Instructions — A separate Part F is to be completed for each building sewer that discharges wastewater to a community sewer.

F1. (a) Building Sewer No. — Enter the building sewer number for which this sheet of Part F has been completed. Use the same number as shown on Part D.

(b) Sampling Location — Representative sampling point for the Building Sewer No. or designated sample point. USD will designate this sampling location during permitting process.

F2. Wastewater Constituents - Indicate if any of the following constituents, characteristics, or substances can be present at this facility. Check Column A if it comes in contact with water and may be present in the wastewater. Check Column B if it is present on site but in a location where no entry to the wastewater can occur. List additional constituents that may be present in the wastewater in the space provided.

For all constituents selected in column A or listed, identify the chemical compounds in the wastewater and show concentrations where known. Be sure to identify the algaecides, hydrocarbons, pesticides, solvents and radioactivity discharged, if any.

F3. Pollution Abatement Practices

(a) Wastewater Treatment — Select the type(s) of treatment devices or processes used for treating the wastewater before it is discharged to the community sewer. Check as many as appropriate and list additional devices or processes in space provided.

(b) Describe wastewater treatment devices and processes -- Mark the first check box if this facility does not perform on-site treatment of wastewater, proceed to next question. If wastewater treatment is performed, describe each system/process. Include the pollutant loadings, design capacity, physical size, etc. for each treatment practice checked in F5(a). Include wastewater treatment flow diagram. Mark the second check box if additional sheets are included. Please note that letter-sized paper attachments are preferred.

(c) Planned Wastewater Treatment Changes— Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharged to this building sewer. Show estimated time schedule where possible. Mark the check box if no changes are planned.

F4. (a) Designated Treatment System Operator — If the facility performs wastewater treatment for pollution abatement, a qualified operator of the pretreatment system shall be available to maintain the system during all discharge periods. Indicate if this facility has a designated treatment system operator. If yes is selected, list the name and title of the Lead Operator and Backup Operator of the treatment system. If there is no on-site treatment performed, N/A can be selected.

(b) Indicate if the facility has an Operations/Maintenance manual for the treatment system(s) indicated in F3(a). If there is no treatment system listed in F3(a), not applicable (n/a) may be selected.

- F5. Characterize wastewater flow rates to each building sewer. Mark check box and skip to question F6, if wastewater discharge to the sewer is domestic only.
- (a) Complete the table with the following information:
- Peak Hourly Flow – Estimate the peak hourly discharge flow rate from the premises in gallons per minute (gpm).
 - Maximum Daily Flow - The maximum daily rate is the greatest flow which might be discharged in any one day, reported in gallons per day (gpd).
 - Annual Daily Avg. Flow - The annual daily average is the flow for an average workday taken over one year of operation, reported in gallons per day (gpd).
 - If operations are seasonal, indicate the annual daily average flow, in gpd, for the slow season (seasonal minimum) and the peak season (seasonal maximum). A season is defined as a period of one month or longer.
- (b) Batch Discharge - A batch discharge is one which results from the periodic draining of storage tanks or process tanks to the building sewer.
1. Indicate the average number of batch discharges per day and per month. If operations are seasonal, indicate the average number during the operating season of maximum flow.
 2. Select the days of the week the discharge occurs.
 3. Indicate the times of day during which batch discharge typically occurs.
 4. Enter the average gallons discharged during each batch discharge operation.
 5. Enter the maximum flow rate (in gallons per minute) for a batch discharge.
- (c) Describe Weekend and/or After-Hour Discharge Operations (i.e. equipment cleaning/maintenance, batch treatments).
- (d) Variation of Operation - Indicate whether the business activity is continuous throughout the year or if it is seasonal. If the activity is seasonal, select the months of the year during which discharge occurs. Provide comments necessary to describe the variation in operation of your business activity in F5(c).
- F6. Hazardous Material Business Plan (HMBP) – Attach a copy of the complete HMBP and mark the check box to indicate it is attached. Facilities are required to maintain a HMBP with their local Certified Unified Program Agency (CUPA) if the facility handles hazardous materials or mixtures above established threshold limits.