



# Delta Diablo

## Application for Industrial User Discharge Permit

(Baseline Monitoring Report - BMR)

### Instruction Sheet

Delta Diablo, hereinafter referred to as the District, is a wastewater resource recovery district serving the communities of Antioch, Pittsburg, and Bay Point. As an Industrial User of the wastewater resource recovery system, you have the responsibility to ensure that your facility operates in compliance with the District Code, including Local Discharge Limits, and with all applicable Federal Categorical Pretreatment Standards.

In order to properly evaluate the operations, processes, and discharges at your facility, the District requires that you complete the attached Industrial User Signatory Authorization (Signatory) Form and the Baseline Monitoring Report (BMR) application. Failure to provide the information specified in the BMR will constitute a violation of the District Code Chapter 2.28.

#### For your reference, the following definitions are provided:

- **Industrial User:** Establishments engaged in producing, manufacturing, or processing operations, and all other establishments engaged in any activity resulting in the production of industrial wastes which have or require District sewer service.
- **Industrial Process waste discharges:** wastewater generated by non-domestic activities, such as production, manufacturing, commercial, and institutional operations.
- **Domestic waste discharges:** wastewater generated by ordinary living processes of humans;
- **Facility effluent:** wastewater outflow from the sanitary sewer lateral exiting the facility.

The completed Signatory Form and BMR application shall be submitted to the following address:

**Delta Diablo**  
**Attention: Pretreatment**  
**2500 Pittsburg-Antioch Highway**  
**Antioch, CA 94509**

Upon receipt and review of the completed Signatory Form and BMR application, the District will schedule an inspection of your facility, at that time, the District may require you to submit additional information (e.g. MSDSs, schematic flow diagrams) and perform sampling analysis, if deemed necessary for the permit evaluation process. The District will review all submittals and inspection reports in order to determine your facility's Industrial User Classification and will notify you in writing regarding the applicability of an Industrial User Permit to your facility. The District's permit evaluation process typically is completed within 90 days after receipt of the completed BMR for your facility. Completion of this application is part of the District's Industrial User Permit process.

If you have any questions regarding the District's Industrial User application requirements, please contact Jason Yun, Environmental Compliance Specialist II at (925) 756-1913, [jasony@deltadiablo.org](mailto:jasony@deltadiablo.org); or Andrew Mora, Environmental Compliance Specialist I at (925) 756-1929, [andrewm@deltadiablo.org](mailto:andrewm@deltadiablo.org)

**The District is in the process of a technical review regarding Total Dissolved Solids (TDS) contributions to the District's water resource recovery services. Pending the outcome of this study, the District may implement TDS regulations and/or policies to manage this constituent within the District's service area.**



**Delta Diablo**  
**Application for Industrial User Discharge Permit**  
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**Industrial User Signatory Authorization Form**  
**In Accordance with 40 CFR 403.12 (l) and District Code Chapter 2.28**

An Authorized or Duly Authorized Representative of an Industrial User is applicable:

1. If the User is a corporation:
  - a. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
  - b. The local manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for Industrial Wastewater or Special Discharge Permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
2. If the User is a partnership or sole proprietorship: A general partner or proprietor, respectively.
3. If the User is a federal, state, or local governmental facility: A director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.
4. The individuals described in paragraphs 1 through 3 above may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company and the written authorization is submitted to the District.



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**(A) Authorized Representative of Industrial User as defined in paragraphs 1, 2 and/or 3:**

|                                     |          |
|-------------------------------------|----------|
| Industrial User Name                |          |
| Industrial User Address             |          |
| City, State, Zip Code               |          |
| Phone                               | (      ) |
| Authorized Representative Title     |          |
| Authorized Representative Name      |          |
| Authorized Representative Signature |          |
| Date                                |          |

The Authorized Representative of Industrial User described in (A) above may designate a Duly Authorized Representative in (B) below as defined in paragraph 4.

**(B) The Duly Authorized Representative is:**

|  |          |
|--|----------|
| Industrial User Name                     |          |
| Industrial User Address                  |          |
| City, State, Zip Code                    |          |
| Phone                                    | (      ) |
| Duly Authorized Representative Title     |          |
| Duly Authorized Representative Name      |          |
| Duly Authorized Representative Signature |          |
| Date                                     |          |

**SECTION 1: Industry Identification Information:**

|                             |  |
|-----------------------------|--|
| <b>Industrial User Name</b> |  |
| Site Street Address:        |  |
| City, State, Zip:           |  |
|                             |  |
| Mailing Address:            |  |
| Street or P.O. Box:         |  |
| City, State, Zip:           |  |

| <b>Facility Contact:</b> | <b>Name</b> | <b>Title</b> | <b>Phone #</b> |
|--------------------------|-------------|--------------|----------------|
| BMR / Permit Contact:    |             |              | ( )            |
| Emergency Contact:       |             |              | ( )            |

| <b>Name of Corporation:</b>   |             |              |                |
|-------------------------------|-------------|--------------|----------------|
| <b>Corporation Contact:</b>   | <b>Name</b> | <b>Title</b> | <b>Phone #</b> |
| Chief Executive Officer:      |             |              | ( )            |
| Corporate Street or P.O. Box: |             |              |                |
| City, State, Zip:             |             |              |                |

| <b>Property Owner:</b>  |             |              |                |
|-------------------------|-------------|--------------|----------------|
| <b>Property Owner:</b>  | <b>Name</b> | <b>Title</b> | <b>Phone #</b> |
| Property Owner Contact: |             |              | ( )            |
| Street or P.O. Box:     |             |              |                |
| City, State, Zip:       |             |              |                |

| <b>Property Management Co:</b> |             |              |                |
|--------------------------------|-------------|--------------|----------------|
| <b>Property Mgmt Contact:</b>  | <b>Name</b> | <b>Title</b> | <b>Phone #</b> |
| Property Manager:              |             |              | ( )            |
| Street or P.O. Box:            |             |              |                |
| City, State, Zip:              |             |              |                |

**SECTION 2: Site Plan / Facility Diagram:**

- A. Attach a site plan of the property where the facility is located. The site plan shall also identify:
  - Sanitary sewer lines (main and lateral), manholes, and cleanouts
  - Storm drain inlets
  
- B. Attach a facility diagram identifying the location of:
  - Areas in which process activities are performed
  - Process tanks, baths, and equipment/fixtures
  - All fixtures connected to the sanitary sewer (e.g., sinks, floor drains, interceptors, exposed hard plumbing)
  - Bulk chemical storage (i.e.; quantities greater than 5 gallons), including hazardous wastes
  - Existing or potential sampling locations

**SECTION 3: Description of Operations:**

|  |  |
|--|--|
| <b>Type of Process Waste Discharge</b>         |  |
| <b>Current Discharge Location</b>              |  |
| <b>Daily Metered Discharge Flow (gals/day)</b> |  |

**A. THE NORTH AMERICAN INDUSTRY CLASSIFICATION SYSTEM (NAICS) CODES:** List, in descending order of importance, the 6- digit NAICS codes which best describe your facility in terms of the principal products or services you manufacture or provide. The NAICS codes were established by the Office of Management and Budget (OMB) (of the U.S. Census Bureau) to replace the previous used Standard Industrial Classification (SIC) code system:

|                | 6 Digit NAICS Code | Classification in Words  |
|----------------|--------------------|--|
| <b>Example</b> | <b>325188</b>      | <b><i>All Other Basic Inorganic Chemical Manufacturing</i></b> |
| First          |                    |  |
| Second         |                    |  |
| Third          |                    |  |
| Fourth         |                    |  |

**B. DESCRIBE PRIMARY ACTIVITIES / OPERATIONS PERFORMED:** Indicate variations in production, manufacturing, or services provided. (Use additional sheets if necessary).

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

**C. DESCRIBE SUPPORT OPERATIONS PERFORMED AT FACILITY:**  
(e.g., equipment cleaning, vehicle maintenance, food service, etc)

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

**D. EMPLOYEE OPERATING SCHEDULE / SHIFT INFORMATION:**

| <b>PRODUCTION</b>                    |                      |              |                      |              |                      |              |
|--------------------------------------|----------------------|--------------|----------------------|--------------|----------------------|--------------|
| <b>Number of Employees Per Shift</b> |                      |              |                      |              |                      |              |
|                                      | <b>DAY SHIFT</b>     |              | <b>SWING SHIFT</b>   |              | <b>NIGHT SHIFT</b>   |              |
|                                      | <b>No. Employees</b> | <b>Hours</b> | <b>No. Employees</b> | <b>Hours</b> | <b>No. Employees</b> | <b>Hours</b> |
| <b>Monday</b>                        |                      | -            |                      | -            |                      | -            |
| <b>Tuesday</b>                       |                      | -            |                      | -            |                      | -            |
| <b>Wednesday</b>                     |                      | -            |                      | -            |                      | -            |
| <b>Thursday</b>                      |                      | -            |                      | -            |                      | -            |
| <b>Friday</b>                        |                      | -            |                      | -            |                      | -            |
| <b>Saturday</b>                      |                      | -            |                      | -            |                      | -            |
| <b>Sunday</b>                        |                      | -            |                      | -            |                      | -            |

**SECTION 4: Incoming Water Usage at The Facility:**

|   |  |
|---|--|
| Clean Water utility name (Incoming water source)  |  |
| Water meter account number(s)   |  |
| Is there a separate water meter for this facility?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Average daily water use (if shared meter, provide estimate)   | Gallons per day  |
| Estimated maximum daily water use   | Gallons per day  |
| Identify activities in which a significant volume of water is used but not discharged to the sanitary sewer (e.g.; landscape irrigation, water consumed in product / process) |  |
| Identify activities in which a significant volume of water is used but not discharged to the sanitary sewer (e.g.; landscape irrigation, water consumed in product / process) |  |
|   |  |

Attach water bills for the past year’s water usage if available. If this is a new facility, estimate the discharge water released by using the formula 200 gals/day for each Equivalent Residential Unit (ERU) that gives the size and square footage of your facility. Attach all calculations on a separate sheet.

**A. WASTEWATER EFFLUENT DISCHARGED TO SANITARY SEWER**

| Water Meter Account Number | Indicate Percent (%) Wastewater Effluent Discharged to the Sanitary Sewer |             |             |                   |
|----------------------------|---|-------------|-------------|-------------------|
|                            | Sewer No. 1   | Sewer No. 2 | Sewer No. 3 | Total % To Sewers |
| #1.                        |   |             |             |                   |
| #2.                        |   |             |             |                   |

**B. WASTEWATER EFFLUENT FLOW RATES:** List the total effluent wastewater flow rates that enter into the sanitary sewer. The flow must be physically measured by a **certified effluent flow meter** unless other verifiable techniques are approved by the District.

| Daily Maximum |         | Monthly Average |        | Average Daily Min/Max (for seasonal operations) |         |
|---------------|---------|-----------------|--------|---|---------|
|               | gal/day |                 | gal/mo |   | gal/day |

**SECTION 5: Environmental Protection Measures:**

**A. ENVIRONMENTAL CONTROL PERMITS (40 CFR 403.12):** List all environmental control permits held by the facility. For environmental programs not applicable to this facility, enter NA.

| <b>Program</b>                                | <b>Permit # / Business ID #</b> | <b>Expiration Date</b> | <b>Release Response Plan</b>   |
|---|---------------------------------|------------------------|--|
| NPDES   |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Storm Water Pollution Prevention Plan (SWPPP) |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Air Quality Rules                             |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Permit to Operate                             |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| HazMat Business Plan <sup>1</sup>             |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Haz Waste Generator                           |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Underground Storage Tank                      |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Air Quality Rules                             |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Permit By Rule                                |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Uniform Fire Code - HazMat                    |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |
| Other (please specify)                        |                                 |                        | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA |

<sup>1</sup>Attach a copy of the Hazardous Material Business Plan to the completed BMR, if applicable to this facility:



**B. Spill Prevention / Controls:**

For the locations of bulk chemical storage in the facility diagram, are there any sanitary sewer inlets (e.g., floor drains, sinks, etc.)?

Yes No

If yes, describe control measures in place (e.g., secondary containment) to prevent chemical release to the sanitary sewer.

**SECTION 6: Description of Processes:**

**A. Process Activities, Water Generating Sources:** For items not applicable to this facility, please enter NA. If additional space is needed, copy blank table onto a separate page and submit. If the volumes are measured by a meter, show the actual volumes. If volumes are not metered, show the estimated average volumes.

| Process Activity Description | Generates Process Wastewater                             | Pretreatment System Installed <sup>1</sup>               | Process Waste Destination Code <sup>2</sup> | Volume Discharged (gal/day) | Process Analysis Data Available <sup>3</sup>             |
|------------------------------|--|--|---|-----------------------------|--|
| <b>Primary Activities:</b>   |  |  |   |                             |  |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Support Activities:</b>   |  |  |   |                             |  |
| Boiler                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Cafeteria                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Washing-Equip/Facility       | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Air Pollution Control        | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |   |                             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

(1) A description of all pretreatment systems shall be provided in Section 7 of this BMR

(2) Destination Codes:

S = Sanitary Sewer (District)

R = Recycle on-site

SD = Storm Drain

H = Hazardous Waste

O = Other off-site management

(3) If yes, attach most recent laboratory analysis report. Specify material sampled and sampling method used to analyze the sample.

Has any sampling of the facility wastewater effluent been performed? Yes No: If yes, attach most recent analytical report. In the space below indicate the time, date and place of sampling and methods of analysis.

|                                   |  |
|-----------------------------------|--|
| <b>Date / Time:</b>               |  |
| <b>Describe sampling location</b> |  |

The District applies Maximum Daily Local Limits (Appendix A and B) to all process waste emanating from the facility that enter the wastewater collection system.

- Samples shall be analyzed for pollutants described in the Local Limits section (The District’s Maximum Daily Local Limits for Wastewater Discharge). Total Toxic Organics shall be screened using **EPA Methods 608, 624, and 625**. CAM 17 Metals (The specific metals identified in the CAM 17 Method shall be analyzed using **EPA 200 Series for Metals**).
- Anion – Cation Balance, Iron, Conductivity Total Dissolved Solids, Total Suspended Solids, Chemical Oxygen Demand, Biochemical Oxygen Demand, (Benzene, Toluene, Ethylbenzene & Xylene – BTEX), and Total Petroleum Hydrocarbons (TPH) are not included in the District’s Local Limits but shall be analyzed.

**B. WASTEWATER STRENGTH ESTIMATES:** Enter the average annual and maximum wastewater strength for each of the following parameters.

| PARAMETERS OF WASTEWATER STRENGTH | UNIT | PARAMETER CODE | AVERAGE | MAXIMUM |
|-----------------------------------|------|----------------|---------|---------|
| Biochemical Oxygen Demand         | mg/l | BOD            |         |         |
| Chemical Oxygen Demand            | mg/l | COD            |         |         |
| Total Suspended Solids            | mg/l | TSS            |         |         |
| Total Dissolved Solids            | mg/l | TDS            |         |         |
| Oil and Grease                    | mg/l | O&G            |         |         |
| Temperature                       | °F   | TEMP           |         |         |
| PH                                | SU   | PH             |         |         |

List the laboratories that will analyze the pollutants listed.

|                           |  |
|---------------------------|--|
| <b>Name of Laboratory</b> |  |
| <b>Street Address</b>     |  |
| <b>City : State: Zip</b>  |  |
| <b>Contact Person</b>     |  |
| <b>Telephone</b>          |  |

C. Priority Pollutant Information: Please indicate by placing an 'x' in the appropriate box by each listed pollutant whether it is **known to be Present (KP)** or **Believed to be Present (BP)** or **Believed to be Absent (BA)** or **Known to be Absent (KA)** in your manufacturing or service activity or generated as a by-product.

| Conventional      | KP | BP | BA | KA | Metals & CN     | KP | BP | BA | KA |
|-------------------|----|----|----|----|-----------------|----|----|----|----|
| Oil and grease    |    |    |    |    | Arsenic         |    |    |    |    |
| Ammonia as N      |    |    |    |    | Cadmium         |    |    |    |    |
| Nitrite as N      |    |    |    |    | Chromium, total |    |    |    |    |
| Nitrate as N      |    |    |    |    | Copper          |    |    |    |    |
| Sulfide           |    |    |    |    | Cyanide - Total |    |    |    |    |
| Sulfate           |    |    |    |    | Iron            |    |    |    |    |
| Phenolics (420.4) |    |    |    |    | Lead            |    |    |    |    |
|                   |    |    |    |    | Mercury         |    |    |    |    |
|                   |    |    |    |    | Molybdenum      |    |    |    |    |
|                   |    |    |    |    | Nickel          |    |    |    |    |
|                   |    |    |    |    | Selenium        |    |    |    |    |
|                   |    |    |    |    | Silver          |    |    |    |    |
|                   |    |    |    |    | Zinc            |    |    |    |    |
|                   |    |    |    |    |                 |    |    |    |    |
|                   |    |    |    |    |                 |    |    |    |    |

KEY: **KP** = Known Present    **BP** = Believed Present    **BA** = Believed Absent    **KA** = Known Absent

| Monocyclic Aromatics  | KP | BP | BA | KA | Polynuclear Aromatic Hydrocarbons         | KP | BP | BA | KA |
|-----------------------|----|----|----|----|---|----|----|----|----|
| Benzene               |    |    |    |    | Benzol[k]fluoranthene                     |    |    |    |    |
| Chlorobenzene         |    |    |    |    | Chrysene                                  |    |    |    |    |
| 1,2 Dichlorobenzene   |    |    |    |    | Pyrene                                    |    |    |    |    |
| 1,3 Dichlorobenzene   |    |    |    |    | Benzo [ghi]perylene                       |    |    |    |    |
| 1,4 Dichlorobenzene   |    |    |    |    | Benzo [a] pyrene                          |    |    |    |    |
| 1,2,4Trichlorobenzene |    |    |    |    |   |    |    |    |    |
| Hexachlorobenzene     |    |    |    |    |   |    |    |    |    |
| Ethylbenzene          |    |    |    |    | <b>Halogenated Aliphatic Hydrocarbons</b> |    |    |    |    |
| Nitrobenzene          |    |    |    |    | Chlororomethane                           |    |    |    |    |
| Toluene               |    |    |    |    | Dichloromethane                           |    |    |    |    |
| 2,4 Dinitrotoluene    |    |    |    |    | Chloroform                                |    |    |    |    |
| 2,6 Dinotrohenol      |    |    |    |    | chloroethane                              |    |    |    |    |
| 2,4,6 Trichlorophenol |    |    |    |    | 1,1 Dichloroethane                        |    |    |    |    |
| Pentachlorophenol     |    |    |    |    | 1,2 Dichloroethane                        |    |    |    |    |
| 2 Nitrophenol         |    |    |    |    | 1,1,1 Trichloroethane                     |    |    |    |    |
| 4 Nitrophenol         |    |    |    |    | 1,1,2 Trichloroethane                     |    |    |    |    |
| 2,4 Dinitrophenol     |    |    |    |    |   |    |    |    |    |
| 2,3 Dimethylphenol    |    |    |    |    |   |    |    |    |    |
| p-Chloro-m-cresol     |    |    |    |    |   |    |    |    |    |
| 4,6 Dinitro-o-cresol  |    |    |    |    |   |    |    |    |    |

KEY: **KP** = Known Present    **BP** = Believed Present    **BA** = Believed Absent    **KA** = Known Absent

| Pesticides / PCBs               | KP | BP | BA | KA | Phthalate Esters              | KP | BP | BA | KA |
|---------------------------------|----|----|----|----|-------------------------------|----|----|----|----|
| Acrolein                        |    |    |    |    | Dimethyl                      |    |    |    |    |
| Aldrin                          |    |    |    |    | Diethyl                       |    |    |    |    |
| Chlordane                       |    |    |    |    | Di-n-butyl                    |    |    |    |    |
| DDD                             |    |    |    |    | Di-n-octyl                    |    |    |    |    |
| DDE                             |    |    |    |    | Bis (2-ethylhexyl)            |    |    |    |    |
| DDT                             |    |    |    |    | Butyl benzyl                  |    |    |    |    |
| Dieldrin                        |    |    |    |    |                               |    |    |    |    |
| Endosulfan                      |    |    |    |    |                               |    |    |    |    |
| Endosulfan sulfate              |    |    |    |    |                               |    |    |    |    |
| Heptachlor                      |    |    |    |    | <b>Malogenated Ethers</b>     |    |    |    |    |
| Heptachlor epoxide              |    |    |    |    | Bis (2-chloroethyl) ether     |    |    |    |    |
| Hexachlorocyclohexane (Isomers) |    |    |    |    | Bis (2-chloroisopropyl) ether |    |    |    |    |
| Hexachlorocyclohexane (Lindane) |    |    |    |    | 2-Chloroethyl vinyl ether     |    |    |    |    |
| Isophorone                      |    |    |    |    | 2-Chlorophenyl phenyl ether   |    |    |    |    |
| TCDD                            |    |    |    |    | 4-Chlorophenyl phenyl ether   |    |    |    |    |
| Toxaphene                       |    |    |    |    | 4-Bromophenyl ether           |    |    |    |    |
| PCBs                            |    |    |    |    | Bis (2-chloroethoxy) methane  |    |    |    |    |
| 2-Chloronaphthalene             |    |    |    |    |                               |    |    |    |    |
| Acenaphthene                    |    |    |    |    | Hexachloro-cyclopentadiene    |    |    |    |    |
| Acenaphthylene                  |    |    |    |    | Bromomethane                  |    |    |    |    |
| Fluorene                        |    |    |    |    | Bromodichloromethane          |    |    |    |    |
| Naphtalene                      |    |    |    |    | Dibromochloromethane          |    |    |    |    |
| Anthracene                      |    |    |    |    | Tibromomethane                |    |    |    |    |
| Fluornathene                    |    |    |    |    | Dibenzo [a] pyrene            |    |    |    |    |
| Phenanthrene                    |    |    |    |    | Dibenzo [a,h] anthracene      |    |    |    |    |
| Benz [a] anthracene             |    |    |    |    | Indeno [1,2,3-cd] pyrene      |    |    |    |    |
| Benzo[b]fluoranthene            |    |    |    |    | Diphenyl nitrosamine          |    |    |    |    |
| 1,1, 2, 2-Tetrachoroethane      |    |    |    |    | Di-n-propyl nitrosamine       |    |    |    |    |
| Hexachloroethane                |    |    |    |    | Benzidine                     |    |    |    |    |
| Vinyl Chloride                  |    |    |    |    | 3,3' Dichlorobenzidine        |    |    |    |    |
| 1, 1- Dichloroethane            |    |    |    |    | 1,2-Diphenylhydrazine         |    |    |    |    |
| 1, 2-trans Dichloroethene       |    |    |    |    | Acrylonitrile                 |    |    |    |    |
| Trichloroethene                 |    |    |    |    |                               |    |    |    |    |
| Tetrachloroethylene             |    |    |    |    |                               |    |    |    |    |
| 1, 2-Dichloropropane            |    |    |    |    |                               |    |    |    |    |
| Hexachlorobutadiene             |    |    |    |    |                               |    |    |    |    |

KEY: **KP** = Known Present    **BP** = Believed Present    **BA** = Believed Absent    **KA** = Known Absent

**D. Process Flow Diagram:**

Attach a schematic process flow diagram for the primary process activities, if available. If any of the primary process activities are regulated by National Categorical Pretreatment Standards please list accordingly. Identification of applicable Categorical Pretreatment Standards can be found in 40 CFR Part 403.12. Identify below the category and/or subcategory in which your regulated process operations applies. In addition to the limits listed in the Categorical Pretreatment Standards found in Title 40 of the Code of Federal Regulation (CFR), the District also applies Maximum Daily Local Limits (Appendix A and B) to the regulated processes; whichever is more stringent.

**Categorical Processes:**

1. Are any of the process activities performed at the facility subject to National Categorical Pretreatment Standards?

Yes     No

2. If yes, list all processes subject to Categorical Pretreatment Standards

| Code of Federal Regulation (CFR) Title 40     | Part       | Section   | Subpart / Subcategory (if applicable)                                    |
|---|------------|-----------|--|
| <b>40 CFR 413.14 (A)</b><br>(example listing) | <b>413</b> | <b>14</b> | <b>Subpart (A)</b><br><b>Electroplating of Common Metals Subcategory</b> |
| 40 CFR 410                                    | 410        |           | Textile Mills  |
| 40 CFR 413                                    | 413        |           | Electroplating   |
| 40 CFR 414                                    | 414        |           | Organic Chemicals, Plastics, and Synthetic Fiber                         |
| 40 CFR 415                                    | 415        |           | Inorganic Chemicals Manufacturing  |
| 40 CFR 419                                    | 419        |           | Petroleum Refining   |
| 40 CFR 420                                    | 420        |           | Iron and Steel   |
| 40 CFR 421                                    | 421        |           | Nonferrous Metals Manufacturing  |
| 40 CFR 423                                    | 423        |           | Steam Electric Power Generation  |
| 40 CFR 425                                    | 425        |           | Leather Tanning and Finishing  |
| 40 CFR 426                                    | 426        |           | Glass Manufacturing  |
| 40 CFR 429                                    | 429        |           | Timber Products  |
| 40 CFR 430                                    | 430        |           | Pulp, Paper, and Paperboard  |
| 40 CFR 433                                    | 433        |           | Metal Finishing  |

**CODE OF FEDERAL REGULATION CATEGORY LISTING (CONTINUED)**

| <b>Code of Federal Regulation<br/>(CFR) Title 40</b> | <b>Part</b> | <b>Section</b> | <b>Subpart / Subcategory<br/>(if applicable)</b>                         |
|--|-------------|----------------|--|
| <b>40 CFR 413.14 (A)</b><br>(example listing)        | <b>413</b>  | <b>14</b>      | <b>Subpart (A)</b><br><b>Electroplating of Common Metals Subcategory</b> |
| 40 CFR 435   | 435         |                | Oil and Gas Extraction   |
| 40 CFR 437   | 437         |                | Centralized Waste Treatment  |
| 40 CFR 439   | 439         |                | Pharmaceutical Manufacturing   |
| 40 CFR 442   | 442         |                | Transportation Equipment Cleaning  |
| 40 CFR 443   | 443         |                | Paving and Roofing Material  |
| 40 CFR 455   | 455         |                | Pesticide Chemicals  |
| 40 CFR 461   | 461         |                | Battery Manufacturing  |
| 40 CFR 464   | 464         |                | Metal Molding and Casting  |
| 40 CFR 465   | 465         |                | Coil Coating   |
| 40 CFR 466   | 466         |                | Porcelain Enameling  |
| 40 CFR 467   | 467         |                | Aluminum Forming   |
| 40 CFR 468   | 468         |                | Copper Forming   |
| 40 CFR 469   | 469         |                | Electrical and Electronic Components                                     |
| 40 CFR 471   | 471         |                | Nonferrous Metals Forming and Metal Powders                              |

**SECTION 7: Pretreatment:**

A. Check the type of treatment, if any, provided on process wastewater leaving building sewers before it is discharged to the sanitary sewer. List the design flow capacity of any applicable pretreatment system and specify the units of measurement.

| Type of Treatment System                          |  |  |
|---|--|--|
| <input type="checkbox"/> Coagulation              | <input type="checkbox"/> Adsorption          | <input type="checkbox"/> Flocculation        |
| <input type="checkbox"/> Dissolved Air Flotation  | <input type="checkbox"/> Filtration          | <input type="checkbox"/> Biological Process  |
| <input type="checkbox"/> Clarification / Settling | <input type="checkbox"/> Evaporation         | <input type="checkbox"/> Cyanide Destruction |
| <input type="checkbox"/> Chemical Precipitation   | <input type="checkbox"/> Ion Exchange        | <input type="checkbox"/> Reverse Osmosis     |
| <input type="checkbox"/> Membrane Processes       | <input type="checkbox"/> pH Neutralization   | <input type="checkbox"/> Flow Equalization   |
| <input type="checkbox"/> Precipitation            | <input type="checkbox"/> Oxidation Reduction | <input type="checkbox"/> Centrifuge          |
| <input type="checkbox"/> Distillation             | <input type="checkbox"/> Silver Recovery     | <input type="checkbox"/> Gravity Separation  |
| <input type="checkbox"/> Other                    | <input type="checkbox"/> Other               | <input type="checkbox"/> Other               |

B. Planning Wastewater Pretreatment Improvements: Describe any changes in treatment or disposal methods planned or under construction for the wastewater carried by the facilities sewer.

**SECTION 8: Hazardous Wastes:**

Complete this table for hazardous wastes generated at the facility. Attach a copy of the most recent Manifest / receipt for the off haul of each hazardous waste listed below.

| Description of Hazardous Waste <sup>1</sup> | Process (es) Generating Waste | Physical State Code <sup>2</sup> | Generation Rate (specify units) |
|---|-------------------------------|----------------------------------|---------------------------------|
|   |                               |                                  |                                 |
|   |                               |                                  |                                 |
|   |                               |                                  |                                 |
|   |                               |                                  |                                 |

<sup>1</sup> Examples: waste oil, spent filters, spent solvent, acid waste, caustic waste, metal-bearing sludge

<sup>2</sup> Physical State Code: S = solid L = liquid P = pump-able sludge

**A. RAW MATERIALS AND CHEMICALS:** Give technical and common names of all raw materials, chemicals, catalysts, and intermediates that are used in manufacturing or other processes which may be discharged to the sanitary sewer. In the case of proprietary compounds, provide manufacturer's name. Attach an additional sheet if necessary.

| Technical Name | Common Name | Manufacturer's Name | Volume / Units |
|----------------|-------------|---------------------|----------------|
|                |             |                     |                |
|                |             |                     |                |

**MATERIAL SAFETY DATA SHEETS (MSDS):** Attach an MSDS for each hazardous or toxic chemical compound, raw material listed above.

**B. CHEMICAL STORAGE DESCRIPTION:** Describe each chemical storage area and aboveground storage tanks including physical dimensions, covered or uncovered, bermed or unbermed, the containment volume of the bermed quantity of each chemical stored therein and how stored. Note all storm or sanitary drains close to each storage area. Attach sheets as necessary.

**C. HAZARDOUS WASTE TRANSPORTATION DISPOSAL PRACTICE:**

Waste hauled off-site by:  Facility  Others

|                              |  |
|------------------------------|--|
| <b>Name of waste hauler:</b> |  |
| <b>Street:</b>               |  |
| <b>City:</b>                 |  |
| <b>State:      Zip:</b>      |  |
| <b>Phone Number:</b>         |  |



**SECTION 9: Completeness Checklist:**

**Complete This Table As It Applies To Your Facility:**

| Document                                     | Reference BMR Section | Attached to BMR?   |
|--|-----------------------|--|
| Site Plan                                    | Section 2.A           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility Diagram                             | Section 2.B           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hazardous Materials Business Plan            | Section 5.A           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Process Sampling and Analysis Data           | Section 6.A.1         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Facility Effluent Sampling and Analysis Data | Section 6.A.2         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Schematic Process Flow Diagram               | Section 6.B           | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Pretreatment Process Schematic               | Section 7             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Hazardous Waste Manifests/Receipts           | Section 8             | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**SECTION 10: Certification Statement:**

The following statement must be signed by an authorized representative of the Industrial User as specified in the District Code Title 2 Sewer Service System Chapter 2.28

Authorized (or Duly Authorized) Representative of an Industrial User:

5. If the User is a corporation:
  - c. The president, secretary, treasurer, or a vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation; or
  - d. The local manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions that govern the operation of the regulated facility, including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for Industrial Wastewater or Special Discharge Permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
6. If the User is a partnership or sole proprietorship: A general partner or proprietor, respectively.
7. If the User is a federal, state, or local governmental facility: A director or highest official appointed or designated to oversee the operation and performance of the activities of the government facility, or their designee.
8. The individuals described in paragraphs 1 through 3 above may designate a Duly Authorized Representative if the authorization is in writing, the authorization specifies the individual or position responsible for the overall operation of the facility from which the discharge originates or having overall responsibility for environmental matters for the company and the written authorization is submitted to the District.

“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.”

**Authorized Representative of Industrial User:**

|                      |  |
|----------------------|--|
| <b>Company Name:</b> |  |
| <b>Title:</b>        |  |
| <b>Print Name:</b>   |  |
| <b>Signature:</b>    |  |
| <b>Date:</b>         |  |

**DISTRICT USE ONLY**

|   |    |                       |    |
|---|----|-----------------------|----|
| Date Mailed:                                |    | Date Returned         |    |
| <input type="checkbox"/> Categorical 40 CFR |    | Primary NAICS / SIC   |    |
| Permit Number                               |    | Secondary NAICS / SIC |    |
| Effective Date                              |    | Expiration Date       |    |
| Permit Fee                                  | \$ | Amount Paid           | \$ |
| Expected discharge start date               |    | Date Paid             |    |

# APPENDIX A

## MINIMUM REQUIRED SAMPLING PARAMETERS

**LABORATORY ANALYSIS METHOD:** Samples are to be analyzed by a State of California Environmental Laboratory Accreditation Program (ELAP) certified laboratory. All liquid samples collected for reporting must be analyzed using analytical methods listed in 40 CFR Part 136 and amendments thereto (40 CFR 403.12).

| PARAMETER   | CONCENTRATION |
|---|---------------|
| Ammonia as N  | mg/L          |
| Biochemical Oxygen Demand (BOD)                                   | mg/L          |
| Chemical Oxygen Demand (COD)                                      | mg/L          |
| Cyanide - Total   | mg/L          |
| Total Dissolved Solids (TDS)                                      | mg/L          |
| Total Suspended Solids (TSS)                                      | mg/L          |
| Arsenic*  | mg/L          |
| Cadmium*  | mg/L          |
| Chromium*   | mg/L          |
| Copper*   | mg/L          |
| Lead*   | mg/L          |
| Mercury*  | mg/L          |
| Nickel*   | mg/L          |
| Molybdenum*   | mg/L          |
| Selenium (reaction mode)*   | mg/L          |
| Silver*   | mg/L          |
| Zinc*   | mg/L          |
| Phenolics**   | mg/L          |
| Total Toxics Organics (TTO)***                                    | mg/L          |
| pH  | S.U.          |
| Oil & Grease (EPA 1664)<br>(Petroleum-Mineral & Animal-Vegetable) | mg/L          |

\* Metals shall be performed using EPA Method 200 Series.

\*\*Total Recoverable Phenolics shall be analyzed by EPA Method 420.4.

\*\*\* The summation of compounds as defined in **Appendix B** using EPA Methods 608, 624, and 625.

# APPENDIX B

## (TOTAL TOXIC ORGANICS)

The District's Local Discharge Limits include a parameter called Total Toxic Organics (TTO). The required analytical methods for TTO analysis are listed in 40 CFR Part 136 and include the following EPA Methods: 624,625, 608, and 1613, respectively. Unless specifically required, EPA Method 1613 for dioxins is not mandatory for routine TTO analysis. The constituents with concentrations greater than the minimum limit/reporting limit must be added together to determine compliance with the District's Local Discharge Limit for TTO of 2.0 mg/L. The following is a list of the constituents of TTO:

### EPA Method 624 Compounds

Acrolein  
Acrylonitrile  
Benzene  
Bromodichloromethane (Dichlorobromomethane)  
Bromform  
Bromomethane (Methyl Bromide)  
Carbon tetrachloride (Tetrachloromethane)  
Chlorobenzene  
Chloroethane (Ethyl Chloride)  
2-Chloroethyl vinyl ether  
Chloroform (trichloromethane)  
Chloromethane (Methyl Chloride)  
Dibromochloromethane (Chlorodibromomethane)  
1, 2-Dichlorobenzene  
1, 3-Dichlorobenzene  
1, 4-Dichlorobenzene  
1, 1-Dichloroethane  
1, 2-Dichloroethane  
1, 1-Dichloroethene (1, 1-dichloroethylene)  
trans-1, 2-Dichloroethene  
1, 2-Dichloropropane  
cis-1, 3-Dichloropropene  
trans-1, 3-Dichloropropene  
Ethylbenzene  
Methylene Chloride (Dichloromethane)  
1, 1, 2, 2-Tetrachloroethane  
Tetrachloroethene (PCE)  
Toluene  
1, 1, 1-Trichloroethane  
1, 1, 2-Trichloroethane  
Trichloroethene (TCE)  
Trichlorofluoromethane  
Vinyl chloride (Chloroethylene)

### EPA Method 625 Compounds

Acenaphthene  
Acenaphthylene  
Anthracene  
Benzidine  
Benzo (a) anthracene  
Benzo (a) pyrene  
Benzo (b) fluoranthene  
Benzo (g, h, i) perylene  
Benzo (k) fluoranthene  
Benzyl butyl phthalate  
bis (2-Chloroethoxy) methane  
bis (2-Chloroethyl) ether  
bis (2-Chloroisopropyl) ether  
bis (2-Ethylhexyl) phthalate  
4-Bromophenyl phenyl ether  
4-Chloro-3-methylphenol  
2-Chloronaphthalene  
2-Chlorophenyl  
4-Chlorophenyl phenyl ether  
Chrysene  
Dibenzo (a, h) anthracene  
1, 2-Dichlorobenzene  
1, 3-Dichlorobenzene  
1, 4-Dichlorobenzene

3, 3'-Dichlorobenzidine  
2, 4-Dichlorophenol  
Diethyl phthalate  
2,4-Dimethylphenol  
Dimethylphthalate  
Di-n-butylphthalate  
2, 4-Dinitrophenol  
2, 4-Dinitrotoluene  
2, 6-Dinitrotoluene  
Di-n-octylphthalate  
1,2-Diphenylhydrazine/Azo  
Fluoranthene  
Fluorene  
Hexachlorobenzene  
Hexachlorobutadiene  
Hexachlorocyclopentadiene  
Hexachloroethane  
Indeno (1, 2, 3-cd) pyrene  
Isophorone  
2-Methyl-4, 6-dinitrophenol  
Naphthalene  
Nitrobenzene  
2-Nitrophenol  
4-Nitrophenol  
N-Nitrosodimethylamine  
N-Nitroso-di-n-propylamine  
N-Nitrosodiphenylamine  
Pentachlorophenol  
Phenanthrene  
Phenol  
Pyrene  
1, 2, 4-Trichlorobenzene  
2, 4, 6-Trichlorophenol

### EPA Method 608 Compounds

Aldrin  
alpha-BHC  
beta-BHC  
delta-BHC  
gamma-BHC (Lindane)  
Chlordane  
4, 4'-DDD  
4, 4'-DDE  
4,4' DDT  
Dieldrin  
Endosulfan I  
Endosulfan II  
Endosulfan sulfate  
Endrin  
Endrin aldehyde  
Heptachlor  
Heptachlor epoxide  
PCB 1016  
PCB 1221  
PCB 1232  
PCB 1242  
PCB 1248  
PCB 1254  
PCB 1260  
Toxaphene