



## **ZERO DISCHARGE PERMIT 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: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone #: \_\_\_\_\_

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.

|                                |                |
|--------------------------------|----------------|
| _____<br>Signature of Official | _____<br>Date  |
| _____<br>Name of Official      | _____<br>Title |



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TRI-CITY WASTEWATER

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

## ZERO DISCHARGE PERMIT PART A — GENERAL INFORMATION

### ZERO DISCHARGE PERMIT APPLICATION

|                                     |   |   |   |
|-------------------------------------|---|---|---|
| <b>A1.</b> Facility Name:           | _____   | Permit No.:   | _____   |
| <b>A2.</b> Legal Business Name:     | _____   |   |   |
| <b>A3.</b> Facility Address:        | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> | <b>A4.</b> Business Mailing Address:                                    | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| <b>A5.</b> Executive Officer Name:  | _____   | <b>A6.</b> Executive Officer Address:                                   | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Title:                              | _____   | <small>Check if same address as in A4:</small>                          | <input type="checkbox"/>  |
| Office Phone:                       | _____   |   |   |
| Email:                              | _____   |   |   |
| <b>A7.</b> Designated Contact:      | _____   | <b>A8.</b> Designated Contact Address:                                  | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Title:                              | _____   | <small>Check if same address as in A4:</small>                          | <input type="checkbox"/>  |
| Office Phone:                       | _____   |   |   |
| Mobile Phone:                       | _____   |   |   |
| Email:                              | _____   |   |   |
| <b>A9.</b> Site Inspection Contact: | _____   | <small>Check if same as Designated Contact in A7 (Skip to A10):</small> | <input type="checkbox"/>  |
| Title:                              | _____   | Office Phone:   | _____   |
| Email:                              | _____   | Mobile Phone:   | _____   |
| <b>A10.</b> Alternate Contact:      | _____   | <b>A11.</b> Alternate Contact's Address:                                | <div style="border: 1px solid black; height: 60px; width: 100%;"></div> |
| Title:                              | _____   | <small>Check if same address as in A4:</small>                          | <input type="checkbox"/>  |
| Office Phone:                       | _____   |   |   |
| Mobile Phone:                       | _____   |   |   |
| Email:                              | _____   |   |   |
| <b>A12.</b> Emergency Contact:      | _____   | Title:  | _____   |
| Day Phone:                          | _____   | Night Phone:  | _____   |

**PERMIT APPLICATION CERTIFICATION:** 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. I further certify that sampling and analyses performed for and submitted with this report are representative of normal work cycles and expected pollutant discharges and conform to EPA 40 CFR 136 requirements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title



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**ZERO DISCHARGE PERMIT  
PART B — BUSINESS DESCRIPTION**

Permit No.: \_\_\_\_\_

**Purpose:** The Business Description is primarily used to determine the substances which may enter into the wastewater discharge from the Business Activity. **Complete a separate Part B for each major business activity occurring on the premises.**

**B1.** Business Activity: \_\_\_\_\_

NAICS: 

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

SIC: 

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

**B2.** Description of business activity at this facility, including primary products or services:

**B3.** Production Quantities:

| TYPE OF PRODUCTS<br>(Brand Names) | QUANTITIES PRODUCED |      |       |                              |      |       |
|-----------------------------------|---------------------|------|-------|------------------------------|------|-------|
|                                   | PAST CALENDAR YEAR  |      |       | CURRENT CALENDAR YEAR (EST.) |      |       |
|                                   | AVG.                | MAX. | UNITS | AVG.                         | MAX. | UNITS |
|                                   |                     |      |       |                              |      |       |
|                                   |                     |      |       |                              |      |       |
|                                   |                     |      |       |                              |      |       |
|                                   |                     |      |       |                              |      |       |

**B4.** Describe wastewater generating operations and methods of disposal. Indicate variations in production during the year.

- B5.** Substances Proposed to be Treated and/or Discharged— Give common and technical names of any materials or product proposed to be treated and/or discharged to the sanitary sewer from wastewater generating operations. Briefly describe the physical and chemical properties of each substance.

☐ Check here if only domestic wastewater is discharged, then skip to next question

| NAME OF SUBSTANCE TO BE TREATED AND/OR DISCHARGED | DESCRIPTION |
|---|-------------|
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |
|   |             |

- B6.** Other Liquid Wastes — List liquid waste(s) removed from the premises by means other than discharge to community sewers.

| NAME/TYPE OF WASTE GENERATED | QUANTITY PER YEAR<br>(gal. or lbs.) | WASTE HAULER<br>(Name, City, State) | DISPOSAL SITE<br>(Name, City, State) | HAZ. WASTE<br>(Yes or No) |
|------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|---------------------------|
|                              |                                     |                                     |                                      |                           |
|                              |                                     |                                     |                                      |                           |
|                              |                                     |                                     |                                      |                           |
|                              |                                     |                                     |                                      |                           |
|                              |                                     |                                     |                                      |                           |
|                              |                                     |                                     |                                      |                           |

EPA Hazardous Waste ID No.: \_\_\_\_\_

- B7.** Additional Comments for Clarification (Optional):



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## ZERO DISCHARGE PERMIT PART C — SCHEMATIC FLOW DIAGRAMS

Permit No.: \_\_\_\_\_

**Purpose:** Schematic Flow Diagram(s) show the flow pattern of products through the facility and the various sources of wastewater. This information will enable the Agency to assess the quality, volume and peak flows of the discharge (not discharged to the sanitary sewer).

**C1.** Process Flow Diagram(s) — For each major activity in which wastewater is generated, provide a 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.

☐ Check here if attached separately



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**ZERO DISCHARGE PERMIT  
PART D — BUILDING LAYOUT**

Permit No.: \_\_\_\_\_

**Purpose:** The Building Layout shows the wastewater generating operations which contribute to each building sewer. This building layout shall enable the District and the applicant to select suitable sampling locations for determining and verifying wastewater strength.

**D1.** Building Layout — 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), 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.

☐ Check here if attached separately



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

**E3.** Sources of Wastewater:

(a) Is ACWD source water meter shared by multiple site tenants? ☐ No ☐ Yes

(b) Does site have ACWD meter designated for irrigation only? ☐ No ☐ Yes Account #: \_\_\_\_\_

(c) Does site have private water meter(s)? ☐ No ☐ Yes

If yes, describe

(d) Percentage of Source Water Sent to Sewer (used for computing sewage disposal service charge)

| WATER SUPPLY (ACWD)<br>ACCOUNT # | TOTAL %<br>DISCHARGED<br>TO SEWER | If multiple building sewer discharge points, show percentage of<br>discharge to each building sewer. |            |            |            |
|----------------------------------|-----------------------------------|--|------------|------------|------------|
|                                  |                                   | Sewer No.1   | Sewer No.2 | Sewer No.3 | Sewer No.4 |
|                                  |                                   |  |            |            |            |
|                                  |                                   |  |            |            |            |
|                                  |                                   |  |            |            |            |
|                                  |                                   |  |            |            |            |
|                                  |                                   |  |            |            |            |
|                                  |                                   |  |            |            |            |
|                                  |                                   |  |            |            |            |





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## ZERO DISCHARGE PERMIT PART F — BUILDING SEWER DISCHARGE

Permit No.: \_\_\_\_\_

**Purpose:** The Building Sewer Discharge information will identify the variation in flow rate and the type of constituents and characteristics of the discharge for each building sewer. **Complete a separate Part F for each building sewer that discharges wastewater to a community sewer.**

**F1.** (a) Building Sewer No. (From Part D): \_\_\_\_\_ (b) Sampling Location: \_\_\_\_\_

**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.

| A                        | B                        | CONSTITUENTS        | A                        | B                        | CONSTITUENTS                    | A  | B                        | CONSTITUENTS               |
|--------------------------|--------------------------|---------------------|--------------------------|--------------------------|---------------------------------|--|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Algaecides          | <input type="checkbox"/> | <input type="checkbox"/> | Iodide                          | <input type="checkbox"/>   | <input type="checkbox"/> | Solvents                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Aluminum            | <input type="checkbox"/> | <input type="checkbox"/> | Iron                            | <input type="checkbox"/>   | <input type="checkbox"/> | Sulfate                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Ammonia             | <input type="checkbox"/> | <input type="checkbox"/> | Lead                            | <input type="checkbox"/>   | <input type="checkbox"/> | Sulfite                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Antimony            | <input type="checkbox"/> | <input type="checkbox"/> | Magnesium                       | <input type="checkbox"/>   | <input type="checkbox"/> | Sulfide                    |
| <input type="checkbox"/> | <input type="checkbox"/> | Arsenic             | <input type="checkbox"/> | <input type="checkbox"/> | Manganese                       | <input type="checkbox"/>   | <input type="checkbox"/> | Surfactants MBAS           |
| <input type="checkbox"/> | <input type="checkbox"/> | Barium              | <input type="checkbox"/> | <input type="checkbox"/> | Mercury                         | <input type="checkbox"/>   | <input type="checkbox"/> | Temp Above 140° F          |
| <input type="checkbox"/> | <input type="checkbox"/> | Beryllium           | <input type="checkbox"/> | <input type="checkbox"/> | Molybdenum                      | <input type="checkbox"/>   | <input type="checkbox"/> | Titanium                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Boron               | <input type="checkbox"/> | <input type="checkbox"/> | Nickel                          | <input type="checkbox"/>   | <input type="checkbox"/> | Thallium                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bromide             | <input type="checkbox"/> | <input type="checkbox"/> | Oil & Grease (Animal/Vegetable) | <input type="checkbox"/>   | <input type="checkbox"/> | Tin                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Cadmium             | <input type="checkbox"/> | <input type="checkbox"/> | Oil & Grease (Mineral)          | <input type="checkbox"/>   | <input type="checkbox"/> | Vanadium                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Calcium             | <input type="checkbox"/> | <input type="checkbox"/> | Pesticides                      | <input type="checkbox"/>   | <input type="checkbox"/> | Volatile Acids             |
| <input type="checkbox"/> | <input type="checkbox"/> | Chlorine            | <input type="checkbox"/> | <input type="checkbox"/> | pH Increase (+)                 | <input type="checkbox"/>   | <input type="checkbox"/> | Volatile Organic Compounds |
| <input type="checkbox"/> | <input type="checkbox"/> | Chloride            | <input type="checkbox"/> | <input type="checkbox"/> | pH Decrease (-)                 | <input type="checkbox"/>   | <input type="checkbox"/> | Zinc                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Chromium            | <input type="checkbox"/> | <input type="checkbox"/> | Phenolics                       | LIST OTHER CONSTITUENTS<br>DISCHARGED (Not-Listed):<br>_____<br>_____<br>_____<br>_____<br>_____ |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Cobalt              | <input type="checkbox"/> | <input type="checkbox"/> | Phosphorus                      |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Copper              | <input type="checkbox"/> | <input type="checkbox"/> | Polychlorinated biphenyls (PCB) |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Corrosion Inhibitor | <input type="checkbox"/> | <input type="checkbox"/> | Potassium                       |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Cyanide             | <input type="checkbox"/> | <input type="checkbox"/> | Radioactivity                   |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Dioxins             | <input type="checkbox"/> | <input type="checkbox"/> | Selenium                        |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Fluoride (HF)       | <input type="checkbox"/> | <input type="checkbox"/> | Silver                          |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Formaldehyde        | <input type="checkbox"/> | <input type="checkbox"/> | Semi-Volatile Organic Compounds |  |                          |                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Hydrocarbons        | <input type="checkbox"/> | <input type="checkbox"/> | Sodium                          |  |                          |                            |

\* If selected in Column A above, identify the chemical compounds in the wastewater. Show concentrations where known.

**F3. Pollution Abatement Practices**

- (a) Wastewater Treatment -- Select the type(s) of treatment devices or processes used for treating the wastewater from this building sewer. Check as many as appropriate and list additional devices or processes in space provided:

|  |   |  |                                |
|--|---|--|--------------------------------|
| <input type="checkbox"/> <b>NONE</b>       | <input type="checkbox"/> pH Adjustment          | <input type="checkbox"/> Grease Trap         | OTHER TREATMENT(Not-Listed):   |
| <input type="checkbox"/> Sedimentation     | <input type="checkbox"/> Chemical Precipitation | <input type="checkbox"/> Interceptor         | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Filtration        | <input type="checkbox"/> Air Flotation          | <input type="checkbox"/> Oil-Water Separator | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Screening         | <input type="checkbox"/> Ion Exchange           | <input type="checkbox"/> Filter Press        | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Flow Equalization | <input type="checkbox"/> Biological Treatment   | <input type="checkbox"/> Sludge Dewatering   | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Holding Tank      | <input type="checkbox"/> Chlorination           | <input type="checkbox"/> Clarifier           | <input type="checkbox"/> _____ |

- (b) Describe wastewater treatment devices and processes -- Include the pollutant loadings, design capacity, physical size, etc. for each treatment practice checked above. The corresponding schematics are to be included.

☐ Check here if not applicable (No Treatment)

☐ Check here if additional sheets are attached

- (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.

☐ Check here if not applicable

- F4.** (a) Does facility have designated treatment system operator(s)? ☐ N/A ☐ No ☐ Yes, provide the following:

Note: A qualified operator of the system shall be available to maintain the pretreatment system during all discharge periods.

Lead Operator Name: \_\_\_\_\_ Title: \_\_\_\_\_

Backup Operator: \_\_\_\_\_ Title: \_\_\_\_\_

- (b) Does facility have operations / maintenance manual for treatment system(s)? ☐ No ☐ Yes ☐ n/a  
(No Treatment)

**F5.** Characterize wastewater flow rates to each building sewer. ☐ Check here if not applicable (Domestic Only), skip to F6.

| (a) | PEAK<br>HOURLY FLOW<br>(gallons/minute) | MAXIMUM<br>DAILY FLOW<br>(gallons/day) | ANNUAL DAILY<br>AVG. FLOW<br>(gallons/day) | IF OPERATIONS ARE SEASONAL,<br>DAILY AVG. FLOW |                                |
|-----|---|--|--|--|--------------------------------|
|     |   |  |  | Seasonal Min.<br>(gallons/day)                 | Seasonal Max.<br>(gallons/day) |
|     |   |  |  |  |                                |

(b) If Batch Discharge occurs or will occur, indicate:

- Number of Batch Discharges (Daily & Monthly)      Per Day: \_\_\_\_\_ Per Month: \_\_\_\_\_
- Days of Week Batch Discharge(s) Occur:    ☐ Mon    ☐ Tue    ☐ Wed    ☐ Thu    ☐ Fri    ☐ Sat    ☐ Sun
- Typical Time of Day for Batch Discharge(s): \_\_\_\_\_ to \_\_\_\_\_
- Average Volume of Discharge per Batch (gallons): \_\_\_\_\_
- Maximum Flow Rate for Batch Discharge (gallons/min.): \_\_\_\_\_

(c) Describe Weekend and/or After-Hour Discharge Operations (i.e. equipment cleaning/maintenance, batch treatments):

(d) Variation of Operation (select one):

☐ Continuous Throughout Year

☐ Seasonal,  
Months of Discharge:    JAN    FEB    MAR    APR    MAY    JUN    JUL    AUG    SEP    OCT    NOV    DEC

**F6.** Attach a copy of your most recent Hazardous Material Business Plan (HMBP) ☐ Check here if HMBP 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.