**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.

|  |  |  |
| --- | --- | --- |
| Date |  | Signature of Official |
|  |  |  |
|  |  | Title |

|  |  |  |
| --- | --- | --- |
|  | UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 | **ZERO DISCHARGE PERMIT****PART A — APPLICATION/PERMIT**Please use typewriter or computer |

SECTION 1 — APPLICATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A1.** | Applicant Business Name: |  | Permit No.: |  |
| **A2.** | Address of Premises Discharging ZERO: |  |
|  | City: |  | State: |  | Zip: |  |
| **A3.** | Business Address: |  |
|  | City: |  | State: |  | Zip: |  |
| **A4.** | Mailing Address (PRCC’s, Correspondence, etc.): |  |
|  | City: |  | State: |  | Zip: |  |
|  | Attention: |  |  |
| **A5.** | Chief Executive Officer: |  | Title: |  |
|  | Mailing Address: |  | City: |  | State: |  | Zip: |  |
|  | Phone: |  | Fax**:** |  |
| **A6.** | Person to be contacted about this application: |  |
|  | Title: |  | Phone**:** |  |
|  | E-Mail Address: |  | Fax**:** |  |
| **A7.** | Person to be contacted on **routine inspection**: |
|  | Name: |  | Title: |  | Day Phone**:** |  |
|  Alternate Contact:  |
|  | Name |  |  Title: |  | Day Phone: |  |
|  | Person to be contacted in case of **an emergency**: |
|  | Name: |  | Title: |  | Day Phone: |  |
|  | Night Phone: |  | E-Mail Address: |  |
| **A8.** | **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 the 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 |  | Title |
|  |  |  |  |
|  | Print Name |  | Date |
|  |

|  |
| --- |
| UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 |

 | **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 ZERO discharge from the Business Activity. The production quantities are necessary for State and Federal Reports. |
| **B1.** | Business Activity — **(Complete a separate Part B for each major business activity occurring on the premises.)** |
|  | ACTIVITY: |  | SIC: |  |  |  |  |
|  | (a) Product: |  |
|  | **TYPE OF PRODUCTS** | **QUANTITIES** |
|  | **(Brand Name)** | PAST CALENDAR YEAR | ESTIMATED THIS CALENDAR YEAR |
|  |  | Amount | Units | Amount | Units |
|  |  | Avg. | Max. |  | Avg. | Max. |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
|  | (b) Description — Describe the ZERO generating operations. Indicate variations in production and operations during the year. **(Use additional sheets as necessary.)** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
|  | (c) Substances Proposed to be Discharged — Give common and technical names of any materials or product proposed to be discharged to the sewer. Briefly describe the physical and chemical properties of each substance and product. |
|  | NAME | DESCRIPTION |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **B2.** | Discharge Period: | **B3.** | Variation of Operation: |
|  | (a) Discharge occurs daily from |  | to |  |  | Indicate whether the business activity is: |
|  | (b) Circle the days of the week that the discharge occurs: | **S M T W T F S** |  | Continuous throughout the year, or Seasonal - Circle the months of the year during which discharge occurs: **J F M A M J J A S O N D** |
|  | Comments: |  |
|  |  |
|  | **EPA Hazardous Waste Generator No.:** |  |
| **B4.** | Other Liquid Wastes — List the type and volume of liquid waste removed from the premises by means other than community sewers and disposal site. |
| **DESCRIPTION** | **VOLUME (gal/mo.)** | **REMOVED BY (name & address)** | **DISPOSAL SITE** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

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

|  |
| --- |
| UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 |

 | **ZERO DISCHARGE PERMIT****PART C — SCHEMATIC FLOW DIAGRAM** |
|  | Permit No.: |  |
| Purpose — The Schematic Flow Diagram shows the flow pattern of products through the facility and the varioussources of ZERO. This information will enable the Agency to assess the quality, volume and peak flows of the discharge. |
| Schematic Flow Diagram — For each major activity in which ZERO is generated, draw a diagram of the flow materials and water from start to completed product, showing all unit processes generating ZERO. Number each unit process having discharges to the community sewer. Use these numbers when showing this unit process in the Building Layout in Part D. |
|  |

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

|  |
| --- |
| UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 |

 | **ZERO DISCHARGE PERMIT****PART D — BUILDING LAYOUT** |
|  | Permit No.: |  |
| Purpose — The Building Layout shows the ZERO generating operations which contribute to each building sewer. This building layout will also enable the District and the applicant to select suitable sampling locations for determining and verifying ZERO strength. |
| Building Layout — Draw to scale the location of each building on the premises. Show location of all water meters, storm drains, numbered unit processes (from Part C), community sewers and each building sewer connected to the community sewers. Number each building sewer and possible sampling location. Show public streets and property lines. |
|  |

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

|  |
| --- |
| UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 |

 | **ZERO DISCHARGE PERMIT****PART E — WATER SOURCE & USE** |
|  | Permit No.: |  |
| Purpose — The Water Source and Use information will enable the District to determine the volumes and sources of ZERO discharged to the community sewer. |
| **E1.** | Water Use and Disposition — Average quantity of water received and ZERO discharged daily.**Note: Show on separate sheet the method and calculations used to determine the quantities on table.** |
|  |  | **SUPPLIED FROM** | **DISCHARGED TO** |
|  | **WATER USED FOR:** | ACWD | OTHER (1) | USD SEWER | OTHER (2) |
|  |  | gal.day | gal.day | Source | gal.day | Discharge To |
|  | Domestic |  |  |  |  |  |
|  | Processes |  |  |  |  |  |
|  | Boiler |  |  |  |  |  |
|  | Cooling |  |  |  |  |  |
|  | Washing |  |  |  |  |  |
|  | Irrigation |  |  |  |  |  |
|  | Product |  |  |  |  |  |
|  | Other (3) |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | TOTAL |  |  |  |  |  |

**Notes:**

(1) Enter the quantity and the appropriate code letter indicating the source:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a.** | well | **b.** | creek | **c.** | estuary | **d.** | bay | **e.** | storm drain | **f.** | reclaimed water |

(2) Enter the quantity and the appropriate code letter indicating the discharge point:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **a.** | well | **b.** | creek | **c.** | estuary | **d.** | bay | **e.** | storm drain | **f.** | rail barge | **g.** | evaporation | **h.** | product |

(3) Describe:

|  |
| --- |
|  |
|  |

|  |  |
| --- | --- |
| **E2.** | Number of Employees |

|  |  |  |
| --- | --- | --- |
|  | OFFICE STAFF | PRODUCTION (number of employees per shift) |
|  |  |  | DAY SHIFT | SWING SHIFT | NIGHT SHIFT |
|  | No. | Hours | No. | Hours | No. | Hours | No. | Hours |
| WEEKDAY |  | to |  | to |  | to |  | to |
| SATURDAY |  | to |  | to |  | to |  | to |
| SUNDAY |  | to |  | to |  | to |  | to |
| TOTAL |  |  |  |  |  |  |  |  |

Describe if necessary:

|  |
| --- |
|  |

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

|  |  |
| --- | --- |
| **E3.** | Source of ZERO Discharged |

 |
| LANDSCAPE METER: |  YES |  |  NO |  |  Account #: |  |
| PRIVATE METER: |  YES |  |  NO |  |

|  |  |  |
| --- | --- | --- |
| Alameda County Water District | Percent (%) Discharged to Building Sewer: | TOTAL % DISCHARGED TO ALL SEWERS |
|  | Sewer No. 1 | Sewer No. 2 | Sewer No. 3 | Sewer No. 4 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |

|  |
| --- |
| UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 |

 | **ZERO DISCHARGE PERMIT****PART F — BUILDING SEWER DISCHARGE** |
|  | Permit No.: |  |
|  | SamplingLocation: |  |
| 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. |
| **F1.** | Building Sewer No. |  | (From Part D) |
| **F2.** | ZERO Flow Rate |

|  |  |  |  |
| --- | --- | --- | --- |
| **PEAK HOURLY** | **MAX. DAILY** | **ANNUAL DAILY AVG.** | **IF OPERATIONS ARE SEASONAL AVERAGE DAILY (GALLONS/DAY)** |
| gallons/minute | gallons/day | gallons/day | Seasonal min. | Seasonal max. |
| A |  | B |  | C |  | D |  | E |  |

|  |  |
| --- | --- |
| **F3.** | If Batch Discharge, indicate: |
|  | a. Number of batch discharges: |  | per month |
|  | b. Time of batch discharges: |  | at |  |
|  |  | (Days of Week) |  | (Hours of Day) |
|  | c. Average quantity per batch: |  | gallons. |
|  | d. Flow Rate: |  | gallons/minute |

|  |  |
| --- | --- |
| **F4.** | ZERO Constituents—Indicate if any of the following constituents, characteristics or substances is or can be present (X) in your ZERO discharge as a result of your operations (for all chemicals or materials stored or used on site). |
| **CODE** | **CONSTITUENTS** |  | **CODE** | **CONSTITUENTS** |  | **CODE** | **CONSTITUENTS** |  |
| ALGC | Algaecides \* |  | FORMA | Formaldehyde |  | RAD | Radioactivity \* |  |
| AL | Aluminum |  | HC | Hydrocarbons \* |  | SE | Selenium |  |
| NH3N | Ammonia |  | I- | Iodide |  | AG | Silver |  |
| SB | Antimony |  | FE | Iron |  | NA | Sodium |  |
| AS | Arsenic |  | PB | Lead |  | SOLV | Solvents |  |
| BA | Barium |  | MG | Magnesium |  | SO4= | Sulfate |  |
| BE | Beryllium |  | MN | Manganese |  | SO3= | Sulfite |  |
| B | Boron |  | HG | Mercury |  | S= | Sulfide |  |
| BR- | Bromide |  | MO | Molybdenum |  | MBAS | Surfactants MBAS |  |
| CD | Cadmium |  | NI | Nickel |  | TEMP | Temp Above 140o F |  |
| CA | Calcium |  | O&G M | Oil and Grease (mineral) |  | TEMP |  |  |
| CL2 | Chlorine |  | O&G T | Oil and Grease (Total) |  | TI | Titanium |  |
| CL- | Chloride |  | PESTC | Pesticides \* |  | SN | Tin |  |
| CR | Chromium |  | pH | pH Increase (+) |  | V | Vanadium |  |
| CO | Cobalt |  | pH | pH Decrease (-) |  | TVA | Volatile Acids |  |
| CU | Copper |  | PHENL | Phenols |  | ZN | Zinc |  |
| CN- | Cyanide |  | P | Phosphorus |  |  |  |  |
| F- | Fluoride |  | K | Potassium |  |  |  |  |

|  |  |
| --- | --- |
| **\*** | Identify the chemical compounds or elements and concentrations where known. |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **F5.** | Attach a copy of your Hazardous Material Business Plan. |

Comments:

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

|  |
| --- |
| UNION SANITARY DISTRICT5072 BENSON ROADUNION CITY, CA 94587(510) 477-7500 |

 | **ZERO DISCHARGE PERMIT****PART F (cont'd) — BUILDING SEWER DISCHARGE** |
|  | Permit No.: |  |
| **F6.** | **ZERO Strength Estimates —** Enter the average annual and maximum ZERO strength for this building for each of the following estimates of ZERO strength for the period covered by the Permit. |
|  | **ANY SIGNIFICANT DEVIATION FROM THESE VALUES CAN RESULT IN TERMINATION OF THE PERMIT.** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ELEMENTS OF ZERO STRENGTH** | **UNIT** | **CODE** | **J** | **AVERAGE** | **I** | **MAXIMUM** |
| Suspended Solids | mg/l | TSS |  |  |
| Total Chemical Oxygen Demand | mg/l | CODT |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| If data form a commercial laboratory was used to determine the values, please give the name and address of the laboratory. \* |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Address: |  |

|  |  |
| --- | --- |
| **F7.** | Pollution Abatement Practices |
|  | a. ZERO Pretreatment—Check the type of treatment, if any, given ZERO from this building sewer before it is discharged to the District sewer: |
|  | none | holding tank | grease trap | oil and water separator | grinding | sedimentation |
|  | pH adjustment | biological treatment | screening | chlorination | other |  |

Description:

|  |
| --- |
| Describe the loading rates, design capacity, physical size, etc. of each pretreatment facility checked above. Use additional sheets if necessary and attach schematic plans of all pretreatment systems. |
|  |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
|  b. Planned ZERO Pretreatment Improvements — Describe any changes in treatment or disposal methods planned or under construction for the ZERO carried by this building sewer. Show estimated time schedule where possible. |
|  |
|  |
|  |