



**Resource Recovery Program**  
 PO Box 24055, MS 702  
 Oakland, CA 94623-1055  
 (510) 287-1632  
[RRWaste@EBMUD.com](mailto:RRWaste@EBMUD.com)  
[www.ebmud.com/wastewater/commercial-waste/trucked-waste](http://www.ebmud.com/wastewater/commercial-waste/trucked-waste)

# MATERIAL ACCEPTANCE PERMIT

MAP No: \_\_\_\_\_

## MATERIAL ACCEPTANCE PERMIT

1) PERMIT HOLDER (COMPANY NAME)	2) NAME OF GENERATOR OR PROJECT SITE NAME
3) ADDRESS OF MATERIAL SOURCE (EX: 123 SMITH ST, OAKLAND, CA 55555)	
4) MATERIAL COMPOSITION (E.G.: LIQUID, SOLID, SLUDGE, ETC)	5) ESTIMATED TOTAL VOLUME (GALLONS OR POUNDS)
6) ESTIMATED DELIVERY DATES (E.G.: APRIL 8 – 16, 2018, OR "ON-GOING")	7) DELIVERY FREQUENCY AND VOLUME PER LOAD (EX: M, W, F, 3 X 5000 GAL / DAY)
8) DESCRIBE MATERIAL SOURCE GENERATION, PROCESS DESCRIPTION, INPUTS AND OUTPUTS, CHEMICALS USED (ATTACH SAFETY DATA SHEETS), CONSTITUENTS OF CONCERN (ATTACH APPROPRIATE LAB DATA), AND CURRENT/PAST DISPOSAL PRACTICE.	
<input type="checkbox"/> No <input type="checkbox"/> Yes, complete the Additional Information Form.	
9) IS THE WASTE GENERATION SUBJECT TO FEDERAL CATEGORICAL PRETREATMENT STANDARDS?	
10) APPLICABLE SIC AND/OR NAICS CODE(S)	11) PURCHASE ORDER OR JOB NUMBER (OPTIONAL, IF DESIRED FOR YOUR TRACKING PURPOSES)

By entering into the Material Acceptance Permit, the Permit Holder agrees to pay EBMUD the disposal charge for each load based on (a) the applicable disposal rate for the material delivered, and (b) the maximum vessel capacity. The disposal rate for each material type shall be as set forth in EBMUD's Wastewater System Schedule of Rates and Charges and Fees then in effect.

## CERTIFICATION

By signing below, I certify that I have the authority to bind the above identified Permit Holder to all the terms of this Material Acceptance Permit and am authorized to sign under 40 CFR 403.12(l), and Title V, Section 3 of the EBMUD Wastewater Control Ordinance. I understand that my signature binds The Permit Holder to the statements made in this Permit and to comply with all applicable provisions of EBMUD's Wastewater Control Ordinance and all applicable federal, state and local laws, ordinances and regulations. I understand that noncompliance with Permit or the Wastewater Control Ordinance may subject me and the Permit Holder to enforcement remedies and penalties, including suspension or revocation of this Permit.

I certify that the description of the material is a true and accurate representation and any changes to the waste stream composition, volume or source described will be disclosed in writing to the EBMUD Resource Recovery Program for further review of material acceptability.

PRINTED NAME & TITLE	E-MAIL ADDRESS
PERMIT HOLDER – SIGNATURE (E.G. CORPORATE OFFICER OR DULY AUTHORIZED REPRESENTATIVE. SEE INSTRUCTIONS.)	DATE

## EBMUD AUTHORIZATION

R2 PROGRAM MANAGER APPROVAL, DATE	MATERIAL DESCRIPTION
DIVISION MANAGER APPROVAL, DATE	MATERIAL TYPE