



SPECIAL DISCHARGE PERMIT APPLICATION

PURPOSE: Special discharge permits are issued for short-term, limited volume discharge of many different types of wastewater or groundwater that meets special discharge criteria. An application must be completed when applying for a special discharge permit.

INSTRUCTIONS FOR COMPLETING APPLICATION

PLEASE TYPE OR PRINT THE REQUESTED INFORMATION

PERMIT NUMBER: The permit number will be provided by EBMUD

APPLICANT'S BUSINESS NAME: Enter the name of the business that has the legal responsibility for wastewater discharge, including responsibility for any enforcement actions or penalties imposed by the District

TAX ID: Enter the last 4 digits of the business' Federal Tax ID number.

SIC CODE: Enter the standard Industrial Classification Code. The code may be found in the United States Office of Management and Budget, Standard Industrial Classification Manual.

ADDRESS OF SITE DISCHARGING WASTEWATER: Enter the street address, side sewer, or manhole location of the site discharging the wastewater.

APPLICANT MAILING ADDRESS: Enter the applicant's mailing address

CONTACTS: Enter the name, title, and phone number of those persons thoroughly familiar with the information reported in this application.

CERTIFICATION: Enter the name and title of the person signing the application. The person signing the application must meet the signatory criteria of 40 CFR 403.12(1). Persons meeting this criteria include:

1. A responsible corporate officer, such as:
 - a. a president, vice president, secretary, treasurer, or other person performing similar policy or decision making functions, or;
 - b. a manager of one or more manufacturing, production or operating facilities. The facility must employ more than 250 persons or have a gross annual sales or expenditures exceeding \$25 million (in second quarter 1980 dollars). The person must have the authority to sign documents.
2. A general partner or sole proprietor.
3. A duly authorized representative. The duly authorized representative must be:
 - a. an individual having responsibility for the overall operation of the facility from which the wastewater discharge originates. Examples include plant manager, field superintendent, or environmental manager;
 - b. authorizes in writing the person described in paragraph 1. or 2. The written authorization must be submitted to the District.

RETURN THE SIGNED ORIGINAL APPLICATION TO:

East Bay Municipal Utility District
Environmental Services Division, MS 702
P.O. Box 24055
Oakland, CA 94623-1055

**QUESTIONS? CALL THE ENVIRONMENTAL SERVICES DIVISION HOTLINE AT 510-287-1651
OR EMAIL US AT CLEANBAY@EBMUD.COM**

PERMIT NUMBER (TO BE COMPLETED BY EBMUD)

PURPOSE: This information describes how the wastewater meets established criteria for a Special Discharge Permit.

1. Reasonable and cost effective means of recycling and reuse of the wastewater are unavailable.
Provide information describing what means were considered, and why they were not implemented.

2. The wastewater is unsuitable for discharge into the storm sewer. Provide explanation.

3. The wastewater is generated only within SD-1 wastewater service area. Provide location.

4. The wastewater meets source criteria. Describe the source and operations generating the wastewater. Include the Wastewater Source Category from Special Discharge Permit Standard Terms and Conditions, Section A,II.

5. The wastewater is discharged during a limited period of time.

MAXIMUM DISCHARGE DURATION (DAYS)

HOURS OF DISCHARGE

START DATE

6. Wastewater volume and flow will not exceed 100 gallons/minute.

TOTAL DISCHARGE VOLUME: (GALLONS)

7. Discharge to the sanitary sewer during a rain event may be prohibited.

Describe containment capacity during a 10-year rain events (3.16 inches of rainfall in a 24-hour period)

8. Treatment technology or best management practices have been identified that will result in the wastewater meeting discharge limits, and sediment or silt does not enter the collection system.

Describe pretreatment or best management practices that will be used to ensure the wastewater discharge complies with EBMUD Wastewater Control Ordinance discharge limits or permit specific limits as necessary.

9. Include the following attachments with the application:

1. Schematic flow diagram of the pretreatment system. The diagram must accurately depict the pretreatment system as constructed. Field deviation from the diagram is not allowed, unless pretreatment system modifications are approved and permit revised prior to the discharge.

2. Site diagram. Show facility location, property lines, wastewater source, drainage plumbing, the side sewer, and sampling location. Applicant is responsible for obtaining local permits to use manholes or cleanouts for discharge.

3. Summarized list of all pollutant concentrations present in the wastewater so that known and potential pollutants present in the wastewater are characterized. Also include the complete certified laboratory analytical report.

PERMIT NUMBER (TO BE COMPLETED BY EBMUD)

APPLICANT BUSINESS NAME

SIC CODE

LAST 4 DIGITS OF BUSINESS' FEDERAL TAX ID NUMBER

ADDRESSES

ADDRESS FOR SITE DISCHARGING WASTEWATER

STREET

CITY

ZIP

APPLICANT MAILING ADDRESS

STREET

CITY

ZIP

CONTACTS

APPLICANT NAME

TITLE

EMAIL

PHONE

CONSULTANT NAME

TITLE

EMAIL

PHONE

CONTRACTOR NAME

TITLE

EMAIL

PHONE

CERTIFICATION

I understand that issuance of a Special Discharge Permit does not exempt or preclude the facility from being issued a Discharge Minimization or Pollution Prevention Permit.

I understand that I am legally responsible for discharge of wastewater from the facility and for complying with the Terms and Conditions of this Special Discharge Permit.

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 the 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 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.

NAME

TITLE

SIGNATURE

DATE

(SEE CERTIFICATION REQUIREMENTS ON INSTRUCTIONS)