

# WASTEWATER DISCHARGE COMPLIANCE REPORT

APPLICANT BUSINESS NAME	EBMUD ACCOUNT NUMBER* (If no Acct. No., put landlord's)
FACILITY ADDRESS  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> STREET ADDRESS  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> CITY <span style="float: right;">ZIP CODE</span>  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> PHONE	BUSINESS MAILING ADDRESS  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> STREET ADDRESS  <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> CITY <span style="float: right;">ZIP CODE</span>

\* If you do not have your own water bill and EBMUD account number, please enter your landlord's EBMUD account number in the space provided above.

**WASTEWATER TREATMENT AND DISPOSAL METHOD:** DESCRIBE HOW YOU TREAT AND DISPOSE OF SPENT FIXER AND FIXER-CONTAINING WASTEWATER. IN ADDITION, PLEASE PROVIDE INFORMATION REGARDING ANY WASTEWATER TREATMENT SYSTEM AT YOUR PREMISE OR FACILITY.

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## CERTIFICATION STATEMENT

*"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 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 (PRINT OR TYPE)	TITLE
SIGNATURE	DATE

**RETURN THIS REPORT TO:**

EAST BAY MUNICIPAL UTILITY DISTRICT  
 WASTEWATER DEPARTMENT, MS 702  
 P. O. BOX 24055, OAKLAND, CA 94623-1055  
 ATTN: ENVIRONMENTAL SERVICES DIVISION