



Resource Recovery Program
 P. O. Box 24055, MS 702
 Oakland, CA 94623-1055
 (510) 287-1336
 RRwaste@ebmud.com

**RESOURCE RECOVERY PERMIT (NON-HAZARDOUS)
 Addendum A**

Material Acceptance Agreement

A Material Acceptance Agreement must be completed for each material. Include a complete description of the process generating the material. If applicable, include analytical data and MSDS, along with percentage concentration of constituents of concern within the material. If your Material Acceptance Agreement is approved, a Gate Pass will be sent to you. You may only deliver materials for which you have received a Gate Pass; each delivery must be accompanied by an EBMUD Gate Pass.

I certify that the description of the waste below is a true and accurate representation of the wastewater and any changes to the wastewater described below will be disclosed to the EBMUD Resource Recovery Program for further review of material acceptability.

To be completed by CUSTOMER

1) Permit Holder (Company Name)

2) Generator / Site Name

3) Site Address

To be completed by EBMUD

Permit Number

Material Description

Material Type

4) Material Composition (Ex: liquid, sludge, etc) **5) Estimated Volume** (gallons or pounds)

6) Estimated Delivery Dates (Ex: April 8-16, 2013, or on-going) **7) Delivery Frequency** (Ex: M, W, F (3) loads/day)

8) Describe wastewater generation and its known and potential pollutants.

9) Is the wastewater generation subject to Federal Categorical Pretreatment Standards? Yes No

- If yes, indicate Federal Categorical regulation 40 CFR _____
- If yes, is the wastewater fully compliant with the applicable federal categorical regulations? Yes No

10) P.O. or job number (if desired for your tracking purposes): _____

11) Permit Holder Signature (or duly authorized representative):

_____ **Print Name and Title** _____ **Date**

_____ **Signature of Permit Holder** _____ **Email Address**

Recommendation by R2 Program Manager: _____ *(For EBMUD Use Only)*

COMMENTS (such as volume capacity):

EBMUD Resource Recovery Program Permit Decision: Approved Rejected Expiration Date: _____

Division Manager Signature: _____ Date: _____