



Resource Recovery Program
P. O. Box 24055, MS 702
Oakland, CA 94623-1055
(510) 287-1336 Fax (510) 287-1530
RRwaste@ebmud.com

RESOURCE RECOVERY PERMIT

RE: EBMUD Resource Recovery Permit (Non-Hazardous)

Dear Prospective Customer:

East Bay Municipal Utility District (EBMUD) appreciates the opportunity to assist you with your waste disposal needs. Attached is an application for a Resource Recovery Permit for delivery of non-hazardous materials and related documents required to set up an account for material disposal at EBMUD. Please complete the permit application packet and return it to the Resource Recovery Program at the address above.

Permit Application

The checklist below lists the forms required to be completed to start the permitting process.

REQUIRED FOR ALL COMPANIES

- Permit Application (two pages)
- Material Acceptance Agreement(s) (Addendum A), required for *each* separate type of material to be delivered
- Insurance: General Liability (Addendum B) Insurance Certificate, Auto/Trucking (Addendum C), and Worker's Compensation (Addendum D) Insurance Certificates
- (optional) Resource Recovery Third Party Billing Agreement (Addendum A1), required to establish third-party billing for each material to be delivered

Additional Information

- No material may be delivered until an EBMUD Gate Pass is provided for that material.
- Annual fee of \$300 will be invoiced to your company. Please do not send a check at this time.
- Disposal fees are based on a full tanker capacity for each delivery.
- The receiving stations are available 24-hours per day, 7 days per week for routine deliveries, and located at 2020 Wake Avenue, Oakland, CA.
- Non-routine deliveries requiring staff involvement (e.g. issuance of a new tanker decal, driver site orientation, and first-load sampling for all new materials) are required to have an appointment during regular business hours with the Senior Environmental Health and Safety Specialist, (510) 986-7835.
- All vehicles entering the EBMUD facility for waste disposal must be equipped with:
 - Back-up alarm
 - Tanker equipped with a four-inch male camlock fitting adaptor to connect to the EBMUD receiving station.

If you have any questions about the permit process or information required, please contact the Wastewater Control Representative at (510) 287-1336.

Attachments



RESOURCE RECOVERY PROGRAM
P. O. Box 24055, MS 702
Oakland, CA 94623-1055
(510) 287-1336 Fax (510) 287-1530
RRwaste@ebmud.com

RESOURCE RECOVERY PERMIT APPLICATION INSTRUCTIONS

Instructions For Completing the Resource Recovery Permit Application

Please Type or Print the Requested Information

Permit Application Business Name – Enter the name of the business that is accepting legal responsibility for material discharge, including responsibility for any enforcement actions and/or penalties imposed by EBMUD. Upon approval of the permit, this will be the permitted party. This party will also provide insurance certificates for General Liability (Addendum B) Auto/Trucking (Addendum C) and Workers Compensation (Addendums D). Each proposed waste stream must have a Material Acceptance Agreement (Addendum A).

EBMUD Permit Number and Expiration Date – completed by EBMUD.

Permit Holder Applicant Contract Information - Enter the applicant's business contact information.

Billing Contact Information – Enter the billing contact information.

Reference is made to the **Wastewater Control Ordinance**. The Ordinance may be obtained from our website:

<http://www.ebmud.com/our-water/wastewater-treatment/wastewater-treatment-mandate/control-ordinance/wastewater-control-ord>

Permit Applicant Signature – Enter the name and title of the person signing the application. The person signing the application must be authorized to sign under 40 CFR 403.12(l), and Title V, Section 3 of the Wastewater Control Ordinance. Authorized signatories may 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, if authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures and the manager is authorized to make management decisions which govern the operation of the regulated facility.
- 2) A general partner or sole proprietor, if the applicant is a partnership or sole proprietorship.
- 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; and
 - b. authorized in writing by a 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
Resource Recovery Program
P.O. Box 24055, MS 702
Oakland, CA 94623-1055



Application Business Name (“Permit Holder”) EBMUD USE ONLY	EBMUD Permit Number EBMUD USE ONLY	Expiration Date EBMUD USE ONLY
--	--	--

Permit Holder-Applicant Contact Information

Contact Name / Title	Company
----------------------	---------

Mailing Address	Street Address
-----------------	----------------

City	Zip Code	Telephone	E-Mail
------	----------	-----------	--------

Billing Contact Information

Contact Name / Title	Company
----------------------	---------

Mailing Address	Street Address
-----------------	----------------

City	Zip Code	Telephone	E-Mail
------	----------	-----------	--------

This Non-Hazardous Resource Recovery Permit (“Permit”) is issued to the Permit Holder described above for the delivery of non-hazardous materials to EBMUD’s Main Wastewater Treatment Plant (“WWTP”). The Permit includes all Addenda hereto.

MATERIAL ACCEPTANCE

Permit Holder must submit a Material Acceptance Agreement (“MAA”, Addendum A) and wastestream-specific analytical results for each proposed wastestream. EBMUD Resource Recovery Program will review the submittal and either approve or not approve the wastestream for receipt at the WWTP. Disposal may **not** proceed without prior approval from EBMUD.

CONDITIONS OF DISCHARGE

Permit Holder must comply, and must require its haulers, generators, brokers and contractors to comply, with all of the following conditions at all times:

1. Discharge ONLY material for which the Permit Holder has submitted an MAA, approved by EBMUD.
2. Not dispose of any regulated radioactive waste, regulated PCBs, materials regulated by Toxic Substances Control Act, or hazardous waste as defined by Section 25117 of the California Health and Safety Code or by any other federal, state, or local statute or regulation, to the WWTP.
3. Not dispose of any material that may interfere with WWTP operations.
4. Allow EBMUD staff to conduct random inspections and collect samples at the place of generation and on the truck.
5. Maintain all appropriate and valid county and state permit(s) for hauling material to EBMUD.
6. FOG haulers must maintain current Inedible Kitchen Grease (IKG) registration from California Dept. of Food & Agriculture.
7. Comply with all applicable Cal OSHA requirements, including but not limited to California Code of Regulations, title 8, section 3210(b) relating to driver fall protection.
8. Supply equipment to properly dispose of material (e.g., backup horn alarm safety device and 4-inch male camlock fittings).
9. Dispose of all material at the designated disposal locations as printed on EBMUD-issued receipt.
10. Pay all required fees and charges and comply with all orders issued by the Director of Wastewater.
11. Comply with all other provisions of this Permit and EBMUD’s Wastewater Control Ordinance at all times.

INSURANCE REQUIREMENTS

Throughout the life of the Permit, Permit Holder must maintain, and must require its haulers, generators, brokers and contractors to maintain, commercial general liability insurance, commercial auto/trucking liability insurance, and workers’ compensation insurance to the extent specified within Addenda B, C, and D hereto. Permit Holder must provide evidence of insurance coverage by completing and submitting the EBMUD certificate forms attached as Addenda B, C and D hereto. Each EBMUD certificate form must be completed and signed by the Permit Holder’s insurance company representative. All changes to insurance coverage must be submitted in writing to, and approved in advance by, EBMUD.

DISPOSAL CHARGES

The disposal charge for each load is based upon (a) the applicable disposal rate for the material type delivered, and (b) tanker capacity. The disposal rate for each material type is provided within the Wastewater System Schedule of Rates and Charges and Fees adopted by EBMUD’s Board of Directors. All deliveries are charged on the basis of total tanker capacity.



REPORTING REQUIREMENTS

Permit Holder must provide, and must require its haulers, generators, brokers and contractors to provide, the following to EBMUD upon request: records, pumping logs, manifests, or analytical results pertaining to the disposal of materials at WWTP.

Permit Holder must immediately report, and must require its haulers, generators, brokers and contractors to immediately report, any deviation from the information reported on this Permit or any MAA to the EBMUD Resource Recovery Program, including but not limited to changes to truck size, significant temporary or ongoing changes to the anticipated volume of delivered material, changes to wastewater generation that may affect the characteristics of the delivered material, and changes concerning the presence of constituents of concern or known pollutants in the delivered material.

ENFORCEMENT AND PENALTIES

Permit Holder is subject to enforcement remedies and penalties in accordance with the EBMUD Wastewater Control Ordinance. EBMUD reserves the right to suspend or revoke a Permit for cause, including past due payments.

INDEMNIFICATION

I agree to defend, indemnify, and hold harmless EBMUD and its Directors, officers, agents and employees from and against any and all loss, liability, expense, claims, suits, and damages, including attorneys' fees, arising out of or resulting from Permit Holder's, its generators', haulers', brokers', associates', employees', sub-consultants', or other agents' operation or performance under this Permit.

WAIVER OF SUBROGATION RIGHTS

I agree to waive any and all rights of recovery against EBMUD regardless of the applicability of any insurance proceeds and to require all indemnifying parties to do likewise. All insurance coverage maintained or procured by Permit Holder shall be endorsed to delete the subrogation condition as to EBMUD or must specifically allow all the named insured to waive subrogation prior to a loss.

CERTIFICATION

I, Permit Holder, acknowledge that I have received and had an opportunity to review this Resource Recovery Permit and its Addenda. I understand that all Addenda hereto are part of this Permit and that their terms are incorporated by reference herein. I understand I am legally responsible for the disposal of material and for complying with EBMUD's Wastewater Control Ordinance and with all provisions of this Permit. I understand that noncompliance with the Permit or the Wastewater Control Ordinance may subject me to enforcement remedies and penalties, including suspension or revocation of this Permit, in accordance with applicable provisions of the Wastewater Control Ordinance and this Permit. I hereby certify that I will not deliver, or cause to be delivered, any regulated radioactive waste, regulated PCBs, materials regulated by Toxic Substances Control Act, or hazardous waste as defined by Section 25117 of the California Health and Safety Code or by any other federal, state, or local statute or regulation. I understand that EBMUD may refuse to accept deliveries at any time if determined by EBMUD to be necessary to avoid interference with WWTP operations or EBMUD's compliance with legal requirements. I further understand that I must submit information for EBMUD's review and approval on a Material Acceptance Agreement (Addendum A) regarding each wastestream I propose to deliver, or cause to be delivered, before any load is delivered to EBMUD. I also agree to maintain insurance coverage at the levels required by the Certificate of Commercial General Liability Insurance (Addendum B), Certificate of Commercial Auto/Trucking Liability (Addendum C) and the Certificate of Workers' Compensation Insurance (Addendum D) and upon any changes to or expiration of that insurance, to notify the EBMUD Resource Recovery Program. I certify under penalty of law that this document and all attachments hereto 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 known violations. I understand and accept that the Permit may be suspended or revoked if any provision of this Permit is not complied with. I understand and acknowledge that EBMUD may amend this Permit from time to time and that the Permit as amended will supersede this Permit and shall be binding and enforceable against the Permit Holder.

_____	_____
NAME	TITLE
_____	_____
PERMIT HOLDER - SIGNATURE	DATE

(TO BE SIGNED BY CHIEF EXECUTIVE OFFICER OR DULY AUTHORIZED REPRESENTATIVE. SEE INSTRUCTIONS.)

AUTHORIZATION

The above-named Permit Holder is hereby authorized to dispose non-hazardous material as provided by this Permit, subject to Permit Holder's compliance with EBMUD's Wastewater Control Ordinance and with all provisions of this Permit.

_____	_____
Director of Wastewater	Date



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: _____



Resource Recovery Program
P. O. Box 24055, MS 702
Oakland, CA 94623-1055
(510) 287-1336 Fax (510) 287-0621
RRwaste@ebmud.com

RESOURCE RECOVERY PERMIT Insurance Requirements

INSURANCE REQUIREMENTS

Listed below are EBMUD's insurance requirements for the holder of Resource Recovery Permits. The requirements of the insurance program must be maintained by the Permit Holder at all times in order to be in permit compliance. All changes in the Permit Holder's insurance coverage must be reported to EBMUD in advance of any further load deliveries.

The Permit Holder's **insurance company representatives** must complete each of the **required forms in their entirety**:

- Certification of Commercial General Liability Insurance (Addendum B), including the endorsement number and Additional Insured supporting document
- Certification of Commercial Auto/Trucking Liability Insurance (Addendum C)
- Certification of Worker's Compensation Insurance (Addendum D)*

** Not required if there are no employees; indicate on the form that you are an "owner/operator" or "employee-owned company."*



Resource Recovery Program
P. O. Box 24055, MS 702
Oakland, CA 94623-1055
(510) 287-1336 Fax (510) 287-1530
RRInsure@ebmud.com

**NON-HAZARDOUS RESOURCE RECOVERY PERMIT
Addendum B**

**CERTIFICATE OF COMMERCIAL
GENERAL LIABILITY INSURANCE**

THIS IS TO CERTIFY TO:

East Bay Municipal Utility District (EBMUD)
Department: Environmental Services Division
Street Address: 375 11th Street, MS 702
Mailing Address: P.O. Box 24055
City, State, Zip: Oakland, CA 94623-0155

THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED TO:

District Permit Number: (Completed by EBMUD): _____

Insured: _____

Address: _____

LOCATION AND DESCRIPTION OF PROJECT/AGREEMENT:

Trucked non-hazardous waste permitted for disposal at designated EBMUD Wastewater Treatment facilities

TYPE OF INSURANCE: Commercial General Liability Coverage/Endorsements as required by agreement.

LIMITS OF LIABILITY: (MINIMUM) \$1,000,000/Occurrence, Bodily Injury, Property Damage-General Liability

SELF INSURED RETENTION (\$): _____ Aggregate Limits: _____

INSURANCE COMPANY(IES): _____

POLICY NUMBER(S): _____

POLICY TERM: From: _____ To: _____

THE FOLLOWING COVERAGES OR ENDORSEMENTS ARE INCLUDED IN THE POLICY(IES):

1. The District, its Directors, Officers and Employees are *Additional Insureds* in the policy(ies) as to work being performed under this agreement. ENDORSEMENT NO. _____
2. The coverage is *Primary* and *non-contributory* to any other applicable insurance carried by the District.
3. The policy(ies) covers waiver of subrogation by the Carrier(s) against the District and its Directors, officers, agents, and employees.
4. The policy(ies) covers *contractual liability*.
5. The policy(ies) is written on an *occurrence* basis.
6. The policy(ies) covers *District Property in the care, custody, and control of the Contractor*.
7. The policy(ies) covers *personal injury* (libel, slander, and wrongful entry and eviction) liability.
8. The policy(ies) covers *products and completed operations*.
9. The policy(ies) shall cover pollution liability for claims related to the release or the threatened release of pollutants into the environment arising out of or resulting from Consultant's performance under this agreement.
10. The policy(ies) will not be canceled nor reduced without 30 days written notice to East Bay Municipal Utility District at the address above.

IT IS HEREBY CERTIFIED that the above policies provide liability insurance as required by the agreement between the East Bay Municipal Utility District and the insured.

Signed _____ Firm _____

Address _____ Date _____

Phone _____

E-mail _____

"This certificate or verification of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or conditions of any contract or other document with respect to which this certificate or verification or insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."



Resource Recovery Program
P. O. Box 24055, MS 702
Oakland, CA 94623-1055
(510) 287-1336 Fax (510) 287-1530
RRInsure@ebmud.com

**NON-HAZARDOUS RESOURCE RECOVERY PERMIT
Addendum C**

**CERTIFICATE OF COMMERCIAL
AUTO/TRUCKING LIABILITY INSURANCE**

THIS IS TO CERTIFY TO:	<p>East Bay Municipal Utility District (EBMUD)</p> <p>Department: <u>Environmental Services Division</u></p> <p>Street Address: <u>375 11th Street, MS 702</u></p> <p>Mailing Address: <u>P.O. Box 24055</u></p> <p>City, State, Zip: <u>Oakland, CA 94623-1055</u></p>
-------------------------------	--

THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED TO:

District Permit Number: (Completed by EBMUD): _____

Insured: _____

Address: _____

LOCATION AND DESCRIPTION OF PROJECT/AGREEMENT:

Trucked non-hazardous waste permitted for disposal at designated EBMUD Wastewater Treatment facilities

TYPE OF INSURANCE: Automobile/Trucking Liability: Coverage/Endorsements as required by agreement.

LIMITS OF LIABILITY: (MINIMUM) \$1,000,000/Occurrence, Bodily Injury, Property Damage- Auto Liability

SELF INSURED RETENTION (\$): _____ **Aggregate Limits:** _____

INSURANCE COMPANY(IES): _____

POLICY NUMBER(S): _____

POLICY TERM: From: _____ To: _____

THE FOLLOWING COVERAGES OR ENDORSEMENTS ARE INCLUDED IN THE POLICY(IES):

1. The coverage is *Primary* and *non-contributory* to any other applicable insurance carried by the District.
2. The policy(ies) covers *contractual liability*.
3. The policy(ies) covers the use of *owned, non-owned, and hired* automobiles and trucks.
4. The policy(ies) will not be canceled nor the above coverages/endorsements reduced without 30 days written notice to East Bay Municipal Utility District at the address above.

IT IS HEREBY CERTIFIED that the above policies provide liability insurance as required by the agreement between the East Bay Municipal Utility District and the insured.

Signed _____ Firm _____

Address _____ Date _____

_____ Phone _____

E-mail _____

"This certificate or verification of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or conditions of any contract or other document with respect to which this certificate or verification or insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."



Resource Recovery Program
 P. O. Box 24055, MS 702
 Oakland, CA 94623-1055
 (510) 287-1336 Fax (510) 287-1530
 RRInsure@ebmud.com

**NON-HAZARDOUS RESOURCE RECOVERY PERMIT
 Addendum D**

**CERTIFICATE OF WORKERS'
 COMPENSATION INSURANCE**

THIS IS TO CERTIFY TO:

East Bay Municipal Utility District (EBMUD)
 Department: Environmental Services Division
 Street Address: 375 11th Street, MS 702
 Mailing Address: P.O. Box 24055
 City, State, Zip: Oakland, CA 94623-0155

THE FOLLOWING DESCRIBED POLICY HAS BEEN ISSUED TO:

District Permit Number:
 (Completed by EBMUD) _____

Insured: _____

Address: _____

LOCATION AND DESCRIPTION OF PROJECT/AGREEMENT:

Non-hazardous material permitted for disposal at designated EBMUD Wastewater Treatment facilities

TYPE OF INSURANCE: Workers' Compensation Insurance as required by California State Law.

The Workers' Compensation Carrier agrees to waive rights of recovery against District regardless of the applicability of any insurance proceeds, and to require all indemnifying parties to do likewise. All Workers' Compensation coverage maintained or procured by permit Holder shall be endorsed to delete the subrogation condition as to District, or must specifically allow the named insured to waive subrogation prior to a loss.

INSURANCE COMPANY: _____

POLICY NUMBER: _____

POLICY TERM: From: _____ To: _____

The policy will not be canceled nor the above coverage reduced without 30 days written notice to East Bay Municipal Utility District at the address above.

IT IS HEREBY CERTIFIED that the above policies provide liability insurance as required by the agreement between the East Bay Municipal Utility District and the insured.

Date _____ Signed _____

E-mail: _____ Firm _____

Phone _____ Address _____

"This certificate or verification of insurance is not an insurance policy and does not amend, extend, or alter the coverage afforded by the policies listed herein. Notwithstanding any requirement, term or conditions of any contract or other document with respect to which this certificate or verification or insurance may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of the policies."



Resource Recovery Materials Delivery Procedures

GENERAL INFORMATION

The EBMUD Wastewater Treatment Plant is located at 2020 Wake Avenue, Oakland. The Plant is open 24 hours/day, 7 days/week for routine transactions. **Appointments must be scheduled in advance with the Senior Environmental Health and Safety Specialist at 510-986-7835 for non-routine transactions such as receiving an EBMUD-issued truck decal, driver Site Orientation, and submitting a first-load confirmation sample for each new waste stream.**

HAULING COMPANY, DRIVER AND TANKER REQUIREMENTS

1. All hauling company contact information, driver names, and required insurance certifications must be current and on-file before any deliveries may be made.
2. Charges are based on full tanker capacity. EBMUD staff will affix a decal to each tanker, and that decal number must be presented at the time of the load check-in.
3. Each driver must receive a Site Orientation for each applicable discharge location within the treatment plant; schedule with Staff as above.
4. Tanker discharge line must have a 4-inch male cam lock adaptor and a back-up horn alarm safety device.

PLANT HAZARDS

1. The Plant entrance is crossed by a live railroad line. Do not wait or park on the tracks at any time.
2. NO SMOKING. No smoking allowed while on the Plant, as it is a safety hazard due to presence of flammable gases (such as oxygen and methane).
3. During transportation, degradation of the waste material may occur inside the tanker and build up gases that may have immediately dangerous to life and health concentrations present when the driver vents the tanker. Be cautious when venting the tanker for discharge.
4. Infectious materials are present at the Plant and managed in the wastewater treatment process.
5. If the emergency alarm (6 long tones) sounds while at the Plant, call the supervisor at 510-287-1522 (site phone, dial 1522), or contact EBMUD staff for further instructions.
6. Construction activities. When overhead activities are occurring hard hats (available) are required.

RULES OF CONDUCT

1. Speed Limit is **10** miles per hour unless otherwise posted.
2. If you find a spill upon arrival, before off-loading report it to EBMUD staff. If no one is at the location, call the supervisor at 510-287-1522 (site phone, dial 1522). Driver is responsible for wash down of own spills.
3. Driver must be in compliance with all OSHA regulations, including fall protection per title 8 CA Code Regulations sections 3210(b) and 5155. Driver must *not* break the plane of the trailer (i.e., do not put your head inside hatch). Do *not* stand on tanker without OSHA-specific fall protection.
4. Driver must lock brakes before commencing discharge.
5. Driver must stay with truck/tanker during discharge unless instructed otherwise by District Staff.
6. All waste must be discharged through hose directly to pipe. Do not disconnect site discharge hose from discharge pipe. Do *not* discharge from the trailer directly to the wash down trench.
7. No exterior truck or trailer washing is permitted.
8. Do *not* leave any trash or debris at the discharge area.
9. Do *not* drink or wash hands with wash down water as it is non-potable!
10. Firearms and weapons, as defined in the California Penal Code, are not permitted on EBMUD property except by law enforcement officers.

DISCHARGE INSTRUCTIONS

1. *Each* delivery must be accompanied with the appropriate EBMUD-issued documentation (Gate Pass).
2. Review your ticket issued by the guard to verify all items are correct, sign the ticket, and proceed to the appropriate discharge location (see map printed on ticket).
3. Specifics of receiving location discharge instructions are detailed in the Site Orientation, which is scheduled in advance with the Senior Environmental Health and Safety Specialist.