



UNION SANITARY DISTRICT
 5072 BENSON ROAD
 UNION CITY, CA 94587
 (510) 477-7500

**WASTEWATER DISCHARGE PERMIT
 PART F — BUILDING SEWER DISCHARGE**

Permit No.: _____

Purpose: The Building Sewer Discharge information will identify the variation in flow rate and the type of constituents and characteristics of the discharge for each building sewer. **Complete a separate Part F for each building sewer that discharges wastewater to a community sewer.**

F1. (a) Building Sewer No. (From Part D): _____ (b) Sampling Location: _____

F2. Characterize wastewater flow rates to each building sewer.

(a)	PEAK HOURLY FLOW (gallons/minute)	MAXIMUM DAILY FLOW (gallons/day)	ANNUAL DAILY AVG. FLOW (gallons/day)	IF OPERATIONS ARE SEASONAL, DAILY AVG. FLOW	
				Seasonal Min. (gallons/day)	Seasonal Max. (gallons/day)

(b) If Batch Discharge occurs or will occur, indicate:

- Number of Batch Discharges (Daily & Monthly) Per Day: _____ Per Month: _____
- Days of Week Batch Discharge(s) Occur: Mon Tue Wed Thu Fri Sat Sun
- Typical Time of Day for Batch Discharge(s): _____ to _____
- Average Volume of Discharge per Batch (gallons): _____
- Maximum Flow Rate for Batch Discharge (gallons/min.): _____

(c) Describe Weekend and/or After-Hour Discharge Operations (i.e. equipment cleaning/maintenance, batch treatments):

(d) Variation of Operation (select one):

- Continuous Throughout Year
- Seasonal, Months of Discharge: JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

F3. Wastewater Strength Estimates - Wastewater loadings are based upon Suspended Solids and Chemical Oxygen Demand discharged. ANY SIGNIFICANT DEVIATION FROM THESE VALUES CAN RESULT IN TERMINATION OF THE PERMIT.

LOADING PARAMETERS	ANNUAL AVERAGE (mg/L)	MAXIMUM (mg/L)
Suspended Solids:		
Total Chemical Oxygen Demand:		

F4. Wastewater Constituents - Indicate if any of the following constituents, characteristics, or substances can be present at this facility. Check Column A if it comes in contact with water and may be present in the wastewater. Check Column B if it is present on site but in a location where no entry to the sanitary sewer can occur. List additional constituents that may be present in the wastewater in the space provided.

A	B	CONSTITUENTS	A	B	CONSTITUENTS	A	B	CONSTITUENTS
<input type="checkbox"/>	<input type="checkbox"/>	Algaecides	<input type="checkbox"/>	<input type="checkbox"/>	Iodide	<input type="checkbox"/>	<input type="checkbox"/>	Solvents
<input type="checkbox"/>	<input type="checkbox"/>	Aluminum	<input type="checkbox"/>	<input type="checkbox"/>	Iron	<input type="checkbox"/>	<input type="checkbox"/>	Sulfate
<input type="checkbox"/>	<input type="checkbox"/>	Ammonia	<input type="checkbox"/>	<input type="checkbox"/>	Lead	<input type="checkbox"/>	<input type="checkbox"/>	Sulfite
<input type="checkbox"/>	<input type="checkbox"/>	Antimony	<input type="checkbox"/>	<input type="checkbox"/>	Magnesium	<input type="checkbox"/>	<input type="checkbox"/>	Sulfide
<input type="checkbox"/>	<input type="checkbox"/>	Arsenic	<input type="checkbox"/>	<input type="checkbox"/>	Manganese	<input type="checkbox"/>	<input type="checkbox"/>	Surfactants MBAS
<input type="checkbox"/>	<input type="checkbox"/>	Barium	<input type="checkbox"/>	<input type="checkbox"/>	Mercury	<input type="checkbox"/>	<input type="checkbox"/>	Temp Above 140° F
<input type="checkbox"/>	<input type="checkbox"/>	Beryllium	<input type="checkbox"/>	<input type="checkbox"/>	Molybdenum	<input type="checkbox"/>	<input type="checkbox"/>	Titanium
<input type="checkbox"/>	<input type="checkbox"/>	Boron	<input type="checkbox"/>	<input type="checkbox"/>	Nickel	<input type="checkbox"/>	<input type="checkbox"/>	Thallium
<input type="checkbox"/>	<input type="checkbox"/>	Bromide	<input type="checkbox"/>	<input type="checkbox"/>	Oil & Grease (Animal/Vegetable)	<input type="checkbox"/>	<input type="checkbox"/>	Tin
<input type="checkbox"/>	<input type="checkbox"/>	Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	Oil & Grease (Mineral)	<input type="checkbox"/>	<input type="checkbox"/>	Vanadium
<input type="checkbox"/>	<input type="checkbox"/>	Calcium	<input type="checkbox"/>	<input type="checkbox"/>	Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	Volatile Acids
<input type="checkbox"/>	<input type="checkbox"/>	Chlorine	<input type="checkbox"/>	<input type="checkbox"/>	pH Increase (+)	<input type="checkbox"/>	<input type="checkbox"/>	Volatile Organic Compounds
<input type="checkbox"/>	<input type="checkbox"/>	Chloride	<input type="checkbox"/>	<input type="checkbox"/>	pH Decrease (-)	<input type="checkbox"/>	<input type="checkbox"/>	Zinc
<input type="checkbox"/>	<input type="checkbox"/>	Chromium	<input type="checkbox"/>	<input type="checkbox"/>	Phenolics			
<input type="checkbox"/>	<input type="checkbox"/>	Cobalt	<input type="checkbox"/>	<input type="checkbox"/>	Phosphorus			
<input type="checkbox"/>	<input type="checkbox"/>	Copper	<input type="checkbox"/>	<input type="checkbox"/>	Polychlorinated biphenyls (PCB)			
<input type="checkbox"/>	<input type="checkbox"/>	Corrosion Inhibitor	<input type="checkbox"/>	<input type="checkbox"/>	Potassium			
<input type="checkbox"/>	<input type="checkbox"/>	Cyanide	<input type="checkbox"/>	<input type="checkbox"/>	Radioactivity			
<input type="checkbox"/>	<input type="checkbox"/>	Dioxins	<input type="checkbox"/>	<input type="checkbox"/>	Selenium			
<input type="checkbox"/>	<input type="checkbox"/>	Fluoride (HF)	<input type="checkbox"/>	<input type="checkbox"/>	Silver			
<input type="checkbox"/>	<input type="checkbox"/>	Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>	Semi-Volatile Organic Compounds			
<input type="checkbox"/>	<input type="checkbox"/>	Hydrocarbons	<input type="checkbox"/>	<input type="checkbox"/>	Sodium			

LIST OTHER CONSTITUENTS
DISCHARGED (Not-Listed):

* If selected in Column A above, identify the chemical compounds in the wastewater. Show concentrations where known.

F5. Pollution Abatement Practices

(a) Wastewater Treatment -- Select the type(s) of treatment devices or processes used for treating the wastewater from this building sewer. Check as many as appropriate and list additional devices or processes in space provided:

<input type="checkbox"/> NONE	<input type="checkbox"/> pH Adjustment	<input type="checkbox"/> Grease Trap	OTHER TREATMENT(Not-Listed):
<input type="checkbox"/> Sedimentation	<input type="checkbox"/> Chemical Precipitation	<input type="checkbox"/> Interceptor	<input type="checkbox"/> _____
<input type="checkbox"/> Filtration	<input type="checkbox"/> Air Flotation	<input type="checkbox"/> Oil-Water Separator	<input type="checkbox"/> _____
<input type="checkbox"/> Screening	<input type="checkbox"/> Ion Exchange	<input type="checkbox"/> Filter Press	<input type="checkbox"/> _____
<input type="checkbox"/> Flow Equalization	<input type="checkbox"/> Biological Treatment	<input type="checkbox"/> Sludge Dewatering	<input type="checkbox"/> _____
<input type="checkbox"/> Holding Tank	<input type="checkbox"/> Chlorination	<input type="checkbox"/> Clarifier	<input type="checkbox"/> _____

- (b) Describe wastewater treatment devices and processes -- Include the pollutant loadings, design capacity, physical size, etc. for each treatment practice checked above. The corresponding schematics are to be included in Part of C2.

Check here if additional sheets are attached

- (c) Planned Wastewater Treatment Changes— Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharged to this building sewer. Show estimated time schedule where possible.

- F6.** (a) Does facility have designated treatment system operator(s)? No Yes *If yes, provide the following:*

Note: A qualified operator of the system shall be available to maintain the pretreatment system during all discharge periods.

Lead Operator Name: _____ Title: _____

Backup Operator: _____ Title: _____

- (b) Does facility have operations / maintenance manual for treatment system(s)? No Yes n/a
(No Treatment)

- F7. Attach a copy of your most recent Hazardous Material Business Plan (HMBP)** Check here if HMBP attached

Facilities are required to maintain a HMBP with their local Certified Unified Program Agency (CUPA) if the facility handles hazardous materials or mixtures above established threshold limits.