



ZERO DISCHARGE PERMIT COVER SHEET

THIS COVER SHEET MUST ACCOMPANY THE REPORT

Company Name: _____
Sewer Authority Name: UNION SANITARY DISTRICT
Report Date: _____

Person to contact concerning information contained in this report:

Name: _____
Title: _____
Facility Address: _____

Mailing Address: _____

Telephone #: _____

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 the 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.

_____ Signature of Official	_____ Date
_____ Name of Official	_____ Title



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TRI-CITY WASTEWATER

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

ZERO DISCHARGE PERMIT PART A — GENERAL INFORMATION

ZERO DISCHARGE PERMIT APPLICATION

A1. Facility Name: _____ Permit No.: _____

A2. Legal Business Name: _____

A3. Facility Address:

A4. Business Mailing Address:

A5. Executive Officer Name: _____

Title: _____

Office Phone: _____

Email: _____

A6. Executive Officer Address: _____

Check if same
address as in A4: ☐

A7. Designated Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

A8. Designated Contact Address: _____

Check if same
address as in A4: ☐

A9. Site Inspection Contact: _____

Title: _____

Email: _____

Office Phone: _____

Mobile Phone: _____

Check if same as Designated
Contact in A7 (Skip to A10): ☐

A10. Alternate Contact: _____

Title: _____

Office Phone: _____

Mobile Phone: _____

Email: _____

A11. Alternate Contact's Address: _____

Check if same
address as in A4: ☐

A12. Emergency Contact: _____

Day Phone: _____

Title: _____

Night Phone: _____

PERMIT APPLICATION CERTIFICATION: 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 the 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. I further certify that sampling and analyses performed for and submitted with this report are representative of normal work cycles and expected pollutant discharges and conform to EPA 40 CFR 136 requirements.

Signature

Date

Print Name

Title



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**ZERO DISCHARGE PERMIT
PART B — BUSINESS DESCRIPTION**

Permit No.: _____

Purpose: The Business Description is primarily used to determine the substances which may enter into the wastewater discharge from the Business Activity. **Complete a separate Part B for each major business activity occurring on the premises.**

B1. Business Activity: _____

NAICS:

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SIC:

--	--	--	--

B2. Description of business activity at this facility, including primary products or services:

B3. Production Quantities:

TYPE OF PRODUCTS (Brand Names)	QUANTITIES PRODUCED					
	PAST CALENDAR YEAR			CURRENT CALENDAR YEAR (EST.)		
	AVG.	MAX.	UNITS	AVG.	MAX.	UNITS

B4. Describe wastewater generating operations and methods of disposal. Indicate variations in production during the year.

- B5.** Substances Proposed to be Treated and/or Discharged— Give common and technical names of any materials or product proposed to be treated and/or discharged to the sanitary sewer from wastewater generating operations. Briefly describe the physical and chemical properties of each substance.

☐ Check here if only domestic wastewater is discharged, then skip to next question

NAME OF SUBSTANCE TO BE TREATED AND/OR DISCHARGED	DESCRIPTION

- B6.** Other Liquid Wastes — List liquid waste(s) removed from the premises by means other than discharge to community sewers.

NAME/TYPE OF WASTE GENERATED	QUANTITY PER YEAR (gal. or lbs.)	WASTE HAULER (Name, City, State)	DISPOSAL SITE (Name, City, State)	HAZ. WASTE (Yes or No)

EPA Hazardous Waste ID No.: _____

- B7.** Additional Comments for Clarification (Optional):



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**ZERO DISCHARGE PERMIT
PART C — SCHEMATIC FLOW DIAGRAMS**

Permit No.: _____

Purpose: Schematic Flow Diagram(s) show the flow pattern of products through the facility and the various sources of wastewater. This information will enable the Agency to assess the quality, volume and peak flows of the discharge (not discharged to the sanitary sewer).

C1. Process Flow Diagram(s) — For each major activity in which wastewater is generated, provide a diagram showing the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes generating wastewater. Number each process which generates wastewater using the same numbering as in the building layout or plant site plan shown in Part D.

☐ *Check here if attached separately*



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**ZERO DISCHARGE PERMIT
PART D — BUILDING LAYOUT**

Permit No.: _____

Purpose: The Building Layout shows the wastewater generating operations which contribute to each building sewer. This building layout shall enable the District and the applicant to select suitable sampling locations for determining and verifying wastewater strength.

D1. Building Layout — Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from Part C1), public sewers, floor drains, in-ground lift stations, floor sinks, and each facility sewer line connected to the public sewers. Number each sewer and clearly label existing and/or proposed sampling locations (FAC, 001, 002). Show public streets and property lines.

☐ Check here if attached separately



(b) Describe method and calculations used to determine volumes shown in E2(a). A separate sheet may be necessary.

E3. Sources of Wastewater:

(a) Is ACWD source water meter shared by multiple site tenants? ☐ No ☐ Yes

(b) Does site have ACWD meter designated for irrigation only? ☐ No ☐ Yes Account #: _____

(c) Does site have private water meter(s)? ☐ No ☐ Yes

If yes, describe

(d) Percentage of Source Water Sent to Sewer (used for computing sewage disposal service charge)

WATER SUPPLY (ACWD) ACCOUNT #	TOTAL % DISCHARGED TO SEWER	If multiple building sewer discharge points, show percentage of discharge to each building sewer.			
		Sewer No.1	Sewer No.2	Sewer No.3	Sewer No.4



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ZERO 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. 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 wastewater 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
☐	☐	Algaecides	☐	☐	Iodide	☐	☐	Solvents
☐	☐	Aluminum	☐	☐	Iron	☐	☐	Sulfate
☐	☐	Ammonia	☐	☐	Lead	☐	☐	Sulfite
☐	☐	Antimony	☐	☐	Magnesium	☐	☐	Sulfide
☐	☐	Arsenic	☐	☐	Manganese	☐	☐	Surfactants MBAS
☐	☐	Barium	☐	☐	Mercury	☐	☐	Temp Above 140° F
☐	☐	Beryllium	☐	☐	Molybdenum	☐	☐	Titanium
☐	☐	Boron	☐	☐	Nickel	☐	☐	Thallium
☐	☐	Bromide	☐	☐	Oil & Grease (Animal/Vegetable)	☐	☐	Tin
☐	☐	Cadmium	☐	☐	Oil & Grease (Mineral)	☐	☐	Vanadium
☐	☐	Calcium	☐	☐	Pesticides	☐	☐	Volatile Acids
☐	☐	Chlorine	☐	☐	pH Increase (+)	☐	☐	Volatile Organic Compounds
☐	☐	Chloride	☐	☐	pH Decrease (-)	☐	☐	Zinc
☐	☐	Chromium	☐	☐	Phenolics	LIST OTHER CONSTITUENTS DISCHARGED (Not-Listed): _____ _____ _____ _____ _____		
☐	☐	Cobalt	☐	☐	Phosphorus			
☐	☐	Copper	☐	☐	Polychlorinated biphenyls (PCB)			
☐	☐	Corrosion Inhibitor	☐	☐	Potassium			
☐	☐	Cyanide	☐	☐	Radioactivity			
☐	☐	Dioxins	☐	☐	Selenium			
☐	☐	Fluoride (HF)	☐	☐	Silver			
☐	☐	Formaldehyde	☐	☐	Semi-Volatile Organic Compounds			
☐	☐	Hydrocarbons	☐	☐	Sodium			

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

F3. 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:

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

- (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.

☐ Check here if not applicable (No Treatment)

☐ 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.

☐ Check here if not applicable

- F4.** (a) Does facility have designated treatment system operator(s)? ☐ N/A ☐ No ☐ 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)

F5. Characterize wastewater flow rates to each building sewer. ☐ Check here if not applicable (Domestic Only), skip to F6.

(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

F6. 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.