**DISCHARGE MONITORING REPORT (DMR)**

**NAME:** EAST BAY DISCHARGERS AUTHORITY

**ADDRESS:** 2651 GRANT AVENUE

**FACILITY:** EBDA JOINT OUTFALL

**LOCATION:** ALAMEDA, CA 94577

**ATTN:** MICHAEL S. CONNOR

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**PARAMETER** | **QUANTITY OR LOADING** | **QUALITY OR CONCENTRATION** | **NO EX** | **FREQUENCY OF ANALYSIS** | **SAMPLE TYPE**
--- | --- | --- | --- | --- | ---
Temperature, water deg. centigrade | **| ** | **** | **| 0
0010 10 Effluent Gross | PERMIT MEASUREMENT | **| ** | **** | **| 25 deg C
Oxygen, dissolved (DO) | PERMIT MEASUREMENT | **| ** | **** | **| 1.8 mg/L
pH | PERMIT MEASUREMENT | **| ** | **** | **| 7.1 mg/L
00400 10 Effluent Gross | PERMIT MEASUREMENT | **| ** | **** | **| 6.0 MINIMUM
Solids, Total Suspended  | PERMIT MEASUREMENT | **| ** | **** | **| 9.0 MAXIMUM
00530 10 Effluent Gross | PERMIT MEASUREMENT | **| ** | **** | **| 30 MO AVG
Nitrogen, Ammonia Total (as N) | PERMIT MEASUREMENT | **| ** | **** | **| 30.7 mg/L
00610 10 Effluent Gross | PERMIT MEASUREMENT | **| ** | **** | **| 21 MO AVG
Cyanide, Total (as CN) | PERMIT MEASUREMENT | **| ** | **** | **| 1.4 µg/L
00720 10 Effluent Gross | PERMIT MEASUREMENT | **| ** | **** | **| REPORT DAILY MAX
Arsenic, Total Recoverable | PERMIT MEASUREMENT | **| ** | **** | **| REPORT DAILY MAX
00978 10 Effluent Gross | PERMIT MEASUREMENT | **| ** | **** | **| REPORT DAILY MAX

---

**NAME / TITLE:** Michael S. Connor

**TELEPHONE:** 510-278-5910

**DATE:** 10 | 10 | 15

**COMMENT AND EXPLANATION OF ANY VIOLATIONS:**

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 PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT:**

---

**EPA Form 3320-1 (Rev. 01/06) Previous editions Jul be used.**
### Discharge Monitoring Report (DMR)

#### Monitoring Period

**From:** 10 | 08 | 01  
**To:**  10 | 08 | 31  

### Parameters and Analysis

<table>
<thead>
<tr>
<th>Parameter Description</th>
<th>Quantity or Loading</th>
<th>Quality or Concentration</th>
<th>No. EX</th>
<th>Frequency of Analysis</th>
<th>Sample Analysis Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selenium, total recoverable</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>0</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
<tr>
<td>Chromium hexavalent (as Cr)</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>3.8</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
<tr>
<td>Nickel, total recoverable</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>3.8</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
<tr>
<td>Silver, total recoverable</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>0</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
<tr>
<td>Zinc, total recoverable</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>20</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
<tr>
<td>Cadmium, total recoverable</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>0</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
<tr>
<td>Lead, total recoverable</td>
<td>REPORT DAILY MAX</td>
<td>µg/L</td>
<td>0</td>
<td>Monthly</td>
<td>COMP24</td>
</tr>
</tbody>
</table>

#### Signature

**Michael S. Connor**  
General Manager  

**Signature:**  

**Telephone:** 510-278-5910  
**Date:** 10 | 10 | 15  

**Comment and Explanation of Any Violations:**  

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 ensure that qualified personnel properly gather and evaluate the information submitted. On my inquiry of the person or 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 PRINCIPAL EXECUTIVE OFFICER**

**TELEPHONE:** 510-278-5910  
**DATE:** 10 | 10 | 15  

**EPA Form 3320-1 (Rev. 01/06) Previous editions Jul be used.**

**PAGE 2 OF 4**
# Discharge Monitoring Report (DMR)

**Form Approved**

**Name:** East Bay Dischargers Authority

**Address:** 2651 Grant Avenue, San Lorenzo, CA 94580

**Facility:** EBDA Joint Outfall

**Location:** Alameda, CA 94577

## Monitoring Period

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/08/01</td>
<td>10/08/31</td>
</tr>
</tbody>
</table>

### PERMIT NUMBER/DISCHARGE NUMBER

- **CA0037869**
- **001 A**

**Common Outfall 001/Monthly**

**Type:** External Outfall

---

### Parameters

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Quantity or Loading</th>
<th>Quality or Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Copper, total recoverable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td>6.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Permit Requirement</td>
<td>53 MO AVG</td>
<td>78 DAILY MAX</td>
</tr>
<tr>
<td><strong>Flow in conduit or thru treatment plant</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td>56.7</td>
<td>62.0</td>
</tr>
<tr>
<td>Permit Requirement</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chlorine, total residual</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Permit Requirement</td>
<td>0.0</td>
<td></td>
</tr>
<tr>
<td><strong>Mercury, total recoverable</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td>0.0052</td>
<td>0.0052</td>
</tr>
<tr>
<td>Permit Requirement</td>
<td>0.066</td>
<td>0.072</td>
</tr>
<tr>
<td><strong>Coliform, fecal general</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td>150</td>
<td>240</td>
</tr>
<tr>
<td>Permit Requirement</td>
<td>500</td>
<td>1100 90TH %</td>
</tr>
<tr>
<td><strong>BOD, Carbonaceous, 05-Day, 20 C</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td>11</td>
<td>14</td>
</tr>
<tr>
<td>Permit Requirement</td>
<td>25 MO AVG</td>
<td>40 HI WK AVG</td>
</tr>
<tr>
<td><strong>BOD, Carb 5-Day @ 20 Deg C Percent Removal</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Measurement</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td>Permit Requirement</td>
<td>85 MO AVG MN</td>
<td></td>
</tr>
</tbody>
</table>

---

**Note:** Read instructions before completing this form.

---

**Name / Title:** Michael S. Connor  
**General Manager**

**Telephone:** 510-278-5910

**Signature of Principal Executive Officer or Authorized Agent:** 

---

**Comment and Explanation of Any Violations:** (Reference all attachments here)

---

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**Page 3 of 4**
## Discharge Monitoring Report (DMR)

### PERMIT NUMBER
CA0037869

### DISCHARGE NUMBER
001 A

### PERMITTEE NAME/ADDRESS:
**EAST BAY DISCHARGERS AUTHORITY**

**ADDRESS:**
2651 GRANT AVENUE
SAN LORENZO, CA 94580

**FACILITY:**
EBDA JOINT OUTFALL

**LOCATION:**
ALAMEDA, CA 94577

**ATTN:** MICHAEL S. CONNOR

---

### Monitoring Period

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<tr>
<td>10 08 01</td>
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### Parameter

- **Solids, Suspended Percent Removal**
- **81011 K 0 0 Percent Removal**
- **%Surv Flth 96Hr Oncorhynchus Mykiss**
- **TRX6l 1 0 Effluent Gross**

<table>
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<tr>
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</thead>
<tbody>
<tr>
<td><strong>Solids, Suspended Percent Removal</strong></td>
<td>SAMPLE MEASUREMENT</td>
<td>AVERAGE</td>
</tr>
<tr>
<td><strong>81011 K 0 0 Percent Removal</strong></td>
<td>PERMIT REQUIREMENT</td>
<td>AVERAGE</td>
</tr>
<tr>
<td><strong>%Surv Flth 96Hr Oncorhynchus Mykiss</strong></td>
<td>SAMPLE MEASUREMENT</td>
<td>AVERAGE</td>
</tr>
<tr>
<td><strong>TRX6l 1 0 Effluent Gross</strong></td>
<td>PERMIT REQUIREMENT</td>
<td>AVERAGE</td>
</tr>
</tbody>
</table>

### Analysis Type

- **Solids, Suspended Percent Removal**
- **81011 K 0 0 Percent Removal**
- **%Surv Flth 96Hr Oncorhynchus Mykiss**
- **TRX6l 1 0 Effluent Gross**

### Permit Requirement

<table>
<thead>
<tr>
<th><strong>%Surv Flth 96Hr Oncorhynchus Mykiss</strong></th>
<th>SAMPLE MEASUREMENT</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
<th>MINIMUM</th>
<th>AVERAGE</th>
<th>MAXIMUM</th>
<th>UNITS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TRX6l 1 0 Effluent Gross</strong></td>
<td>PERMIT REQUIREMENT</td>
<td>AVERAGE</td>
<td>MAXIMUM</td>
<td>UNITS</td>
<td>MINIMUM</td>
<td>AVERAGE</td>
<td>MAXIMUM</td>
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### Comment and Explanation of Any Violations

In accordance with the system designed to ensure that qualified personnel properly gather and evaluate the information submitted, based on my inquiry of the persons or persons 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.

---

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER**

Michael S. Connor
General Manager

**TELEPHONE**
510-278-5910

**DATE**
10 10 15

**SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT**

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