<table>
<thead>
<tr>
<th>ATTN: MICHAEL S. CONNOR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AVERAGE</td>
<td>MAXIMUM</td>
</tr>
<tr>
<td>Oil and grease</td>
<td>* * * * *</td>
<td>* * * *</td>
</tr>
<tr>
<td>Effluent Gross</td>
<td>* * * * *</td>
<td>* * * *</td>
</tr>
<tr>
<td>Methylmercury</td>
<td>* * * * *</td>
<td>* * * *</td>
</tr>
<tr>
<td>Effluent Gross</td>
<td>* * * * *</td>
<td>* * * *</td>
</tr>
<tr>
<td>Static Renewal 7Day Chronic Pimpalas promelas</td>
<td>* * * * *</td>
<td>* * * *</td>
</tr>
<tr>
<td>Effluent Gross</td>
<td>* * * * *</td>
<td>* * * *</td>
</tr>
</tbody>
</table>

NAME / TITLE PRINCIPAL EXECUTIVE OFFICER
MICHAEL S. CONNOR
GENERAL MANAGER

TYPE OR PRINTED
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Quantity or Loading</th>
<th>Quality or Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyanide, total (as CN)</td>
<td>MAXIMUM</td>
<td>MINIMUM</td>
</tr>
<tr>
<td>Raw Sewage Influent</td>
<td>MAXIMUM</td>
<td>MINIMUM</td>
</tr>
</tbody>
</table>

### Note
- Read instructions before completing this form.

### Signature
- 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. Based on my review 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.

### Certification
- [Signature]

### Contact Information
- **Telephone**: 510-276-5910
- **Date**: 04/01/2013

### Comment and Explanation
- Comment and explanation of any violations (Reference all attachments here)
**PERMIT NAME/ADDRESS:** (Include Facility Name/Location if different)

**NAME:** EAST BAY DISCHARGERS AUTHORITY

**ADDRESS:** 14150 MONARCH BAY DRIVE
ALAMEDA, CA 94577

**FACILITY:** EBDA COMMON OUTFALL

**LOCATION:** 14150 MONARCH BAY DRIVE
ALAMEDA, CA 94577

**ATTN:** MICHAEL S. CONNOR

---

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**DISCHARGE MONITORING REPORT (DMR)**

<table>
<thead>
<tr>
<th>CA0037869</th>
<th>INFB-Q</th>
<th>DISCHARGE NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PERMIT NUMBER</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MONITORING PERIOD**

<table>
<thead>
<tr>
<th>FROM</th>
<th>TO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>10/01/2012</strong></td>
<td><strong>12/31/2012</strong></td>
</tr>
</tbody>
</table>

**INFLUENT B (SAN LEANDRO)/QUARTERLY**

**Influent Structure**

**DMR Mailing ZIP CODE:** 94580

**MAJOR SUBR 02**

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

---

**PARAMETER**

**CYANIDE, total (as CN)**

**00720 G 0**

**Raw Sewage Influent**

**SAMPLE MEASUREMENT**

<table>
<thead>
<tr>
<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>AVERAGE</td>
<td>MAXIMUM</td>
</tr>
<tr>
<td>*******</td>
<td>*******</td>
</tr>
</tbody>
</table>

**PERMIT REQUIREMENT**

<table>
<thead>
<tr>
<th>NO EX</th>
<th>FREQUENCY OF</th>
<th>SAMPLE TYPE</th>
</tr>
</thead>
</table>

| Req. Mon. | DAILY MX | ug/L | Quarterly | GRAB |

---

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER**

MICHAEL S. CONNOR

GENERAL MANAGER

**TELEPHONE:** 510-278-5910

**DATE:** 04 | 01 | 2013

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

**AREA CODE/NUMBER:**

**DAY | MO | YEAR**
**PERMITTEE NAME/ADDRESS:** (Include Facility Name/Location if different)
**NAME:** EAST BAY DISCHARGERS AUTHORITY
**ADDRESS:** 14150 MONARCH BAY DRIVE ALAMEDA, CA 94577
**FACILITY:** EBDA COMMON OUTFALL
**LOCATION:** 14150 MONARCH BAY DRIVE ALAMEDA, CA 94577

**ATTN:** MICHAEL S. CONNOR

---

**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**DISCHARGE MONITORING REPORT (DMR)**

CA0037869

**PERMIT NUMBER**

INFC-Q

**DISCHARGE NUMBER**

(SUBR 02)

INFLUENT C (ORO LOMA)/QUARTERLY

**MONITORING PERIOD**

FROM 10/01/2012 TO 12/31/2012

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

---

**PARAMETER**

Cyanide, total (as CN)

00720 G 0

Raw Sewage Influent

---

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
<th>NO EX</th>
<th>FREQUENCY OF ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyanide, total (as CN)</td>
<td>******</td>
<td>******</td>
<td>******</td>
<td>NODI(B)</td>
</tr>
<tr>
<td>Raw Sewage Influent</td>
<td>******</td>
<td>******</td>
<td>******</td>
<td>Req. Mon. DAILY MX</td>
</tr>
</tbody>
</table>

---

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. Despite 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 fines and imprisonment for knowingly violating.

---

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER**

MICHAEL S. CONNOR

GENERAL MANAGER

**TELEPHONE**

510-278-5610

**DATE**

04/01/2013

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

**COMMENT AND EXPLANATION OF ANY VIOLATIONS** (Reference all attachments here)

---

**OBS No. 2040-0004**

**PAGE 1**
**NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)**

**DISCHARGE MONITORING REPORT (DMR)**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Quantity or Loading</th>
<th>Quality or Concentration</th>
<th>Sample Measurement</th>
<th>Permit Requirement</th>
<th>Frequency of Analysis</th>
<th>Sample Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyanide, total (as CN)</td>
<td>******</td>
<td>*</td>
<td>*****</td>
<td>**</td>
<td>*</td>
<td>NODI(B)</td>
</tr>
<tr>
<td>00720 G 0</td>
<td>******</td>
<td>*</td>
<td>****</td>
<td>**</td>
<td>*</td>
<td>Req. Mon. DAILY MX</td>
</tr>
</tbody>
</table>

**MONITORING PERIOD**

From 10/01/2012 to 12/31/2012

**ATTN:** MICHAEL S. CONNOR

**NAME / TITLE:** PRINCIPAL EXECUTIVE OFFICER

MICHAEL S. CONNOR

**GENERAL MANAGER**

**TYPE:** OR PRINTED

**COMMENT AND EXPLANATION OF ANY VIOLATIONS** (Reference all attachments here)

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 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 trespassing violations.

**TELEPHONE**

510-278-5910

**DATE**

04/01/2013

**AREA CODE/NUMBER**

510

**DAY / MO / YEAR**

04 / 01 / 2013