<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
<th>NO. EX.</th>
<th>FREQUENCY OF</th>
<th>SAMPLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AVERAGE</td>
<td>MAXIMUM</td>
<td>UNITS</td>
<td>MINIMUM</td>
<td></td>
</tr>
<tr>
<td>Oil and grease</td>
<td>******</td>
<td>******</td>
<td>****</td>
<td>******</td>
<td>NODI(B)</td>
</tr>
<tr>
<td>03562 1 0 Effluent Gross</td>
<td>PERMIT REQUIREMENT</td>
<td>******</td>
<td>******</td>
<td>******</td>
<td>10 MO AVG</td>
</tr>
<tr>
<td>Methylmercury</td>
<td>******</td>
<td>******</td>
<td>****</td>
<td>******</td>
<td>NODI(9)</td>
</tr>
<tr>
<td>80361 1 0 Effluent Gross</td>
<td>PERMIT REQUIREMENT</td>
<td>******</td>
<td>******</td>
<td>******</td>
<td>Rep. DAILY MX</td>
</tr>
<tr>
<td>Static Renewal 7Day Chronic Pimphales promelas</td>
<td>******</td>
<td>******</td>
<td>****</td>
<td>******</td>
<td>NODI(B)</td>
</tr>
<tr>
<td>TTP6C 1 0 Effluent Gross</td>
<td>PERMIT REQUIREMENT</td>
<td>******</td>
<td>******</td>
<td>******</td>
<td>Req. Mon AVERAGE</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 ensure 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.

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

TELEPHONE 510-276-5910
DATE 10 | 17 | 2013

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
## NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

### DISCHARGE MONITORING REPORT (DMR)

- **NAME**: EAST BAY DISCHARGERS AUTHORITY
- **ADDRESS**: 14150 MONARCH BAY DRIVE, ALAMEDA, CA 94577
- **PERMIT NUMBER**: CA0037869
- **DISCHARGE NUMBER**: INFA-Q
- **MONITORING PERIOD**: FROM 07/01/2013 TO 09/30/2013

### MONITORING STRUCTURE
- **Influent Structure**

### MONITORING PERIOD
- **Influent A (Hayward) / Quarterly**

### ATTENTION: MICHAEL S. CONNOR

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

### PARAMETER
<table>
<thead>
<tr>
<th>Parameter</th>
<th>Quantity or Loading</th>
<th>Quality or Concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cyanide, total (as CN)</strong></td>
<td>Sample Measurement</td>
<td>Average: ******</td>
</tr>
<tr>
<td><strong>00720 G 0</strong> Raw Sewage Influent</td>
<td>Permit Requirement</td>
<td>Maximum: ******</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Minimum: ******</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Average: ******</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum: NODI(Q)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Units: Req. Mon. DAILY MX</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ug/L</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Analysis: Quarterly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sample Type: GRAB</td>
</tr>
</tbody>
</table>

### NAME / TITLE
**MICHAEL S. CONNOR**
**GENERAL MANAGER**

### TELEMGRAPH OR PRINTED
**TELEPHONE**: 510-678-5910
**DATE**: 16 / 10 / 2013

### COMMENT AND EXPLANATION OF ANY VIOLATIONS
(Reference all attachments here)
### NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHARGE MONITORING REPORT (DMR)

**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

**DMR Mailing ZIP CODE:** 94580  
**MAJOR DISCHARGE NUMBER:** INFB-Q  
**MONITORING PERIOD:** FROM 07/01/2013 TO 09/30/2013  
**INFLUENT Structure:** NO DISCHARGE

---

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
<th>NO. EX</th>
<th>FREQUENCY OF</th>
<th>SAMPLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AVERAGE</td>
<td>MAXIMUM</td>
<td>UNITS</td>
<td>MINIMUM</td>
<td>AVERAGE</td>
</tr>
<tr>
<td>Cyanide, total (as CN)</td>
<td>*****</td>
<td>*****</td>
<td>****</td>
<td>*****</td>
<td>*****</td>
</tr>
<tr>
<td>00720 G 0 Raw Sewage Influent</td>
<td>*****</td>
<td>*****</td>
<td>****</td>
<td>*****</td>
<td>*****</td>
</tr>
</tbody>
</table>

---

**NAME / TITLE PRINCIPAL EXECUTIVE OFFICER:** DEAN WILSON  
**DEPARTMENT:** PLANT MANAGER

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 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.

**TELEPHONE:** 510 577 6030  
**DATE:** 09/30/2013

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

---

PAGE 1
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

NOTE: Read instructions before completing this form.

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>QUANTITY OR LOADING</th>
<th>QUALITY OR CONCENTRATION</th>
<th>NO. EX</th>
<th>FREQUENCY OF SAMPLE TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AVERAGE</td>
<td>MAXIMUM</td>
<td>UNITS</td>
<td>MINIMUM</td>
</tr>
<tr>
<td>Cyanide, total (as CN)</td>
<td></td>
<td></td>
<td>****</td>
<td>*****</td>
</tr>
<tr>
<td>00720 G O</td>
<td>SAMPLE MEASUREMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Raw Sewage Influent</td>
<td>PERMIT REQUIREMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I certify under penalty of law that the 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. 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: 510-278-5010
DATE: 09-10-2013

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)
**Discharge Monitoring Report (DMR)**

**Permit Information**
- **Permit Number:** CA0037869
- **Discharge Number:** INF-D-Q
- **Facility:** EBDA Common Outfall
- **Location:** 14150 Monarch Bay Drive, Alameda, CA 94577
- **Mailing ZIP Code:** 94550
- **MAJOR:** $ (SUBR 02)
- **Influent D (Union SD)/Quartely**

**Monitoring Period**
- **From:** 07/01/2013
- **To:** 09/30/2013

**Parameter:** Cyanide, total (as CN)
- **Sample Measurement:** NODI(B) (28)
- **Units:** ug/L
- **Frequency:** Once/Month
- **Sample Type:** Grab

**Parameter:** 00720 G 0
- **Permit Requirement:** Req. Mon. Daily MX
- **Units:** ug/L
- **Frequency:** Quarterly
- **Sample Type:** GRAB

**_name / Title:** MICHAEL S. CONNOR
- **Position:** GENERAL MANAGER

**Signature of Principal Executive Officer**

**Telephone:** 510-278-5910
- **Date:** 16 | 10 | 2013

**Comment and Explanation of Any Violations**

**Page 1**