

# Water Discharge Form

(Revised 05/08/2018)

University of California, Berkeley  
317 University Hall #1150  
Berkeley, CA 94720



Fill in the form and return to the Office of Environment, Health & Safety in person or through email ([ehs-ep@berkeley.edu](mailto:ehs-ep@berkeley.edu)). If you require assistance, contact EH&S Fire Marshal or Construction Specialist at (510) 642-3073.

SECTION ONE: Basic Information			
NAME OF PROJECT			
NAME OF DISCHARGER			
TYPE OF WATER DISCHARGE	<input type="checkbox"/> Water Main <input type="checkbox"/> Fire Hydrant Flush <input type="checkbox"/> Fire Service Main Flush <input type="checkbox"/> Domestic Water Main Flush <input type="checkbox"/> Water Supply Test <input type="checkbox"/> Fire Sprinkler System Discharge	<input type="checkbox"/> Fire Standpipe Test <input type="checkbox"/> Backflow Prevention Test/Flush <input type="checkbox"/> Pressure Reducing Valve Test <input type="checkbox"/> Building/Pavement/Equipment Wash Water <input type="checkbox"/> Other (Specify):	
LOCATION OF DISCHARGE			
TIME FRAME	BEGIN:		END:
DATE OF DISCHARGE		TOTAL GALLONS EXPECTING TO DISCHARGE	gallons
DURATION OF DISCHARGE	minutes	EXPECTED DISCHARGE FLOW RATE	gpm
WHERE ARE YOU DISCHARGING TO*?	<input type="checkbox"/> Landscape <input type="checkbox"/> Sanitary Sewer(s) <input type="checkbox"/> Stormwater Drain(s) – <i>(If so, please fill in information in Section Two.)</i>  <b>* Sanitary sewers must be used unless the project deems it is infeasible and is reviewed with EH&amp;S.</b>	SANITARY SEWER DETERMINATION  <b>Project has the responsibility to contact campus plumbing or other qualified individual for a determination.</b>	<input type="checkbox"/> Approved for sanitary discharge Date of Contact: Contact Name: <input type="checkbox"/> Rejected due to: <input type="checkbox"/> Inadequate capacity <input type="checkbox"/> Condition of line <input type="checkbox"/> Other (specify):
DESCRIPTION OF SEDIMENT CONTROLS USED			
WILL A TANK BE PROVIDED?	<input type="checkbox"/> Yes <input type="checkbox"/> No	IF A TANK IS PROVIDED, WHAT TYPE AND SIZE?	
EAST BAY MUNICIPAL UTILITY DISTRICT (EBMUD) CONTACTED?	<input type="checkbox"/> Yes, date of contact: <input type="checkbox"/> n/a, please explain:		
SECTION TWO: Dechloramination Information (Fill in this section ONLY if you plan to discharge to a Stormwater Drain.)			
DECHLORAMINATION CHEMICALS TO BE USED			
NUMBER OF DECHLORAMINATION TABLETS TO BE USED			
SECTION THREE: Site Map / Location			
Please attach a site map to this form.			

\_\_\_\_\_  
(PRINT NAME OF COMPANY EMPLOYEE)

\_\_\_\_\_  
(SIGNATURE OF COMPANY EMPLOYEE) (DATE)

\_\_\_\_\_  
(PRINT NAME OF EH&S REPRESENTATIVE)

\_\_\_\_\_  
(SIGNATURE OF EH&S REPRESENTATIVE) (DATE)

<b>FOR EH&amp;S USE ONLY:</b>	<b>DATE RECEIVED:</b> _____
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# Instructions

## SECTION ONE: BASIC INFORMATION

**Name of Project:** The name of the project where the discharge is to occur.

**Name of Discharger:** This is the name of the company or the University of California Berkeley Department performing the discharge. This could be UC Berkeley Physical Plant-Campus Services (PP-CS), AAA Contactor, etc.

**Type of Water Discharge:** Indicate the type of water discharge to be performed by checkboxing the appropriate discharge description.

**Location of Discharge:** The exact location of the discharging water. It is not necessarily the name of the project. It should include where the water will be discharged (i.e. storm drain at XYZ location or sanitary drain at XYZ location, etc.)

**Time Frame:** The approximate time when the discharge is expected to occur. If the time changes by 4 hours or more, notify Environment, Health & Safety (EH&S) prior to the new time in order to obtain approval for the change.

**Date of Discharge:** The date when the discharge is expected to occur. If the date is changed, notify EH&S prior to the new date in order to obtain approval of the change.

**Total Gallons Discharged:** This is the maximum expected quantity of water in gallons to be discharged.

**Duration of Discharge:** This is the approximate duration in minutes. It is dependent on the flow rate and length of pipe to be flushed. CAUTION: If debris is collected in the burlap bags during the flush, the flush must be repeated until the discharge is clean. This may double the expected time of the discharge. For a water supply test, this is the time duration of a water supply test.

**Expected Discharge Flow Rate:** This is the maximum expected flow rate in gallons per minute.

**Description of Sediment Controls to be Used:** This should indicate filtration techniques to be used on hosing and drains used for discharging water. Sediment controls should also be incorporated for spills, leaks and water line-breaks.

**Tank:** Discharges that occur above 500 gpm may overwhelm drainage systems and will require using a containment tank to settle high pulses of water.

**East Bay Municipal Utility District (EBMUD) Contact:** Depending on the location of the hydrant flush on campus, EBMUD must be notified in advance.

## SECTION TWO: DECHLORAMINATION INFORMATION

**Dechloramination Chemicals Used:** The chemical name of the chemical used to neutralized the chloramines in the water discharge. Currently, the most common tablets and accepted as best practice are made from sodium bisulfate, sodium sulfate and sodium thiosulfate. Sodium thiosulfate is most recommended for safe stormwater discharges.

**Number of Dechloramination Tablets to be Used:** This is based on the manufacturer's estimate of the quantity of water that can be dechloraminated per tablet. A safety factor of 50% must be used to ensure all water is treated.

## SECTION THREE: SITE MAP / LOCATION

**Site Map / Location:** Site Map / Location should note the point of discharge, adjacent buildings / structures, pedestrian pathways, roadways and sanitary sewers/storm drains that are in the vicinity. Indicate on this map which drain(s) are to be used for discharge. Attach a map to this form.

**Submit completed form to Office of Environment, Health & Safety.**

FOR EH&S USE ONLY: DATE RECEIVED: \_\_\_\_\_