Parameters	3-Day Average	7-Day Average	Daily Maximum	Instan- taneous Limit
Biochemical Oxygen Demand (BOD₅) <sup>a, b</sup>	30	45		
Suspended Solids (SS) <sup>a</sup>	30	45		
85% removal of BOD and SS <sup>a, c</sup>				
pH <sup>d</sup> (in pH units) - Shallow Water Discharge - Deep Water Discharge				6.5-8.5 6.0-9.0
Settleable Matter <sup>e</sup> (in ml/l-hr)	0.1		0.2	
Oil & Grease <sup>f</sup>	10		20	

## Table 4-2 Effluent Limitations for Conventional Pollutants (all units in mg/L, except as otherwise noted)

## Notes:

- a. These effluent limitations apply to all sewage treatment facilities that discharge to inland surface waters and enclosed bays and estuaries. The Water Board may also apply some of these limitations selectively to certain other non-sewage discharges, but they will not be used to preempt Effluent Guideline Limitations established pursuant to Sections 301, 302, 304, or 306 of the federal Water Pollution Control Act, as amended. (Such Effluent Guideline Limitations are included in NPDES permits for particular industries.)
- b. The federal regulation allows the parameter BOD to be substituted with Carbonaceous BOD at levels that shall not exceed 25 mg/l as a 30-day average, nor 40 mg/l as a 7-day average.
- c. The arithmetic mean of the biochemical oxygen demand (5-day 20°C) and suspended solids values, by weight, for effluent samples collected in any month shall not exceed 15 percent of the arithmetic mean of the respective values, by weight, for simultaneous influent samples.
- d. These effluent limitations apply to all treatment facilities.
- e. Discharges from sedimentation and similar cases should generally not contain more than 1.0 ml/l-hr of settleable matter. Design and maintenance of erosion and sediment control structures shall comply with accepted engineering practices as identified in the Association of Bay Area Government's (ABAG's) *Manual of Standards for Erosion and Sediment* Control *Measures*.
- f. These effluent limitations apply to all treatment facilities except those that provide secondary or advanced secondary treatment.