

CALIFORNIA STATE LANDS COMMISSION

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Established in 1938

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July 13, 2017

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W9777.243

Dear Ship Agents and Interested Parties:

The United State Coast Guard (USCG) recently released a list of Type Approved Ballast Water Management Systems (BWMS)(Attachment A). In accordance with California Public Resources Code section 71204.3(c)(4) and California Code of Regulations (C.C.R.), title 2, section 2284, the master, owner, operator, or person in charge of a vessel that arrives at a California port is authorized to manage their vessel's ballast water using an alternative, environmentally sound method of management that has been approved by the California State Lands Commission or the USCG as being at least as effective as ballast water exchange, using mid-ocean waters, in removing or killing nonindigenous aquatic species.

Because any USCG Type Approved BWMS must be at least as effective as mid-ocean ballast water exchange (per National Invasive Species Act of 1996, section 1101(b)(2)(B)(iii)), use of any of the Type Approved BWMS for the management of ballast water prior to discharge within California waters shall qualify as being in accordance with Public Resources Code section 71204.3(c)(4) and C.C.R. title 2, section 2284, and therefore may be used in lieu of ballast water exchange.

Please note that vessels using USCG Type Approved BWMS in California waters must indicate the specific alternative method/management system used on the Ballast Water Management Report. Vessels discharging ballast water treated with USCG Type Approved BWMS in California waters must also submit both the "Ballast Water Treatment Technology Annual Reporting Form" and the "Ballast Water Treatment Supplemental Reporting Forms" (Attachments B and C, respectively).

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Please feel free to contact me at the telephone number listed above or by email at Nicole.Dobroski@slc.ca.gov if you have any questions.

Sincerely,



Nicole Dobroski
Assistant Chief
Marine Environmental Protection Division

Attachments: Attachment A
 Attachment B
 Attachment C



Marine Safety Center BWMS Type Approval Status



<i>Approved</i>						
Date Received	Manufacturer (Country)	Model	Independent Lab	System Type	Approved Range	Certificate Issued*
20 Sep 2016	Optimarin (Norway)	OBS/OBS Ex	DNV GL	Filtration + UV	167 – 3000 m ³ /h	02 Dec 2016
21 Sep 2016	Alfa Laval (Sweden)	Pure Ballast 3	DNV GL	Filtration + UV	150 – 3000 m ³ /h	23 Dec 2016
23 Sep 2016	OceanSaver AS (Norway)	MK II	DNV GL	Filtration + Electrodialysis	200 – 7200 m ³ /h	23 Dec 2016
24 Jan 2017	Sunrui (China)	BalClor	DNV GL	Filtration + Electrolysis	170 – 8500 m ³ /h	07 Jun 2017

<i>Under Review</i>						
Date Received	Manufacturer (Country)	Model	Independent Lab	System Type	Approved Range	Certificate Issued
31 Mar 2017	Ecochlor, Inc. (USA)	Ecochlor BWTS	DNV GL	Filtration + Chemical Injection	500-16,200 m ³ /h	Pending
02 May 2017	Erma First	Erma First FIT	Lloyds Register	Electrolysis + Filtration	100-3000 m ³ /h	Pending

*Complete copies of the Coast Guard Type Approval Certificates can be found on the Coast Guard HOMEPORT website under the “Environmental” Missions Tab or by visiting the USCG Approved Equipment List at: <http://cgmix.uscg.mil/Equipment/Default.aspx>



California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Technology Annual Reporting Form
 Public Resources Code Section 71205(g)
 July 1, 2010

Vessel Name:
Official / IMO Number:
Responsible Person's Name and Title:
Date Submitted (DD/MM/YYYY):

Treatment System Information

1. List the treatment system installed on board the vessel:

Manufacturer/Company: _____

Product Name: _____

Model Number: _____

1a. Mode(s) of Action (check all that apply):

Filtration <input type="checkbox"/>	Cavitation <input type="checkbox"/>	Hydrocyclone <input type="checkbox"/>	Deoxygenation <input type="checkbox"/>
Active Substance/Biocide <input type="checkbox"/>	Ultra Violet Irradiation <input type="checkbox"/>	Heat <input type="checkbox"/>	
Other <input type="checkbox"/> , please describe:			

1b. List all substances (i.e. chemicals, biocides, flocculants, neutralization agents) created or used by the treatment system (if any), and indicate whether or not the Material Safety Data Sheet is kept on board for each substance.

Substance	MSDS on Board?
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
N/A <input type="checkbox"/> , No substances used by system.	

Official/IMO Number: _____

1c. Are manufacturer's technical guides, publications and/or manuals for the treatment system kept on board? Yes No

2. When did the system installation receive classification society approval?

Date (DD/MM/YYYY): _____

3. Did the system installation occur (check all that apply):

As part of a scheduled out of water dry docking? Yes No

During a special/non-routine out of water dry docking? Yes No

Without the need for out of water dry docking? Yes No

4. Has there been any significant upgrade/modification to the system since classification society approval? (Do not include repairs. See instructions for more information and definition of significant.)

Yes <input type="checkbox"/>	Date of Upgrade (DD/MM/YYYY):
Describe upgrade:	
No <input type="checkbox"/>	

5. Has any unscheduled or emergency maintenance been performed on the system since classification society approval (or since the previously submitted Ballast Water Treatment Technology Annual Reporting Form)?

Yes <input type="checkbox"/>	Date of Most Recent Event (DD/MM/YYYY):
Describe most recent maintenance event:	
No <input type="checkbox"/>	

6. Is the vessel in compliance with the requirement to maintain a ballast water treatment performance log on board? (This log may be incorporated into the existing ballast water management log. See form instructions for minimum requirements). Yes No

7. Is system performance (i.e. biological efficacy) verified on a regular basis? Verification is not a requirement by the State of California, however, regular performance testing will allow the vessel to ensure the system is working properly.

Yes <input type="checkbox"/>				
How often:	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Yearly <input type="checkbox"/>	Every 2 years <input type="checkbox"/>
Other <input type="checkbox"/> , describe:				
No <input type="checkbox"/>				

**California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Technology Annual Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010
Instructions for Completing Annual Reporting Form**

**BALLAST WATER TREATMENT TECHNOLOGY ANNUAL REPORTING FORM
TO BE SUBMITTED ANNUALLY BY VESSELS THAT HAVE A BALLAST WATER
TREATMENT SYSTEM INSTALLED ON BOARD, AND HAVE OR WILL BE
DISCHARGING TREATED BALLAST IN WATERS OF THE STATE**

**FORM MUST BE SUBMITTED within 60 days of receiving a written or electronic
request from the Commission**

SUBMIT THE COMPLETED FORM TO:

California State Lands Commission
Marine Facilities Division
200 Oceangate, Suite 900
Long Beach, CA 90802
FAX: 562-499-6444
Email: bwform@slc.ca.gov

Treatment System Information

Question 1: Provide the requested information for each ballast water treatment installed on the vessel. **NOTE:** If more than one treatment system is installed on board the vessel, the form must be filled out separately for each system.

- List the system manufacturer or company (For example - Acme Incorporated).
- List the product name, if applicable (For example - Acme Ballast Water Treatment System).
- List the model number, if applicable (For example - Acme Model # 5454). Do not provide the serial number.

- **Question 1a.** Check ALL appropriate boxes that describe the mode(s) of action that the system uses to treat ballast water. For example, if the system first filters the water and then uses ultraviolet radiation, check both “filtration” and “ultraviolet irradiation.” If the system uses a mode of action not described, check “Other” and then describe the mode of action.

- **Question 1b.** If applicable, please provide the name(s) of all substances (chemicals or biocides that kill or inactivate organisms in ballast water, flocculating agents, and/or neutralizing agents) manufactured by or associated with the use of the ballast water treatment system (e.g. hypochlorite, sodium bisulfate...). If no substances are used by the system, check “N/A” and move to Question 1c. Some systems may use multiple substances. Please list all of them.

Refer to the Material Safety Data Sheets (MSDS) as necessary to answer this question. Additionally, indicate whether or not the MSDS is kept on board for each substance, if applicable.

- **Question 1c.** Check the appropriate box to indicate if the vessel maintains the ballast water treatment system manufacturer's technical guides, publications and/or manuals on board.

Question 2: Indicate the date (DD/MM/YYYY) when the ballast water treatment system installation received classification society approval for operation on the vessel.

Question 3: Please mark "yes" or "no" for each of the following:

- Was the ballast water treatment system installed during the regularly scheduled out of water dry docking of the vessel (For example - in conjunction with a dry docking scheduled for a classification society inspection or hull maintenance/repair)?
- Did the vessel require a special (non-routine) out of water dry docking that was scheduled exclusively for the installation of the ballast water treatment system?
- Was the ballast water treatment system installed without the need for out of water dry docking (For example - while the vessel was still in the water or while underway)?

Question 4: Since receiving classification society approval, has the ballast water treatment system been "significantly" modified or upgraded. For the purposes of this question, "significant" means a modification to the system:

- Which changes its volumetric capacity to treat ballast water by 15 percent or greater; or
- Which changes the mode of action of the treatment system; or
- Which is projected to prolong the life of the ballast water treatment system by 10 years or more; or
- Which results in a modification to the ballast water treatment system other than component replacement-in-kind.

If the answer is "Yes" to ANY of the bullets above, then check "Yes" and fill in information for date of upgrade and generally describe the nature and extent of the update/modification to the ballast water treatment system. (For example - Filtration unit was enlarged to handle 20% more capacity of incoming ballast water).

If the answer is "No" to ALL of the bullets above, check "No" and proceed to Question 5.

Question 5: Check the appropriate box to indicate whether or not the system has undergone any unscheduled or emergency maintenance since the system was commissioned.

- If "Yes" was selected, describe the most recent emergency or unscheduled maintenance event. What type of malfunction occurred? How was it addressed? Provide the date (or dates) of when this event occurred.
- If "No" was selected, proceed to Question 6.

Question 6: Check the appropriate box to indicate whether the vessel is in compliance with the requirement to maintain a ballast water treatment performance log on board. The ballast water treatment performance log may be maintained as part of the ballast water management log or as an independent document.

At a minimum, the ballast water treatment performance log must include:

- The dates, times, and locations of the starting and stopping of the system for the purpose of treating ballast water.
- Dates, time and descriptions of any system malfunctions, including problem resolution.
- Dates, times and locations of both scheduled and unscheduled maintenance of the system.
- All relevant measures of system performance recorded during system operation. For example - UV transmittance, residual chemical concentration.

Question 7: Check the appropriate box to indicate whether system performance (i.e. biological efficacy) is verified (either by the vessel, the system manufacturer or a third party organization) on a regular basis. The State of California does not require vessels to conduct system performance verification, however, regular performance testing will allow the vessel to ensure the system is working properly.

- If “Yes” was selected, check the appropriate box to indicate the frequency with which the performance/efficacy of the ballast water treatment system is verified. If the system is verified on a different schedule, check “Other” and describe that schedule.
- If system performance verification is not conducted, select “No.”



California State Lands Commission
Ballast Water Treatment Supplemental Reporting Form
 Public Resources Code Section 71205(g)
 July 1, 2010

ALL VESSELS MUST ALSO SUBMIT BALLAST WATER REPORTING FORM

IS THIS AN AMENDED REPORTING FORM? Yes No

Vessel Information

Voyage Information

Vessel Name:	Arrival Port:
Official/IMO Number:	Arrival Date (DD/MM/YYYY):

Ballast Water Treatment

1. Did the treatment system experience any malfunction that affected the treatment of ballast water to be discharged at this arrival port?

Yes , please provide the following information:

Date of malfunction (DD/MM/YYYY): _____

Explain the malfunction: _____

If applicable, how was the situation resolved? _____

No

2. Ballast Water Treatment History. Provide information for all ballast tanks that will be discharged at arrival port. Enter additional tanks on page 2. One tank per line. If none, go to Question #3.

Tanks/ Holds	BW Source			BW Discharge			BW Treatment		
	Date (DD/MM/YY)	Port or Lat-Long	Volume (Units)	Date (DD/MM/YY)	Port or Lat-Long	Volume (Units)	Date of 1st treatment (DD/MM/YY)	Date 2nd treatment (if applicable) (DD/MM/YY)	Volume Ballast Treated (Units)

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

3. Responsible Officer's Name and Title: _____

California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Supplemental Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010

Instructions for Completing Supplemental Reporting Form

REMINDER: ALL VESSELS MUST SUBMIT BALLAST WATER REPORTING FORM

**BALLAST WATER TREATMENT SUPPLEMENTAL REPORTING FORM TO BE SUBMITTED
Upon departure from each port or place of call in California ONLY IF:**

- **Ballast Water Was Treated; AND**
- **Ballast Water Was Discharged Into California Waters**

**Vessels that have ballast water treatment systems and discharge
treated ballast into California waters must also annually submit:**

**Ballast Water Treatment Annual Reporting Form
SUBMIT THE COMPLETED FORM(S) TO:**

California State Lands Commission
Marine Facilities Division
200 Oceangate, Suite 900
Long Beach, CA 90802
FAX: 562-499-6444
Email: bwform@slc.ca.gov

Question 1: Check the appropriate box to indicate whether the vessel or the ballast water treatment system experienced any malfunction or unexpected situation (For example - UV bulbs burned out) that may have impacted the treatment of ballast water to be discharged at this arrival port.

- If Yes is selected, enter the date or dates (DD/MM/YYYY) when the problem occurred, describe the problem (malfunction) and how (if applicable) the situation was resolved.
- If No is selected, proceed to Question #2.

Question 2: Provide information about each ballast water tank that underwent treatment and was subsequently discharged into California waters during this port visit. Do not submit information on tanks that were not discharged into California waters.

TANK

Please list ***all tanks and holds*** that you have discharged into California waters. Follow each tank across the page listing all source(s), discharge and treatment events separately.

List each tank on a separate line. Use an additional page if necessary, being careful to include IMO number at the top of the second page (if necessary).

For tanks with multiple sources: List each source on a separate line.

BW SOURCE

Date: Report date of ballast water uptake (DD/MM/YY).

Port or latitude/longitude: Report location of ballast water uptake. **No abbreviations for ports.**

Volume: Report total volume of ballast water uptake, **with volume units.**

BW DISCHARGE

Date: Record date of ballast water discharge (DD/MM/YY).

Port or latitude/longitude: Report location of ballast water discharge. **No abbreviations for ports.**

Volume: Report volume of ballast water discharged, **with volume units.**

BW TREATMENT

Date of 1st treatment: Indicate the date (DD/MM/YY) when ballast water treatment was initiated for that tank. If treatment occurred over several days, list the day when treatment began.

Date of 2nd treatment: If applicable, provide the date (DD/MM/YY) when secondary ballast water treatment occurred. (For example - If ballast water was treated with UV both on uptake and discharge, put the date of treatment on uptake in the 1st column and the date of treatment on discharge in the 2nd column).

Volume: For each tank to be discharged, report total volume of ballast water treated by the ballast water treatment system, **with volume units.**

Question 3: Enter the responsible officer's name and title.