

Attachment 1

Signatory Requirements

*All Documents Submitted In Compliance With This Order
Shall Meet The Following Signatory Requirements:*

1. All applications, reports, or information submitted to the State Water Resources Control Board (State Water Board) must be signed and certified as follows:
 - (a) For a corporation, by a responsible corporate officer of at least the level of vice-president.
 - (b) For a partnership or sole proprietorship, by a general partner or proprietor, respectively.
 - (c) For a municipality, or a state, federal, or other public agency, by either a principal executive officer or ranking elected official.

2. Alternatively, for a vessel operating in waters of the State, all applications, reports, or information submitted to the State Water Board may be signed and certified by a duly authorized representative of a person designated in Items 1.a through 1.c, such as the master, operator, agent, or other person in charge if:
 - (a) The authorization is made in writing by a person described in Items 1.a through 1.c above.
 - (b) The authorization specifies either an individual or position having responsibility for the overall operation of the regulated activity.
 - (c) The written authorization is submitted to the State Water Board's Executive Director:

Attention: NPDES Unit
Division of Water Quality
State Water Resources Control Board
1001 "I" Street, 15th Floor
Sacramento, CA 95814

3. Any person signing a document under this section shall make the following certification:

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment."

Attachment 2

List of Chemical Names and Common Names for Hazardous Wastes and Hazardous Materials

Title 22, Chapter 11, Appendix X, California Code of Regulations

(a) This Attachment sets forth a list of chemicals which create a presumption that a waste is a hazardous waste. If a waste consists of or contains a chemical listed in this Attachment, the waste is presumed to be a hazardous waste unless it is determined that the waste is not a hazardous waste pursuant to the procedures set forth in section 66262.11 of Title 22 of the California Code of Regulations (CCR Title 22). The hazardous characteristics which serve as a basis for listing the chemicals are indicated in the list as follows: (X) toxic, (C) corrosive, (I) ignitable, and (R) reactive. A chemical denoted with an asterisk (*) is presumed to be an extremely hazardous waste unless it does not exhibit any of the criteria set forth in section 66261.110 and section 66261.113 of CCR Title 22. Trademark chemical names are indicated by all capital letters. The list can be found at: <http://www.dtsc.ca.gov/LawsRegsPolicies/Title22/upload/Ch-11-Appendix-X.pdf>

(b) This Attachment sets forth a list of common names of wastes which are presumed to be hazardous wastes unless it is determined that the waste is not a hazardous waste pursuant to the procedures set forth in section 66262.11 of CCR Title 22. The hazardous characteristics which serve as a basis for listing the common names of wastes are indicated in the list as follows: (X) toxic, (C) corrosive, (I) ignitable, and (R) reactive.

Acetylene sludge (C)	Drilling mud (X)
Acid and water (C)	Dyes (X)
Acid sludge (C)	Etching acid liquid or solvent (C,I)
AFU Flocc (X)	Fly ash (X,C)
Alkaline caustic liquids (C)	Fuel waste (X,I)
Alkaline cleaner (C)	Insecticides (X)
Alkaline corrosive battery fluid (C)	Laboratory waste (X,C,R,I)
Alkaline corrosive liquids (C)	Lime and sulfur sludge (C)
Asbestos waste (X)	Lime and water (C)
Ashes (X,C)	Lime sludge (C)
Bag house wastes (X)	Lime wastewater (C)
Battery acid (C)	Liquid cement (I)
Beryllium waste (X)	Mine tailings (X,R)
Bilge water (X)	Obsolete explosives (R)
Boiler cleaning waste (X,C)	Oil and water (X)
Bunker Oil (X,I)	Oil Ash (X,C)
Catalyst (X,I,C)	Paint (or varnish) remover or stripper (I)
Caustic sludge (C)	Paint thinner (X,I)
Caustic wastewater (C)	Paint waste (or slops) (X,I)
Cleaning solvents (I)	Pickling liquor (C)
Corrosion inhibitor (X,C)	Pigments (X)

Attachment 2
List of Hazardous Materials
Title 22, Chapter 11, Appendix X, California Code of Regulations

Data processing fluid (I)	Stripping solution (X,I)
Drilling fluids (X,C)	Sulfonation oil (I)
Retrograde explosives (R)	Tank bottom sediment (X)
Sludge acid (C)	Plating waste (X,C)
Soda ash (C)	Printing Ink (X)
Solvents (I)	Tanning sludges (X)
Spent acid (C)	Toxic chemical toilet wastes (X)
Spent caustic (C)	Unrinsed pesticide containers (X)
Spent (or waste) cyanide solutions (X,C)	Unwanted or waste pesticides --an unusable portion of active ingredient or undiluted formulation (X)
Spent mixed acid (C)	Waste epoxides (X,I)
Spent plating solution (X,C)	Waste (or slop) oil (X)
Spent sulfuric acid (C)	Weed Killer (X)

(c) This Attachment sets forth a list of electronic wastes that are presumed to be hazardous wastes unless it is determined that the electronic waste is not a hazardous waste pursuant to the procedures set forth in section 66262.11 of CCR Title 22. The hazardous characteristics that serve as a basis for listing the common names of electronic wastes are indicated in the list as follows: (X) toxic, (C) corrosive, (I) ignitable, and (R) reactive. For purposes of Health and Safety Code section 25214.10.1, devices marked with a pound symbol (#) were listed herein on or before July 1, 2004. Notwithstanding section 66260.202 of CCR Title 22, subsections (a) and (b), the prohibition described in subsection (a) of section 66260.202 shall not be applied to devices in this list marked with a delta symbol (Δ) until July 1 of the year subsequent to the year in which the devices were added to the list, as specified in parentheses below, and then it shall apply only to those devices that are manufactured on or after that July 1 date:

- # Cathode ray tube containing devices (CRT devices) with CRTs greater than four inches measured diagonally (X)
- # Cathode ray tubes (CRTs) greater than four inches measured diagonally (X)
- # Computer monitors containing cathode ray tubes greater than four inches measured diagonally (X)
- # Laptop computers with liquid crystal display (LCD) screens greater than four inches measured diagonally (X)
- # LCD containing desktop monitors greater than four inches measured diagonally (X)
- # Televisions containing cathode ray tubes greater than four inches measured diagonally (X)
- Televisions containing liquid crystal display (LCD) screens greater than four inches measured diagonally (X) (added December 2004)
- Plasma televisions with screens greater than four inches measured diagonally (X) (added December 2004)
- Δ Portable DVD players with liquid crystal display (LCD) screens greater than four inches measured diagonally (X) (added December 2006)

Attachment 3

California State Lands Commission's Ballast Water Performance Standards

Organism Size Class	Performance Standards^[1,2]
Organisms greater than 50 µm^[3] in minimum dimension	No detectable living organisms
Organisms 10 – 50 µm in minimum dimension	< 0.01 living organisms per ml ^[4]
Living organisms less than 10 µm^[3] in minimum dimension	< 10 ³ bacteria/100 ml < 10 ⁴ viruses/100 ml
<i>Escherichia coli</i>	< 126 CFU ^[5] /100 ml
Intestinal enterococci	< 33 CFU/100 ml
Toxicogenic <i>Vibrio cholerae</i> (01 & 0139)	< 1 CFU/100 ml or < 1 CFU/gram wet weight zoological samples

^[1] See Implementation Schedule below for dates by which vessels must meet California Interim Performance Standards.

^[2] The final discharge standard for California, beginning January 1, 2020, is zero detectable living organisms for all organism size classes.

^[3] Micrometer

^[4] Milliliter

^[5] Colony-forming unit

Performance Standards Implementation Schedule

Ballast Water Capacity of Vessel	Standards apply to new vessels in this size class constructed on or after	Standards apply to all other vessels in this size class beginning in
< 1500 metric tons	2010	2016
1500 – 5000 metric tons	2010	2014
> 5000 metric tons	2012	2016

Attachment 7-4
Vessel Discharge Reporting Forms

**7.3 4.1– California State Lands Commission
Marine Invasive Species Program
Hull Husbandry Reporting Form
Public Resources Code – 71205(e) and 71205(f)
June 6, 2008
Part I: Reporting Form**

Vessel Name:
Official / IMO Number:
Responsible Officer's Name and Title:
Date Submitted (Day/Month/Year):

Hull Husbandry Information

1. Since delivery, has this vessel ever been removed from the water for maintenance?
Yes No

a. If Yes, enter the date and location of the most recent out-of-water maintenance:

Last date out of water (Day/Month/Year):	
Port or Position:	Country:

b. If No, enter the delivery date and location where the vessel was built:

Delivery date (Day/Month/Year):	
Port or Position:	Country:

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the **out-of-water** maintenance or shipbuilding process listed above?

Yes, full coat applied <input type="checkbox"/>
Yes, partial coat <input type="checkbox"/> Date last full coat applied (Day/Month/Year)
No coat applied <input type="checkbox"/> Date last full coat applied (Day/Month/Year)

3. For the most recent **full coat** application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific **sections** of the submerged portion of the vessel was it applied?

Manufacturer/Company:
Product Name:
Applied on (Check all that apply): Hull Sides <input type="checkbox"/> Hull Bottom <input type="checkbox"/> Sea Chests <input type="checkbox"/> Sea Chest Gratings <input type="checkbox"/> Propeller <input type="checkbox"/> Rope Guard/Propeller Shaft <input type="checkbox"/> Previous Docking Blocks <input type="checkbox"/> Thrusters <input type="checkbox"/> Rudder <input type="checkbox"/> Bilge Keels <input type="checkbox"/>

Manufacturer/Company:

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Vessel Discharge Reporting Forms

Product Name: _____

Applied on (**Check all that apply**): Hull Sides Hull Bottom Sea Chests Sea Chest Gratings Propeller Rope Guard/Propeller Shaft
Previous Docking Blocks Thrusters Rudder Bilge Keels

Official / IMO Number: _____

Manufacturer/Company: _____

Product Name: _____

Applied on (**Check all that apply**): Hull Sides Hull Bottom Sea Chests Sea Chest Gratings Propeller Rope Guard/Propeller Shaft
Previous Docking Blocks Thrusters Rudder Bilge Keels

4. Were the sea chests inspected and/or cleaned during the **out-of-water** maintenance listed above? If no out-of-water maintenance since delivery, select Not Applicable. **Check all that apply.**

Yes, sea chests inspected Yes, sea chests cleaned
No, sea chests not inspected or cleaned Not Applicable

5. Are Marine Growth Protection Systems (MGPS) installed in the sea chests?

Yes <input type="checkbox"/>	Manufacturer: _____	Model: _____
No <input type="checkbox"/>		

6. Has the vessel undergone **in-water** cleaning to the submerged portions of the vessel since the last out-of-water maintenance period? Yes No

a. If Yes, when and where did the vessel most recently undergo **in-water** cleaning (Do not include cleaning performed during out-of-water maintenance period)?

Date (**Day/Month/Year**): _____

Port or Position: _____ Country: _____

Vendor providing cleaning service: _____

Section(s) cleaned (**Check all that apply**):

Hull Sides Hull Bottom Propeller Sea Chest Grating
Sea Chest Bilge Keels Rudder Docking Blocks
Thrusters Unknown

Cleaning method: Divers Robotic Both

7. Has the propeller been polished since the last **out-of-water** maintenance (including shipbuilding process) or **in-water** cleaning?

Yes Date of propeller polishing (**Day/Month/Year**): _____

No

Attachment 7 4
Vessel Discharge Reporting Forms

8. Are the anchor and anchor chains rinsed during retrieval? Yes No

Voyage Information

9. List the following information for this vessel averaged over the last four months:

a. Average Voyage Speed (knots):	
b. Average Port Residency Time (hours or days):	Hours or Days
Official / IMO Number: _____	

10. Since the hull was last cleaned (**out-of-water** or **in-water**), has the vessel visited:

a. Fresh water ports (Specific gravity of less than 1.005)?

Yes <input type="checkbox"/>	How many times?
No <input type="checkbox"/>	

b. Tropical ports (between 23.5° S and 23.5° N latitude)?

Yes <input type="checkbox"/>	How many times?
No <input type="checkbox"/>	

c. Panama Canal?

Yes <input type="checkbox"/>	How many times?
No <input type="checkbox"/>	

d. List the previous 10 ports visited by this vessel in the order they were visited (start with most recent). Note: If the vessel visits the same ports on a regular route, check here and list the route once (you do not have to use all 10 spaces if the route involves less than 10 ports; add more lines if regular route involves more than 10 ports). **List dates as (Day/Month/Year).**

Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:

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Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:

Official / IMO Number: _____

11. Since the **most recent** hull cleaning (out-of-water or in-water) or delivery, has the vessel spent 10 or more consecutive days in any single location (Do not include time out-of-water or during in-water cleaning).

No List the longest amount of time spent in a single location since the last hull cleaning:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Yes List all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning.

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Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

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Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Number of Days:	Date of Arrival (Day/Month/Year):
Port or Position:	Country:

Attachment 7 4
Vessel Discharge Reporting Forms

**California State Lands Commission
Marine Invasive Species Program
Hull Husbandry Reporting Form
Public Resources Code – 71205(e) and 71205(f)
June 6, 2008**

Part II: Supplementary Instructions for Completing Reporting Form

TEXT OF MODIFIED REGULATIONS

The Commission has illustrated changes to the original text noticed to the public in the following manner: deletions from the language originally proposed are indicated using double-strikeout; and additions to the language originally proposed are double-underlined. Note: A change was only made to the directly following statement, and was required to allow for the sole comment received during the 45-day comment period. No other changes were made to the instructions.

7.3 4.1 – Hull Husbandry Reporting Form

(Submit annually within 60 days of receiving a written or electronic request from the California State Lands 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

Hull Husbandry Information

Question 1: Check the appropriate box to indicate whether, since delivery, the vessel has ever been removed from the water for maintenance.

- If Yes was selected, enter the date (Day/Month/Year) and location for the most recent out-of-water maintenance period (for example, if vessel was out of water for dry-dock from January 1-10, list January 10 as the last date out of water).
- If No was selected, enter the vessel's delivery date (Day/Month/Year) and the location where the vessel was built.

Question 2: Check the appropriate box to indicate whether the vessel's hull was coated with an anti-fouling treatment/coating during the out-of-water maintenance period or shipbuilding process described in Question 1.

- If "Yes, full coat applied" was selected, move on to Question 3.
- If "Yes, partial coat" was selected, list completion date (Day/Month/Year) of most recent full coat application of an anti-fouling treatment/coating.

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- If “No coat applied” was selected, list completion date (Day/Month/Year) of most recent full coat application of an anti-fouling treatment/coating.

Question 3: For the most recent full coat application of anti-fouling treatment/coating, list the manufacturer(s)/company(ies) and product names of the treatment(s)/coating(s) and check the box next to the specific section(s) of the submerged portions of the vessel where each treatment was applied (check all sections that apply). List information for each anti-fouling treatment/coating if more than one was applied. Attach additional pages if necessary.

Question 4: Check the appropriate box to indicate whether the sea chest(s) were inspected and/or cleaned during the most recent out-of-water maintenance period described in Question 1. If no out-of-water maintenance since delivery, check Not Applicable.

Question 5: Marine Growth Protection Systems are systems installed in the sea chests to prevent the accumulation of fouling organisms within the sea chests and associated seawater circulation networks. Check the appropriate box to indicate if a Marine Growth Protection System is installed in the sea chest(s).

- If Yes was selected, list the Manufacturer and Model.

Question 6: Check the appropriate box to indicate if the vessel has undergone **in-water** cleaning on the submerged portions of the vessel since the last out-of-water maintenance period. **In-water** cleaning does not include cleaning carried out during out-of-water maintenance but does include cleaning carried out during the Underwater Inspection in Lieu of Dry-Docking (UWILD). For this question, out-of-water maintenance includes the shipbuilding process.

- If Yes was selected, answer Question 6a.
- If No was selected, move on to Question 7.

Question 6a: List date (Day/Month/Year) and location of most recent in-water cleaning (do not include cleaning performed during out-of-water maintenance period) as well as the vendor that conducted the in-water cleaning. Check the box next to the appropriate sections to indicate those sections of the vessel that were cleaned during the in-water cleaning described in Question 6. Indicate whether in-water cleaning was conducted by divers, a robotic system, or both.

Question 7: Check the appropriate box to indicate whether the propeller has been polished since the most recent out-of-water maintenance or in-water cleaning. For this question, **out-of-water** maintenance includes the shipbuilding process.

- If Yes was selected, list the date of the most recent propeller polishing.

Question 8: Check the appropriate box to indicate whether the anchor and anchor chains are rinsed during retrieval.

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Voyage Information

Question 9a: Over the past four months, list the average speed (knots) at which this vessel has traveled.

Question 9b: Over the past four months, list the average length of time (either hours or days) that this vessel has spent in any given port.

Question 10a: Check the appropriate box to indicate whether this vessel has visited any freshwater ports (specific gravity of less than 1.005) since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If Yes is selected, list the number of times that this vessel visited freshwater ports since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 10b: Check the appropriate box to indicate whether this vessel has visited any tropical ports between latitudes 23.5° S and 23.5° N since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If Yes is selected, list the number of times that this vessel visited tropical ports since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 10c: Check the appropriate box to indicate whether this vessel has traversed the Panama Canal since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If Yes is selected, list the number of times that this vessel has traversed the Panama Canal since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 10d: Starting with the most recent port, list the last 10 ports visited by this vessel. Provide information on the port or place, country, and the dates of arrival and departure.

If this vessel follows a regular route, visiting the same ports routinely, place a check in the box provided and list the information for the most recently completed route. You do not have to use all ten spaces if the regular route involves less than 10 ports. Add more lines if the regular route involves more than ten ports.

List all dates as Day/Month/Year.

Question 11: Check the appropriate box to indicate whether this vessel has spent 10 or more consecutive days in any single location since the last time the hull was cleaned (either in-water or out of water) or since delivery if the hull has never been cleaned. Do not include time spent out-of-water or time spent during in-water cleaning.

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Vessel Discharge Reporting Forms

- If No is selected, enter the information for the single longest amount of time this vessel has spent in a single location since the last hull cleaning or since delivery if the hull has never been cleaned.
- If Yes is selected, list all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning or since delivery if the hull has never been cleaned.

Authority: Public Resources Code Sections 71201 and 71204.6

Reference: Public Resources Code Sections 71205(e) and 71205(f)

Attachment 7.4
Vessel Discharge Reporting Forms

7.4 4.2- BALLAST WATER REPORTING FORM

IS THIS AN AMENDED BALLAST REPORTING FORM? YES NO

1. VESSEL INFORMATION CAPACITY

2. VOYAGE INFORMATION

3. BALLAST WATER USAGE AND

Vessel Name:	Arrival Port:	Specify Units Below (m³, MT, LT, ST)		
IMO Number:	Arrival Date (DD/MM/YYYY):	Total Ballast Water on Board:		
Owner:	Agent:	Volume	Units m3	No. of Tanks in Ballast
Type:	Last Port:	Total Ballast Water Capacity:		
GT:	Country of Last Port:	Volume	Units m3	Total No. of Tanks on Ship
Call Sign:	Next Port:			
Flag:				

4. BALLAST WATER MANAGEMENT

Total No. Ballast Water Tanks to be discharged:

Of tanks to be discharged, how many: Underwent Exchange:

Underwent Alternative Management:

Please specify alternative method(s) used, if any: _____

If no ballast treatment conducted, state reason why not: _____

Ballast management plan on board? YES NO

Management plan implemented? YES NO

IMO ballast water guidelines on board [res. A.868(20)]? YES NO

5. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival (enter additional tanks on page 2). IF NONE, GO TO #6

Tanks/ Holds <small>List multiple sources/tanks separately</small>	BW SOURCE				BW EXCHANGE						BW DISCHARGE			
	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)
			m3	C			m3		ER				m3	sg

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Vessel Discharge Reporting Forms

Tanks/ Holds List multiple sources/tanks separately	BW SOURCE				BW EXCHANGE						BW DISCHARGE			
	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg

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

6. RESPONSIBLE OFFICER'S NAME AND TITLE: _____

2

Tanks/ Holds List multiple sources/tanks separately	BW SOURCE				BW EXCHANGE						BW DISCHARGE			
	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg

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Vessel Discharge Reporting Forms

Tanks/ Holds List multiple sources/tanks separately	BW SOURCE				BW EXCHANGE						BW DISCHARGE			
	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	TEMP (units)	DATE DD/MM/YY	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg
			m3	C			m3		ER				m3	sg

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