# STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT RENEWAL/MODIFICATION APPLICATION

## LOCKWOOD ASH DISPOSAL SITE

Prepared on behalf of:

Lockwood Hills LLC 590 Plant Road P.O. Box 187 Dresden, New York 14441

**Prepared by:** 

2620 Grand Island Blvd. Grand Island, New York 14072-2131

May 2020

# STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT RENEWAL/MODIFICATION APPLICATION

## LOCKWOOD ASH DISPOSAL SITE

Prepared on behalf of:

### Lockwood Hills LLC

590 Plant Road P.O. Box 187 Dresden, New York 14441

### **Prepared by:**

2620 Grand Island Blvd. Grand Island, New York 14072-2131

## May 2020

### State Pollutant Discharge Elimination System Permit Renewal/Modification Application

Lockwood Hills LLC

## **TABLE OF CONTENTS**

1	INT	RODUCTION	1-1
2	OUT	TFALL DESCRIPTIONS	
	2.1	GENERAL	
	2.2	EXISTING OUTFALL	
	2.3	PROPOSED MODIFICATIONS	
	2.3.1	1 The System	2-1
	2.3.2	2 Sub-Outfall 01A	
	2.3.3	3 Sub-Outfalls 01B and 01C	2-4
	2.3.4	4 Outfall 001	2-4
3	PER	RMIT FORMS	3-1

#### **List of Figures**

### List of Attachments

Attachment 1 February 18, 2016 NYSDEC Notice of SAPA Extension

Attachment 2 Treatment Pond Stage-Storage Curve

Attachment 3 Form NY-2C

## **1 INTRODUCTION**

Lockwood Hills LLC (Lockwood Hills) operates the Lockwood Ash Disposal Site (Lockwood or Landfill) located in the Town of Torrey, Yates County, New York on Swarthout Road. The Facility is bounded by Swarthout Road to the east, Feagle Road to the south, and NYS Route 14 to the north. The Keuka Lake Outlet bounds Lockwood to the west flowing past the Landfill in an approximate 100-foot deep ravine.

Lockwood Hills maintains a 6 NYCRR Part 360 Solid Waste Management Facility permit (Permit No. 8-5736-00005/00003-0) for this facility. The permit issued by the New York State Department of Environmental Conservation (NYSDEC) allows Lockwood to accept ash and wastewater treatment plant sludge. Stormwater and leachate discharge from the Landfill are managed in accordance with the requirements of State Pollutant Discharge Elimination System (SPDES) Permit No. NY-0107069.

On February 19, 2015, Lockwood Hills entered into a Consent Order (No. R8-20140710-47) with the NYSDEC to, in part, segregate stormwater from leachate. Segregation of the stormwater from the historic Leachate Pond was completed during the 2016 construction season after completing designed upgrades to Sediment Basin 1. All remaining stormwater improvements were completed in 2017. In 2019 the Leachate Pond was upgraded into the Treatment Pond under NYSDEC-approved design and construction documents, through the installation of a geomembrane containment liner system and cascade aerator inlet structure. All Consent Order work was completed prior to November 1, 2019, and a certification report was submitted to NYSDEC on December 27, 2019.

A timely and complete application for renewal of Lockwood Hills' SPDES permit (NY-0107069) was submitted on May 29, 2015. In the application it was noted that the permit would likely require modification due to Consent Order (No. R8-20140710-47) which became effective only months earlier. NYSDEC issued a letter to Lockwood dated February 18, 2016, noting that based on the timely submittal of the renewal application, the Lockwood SPDES permit was extended under the State Administrative Procedures Act (SAPA). This letter is included as Attachment 1.

## 2 OUTFALL DESCRIPTIONS

## 2.1 GENERAL

The purpose of this requested permit modification is to redesignate the existing permitted outfall and to add two new sub-outfalls for the two sediment basins installed pursuant to the Consent Order.

## 2.2 EXISTING OUTFALL

The existing Lockwood SPDES permit has one permitted outfall, referred to as Outfall 001. Prior to completion of the Consent Order work, this outfall discharged a combination of contact stormwater and leachate from the Landfill through a well-defined, deeply-cut channel to the Keuka Lake Outlet in the ravine below. Samples for purpose of compliance with the SPDES Permit effluent limits were collected at the discharge structure of the Leachate Pond in accordance with permit conditions.

## 2.3 PROPOSED MODIFICATIONS

### 2.3.1 The System

As a result of stormwater/leachate segregation performed in accordance with Consent Order No. R8-20140710-47, existing Outfall 001 now receives only treated leachate discharge from the Treatment Pond. Contact stormwater was redirected to Sediment Basin 1 and Sediment Basin 2. Both sediment basins now receive contact stormwater, as well as non-contact stormwater. Contact stormwater is defined as precipitation runoff from areas of the landfill that are inactive or from other site operations. Non-contact stormwater is defined as runoff from undisturbed areas of the site or runon from areas offsite. All runoff from active areas of the Landfill where precipitation may come in contact with the waste is collected by the leachate collection and removal system and routed to the Treatment Pond. Discharges from the Treatment Pond and both Sediment Basins now combine in a sediment trap before discharging offsite through the same well-defined, deeply-cut channel to the Keuka Lake Outlet.

Based on these changes, a re-designation of existing Outfall 001 to Sub-Outfall 01A and the addition of two new sub-outfalls (01B and 01C) for discharges from Sediment Basins 1 and 2, respectively are proposed. Further, it is proposed that Outfall 001 represent the single discharge

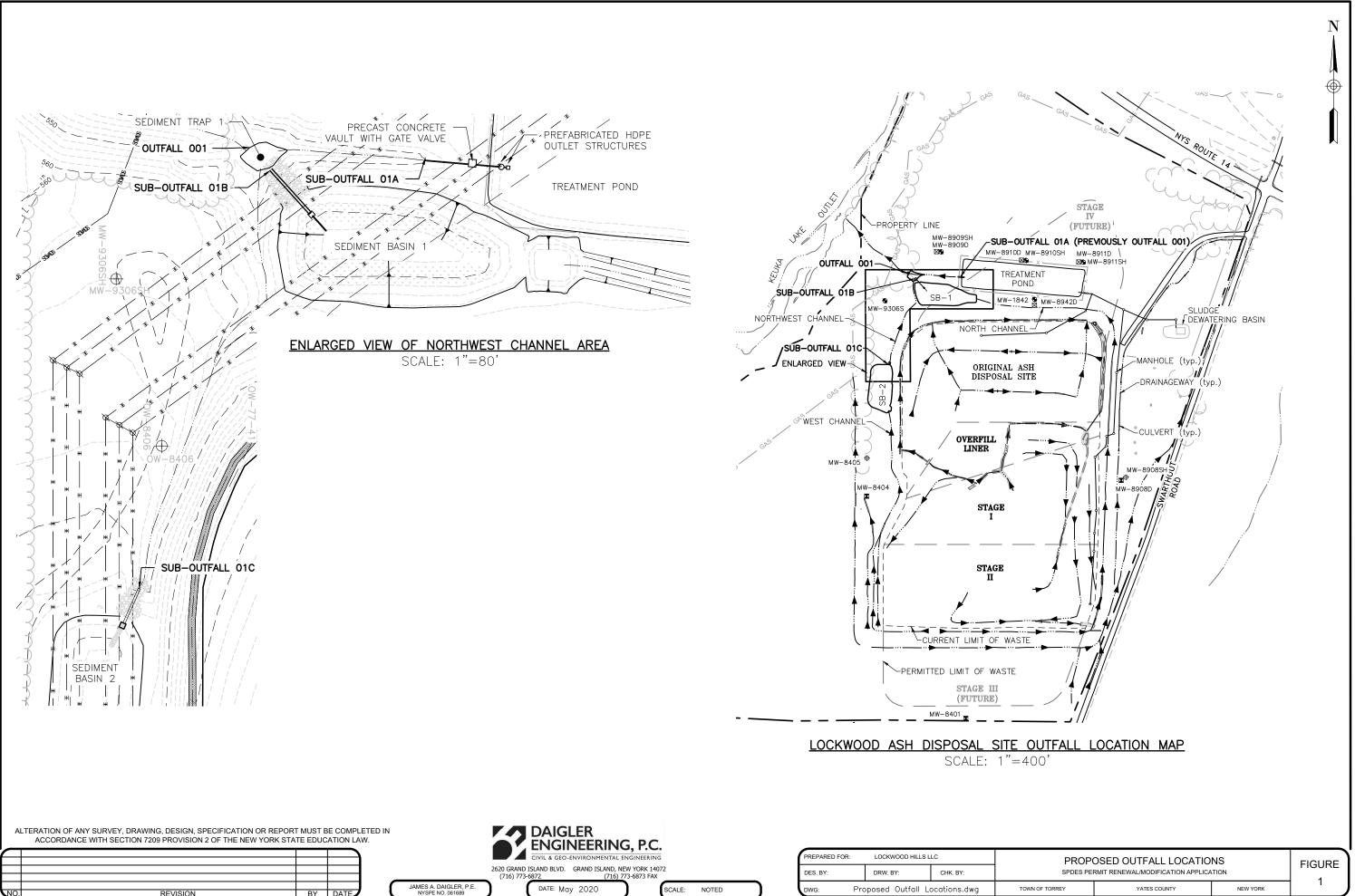
of all three sub-outfalls to the Keuka Lake Outlet. All proposed outfall locations and receiving waters are shown in Figure 1.

### 2.3.2 Sub-Outfall 01A

Sub-Outfall 01A (re-designated existing Outfall 001), will continue to operate as a batch discharge. Leachate is treated in the Treatment Pond through the incorporation of the step aerator at its inlet and settling within the Pond itself. When the liquid level in the Pond reaches a trigger depth (3.0 ft), a pre-discharge grab sample will be taken from the Pond using a long-handled scoop from the shore near the Pond discharge structures to confirm the effluent limits will be met and a discharge event will be scheduled. Discharge events will be initiated by opening the gate valve on the eight-inch diameter discharge pipe. Discharge events will be sampled using a composite sampler to collect 24-hour composites beginning on the first day of sampling. The composite sampler will be staged near the outlet end of the eight-inch discharge pipe and its intake tubing will be positioned to pull samples from the discharge channel at the end of the pipe. Composite samples will be analyzed for the SPDES-permitted parameters that require this sample type.

A grab sample will be taken upon collection of the composite sample for the measurement of field parameters (pH and temperature) and low-level mercury analysis. Grab samples will be taken directly into sample bottles from the outlet end of the eight-inch discharge pipe.

The rate of discharge will be controlled by operating the gate valve at less than 100% open. Flow rate from Sub-Outfall 01A will be estimated using the updated Stage-Storage curve provided in Attachment 2.



10.	REVISION	BY	DATE

### 2.3.3 Sub-Outfalls 01B and 01C

Proposed Sub-Outfalls 01B and 01C are located at the discharge point of Sediment Basins 1 and 2, respectively. Following the redesign of the stormwater system, the two sediment basins both now receive contact and non-contact stormwater in addition to groundwater discharges. Sediment Basin 1 is located north of the Original Ash Disposal Site (OADS) and receives contact and non-contact stormwater originating in the north, east, and southeast portion of the Landfill in addition to the area north of the OADS. Sediment Basin 2 is located west of the constructed portion of the Landfill and collects contact and non-contact stormwater originating from the west and southwest portion of the Landfill. Swales, perimeter channels, and downchutes are utilized to convey stormwater away from active landfilling areas to one of the sediment basins. Groundwater input to Sediment Basins 1 and 2 are from groundwater drains GWD-1 and GWD-2, respectively.

Discharges from Sediment Basins 1 and 2 are precipitation dependent. They are designed with permanent storage for the calculated water quality volume which will capture most lower return frequency storm events. Therefore, discharges should be associated only with storm events with a return frequency of around 1-yr or higher or during consecutive smaller events. Should wet weather sampling be required, samples can be collected from the end of the 30-inch or 24-inch corrugated HDPE discharge pipe from the square concrete discharge structures of Sediment Basins 1 and 2, respectively. Dry weather sampling events will be from the ponded water in the Sediment Basins.

### 2.3.4 Outfall 001

While not considered a permanent structure, the Sediment Trap 1 combines the discharges from the three separate sub-outfalls then conveys the discharge over a rock-lined spillway in one single outfall. Discharge from Outfall 001 is proposed to be sampled from the channel immediately downstream of the spillway. It is proposed that should wet weather sampling of Sediment Basin 1 and 2 be required, that a combined wet weather sample representative of both Sub-Outfalls 01B and 01C be collected from this location, provided the Treatment Pond was not concurrently being batch discharged.

## **3 PERMIT FORMS**

The following forms have been completed and are included in this section as part of the SPDES permit modification request:

- Industrial Application Form NY-2C Section I Permittee and Facility Information
- Industrial Application Form NY-2C Section II Outfall Information
- Industrial Application Form NY-2C Section III Sampling Information
  - All effluent quality data required to be collected by the current SPDES permit (No. 0107069) has been previously submitted as part of quarterly Discharge Monitoring Reports (DMRs), so data for the following total metals for Sub-Outfall 01A are not included with existing effluent quality data provided for Sub-Outfall 01A.
    - Aluminum; Arsenic; Boron; Cadmium; Copper; Iron; Mercury; Manganese; Selenium; and Zinc.
  - Data provided in the Existing Effluent Quality table for Sub-Outfall 01A are based on grab samples taken from the Leachate Pond from 2015 through the second quarter of 2019 and from the Treatment Pond during the last two quarters of 2019 as part of the Part 360 Environmental Monitoring Program.
  - No samples have been taken for proposed Outfall/Sub-Outfalls 001, 01B, and 01C. The effluent quality data collected for Sub-Outfall 01A (previously Outfall 001) have been used to estimate water quality for Outfall/Sub-Outfalls 001, 01B, and 01C. In cases where Leachate Pond data were used to supplement Sub-Outfall 01A sampling data, these data were used to estimate expected effluent quality in Outfall/Sub-Outfalls 001, 01B and 01C. Discharge from Sub-Outfall 01A flows to Outfall 001 and contact stormwater from the Landfill drains to Sediment Basins 1 and 2, so there is reason to believe that some or all of the parameters detected in Sub-Outfall 01A will be detected in these other three outfalls. Because discharge from Sub-Outfall 01A contains process wastewater it is expected that projected effluent concentrations provided in this application for

Outfall/Sub-Outfalls 001, 01B, and 01C are conservative or representative of worst-case scenarios for these outfalls. Discharges from the new sub-outfalls will not require additional treatment to comply with permit limitations.

## **ATTACHMENT 1**

# February 18, 2016 NYSDEC Notice of SAPA Extension

## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Permits & Pollution Prevention 625 Broadway, 4th Floor, Albany, New York 12233-1750 P: (518) 402-9167 | F: (518) 402-9168 | deppermitting@dec.ny.gov www.dec.ny.gov

February 18, 2016

Dale Irwin Lockwood Hills LLC PO Box 187 Dresden, NY 14441

> Re: Facility: Lockwood Ash Disposal Landfill DEC No.: 8-5736-00005 SPDES No.: NY0107069

Dear Permittee:

On June 1, 2015, the department received your application to renew the referenced State Pollution Discharge Environmental System (SPDES) permit. Prior to moving forward with the administrative procedures required for permit renewal, the department will be undertaking a full technical review of the SPDES discharge to determine the need to incorporate new permit requirements under the Federal Clean Water Act.

Based on your timely and sufficient renewal application submission, your current permit will remain in effect after the expiration date under the provisions of the State Administrative Procedure Act (SAPA), should the department's technical review and the subsequent permit modification not be completed prior to the expiration date of the current permit.

The timing of the department's full technical review will be determined by the ranking of the discharge under the department's Environmental Benefit Permit Strategy (EBPS). The EBPS utilizes a number of criteria to score and rank a wastewater discharge, giving priority for technical review to those discharges with the greatest potential to cause environmental harm. During the next five years, depending on the facility's priority ranking, you will receive a "Request for Information" from the department seeking data to be used in the evaluation of the discharge and in the establishment of new provisions proposed for inclusion in the permit. Renewal application procedures, including public notice, will be commenced concurrently with proposed permit modifications. A decision on permit renewal and modification will be made following a consideration of comments from you and the public or after a public hearing, if a hearing is held.



Department of Environmental Conservation If you have questions on the revised renewal procedure or SAPA, please contact me at (518) 402-9165. Questions on the federal requirements under the programs listed above and modification of your permit should be directed as follows:

Brian Baker @ (518) 402-8111

Sincerely,

ltt

Lindy Sue Czubernat Environmental Program Specialist

CC:

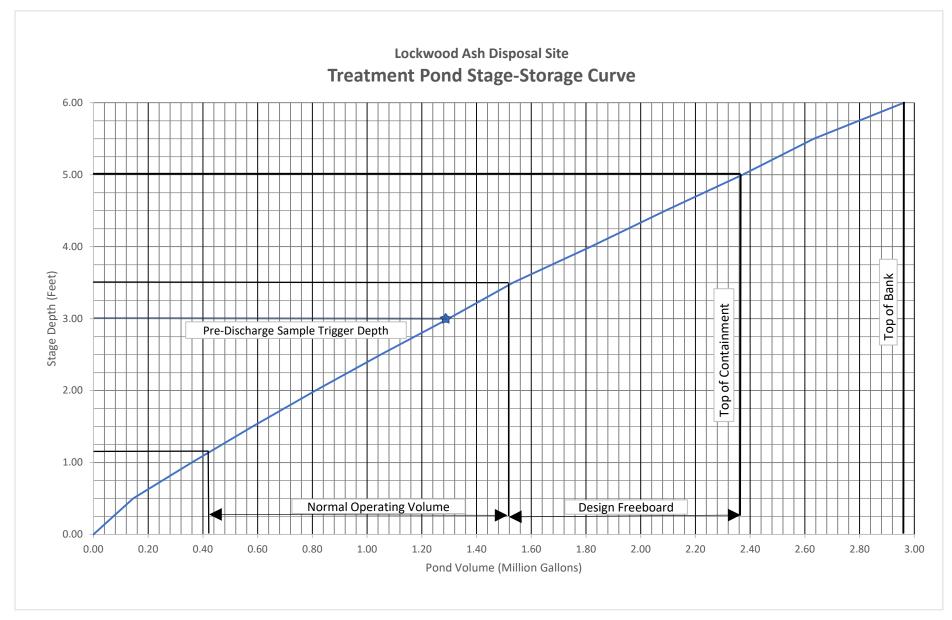
B. Baker

K. Tang

- S. Rodabaugh Region 8
- S. Sheeley Region 8
- A. Arcaya US EPA
- P. Giamba Committee to Preserve the Finger Lakes
- A. Finneran
- M. Kowalski
- R. Teichler

## **ATTACHMENT 2**

# **Treatment Pond Stage-Storage Curve**



NOTE: Storage volumes determined using TIN Volume Surfaces created from record survey information in AutoCad Civil 3D 2019.

		Pond Elevation* (feet)	Pond Incremental Depth (feet)	Cumulative Pond Volume (gallons)
	ent	550	Dry - Top of Stone	Dry
	Permanent Pool	550.5	0.5	145,112
		551	1.0	358,910
Pond Drain		<u>551.20</u>	<u>1.2</u>	417,729
	Operating Volume	551.5	1.5	581,134
		552	2.0	811,719
		552.5	2.5	1,050,689
Pre-Discharge Sample Trigger Elev.		<u>553</u>	<u>3.0</u>	1,298,077
		553.5	3.5	1,533,934
	rd	554	4.0	1,818,318
	Design Freeboard	554.5	4.5	2,091,308
Top of Containment		<u>555</u>	<u>5.0</u>	2,372,963
	Above Liner System	555.5	5.5	2,633,335
Top of Bank	Above Sys	<u>556</u>	<u>6.0</u>	2,962,915

### Lockwood Ash Disposal Site Treatment Pond Stage-Storage Curve Data

\*Vertical Control = Greenidge Station Site Datum.

Attachment 3

# Form NY-2C

#### State Pollutant Discharge Elimination System (SPDES) INDUSTRIAL APPLICATION FORM NY-2C

#### For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

Section I - Permittee and Facility Information

Please type or print the requested information.

#### 1. Current Permit Information (leave blank if for new discharge)

SPDES Number:	DEC Number:
2. Permit Action Requested: (Cl	heck applicable box) An EBPS INFORMATION REQUEST response A RENEWAL of an aviiting CDDEC a const
A <b>MODIFICATION</b> of the existing p Does this request include an increase in the	ermit An <b>EXISTING</b> discharge currently without permit existing SPDES permit quantity of water discharged from your facility to the waters of the State?
YES - Describe the increase:	
NO - Go to Item 3. below.	

#### 3. Permittee Name and Address

Name		Attention
Street Address		
City or Village	State	ZIP Code

#### 4. Facility Name, Address and Location

Name					
Street Address			P.O. Box		
City or Village			ZIP Code		
Town		County			
Telephone FAX		L	NYTM - E	NYTM - N	
Tax Map Info (New York City, Nassau County and Suffolk County only)					
Section	Block	Subblock		Lot	

#### 5. Facility Contact Person

Name	Title		
Street Address		P.O. Box	
City or Village	State	ZIP Code	
Telephone FAX		E-Mail or Internet	

#### 6. Discharge Monitoring Report (DMR) Mailing Address

Mailing Name			
Street Address			P.O. Box
City or Village		State	ZIP Code
Telephone	FAX	E-Mail or Internet	
Name and Title of person resp	ponsible for signing DMRs	Signature	LEARWAN

Facility Name:	SPDES Number:

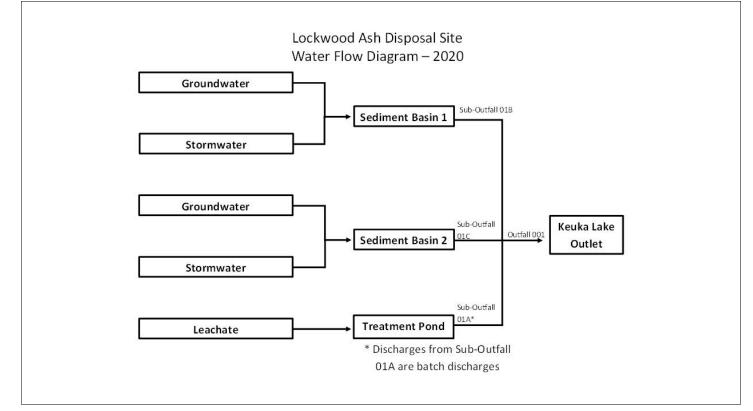
#### 7. Summarize the outfalls present at the facility:

Outfall Number	Receiving Water	Type of discharge
		Combined stormwater, groundwater and treated leachate

#### 8. Map of Facility and Discharge Locations:

Provide a detailed map showing the location of the facility, all buildings or structures present, wastewater discharge systems, outfall locations into receiving waters, nearby surface water bodies, water supply wells, and groundwater monitoring wells, and attach it to this application. Also submit proof, either by indication on the map or other documentation, that a right of way for the discharges exists from the facility property to a public right of way.

#### 9. Water Flow Diagram:



Facility Name:	SPDES Number:

**10. Nature of business:** (Describe the activities at the facility and the date(s) that operation(s) at the facility commenced)

#### 11. List the 4-digit SIC codes which describe your facility in order of priority:

Priority 1	Description:	Priority 3	Description:
4 9 5 3			
Priority 2	Description:	Priority 4	Description:

#### 12. Is your facility a primary industry as listed in Table 1 of the instructions?

_	

YES - Complete the following table. NO - Go to Item 13. below.

Industrial Category	40 (	CFR	Industrial Category	40 CFR		
	Part	Subpart		Part	Subpart	

## 13. Does this facility manufacture, handle, or discharge recombinant-DNA, pathogens, or other potentially infectious or dangerous organisms?

**YES** - Attach a detailed explanation to this application.

NO - Go to Item 14 below.

#### 14. Is storm runoff or leachate from a material storage area discharged by your facility?

YES - Complete the following table, and show the location of the stockpile(s) and discharge point(s) on the diagram in Item 9.

NO - Go to Item 15 on the following page.

Size of area	Type(s) of material stored	Quantity of material stored	Runoff control devices

Facility Name:	SPDES Number:
<b>15. Facility Ownership:</b> (Place an "X" in the appropriate box)         Corporate       Sole Proprietorship       Partnership         Municipal	State Federal Other
Are any of the discharges applied for in this application on Indian lands?	Yes No
16. List information on any other environmental permits for this facil	ity:

Issuing Agency	Permit Type	Permit Number	Permit Status				
			Active	Applied for	Inactive		
		-0					

#### 17. Laboratory Certification:

Were any of the analyses reported in Section III of this application performed by a contract laboratory or a consulting firm?

**YES -** Complete the following table.

NO - Go to Item 18 below.

Name of laboratory or consulting firm	Address	Telephone (area code and number)	Pollutants analyzed

#### 18. Certification

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 assure 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 and official title (type or print)		Date signed
Signature	Telephone number	FAX number
DALEARWAN		

Facility Name:

SPDES Number:

#### 19. Industrial Chemical Survey (ICS)

Complete all information for those substances your facility has used, produced, stored, distributed, or otherwise disposed of in the past five (5) years at or above the threshold values listed in the instructions. Include substances manufactured at your facility, as well as any substances that you have reason to know or believe present in materials used or manufactured at your facility. Do not include chemicals used only in analytical laboratory work, or small quantities of routine household cleaning chemicals. Enter the name and CAS number for each of the chemicals listed in Tables 6-10 of the instructions, and the table number which lists the chemical. You may use ranges (e.g. 10-100 lbs., 100-1000 lbs., 1000-10000 lbs., etc.) to describe the quantities used on an annual basis as well as for the amount presently on hand. For those chemicals listed in Tables 6, 7, or 8 which are indicated as being potentially present in the discharge from one or more outfalls at the facility, indicate which outfalls may be affected in the appropriate column below, and include sampling results in Section III of this application for each of the potentially affected outfalls. Make additional copies of this sheet if necessary.

Name of Substance	Table	CAS Number	Average Annual Usage	Amount Now On Hand	Units (gallons, Ibs, etc)	Purpose of Use (see codes in Table 2 of instructions)	Present in Discharge? (Outfall(s)?)

This completes Section I of the SPDES Industrial Application Form NY-2C. Section II, which requires specific information for each of the outfalls at your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

#### State Pollutant Discharge Elimination System (SPDES) INDUSTRIAL APPLICATION FORM NY-2C

#### For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

#### Section II - Outfall Information

Please type or print the requested information.

Facility Name:	SPDES Number:

#### 1. Outfall Number and Location

Outfall N	No.:				
1 - 61 - 41			La constitución		Development for Males
Latitude			Longitude		Receiving Water
	0	6 66	0	6 66	
	42	40 33.76	-76	57 45.60	

#### 2. Type of Discharge and Discharge Rate (List all information applicable to this outfall)

		Units				Unit	S		
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify): Groundwater									
. Other discharge (specify):									

#### 3. List process information for the Process Wastewater streams identified in 2.a-d above:

a. Name of the process contributing to the discharge					
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
b. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
c. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory				
d. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
			1		

4. Expected or Proposed Discharge Flow Rates for this outfall: Precipitation dependent						
a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Desig	n flow rate	
MG	MGD	MGD	MGD		MGD	

#### INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

**Outfall No.:** 

Facility Name:

SPDES Number:

5. Is this a seasonal discharge?	* The current SPDES permit conditions do not allow flows greater
YES - Complete the following table.	than 250,000 gpd. The daily maximum flow rate during the last
NO Coto Itam Chalaur	twelve months was 350,000 gpd, which occurred due to an employee error at the facility.

	Discharge frequency		Flow				
Operations contributing flow (list)	Batches	Duration	Flow rate	e per day	Total volume per	Units	Duration
	per year	per batch	LTA	Daily Max	discharge		(Days)

#### 6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source Volume or fl		Units (check one)		
Municipal Supply			MGD	GPD	GPM
Private Surface Water Source			MGD	GPD	GPM
Private Supply Well			MGD	GPD	GPM
Other (specify)			MGD	GPD	GPM

#### 7. Outfall configuration: (Surface water discharges only)

#### A. Where is the discharge point located with respect to the receiving water?

Feet	Feet	Feet/Sec		NO
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?	YES
C. If located in a stream, de	escribe the stream geom	netry in the general vicinity of th	e discharge point, under low flow conditions:	
10%	25%	50% Other:		
B. If located in a stream, a	oproximately what percer	ntage of stream width from sho	re is the discharge point located?	
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ES	TUARIES.
Within a lake or ponde	d water:			
In the stream:				
In the streambank:				

#### INDUSTRIAL APPLICATION FORM NY-2C

#### Section II - Outfall Information

Outfall No.:

Facility Name:	SPDES Number:

#### 8. Thermal Discharge Criteria

NO - Go to Item 10, below

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.         NO - Go to Item 9. below.				Informati attached		intake and o	discharge configuration of this outfall is	
Discharg Average change in	ge Temperature Maximum change in	e, deg. F	maximum	ion of discharge rature	disch	maximum narge erature	Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

## 9. Are any water treament chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

## 10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

 ${\bf NO}$  - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic			date(s)	Submitted?
			or Acute?		Start	Finish	(Date)

Form NY-2C (12/98) - Section II Forms

#### INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

**Outfall No.:** 

Facility Name:

SPDES Number:

#### 11. Is the discharge from this outfall treated to remove process wastes, water treatment additives, or other pollutants?

**YES -** Complete the following table. Treatment codes are listed in Table 4.

NO - Go to Item 12 below.

Treatment process	Treatment Code(s)	Treatment used for the removal of:	Design Flow Rate (include units)
		-	
		-	
		-	
		-	
		-	

## 12. Does this facility have either a compliance agreement with a regulating agency, or have planned changes in production, which will materially alter the quantity and/or quality of the discharge from this outfall? YES - Complete the following table.

**NO** - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in	Change due to	Completi	on Date(s)
	existing permit or consent order? (List)	production increase?	Required	Projected
				Upon submission of Part 360 Permit Renewal/
				Mod Application

This completes Section II of the SPDES Industrial Application Form NY-2C. Section I, which requires general information regarding your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

#### INDUSTRIAL APPLICATION FORM NY-2C Section III - Sampling Information

F	acility Name:					SPI	DES No.:				Outfall No	<b>b</b> .:		
1.	Sampling Information - ( Provide the analytical results of a below, provide the results for the	at least one ana	ysis for ever which are rea	y pollutant in this uired for this tvp	s table. If thi be of outfall.	s outfall is subj								
	PLEASE PRINT OR TYPE IN TH	HE UNSHADED	AREAS ON	LY. You may re	port some or ffluent data	all of this inform	mation on se	parate sheets	s (using the sam Uni	ne format) ins	tead of completing this page. Intake data (optional)			
	Pollutant	a. Maximum	taily value	b. Maximum 30		c. Long terr	mavorado	d. Number of		b. Mass	a. Long term		b. Number of	
		1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses	a. Concentration	D. 111855	1. Concentration	2. Mass	analyses	
a	. Biochemical Oxygen Demand, 5 day (BOD)		2. 11000		2. 11000		2					2		
	. Chemical Oxygen Demand (COD)													
C.	. Total Suspended Solids (TSS)													
d	. Total Dissolved Solids (TDS)													
e	. Oil & Grease													
	Chlorine, Total Residual (TRC)													
g	. Total Organic Nitrogen (TON)													
h	. Ammonia (as N)													
i.	Flow	Value		Value		Value					Value	·		
j.	Temperature, winter	Value		Value		Value					Value			
k.	. Temperature, summer	Value		Value		Value					Value			
Ι.	рН	Minimum I	Maximum	Minimum M	Maximum						Minimum	Maximum		

#### 2. Sampling Information - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

a. Primary Industries:	i. Does the discharge from this outfall contain process wastewater?		Yes - Go to Item ii. below.		
			No - Go to Item b. below.		
	ii. Indicate which GC/MS fractions have been tested for: Volatiles:		Acid: Base/Neutral: Pesticide:		
b. All applicants:	i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?	Yes	Yes - Concentration and mass data attached. No - Go to Item ii. below.		
	ii. Do you know or have reason to believe that any of the pollutants listed in Table 9 or Table 10 of the instructions, or any other toxic, harmful, or injurious chemical substances not listed in Tables 6-10, are present in the discharge from this outfall?		Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached No		

#### INDUSTRIAL APPLICATION FORM NY-2C

**Section III - Sampling Information** 

SPDES No .:

Facility	Name:
----------	-------

Outfall No.:

#### 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you know or have reason to belie	eve is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled
from Section III Forms, Item 2.a on the preceding page. Sub-Outfall 01A data used.	

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, Page of or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall. Pollutant and CAS Number Effluent data Units Believed Intake data (optional) present, no b. Maximum 30 day value (if a. Maximum daily value c. Long term average value (if d. Number of b. Mass a. Long term average value d. Number of a. Concensampling available) available) analyses tration analyses results (1)Concen-(2) Mass (1)Concen-(2) Mass (2) Mass (1)Concen-(1)Concen-(2) Mass available tration tration tration tration CAS Number: CAS Number:

Monitoring data for Sub-Outfall 01A and Pond Grab data were used to calculate the Maximum Daily and Long-Term Averages provided in the table above. Given that these estimates are based on Sub-Outfall 01A data, we expect these estimates to be conservative or representative of worst-case scenario conditions. Non-detect data was treated as 1/2 the detection limit for calculating long term averages.

#### INDUSTRIAL APPLICATION FORM NY-2C

**Section III - Sampling Information** 

Facility Name:	SPDES No.:	Outfall No.:

#### 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each po	Ilutant that you know or have reason to believe is present in this discharge, as well as for	any GC/MS fractions and metals required to be sampled
from Section III Forms, Item 2.a on the preceding page. Sub	-Outfall 01A data used.	

as many copies of this table as necessar Pollutant and CAS Number	, <u> </u>			Effluent data	а			U	nits	Inta	Believed		
	a. Maximum	n daily value	b. Maximum 30 day value (if available)				. Number of analyses	a. Concen- tration	b. Mass	a. Long term	average value	d. Number of analyses	present, no sampling
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	analysse	lication		(1)Concen- tration	(2) Mass		results available
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													1

Monitoring data for Sub-Outfall 01A and Pond Grab data were used to calculate the Maximum Daily and Long-Term Averages provided in the table above. Given that these estimates are based on Sub-Outfall 01A data, we expect these estimates to be conservative or representative of worst-case scenario conditions. Non-detect data was treated as 1/2 the detection limit for calculating long term averages.

#### State Pollutant Discharge Elimination System (SPDES) INDUSTRIAL APPLICATION FORM NY-2C

#### For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

#### Section II - Outfall Information

Please type or print the requested information.

Facility Name:	SPDES Number:

#### 1. Outfall Number and Location

Outfall No.:	
Latitude	Longitude Receiving Water
40° 42 <sup>°</sup> 33.59"	-76 57 42.54 "

#### 2. Type of Discharge and Discharge Rate (List all information applicable to this outfall)

			Units	S				Unit	S
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. Other discharge (specify):									

#### 3. List process information for the Process Wastewater streams identified in 2.a-d above:

a. Name of the process contributing to the discharge					
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			
b. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			
c. Name of the process contributing to the discharge	1	1	Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			
d. Name of the process contributing to the discharge	1		Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			

#### 4. Expected or Proposed Discharge Flow Rates for this outfall:

A Exposition of a respected Biocharge from Rates for the outland											
	a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Design flow rate						

#### INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

Outfall No.:

Facility Name:	SPDES Number:

#### 5. Is this a seasonal discharge?

**YES** - Complete the following table. **NO** - Go to Item 6 below. \* The current SPDES permit conditions do not allow flows greater than 250,000 gpd. The daily maximum flow rate during the last twelve months was 350,000 gpd, which occurred due to an employee error at the facility.

	Discharge frequency		Flow				
Operations contributing flow (list)	Batches	Duration	Flow rate per day		Total volume per	Units	Units Duration
	per year	per batch	LTA	Daily Max	discharge		(Days)

#### 6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U	Units (check one)	
Municipal Supply			MGD	GPD	GPM
Private Surface Water Source			MGD	GPD	GPM
Private Supply Well			MGD	GPD	GPM
Other (specify)			MGD	GPD	GPM

#### 7. Outfall configuration: (Surface water discharges only)

#### A. Where is the discharge point located with respect to the receiving water?

In the streambank:		This is a sub-outfa	ll to Outfall		
In the stream:		001.			
Within a lake or pond	ed water:				
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIR	EMENTS FOR DISCHARGES TO I	ESTUARIES.
Discharge is equippe	d with diffuser:	Attach description, including	configuration and p	plan drawing of diffuser, if used.	
B. If located in a stream, <b>10%</b>	approximately what perce	entage of stream width from sho	ore is the discharge	e point located?	
C. If located in a stream,	describe the stream geon	netry in the general vicinity of th	ne discharge point,	under low flow conditions:	
Stream width	Stream depth	Stream velocity	Are the results of	f a mixing/diffusion study attached?	YES
Feet	Feet	Feet/Sec			NO
	I	NDUSTRIAL APPLICAT	ION FORM NY	(-2C	

#### Section II - Outfall Information

Outfall No.:

Facility Name:	SPDES Number:

#### 8. Thermal Discharge Criteria

NO - Go to Item 10, below

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.         NO - Go to Item 9. below.					Informati attached		intake and	discharge configuration of this outfall is
Discharg Average change in	ge Temperature Maximum change in	e, deg. F	maximum	ion of discharge rature	disch	maximum narge erature	Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

## 9. Are any water treament chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

## 10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

 ${\bf NO}$  - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic			date(s)	Submitted?
			or Acute?		Start	Finish	(Date)
Discharge of Leachate Pond				Pimephales promelas &			
				Ceriodaphnia dubia			

Form NY-2C (12/98) - Section II Forms

#### INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

**Outfall No.:** 

Facility Name:

SPDES Number:

#### 11. Is the discharge from this outfall treated to remove process wastes, water treatment additives, or other pollutants?

**YES -** Complete the following table. Treatment codes are listed in Table 4.

NO - Go to Item 12 below.

Treatment process	Treatment Code(s)	Treatment used for the removal of:	Design Flow Rate (include units)
		_	
		_	
		-	
		-	
		-	
		_	
		-	

## 12. Does this facility have either a compliance agreement with a regulating agency, or have planned changes in production, which will materially alter the quantity and/or quality of the discharge from this outfall?

**YES -** Complete the following table.

 ${\bf NO}$  - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in	Change due to	Completion Date(s)		
	existing permit or consent order? (List)	production increase?	Required	Projected	
				Upon submission of Part 360	
				Permit Renewal/	
				Mod Application	

This completes Section II of the SPDES Industrial Application Form NY-2C. Section I, which requires general information regarding your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

#### **INDUSTRIAL APPLICATION FORM NY-2C Section III - Sampling Information**

Facility Name: SPDES No .: Outfall No.:

#### 1. Sampling Information - Conventional Parameters

Provide the analytical results of at least one analysis for every pollutant in this table. If this outfall is subject to a waiver as listed in Table 5 of the instructions for one or more of the parameters listed below, provide the results for those parameters which are required for this type of outfall.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (using the same format) instead of completing this page.												
				Effluent data				Units		Intake	e data (option	nal)
Pollutant	a. Maximum daily value b. Maximum 30		30 day value	30 day value c. Long term average			a. Concentration	b. Mass	a. Long term av	erage value	b. Number of	
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
a. Biochemical Oxygen Demand, 5 day (BOD)												
b. Chemical Oxygen Demand (COD)												
c. Total Suspended Solids (TSS)												
d. Total Dissolved Solids (TDS)												
e. Oil & Grease												
f. Chlorine, Total Residual (TRC)												
g. Total Organic Nitrogen (TON)												
h. Ammonia (as N)												
i. Flow	Value		Value		Value					Value		
j. Temperature, winter	Value		Value		Value					Value		
k. Temperature, summer	Value		Value		Value					Value		
I. pH	Minimum I	Maximum	Minimum	Maximum						Minimum	Maximum	

#### 2. Sampling Information - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

2. Sampling Infor	mation - Priority Pollutants, Toxic Pollutants, and Hazardo	o <mark>us S</mark> t		The current SPDES permit conditions do not allow flows eater than 250,000 gpd. The daily maximum flow rate during
a. Primary Industries:	i. Does the discharge from this outfall contain process wastewater?		Yes - Go to Item II. below.	e last twelve months was 350,000 gpd, which occurred due an employee error at the facility.
	ii. Indicate which GC/MS fractions have been tested for: Volatiles:		Acid: Base/Ne	eutral: Pesticide:
b. All applicants:	i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?	Yes	Yes - Concentration and mass No - Go to Item ii. below.	data attached.
	ii. Do you know or have reason to believe that any of the pollutants listed in Table 9 or Table 10 of the instructions, or any other toxic, harmful, or injurious chemical substances not listed in Tables 6-10, are present in the discharge from this outfall?		Yes - Source or reason for pres Yes - Quantitative or qualitative No	5

**Section III - Sampling Information** 

Facility Name:

SPDES No .:

Outfall No.:

#### 4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for list the results on each copy	each outfall. You can from 24 sampling dates of this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

NOTE: Results for parameters listed in the attached narrative were already submitted as part of quarterly DMRs. Sub-Outfall 01A is 001 in the existing permit. Data listed here are from grab samples taken from the Leachate Pond and therefore, have no associated flow rate.

**Section III - Sampling Information** 

Facility Name:

SPDES No.:

Outfall No.:

#### 4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as man necessary for list the results on each copy	mpled from Section III Fo y copies of this table as each outfall. You can from 24 sampling dates of this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

NOTE: Results for parameters listed in the attached narrative were already submitted as part of quarterly DMRs. Sub-Outfall 01A is 001 in the existing permit. Data listed here are from grab samples taken from the Leachate Pond and therefore, have no associated flow rate.

#### State Pollutant Discharge Elimination System (SPDES) INDUSTRIAL APPLICATION FORM NY-2C

#### For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

# Section II - Outfall Information

Please type or print the requested information.

Facility Name:	SPDES Number:

# 1. Outfall Number and Location

Outfall N	No.:				
Latitude	0	6 6	Longitude	6 66	Receiving Water
	42	40 33.49	-76	57 45.12	

#### 2. Type of Discharge and Discharge Rate (List all information applicable to this outfall)

			Units				Units		
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. Other discharge (specify):									

# 3. List process information for the Process Wastewater streams identified in 2.a-d above: N/A

a. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	_	
b. Name of the process contributing to the discharge		1	Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	
c. Name of the process contributing to the discharge	I		Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	
d. Name of the process contributing to the discharge		1	Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		

4. Expected or Proposed Discharge Flow Rates for this outfall: Precipitation dependent								
a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Design flow rate				
MG	MGD	MGD	MGD	MGD				

# INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

Outfall No.:

Facility Name:

SPDES Number:

5. Is this a seasonal discharge?

**YES -** Complete the following table.

NO - Go to Item 6 below.

	Discharge	frequency	Flow					
Operations contributing flow (list)	Batches Duration per year per batch		Flow rate	e per day	Total volume per	Units	Duration	
			LTA	Daily Max	discharge		(Days)	

#### 6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U		
Municipal Supply			MGD	GPD	GPM
Private Surface Water Source			MGD	GPD	GPM
Private Supply Well			MGD	GPD	GPM
Other (specify)			MGD	GPD	GPM

### 7. Outfall configuration: (Surface water discharges only)

### A. Where is the discharge point located with respect to the receiving water?

Feet	Feet	Feet/Sec		NO
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?	YES
C. If located in a stream, o	lescribe the stream geom	etry in the general vicinity of th	e discharge point, under low flow conditions:	
B. If located in a stream, a	pproximately what percer	ntage of stream width from sho	re is the discharge point located?	
Discharge is equipped	l with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTU	ARIES.
Within a lake or ponde	ed water:			
In the stream:		Outfall 001.		
In the streambank:		This is a sub-outfal	l to	

# Section II - Outfall Information

Outfall No.:

Facility Name:	SPDES Number:

# 8. Thermal Discharge Criteria

NO - Go to Item 10, below

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.         NO - Go to Item 9. below.					Informati attached		intake and o	discharge configuration of this outfall is
Discharg Average change in	<b>0</b>		discharge	disch	maximum narge erature	Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)	
temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day year		From	То	MGD	

# 9. Are any water treament chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

# 10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

 ${\bf NO}$  - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	est Chronic Subject species		Testing	Submitted?	
			or Acute?		Start	Finish	(Date)

Form NY-2C (12/98) - Section II Forms

# INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

**Outfall No.:** 

Facility Name:

SPDES Number:

# 11. Is the discharge from this outfall treated to remove process wastes, water treatment additives, or other pollutants?

**YES -** Complete the following table. Treatment codes are listed in Table 4.

NO - Go to Item 12 below.

Treatment process	Treatment Code(s)	Treatment used for the removal of:	Design Flow Rate (include units)
		-	
		-	
		-	

# 12. Does this facility have either a compliance agreement with a regulating agency, or have planned changes in production, which will materially alter the quantity and/or quality of the discharge from this outfall?

**YES -** Complete the following table.

 ${\bf NO}$  - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in	Change due to	Completion Date(s)		
	existing permit or consent order? (List)	production increase?	Required	Projected	

This completes Section II of the SPDES Industrial Application Form NY-2C. Section I, which requires general information regarding your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

### INDUSTRIAL APPLICATION FORM NY-2C Section III - Sampling Information

F	acility Name:						SPDES No.:				Outfall No.:			
1.	Sampling Information - Conventional Parameters Sub-Outfall 01A data used. Provide the analytical results of at least one analysis for every pollutant in this table. If this outfall is subject to a waiver as listed in Table 5 of the instructions for one or more of the parameters listed below, provide the results for those parameters which are required for this type of outfall. PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (using the same format) instead of completing this page.													
-	PLEASE PRINT OR TYPE IN T	HE UNSHADED	AREAS ON	LY. You may re	port some or ffluent data	all of this inform	mation on se	parate sheets	s (using the sam Uni	<u>ie format) ins</u> te	tead of comple	ting this page ke data (optio	e.	
	Pollutant	a. Maximum	dailuvalua	b. Maximum 30		c. Long ten		d. Number of	-	b. Mass	a. Long term		b. Number of	
	i ondiant	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses	a. Concentration	D. Wass	1. Concentration	2. Mass	analyses	
а	. Biochemical Oxygen Demand, 5 day (BOD)		2. 11035		2.10033		2.10033					2. 11033		
	. Chemical Oxygen Demand (COD)													
C	. Total Suspended Solids (TSS)													
d	. Total Dissolved Solids (TDS)													
е	. Oil & Grease													
	Chlorine, Total Residual (TRC)													
g	. Total Organic Nitrogen (TON)													
h	. Ammonia (as N)													
i.	Flow	Value		Value		Value					Value			
j.	Temperature, winter	Value		Value		Value					Value			
k.	. Temperature, summer	Value		Value		Value					Value			
Ι.	рН	Minimum I	Maximum	Minimum M	Maximum						Minimum	Maximum		

# 2. Sampling Information - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

a. Primary Industries:	i. Does the discharge from this outfall contain process wastewater?		Yes - Go to Item ii. below. No - Go to Item b. below.
	ii. Indicate which GC/MS fractions have been tested for: Volatiles:		Acid: Base/Neutral: Pesticide:
b. All applicants:	i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?	Yes	Yes - Concentration and mass data attached. No - Go to Item ii. below.
	ii. Do you know or have reason to believe that any of the pollutants listed in Table 9 or Table 10 of the instructions, or any other toxic, harmful, or injurious chemical substances not listed in Tables 6-10, are present in the discharge from this outfall?		Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached No

**Section III - Sampling Information** 

Facility Name:

SPDES No.:

Outfall No.:

### 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each		eve is present in this discharge, as w	vell as for any GC/MS fractions and metals required	to be sampled
from Section III Forms, Item 2.a on the preceding page.	Sub-Outfall 01A data used.			

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, Page of or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall. Pollutant and CAS Number Effluent data Units Believed Intake data (optional) present, no b. Maximum 30 day value (if a. Maximum daily value c. Long term average value (if d. Number of b. Mass a. Long term average value d. Number of a. Concensampling available) available) analyses tration analyses results (1)Concen-(2) Mass (1)Concen-(2) Mass (2) Mass (1)Concen-(1)Concen-(2) Mass available tration tration tration tration CAS Number: CAS Number:

Monitoring data for Sub-Outfall 01A and Pond Grab data were used to calculate the Maximum Daily and Long-Term Averages provided in the table above. Given that these estimates are based on Sub-Outfall 01A data, we expect these estimates to be conservative or representative of worst-case scenario conditions. Non-detect data was treated as 1/2 the detection limit for calculating long term averages.

**Section III - Sampling Information** 

Facility Name:	SPDES No.:	Outfall No.:

# 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you k	now or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled
from Section III Forms, Item 2.a on the preceding page. Sub-Outfall 01A da	ata used.

List the name and CAS number for each or 8, provide the results of at least one an												Page	of
9, or any other toxic pollutant not listed in	Tables 6-10, yo	ou must prov											
as many copies of this table as necessar Pollutant and CAS Number	y for each outfall. Effluent data								nits	Inta	ke data (opt	ional)	Believed
	a. Maximur	n daily value	b. Maximum 3	30 day value (if	c. Long term a			a. Concen-	b. Mass		average value	d. Number of	present, no sampling
	(1)Concen-	(2) Mass	(1)Concen-	lable) (2) Mass	(1)Concen-	ilable) (2) Mass	analyses	tration		(1)Concen-	(2) Mass	analyses	results available
	tration		tration		tration					tration			
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number.													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:			1										

Monitoring data for Sub-Outfall 01A and Pond Grab data were used to calculate the Maximum Daily and Long-Term Averages provided in the table above. Given that these estimates are based on Sub-Outfall 01A data, we expect these estimates to be conservative or representative of worst-case scenario conditions. Non-detect data was treated as 1/2 the detection limit for calculating long term averages.

Page 2

#### State Pollutant Discharge Elimination System (SPDES) INDUSTRIAL APPLICATION FORM NY-2C

#### For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

# Section II - Outfall Information

Please type or print the requested information.

Facility Name:	SPDES Number:

# 1. Outfall Number and Location

Outfall N	o.:				
Latitude			Longitude		Receiving Water
	42 <b>°</b>	40 29.66	-76	57 46.73	

#### 2. Type of Discharge and Discharge Rate (List all information applicable to this outfall)

			Units				Units		
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. Other discharge (specify):									

# 3. List process information for the Process Wastewater streams identified in 2.a-d above: N/A

a. Name of the process contributing to the discharge					
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory				
b. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
c. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
d. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			

4. Expected or Proposed Discharge Flow Rates for this outfall: Precipitation dependent									
a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Design flow rate					
MG	MGD	MGD	MGD	MGD					

# INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

Outfall No.:

Facility Name:

SPDES Number:

5. Is this a seasonal discharge?

**YES -** Complete the following table.

NO - Go to Item 6 below.

Discharge	frequency	Flow					
Batches	Duration	Flow rate	e per day	Total volume per	Units	Duration	
per year	per batch	LTA	Daily Max	discharge		(Days)	
	Batches		Batches Duration Flow rat	Batches Duration Flow rate per day	Batches         Duration         Flow rate per day         Total volume per	Batches         Duration         Flow rate per day         Total volume per         Units	

#### 6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	wher of water supply source Volume or flow rate Units		nits (check on	ie)
Municipal Supply			MGD	GPD	GPM
Private Surface Water Source			MGD	GPD	GPM
Private Supply Well			MGD	GPD	GPM
Other (specify)			MGD	GPD	GPM

### 7. Outfall configuration: (Surface water discharges only)

### A. Where is the discharge point located with respect to the receiving water?

In the streambank: In the stream: Within a lake or ponded water: Within an estuary: Discharge is equipped with diffuser: Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO EST Discharge is equipped with diffuser: Attach description, including configuration and plan drawing of diffuser, if used. B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located? 10% 25% 50% Other: C. If located in a stream, describe the stream geometry in the general vicinity of the discharge point, under low flow conditions: Stream width Stream depth Stream velocity Feet Feet Feet Feet/Sec					
In the stream:       Outfall 001.         Within a lake or ponded water:          Within an estuary:       Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO EST         Discharge is equipped with diffuser:       Attach description, including configuration and plan drawing of diffuser, if used.         B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located?       10%         25%       50%       Other:         C. If located in a stream, describe the stream geometry in the general vicinity of the discharge point, under low flow conditions:	Feet	Feet	Feet/Sec	Γ	NO
In the stream:       Outfall 001.         Within a lake or ponded water:          Within an estuary:       Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO EST         Discharge is equipped with diffuser:       Attach description, including configuration and plan drawing of diffuser, if used.         B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located?       10%         25%       50%       Other:	Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?	YES
In the stream:   In the stream:     Within a lake or ponded water:     Within an estuary:     Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO EST   Discharge is equipped with diffuser:   Attach description, including configuration and plan drawing of diffuser, if used.   B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located?	C. If located in a stream,	describe the stream geom	netry in the general vicinity of th	e discharge point, under low flow conditions:	
In the stream:          In the stream:       Outfall 001.         Within a lake or ponded water:       Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO EST	-		Ŭ 🗌	re is the discharge point located?	
In the stream: Outfall 001. Within a lake or ponded water:	Discharge is equipped	d with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
In the stream: Outfall 001.	Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ES	TUARIES.
	Within a lake or pond	ed water:			
	In the stream:		Outfall 001.		
	In the streambank:		This is a sub-outfal	l to	

# Section II - Outfall Information

Outfall No.:

Facility Name:	SPDES Number:

# 8. Thermal Discharge Criteria

NO - Go to Item 10, below

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.         NO - Go to Item 9. below.				Informati attached		intake and o	discharge configuration of this outfall is	
Discharg Average change in	5 Lance 1 and 1		discharge			Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)	
temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

# 9. Are any water treament chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

# 10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

 ${\bf NO}$  - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic			date(s)	Submitted?
			or Acute?		Start	Finish	(Date)

Form NY-2C (12/98) - Section II Forms

# INDUSTRIAL APPLICATION FORM NY-2C Section II - Outfall Information

**Outfall No.:** 

Facility Name:

SPDES Number:

# 11. Is the discharge from this outfall treated to remove process wastes, water treatment additives, or other pollutants?

**YES -** Complete the following table. Treatment codes are listed in Table 4.

NO - Go to Item 12 below.

Treatment process	Treatment Code(s)	Treatment used for the removal of:	Design Flow Rate (include units)
		-	
		-	
		-	

# 12. Does this facility have either a compliance agreement with a regulating agency, or have planned changes in production, which will materially alter the quantity and/or quality of the discharge from this outfall?

**YES -** Complete the following table.

 ${\bf NO}$  - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in	Change due to	Completion Date(s)		
	existing permit or consent order? (List)	production increase?	Required	Projected	

This completes Section II of the SPDES Industrial Application Form NY-2C. Section I, which requires general information regarding your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

### INDUSTRIAL APPLICATION FORM NY-2C Section III - Sampling Information

F	acility Name:							SPDES No.:					Outfall No.:		
1.	I. Sampling Information - Conventional Parameters       Sub-Outfall 01A data used.         Provide the analytical results of at least one analysis for every pollutant in this table. If this outfall is subject to a waiver as listed in Table 5 of the instructions for one or more of the parameters listed below, provide the results for those parameters which are required for this type of outfall.         PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (using the same format) instead of completing this page.         Effluent data       Units														
	Pollutant	a Maximur	n daily value	b. Maximum		c. Long ter		d. Number of	a. Concentration	b. Mass					
	i olidiani	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses		D. Mass	1. Concentration 2. Mass		b. Number of analyses		
а	a. Biochemical Oxygen Demand, 5 day (BOD)		2. 10/255	1. Concentration	2. Mass		2. Mass					2. 101855			
b	o. Chemical Oxygen Demand (COD)														
С	: Total Suspended Solids (TSS)														
d	I. Total Dissolved Solids (TDS)														
е	e. Oil & Grease														
f.	. Chlorine, Total Residual (TRC)														
g	j. Total Organic Nitrogen (TON)														
h	a. Ammonia (as N)														
i.	Flow	Value	1	Value	1	Value	1				Value				
j.	Temperature, winter	Value	alue Value		Value				Value						
k	. Temperature, summer	Value		Value		Value					Value				
١.	pH	Minimum	Maximum	Minimum	Maximum						Minimum	Maximum			

# 2. Sampling Information - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

a. Primary Industries:	i. Does the discharge from this outfall contain process wastewater?		Yes - Go to Item ii. below. No - Go to Item b. below.
	ii. Indicate which GC/MS fractions have been tested for: Volatiles:		Acid: Base/Neutral: Pesticide:
b. All applicants:	i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?	Yes	Yes - Concentration and mass data attached. No - Go to Item ii. below.
	ii. Do you know or have reason to believe that any of the pollutants listed in Table 9 or Table 10 of the instructions, or any other toxic, harmful, or injurious chemical substances not listed in Tables 6-10, are present in the discharge from this outfall?		Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached No

**Section III - Sampling Information** 

Facility Name:

SPDES No.:

Outfall No.:

### 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for ea	each pollutant that you know or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be	e sampled
from Section III Forms, Item 2.a on the preceding page	je. Sub-Outfall 01A data used	

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, Page of or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall. Pollutant and CAS Number Effluent data Units Believed Intake data (optional) present, no b. Maximum 30 day value (if a. Maximum daily value c. Long term average value (if d. Number of b. Mass a. Long term average value d. Number of a. Concensampling available) available) analyses tration analyses results (1)Concen-(2) Mass (1)Concen-(2) Mass (2) Mass (1)Concen-(1)Concen-(2) Mass available tration tration tration tration CAS Number: CAS Number:

Monitoring data for Sub-Outfall 01A and Pond Grab data were used to calculate the Maximum Daily and Long-Term Averages provided in the table above. Given that these estimates are based on Sub-Outfall 01A data, we expect these estimates to be conservative or representative of worst-case scenario conditions. Non-detect data was treated as 1/2 the detection limit for calculating long term averages.

**Section III - Sampling Information** 

Facility Name:	SPDES No.:	Outfall No.:

# 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you know or have	e reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled
from Section III Forms, Item 2.a on the preceding page. Sub-Outfall 01A data used.	

List the name and CAS number for each p or 8, provide the results of at least one ana 9, or any other toxic pollutant not listed in 1	lysis for that p	ollutant, and	l determine th	ne mass disc	harge based	on the flow	rate reported	l in Item 1.i.	For each pol	llutant listed	from Table	Page	of
as many copies of this table as necessary			lide concentr	ation and ma	ass data (if a	valiable) and	/or an explar	hation for the	eir presence	in the discha	irge. wake		
Pollutant and CAS Number	Effluent data								nits		ke data (opt		Believed present, no
	a. Maximum daily value		b. Maximum 30 day value (if c. Long available)			average value (if d. Number of analyses			b. Mass			d. Number of analyses	sampling
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	Junalycoo	littion		(1)Concen- tration	(2) Mass		results available
	titution		uuuon		uduon					uuuon			
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number													

Monitoring data for Sub-Outfall 01A and Pond Grab data were used to calculate the Maximum Daily and Long-Term Averages provided in the table above. Given that these estimates are based on Sub-Outfall 01A data, we expect these estimates to be conservative or representative of worst-case scenario conditions. Non-detect data was treated as 1/2 the detection limit for calculating long term averages.

Page 2