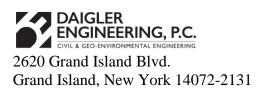
### STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM PERMIT RENEWAL/MODIFICATION APPLICATION

#### LOCKWOOD ASH DISPOSAL SITE

### Prepared on behalf of:

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

### Prepared by:



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**May 2020** 

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

#### Lockwood Hills LLC

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#### 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.

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#### 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.

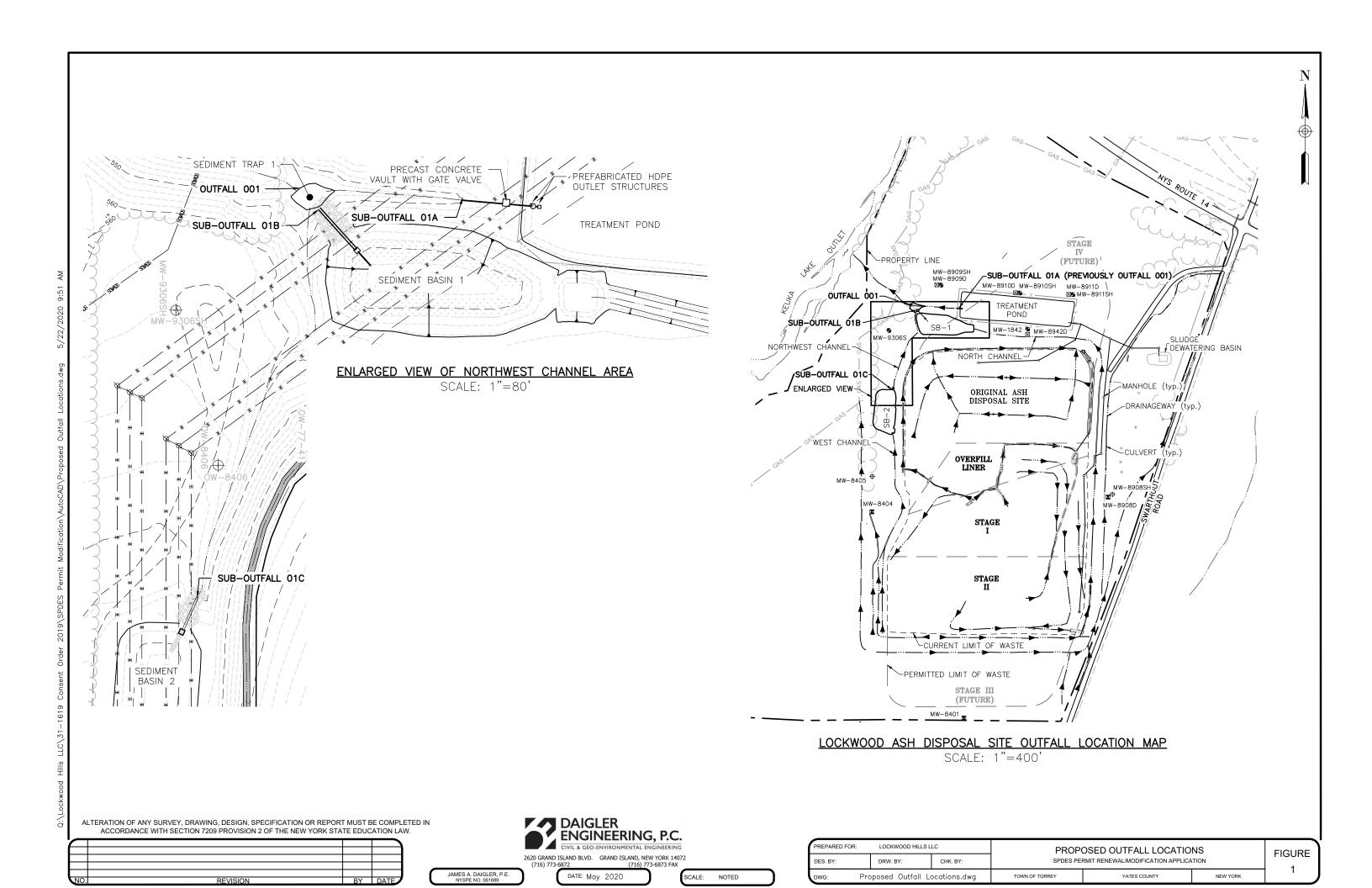
#### 2.3.2 Sub-Outfall 01A

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.

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#### 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.

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#### **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** 
  - o 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.
  - o 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.
  - o 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

Date: 5/29/2020: Rev 0

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.

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### **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.



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,

Lindy Sue Czubernat

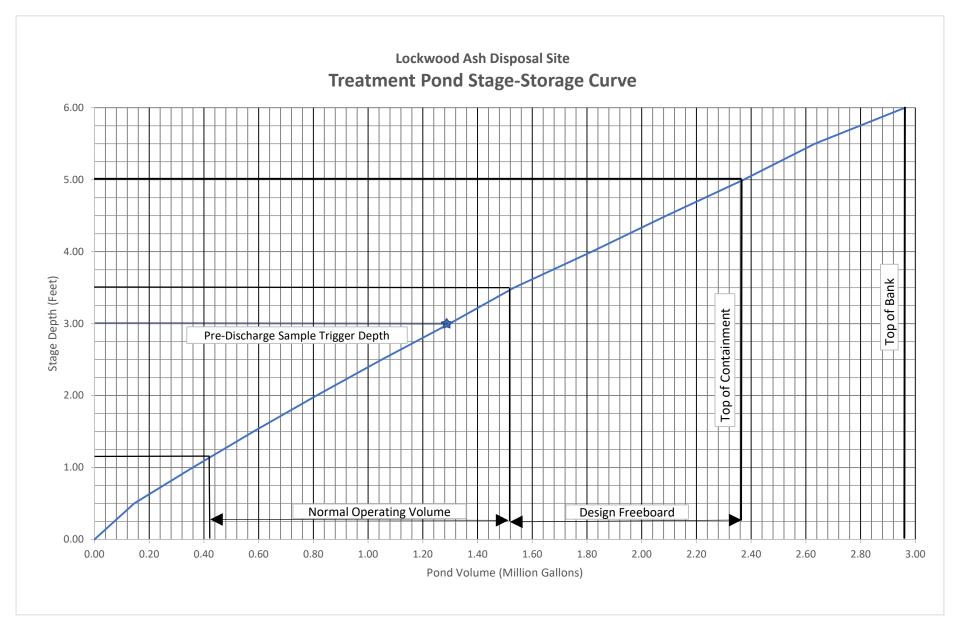
Environmental Program Specialist

CC:

- K. Tang
- B. Baker
- 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.

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

		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
	Pel	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	<u>556</u>	<u>6.0</u>	2,962,915

<sup>\*</sup>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.

i. Current Permit infort	`	arge)		
SPDES Number:	DEC Number:			
YES - Describe the inc	charge An EB  the existing permit An EX  crease in the quantity of water discharge  crease:	PS INFORMATION REC ISTING discharge currer ad from your facility to the	ntly without permit	A <b>RENEWAL</b> of an existing SPDES permit
NO - Go to Item 3. bel				
3. Permittee Name and Name	Address		Attention	
Street Address				
City or Village		State	ZIP Code	
4 Facility Name Addre	on and I costion			
4. Facility Name, Addre	ss and Location			
Street Address			P.O. Box	
City or Village		State	ZIP Code	
Town		County		
Telephone	FAX		NYTM - E	NYTM - N
	Nassau County and Suffolk County only			Lat
Section	Block	Subblock		Lot
5. Facility Contact Perso	on			
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 Addres	ss		
Mailing Name	, , ,			
Street Address				P.O. Box
City or Village			State	ZIP Code
Telephone	FAX	E	E-Mail or Internet	
Name and Title of person resp	ponsible for signing DMRs	\$	Signature DAL	CARWAN

Facility Name:	SPDES Number:

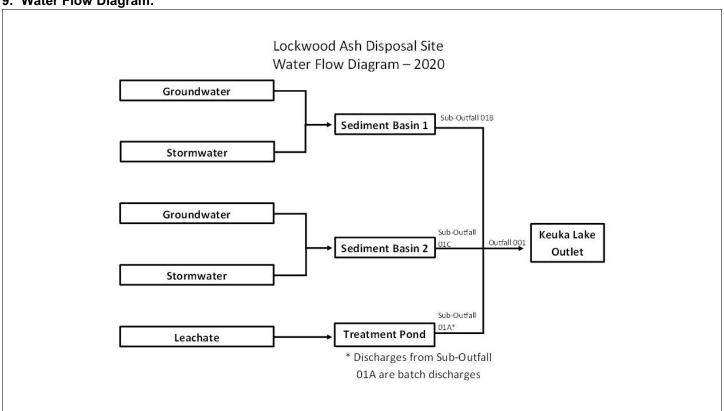
#### 7. Summarize the outfalls present at the facility:

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 b	usiness: (Describe the	e activities at t	he facility and	the date(s	) that op	eration(s) at the faci	ility commenced)	
11. List the 4-c	digit SIC codes which	describe	vour facility	v in ord	er of p	riority:		
Priority 1 4   9   5   3	Description:		,	Priority :		Description:		
Priority 2	Description:			Priority 4	<u>'</u> '	Description:		
12 le vour fac	ility a primary industr	n as listad	in Table 1	of the i	netruo	tions?		
	ility a primary industriction of the following table.	y as listed	in rable i	or the r	istruc	tions?		
<b>NO</b> - Go t	to Item 13. below.							
Indus	strial Category	40 e Part	CFR Subpart	_	Indi	ustrial Category	Par	40 CFR t Subpart
	acility manufacture, h ous organisms?	andle, or d	lischarge re	ecombir	ant-D	NA, pathogens	, or other pote	ntially infectious
YES - At	ttach a detailed explanation t	o this applicat	ion.					
	to Item 14 below.		1					
	unoff or leachate from mplete the following table, ar				•			9.
<b>NO</b> - Go t	o Item 15 on the following pa	ige.						
Size of area	Type(s) of ma	aterial stored		Qua	ntity of r	naterial stored	Runoff cor	ntrol devices

acility Name:			SPDES Number:		
. Facility Ownership: (	Place an "X" in the appropria	e box)			
orporate Sole Propr			State	Federal	Other
re any of the discharges applied	d for in this application on Indi	an lands?	Yes	No	
List information on an Issuing Agency	y other environmental Permit Type	permits for this facility:  Permit Number		Permit Status	
issuing Agency	remiit Type	remiit Number	Active		Inactive
			-0		
Were any of the analyse  YES - Complete the follo  NO - Go to Item 18 below  ame of laboratory or consulting	es reported in Section III wing table. v.	of this application perform		ct laboratory or a	
		(area co	ode and number)		

#### 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.

application for each of the potentially af	Table	CAS Number	Average Annual Usage	Amount Now On Hand	Units (gallons, lbs, 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** 

				Pleas	e type or pri	nt the requeste	d inforn	nation.					
Facility Name:								SPDES N	umber	•			
1. Outfall Number and Outfall No.:	Locat	ion											
Outian No.:													
Latitude • •	"	Longitu	ıde <b>o</b>			Receiving V	Vater						
42 40 33	.76		-76	5	7 45.60	<u>'</u>							
2. Type of Discharge	and Dis	scharç	ge Rat	<b>e</b> (Li	st all informa	ation applicable	to this	outfall)					
				Uni	ts							Unit	S
	Volum	ne/Flow		0014	Other				Volu	me/Flow		0014	Other
	Volum	IC/I IOW	MGD	GPM	(specify)				VOIG	IIIC/I IOW	MGD	GPM	(specify)
a. Process Wastewater						f. Noncontact	Cooling	g Water					
b. Process Wastewater						g. Remediatio	n Syste	em Discharge					
c. Process Wastewater						h. Boiler Blow	down						
d. Process Wastewater						i. Storm Water	r						
e. Contact Cooling Water						j. Sanitary Wa	stewate	er					
k. Other discharge (specify):	Gro	undw	ater		-								
I. Other discharge (specify):													
2 List process inform	otion (	for the	Droo	200 V	Voctowat	or otrooms i	idonti	fied in 2 c c	labo				
List process inform     a. Name of the process cont					vasiewai	er Streams	iuenti	neu III Z.a-c	abo	ve.	F	rocess	SIC code:
											4	9	5  3
Describe the contributing pro	ocess							Category	Qua	ntity per d	lay L	Inits of r	measure
								Subcategory					
b. Name of the process conf	tributing	to the di	scharge								F	rocess	SIC code:
Describe the contributing pro	ncess							Category	Qua	ntity per d	lav I	Inits of r	neasure
December and contained any pro-	00000								- Qua	mary por o	lay C	71110 01 1	nododio
								Subcategory					
c. Name of the process cont	ributing t	to the di	scharge								P	rocess	SIC code:
Describe the contributing pro	ocess							Category	Qua	ntity per d	lay L	I Inits of r	neasure
								Subcategory					
d. Name of the process cont	tributing t	to the di	scharge								P	rocess	SIC code:
Describe the contributing pro	ocess							Category	Qua	ntity per d	lay L	Jnits of r	neasure
								Subcategory					
							Propinit	ration dansard	ont.			$\neg$	
4. Expected or Propos  a. Total Annual Discharge	sed Dis	scharg ily Minin	ge Flor	w Rat	c. Daily Ave	is outfall: [	d Da	aily Maximum F	OW	e. Maxir	num De	sign flo	w rate
MG				 GD	3. 2 dily / 100	MGD	J. De	-	GD	J. Maxii		. J. J. 110	MGD

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

							O	utfall No.:		
Facility Name:							S	PDES Numbe	r:	
5. Is this a seasonal YES - Complete NO - Go to Item	the following table.	than 25 twelve r	0,000 gpo nonths w	d. The daily	maximu gpd, whi	ns do not allo im flow rate o ch occurred	during th	ne last		
			Discharge	frequency				Flow		
Operations cor	ntributing flow (list)		Batches	Duration	Flow ra	ite per day	Total	volume per	Units	Duration
			per year	per batch	LTA	Daily Max	dis	scharge		(Days)
6. Water Supply Soւ	urce (indicate all	that apply)								
o. Water Supply Sot				supply source	)	Volume or fl	ow rate	Ur	nits (check on	e)
Municipal Supply								MGD	GPD	GPM
Private Surface Water So	ource							MGD	GPD	GPM
Private Supply Well								MGD	GPD	GPM
Other (specify)								MGD	GPD	GPM
7. Outfall configura	tion: (Surface water	er discharg	es only)							
A. Where is the disch	arge point locate	ed with re	espect to	the receiv	ing wat	er?				
In the streambank:	.a. go po				9					
In the stream:										
Within a lake or ponde	ed water:									
Within an estuary:		Attac	h Suppler	ment C. MIXIN	IG ZONE	REQUIREME	NTS FO	R DISCHARG	SES TO ESTI	IARIES
Discharge is equipped	I with diffuser					ation and plan				, <u>_</u>
2.00a.go 10 04a.pp00			uooop.	g	ooga.a	orr arra prarr	u. u	o. aaoo., c		
B. If located in a stream, a	pproximately what p	ercentage	of stream	width from she	ore is the	discharge poi	nt locate	d?		
10%	25%	50%	ó	Other:						
C. If located in a stream, o	lescribe the stream g	jeometry in	the gener	ral vicinity of t	he discha	rge point, und	er low flo	ow conditions:		
Stream width	Stream depth		Stream v	elocity	Are the	results of a m	nixing/diff	fusion study a	ttached?	YES
Feet	F	eet		Feet/Sec						NO

				Section	n II - Out	fall Infor	mation					
								0	utfall	No.:		
Facility Name	<b>e</b> :							SI	PDES I	Number:		
your facility		Criteria plicable types of			e instructio	ns, and do	es the tem	nperature of th	his disc	charge ex	ceed the	receiving wate
	- Complete the Go to Item 9.	e following table	<b>)</b> .		Informat attached		intake and	d discharge c	onfigu	ration of	this outfa	all is
Discharg Average change in	ge Temperatur Maximum change in	e, deg. F	maximum	ion of discharge rature	discl	maximum narge erature	Maximun flow rate				.g. subsur fusion we	face, surface, ll, etc.)
emperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD					
this out	fall?	ment chemine following table below.										
Mar	nufacturer		WTC tra	ade name			Manufactu	rer		WTO	C trade na	me
wat	er in relation	gical test fo on to this on e following table	utfall in t				erforme	d on this o	outfall	l or on	the rece	iving
NO -	Go to Item 11	. on the followir	ıg page.									
Water te	sted	Purpose	of test		Type of te		Chronic Acute?	Subject spec	cies	Testing Start	date(s) Finish	Submitted? (Date)

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

	SPDES Number:	
es wastes wat	er treatment additives	s or other pollutar
		, or other policial
Treatment		Design Flow Rate
	ment used for the removal o	
on or Agreement in	Change due to	Completion Date(s)
consent order? (List)	production increase?	Required Projected Upon submiss
		of Part 360 Permit Renew Mod Application
	Treatment Code(s) Treat	Treatment Code(s)  Treatment used for the removal o

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.

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

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

Facility Name:							SPDI	ES No.:				Outfall No	).:	
I. Sampling Inform Provide the analytica below, provide the re	al results of at lea esults for those p	ast one ana arameters	ilysis for ever which are red	y pollutant in th quired for this ty	iis table. If this /pe of outfall.	s outfall is	•							
PLEASE PRINT OR	TYPE IN THE U	JNSHADED	AREAS ON			all of this	inform	ation on sep	parate sheets					
D. II. 4					Effluent data	1				Un			ce data (option	nal)
Pollutant		a. Maximum	daily value	b. Maximum	30 day value	c. L	ong term	average	d. Number of	a. Concentration	b. Mass	a. Long term	average value	b. Number of
	1. Co	Concentration	2. Mass	1. Concentration	2. Mass	1. Concen	tration	2. Mass	analyses			Concentration	2. Mass	analyses
a. Biochemical Oxygen 5 day (BOD)	Demand,													
b. Chemical Oxygen De (COD)	emand													
c. Total Suspended Sol (TSS)	lids													
d. Total Dissolved Solid (TDS)	ds													
e. Oil & Grease														
f. Chlorine, Total Resid (TRC)	lual													
g. Total Organic Nitroge (TON)	en													
h. Ammonia (as N)														
i. Flow	Valu	ıe		Value		Value						Value		
j. Temperature, winter	Valu	ıe		Value		Value						Value		
k. Temperature, summe	er Valu	ie		Value		Value						Value		
I. pH	Minii	imum	Maximum	Minimum	Maximum							Minimum	Maximum	
2. Sampling Inforr a. Primary Industries: b. All applicants:	i. Does the discless. Indicate which is the discless of the di	charge from the GC/MS frather than the GC/MS frather than the control of the charge from the control of the con	ctions have be on to believe the tructions are present to believe to son to believe to son to believe to son to believe to	en tested for:  nat any of the pol esent in the disc  hat any of the po	Vol lutants listed harge from llutants listed in injurious chemi	Table 9	ves Su	Yes - Go to No - Go to I' Acid:  Yes - Conce No - Go to It  Yes - Source	Item ii. below. tem b. below.  Basentration and mem ii. below. e or reason for	se/Neutral:  lass data attache  presence in disclative data attache	harge attached			

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

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

Facility Name:				Si	PDES No.:				Outfall No.:					
5. Projected Effluent Quality - Provide analytical results of at least one an om Section III Forms, Item 2.a on the pre-	alveis for each	nollutant the	t vou know c	or have reas	d Hazardo	ous Subst is present ir	tances n this dischar	rge, as well a	as for any G	for any GC/MS fractions and metals required to be samp				
List the name and CAS number for each or 8, provide the results of at least one an 9, or any other toxic pollutant not listed in	pollutant that you alysis for that po Tables 6-10, yo	ou know or h ollutant, and u must prov	nave reason determine th	to believe is ne mass disc	charge based	l on the flow r	rate reported	in Item 1.i.	For each pol	llutant listed	from Table	Page	of	
as many copies of this table as necessar Pollutant and CAS Number	y for each outfa	ll.		Effluent dat	2			1.16	nits	Into	ko data (ant	ional)	Believed	
Foliulant and CAS Number	a. Maximun	n daily value		30 day value <i>(if</i>		verage value (if	d. Number of	a. Concen-	b. Mass		ke data (opt average value	d. Number of	present, no	
available)			lable)	available) analyses			tration	D. WIGGO	-		analyses	sampling results		
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass				(1)Concen- tration	(2) Mass	T T	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:														

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

#### 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 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 sampled from Section III Forms, Item 2.a on the preceding page. Sub-Outfall 01A data used.

1: (1)						P. 1						-	•
List the name and CAS number for each por 8, provide the results of at least one and 9, or any other toxic pollutant not listed in	alysis for that p Tables 6-10, yo	ollutant, and ou must prov	determine th	ne mass disc	harge based	on the flow i	rate reported	in Item 1.i.	For each po	llutant listed	from Table	Page	of
as many copies of this table as necessary Pollutant and CAS Number	for each outfa	ıll.		Effluent data	,			1.1	nits	Into	ke data (opt	ional)	Believed
Foliutant and CAS Number	a. Maximur	n daily value		30 day value (if	c. Long term a	verage value (if	d. Number of	a. Concen-	b. Mass		average value	d. Number of	present, no
			avai	lable)	avai	lable)	analyses	tration	Di maco			analyses	sampling results
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass				(1)Concen- tration	(2) Mass		available
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
O/ (O TYGINDOI:													
CAS Number:													
CAS Number:													
CAC Normalia and													
CAS Number:													
CAS Number:													
CAS Number:													
one manuscr.													
CAS Number:													
CAS Number:													
CAS Number:													
OAO NUMBEL													
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.

#### 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 to	vne or	print th	e requested	information.

Facility Name:		SPDES Number:											
1. Outfall Number and Outfall No.:	Locat	tion											
Latitude		Longitu	ıde			Receiving V	Vater						
40 42 33.5	59 <b>"</b>	Longito	-76	57	42.54 "		vator						
2. Type of Discharge a		ooboro					4-41-1						
z. Type of Discharge a	iiu Di	Scriare	je ivai	Unit		ation applicable	: 10 11115 01	utiaii)				Units	<b>;</b>
					Other								Other
	Volum	ne/Flow	MGD	GPM	(specify)				Volu	me/Flow	MGD	GPM	(specify)
a. Process Wastewater						f. Noncontact	Cooling V	Vater					
b. Process Wastewater						g. Remediation	n System	Discharge					
c. Process Wastewater						h. Boiler Blow	down						
d. Process Wastewater						i. Storm Water	r						
e. Contact Cooling Water						j. Sanitary Wa	stewater						
k. Other discharge (specify):													
I. Other discharge (specify):													
a. Name of the process contributing process.		to the dis	scnarge					Category	Qua	ntity per d	4		SIC code:   5  3 neasure
							S	Subcategory					
b. Name of the process contri	ibuting	to the di	scharge								P	rocess S	SIC code:
Describe the contributing production	cess						C	Category	Qua	ntity per d	ay U	nits of n	neasure
							S	Subcategory					
c. Name of the process contri	ibuting	to the dis	scharge								Р	rocess S	SIC code:
Describe the contributing production	cess						C	Category	Qua	ntity per d	ay U	nits of n	neasure
							S	Subcategory					
d. Name of the process contri	ibuting	to the dis	scharge						1		Р	rocess S	SIC code:
Describe the contributing pro-	cess						C	Category	Qua	ntity per d	ay U	nits of n	neasure
							S	Subcategory					
4. Expected or Propos	ed Die	scharo	e Flo	n Rate	es for thi	s outfall.			1				
a. Total Annual Discharge		ily Minin			c. Daily Ave		d. Daily	y Maximum Flo	ow	e. Maxin	num De	sign flov	v rate

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

							C	outfall No.:			
Facility Name:							S	PDES Numbe	 r:		_
5. Is this a seasona YES - Complete NO - Go to Item	e the following tal	Th	The current SP ne daily maxim ccurred due to a	um flow rate	during the	he last twelv					_
Operations co	entributing flow (li	st)	Discharge Batches per year	Duration per batch	Flow ra	te per day  Daily Max		Flow volume per scharge	Units	Duration (Days)	_
											_
											_
											_
											_
6. Water Supply So	urce (indicat	e all that	apply)								_
		Name or	owner of water	supply source	)	Volume or flo	ow rate	Ur	nits (check on	e)	_
Municipal Supply								MGD	GPD	GPM	
Private Surface Water S	Source							MGD	GPD	GPM	
Private Supply Well								MGD	GPD	GPM	
Other (specify)								MGD	GPD	GPM	
7. Outfall configura	ation: (Surface	water dis	scharges only)								
A. Where is the discl	harge point lo	cated w	vith respect to	the receiv	ing wat	er?					
In the streambank:			This is a	sub-outfa	all to O	utfall					
In the stream:			001.								
Within a lake or pond	ed water:										
Within an estuary:			Attach Suppler	ment C, MIXIN	IG ZONE	REQUIREME	NTS FO	R DISCHARG	ES TO ESTU	JARIES.	
Discharge is equippe	d with diffuser:		Attach descript	tion, including	configura	ition and plan	drawing	of diffuser, if u	ısed.		
B. If located in a stream, a	approximately wh	nat percer	ntage of stream	width from sho	ore is the	discharge poi	nt locate	d?			
10%	25%		50%	Other:							
C. If located in a stream,	describe the stre	am geom	etry in the gener	ral vicinity of tl	ne discha	rge point, und	er low flo	ow conditions:	_		
Stream width	Stream v	elocity	Are the	results of a m	ixing/dif	fusion study a	ttached?	YES			
Feet			Feet/Sec					NO			

				Section	ı II - Out	fall Info	rmatio	1	Outfall	Na i			
									Outrail	NO.:			
Facility Name:										SPDES Number:			
our facility		Criteria plicable types three (3) degree			e instructio	ns, and d	oes the t	emperati	ure of this disc	harge ex	ceed the	receiving wa	
	- Complete the Go to Item 9. I	e following table below.	<del>)</del> .		Informat attached		e intake a	and disc	harge configu	ration of	this outf	all is	
Dischar	ge Temperatur	e, deg. F	Durat	ion of	Dates of	maximum							
verage Maximum change in			maximum discharge temperature		discharge temperature		Maxim flow ra		ischarge configuration (e.g. subsurface, effluent diffuser, diffusion well, etc.				
nperature delta T)	temperature (delta T)	Maximum temperature	hours per days per day year		From	То	MGD					.,,	
NO - Go to Item 10. below.  Manufacturer		. pelow.	w. WTC trade name			Manufacturer				WTC trade name			
wat YES	er in relation	gical test foon to this one following table	utfall in t					ned on	this outfall	or on t	the rece	eiving	
Water te		Purpose			Type of to	est	Chronic	Subi	ect species	Testing	date(s)	Submitted	
Discharge of Leachate Pond		. ,				r Acute?	Pimeph	nales	Start	Finish	(Date)		
					promelas		as & aphnia dubia						

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

. Is the discharge from this outfall treated to remove process wastes  YES - Complete the following table. Treatment codes are listed in Table 4.  NO - Go to Item 12 below.  Treatment Code(s)		SPDES Number: eatment additives	Desigr	pollutan	
YES - Complete the following table. Treatment codes are listed in Table 4.  NO - Go to Item 12 below.  Treatment			Desigr		
NO - Go to Item 12 below.  Treatment	Treatment u	used for the removal of		Flow Rate	
Treatment	Treatment u	used for the removal of		Flow Rate	
	Treatment u	used for the removal of		Flow Rate	
			,	ıde units)	
Does this facility have either a compliance agreement with a regulation, which will materially alter the quantity and/or quality of to YES - Complete the following table.  NO - Go to Section III on the following page.				anges in	
Description of project Subject to Condition or Agreem		Change due to production increase?		Completion Date(s) Required Projected	
existing permit or consent order?	existing permit or consent order? (List) pro			Projected Upon submiss	
				of Part 360 Permit Renew 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.

Page 1

					Occilon i	ıı - Sampııng	,						
Facility Name:						SPI	DES No.:				Outfall N	0.:	
1. Sampling Information Provide the analytical below, provide the re	al results of a	at least one an	alysis for ev	ery pollutant in t			ect to a waive	er as listed in	Table 5 of the	instructions	for one or more	of the parame	eters listed
PLEASE PRINT OR							mation on sep	parate sheets	s (using the san	ne format) in	stead of comple	eting this page	).
				_	Effluent data				Un			ake data (optional)	
Pollutant		a. Maximum	daily value	b. Maximum	30 day value	c. Long ter	m average	d. Number of	a. Concentration	b. Mass	a. Long term	average value	b. Number of
		1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
a. Biochemical Oxyger 5 day (BOD)	n Demand,												
b. Chemical Oxygen D (COD)	emand												
c. Total Suspended So (TSS)	olids												
d. Total Dissolved Soli (TDS)	ids												
e. Oil & Grease													
f. Chlorine, Total Resid (TRC)	dual												
g. Total Organic Nitrog (TON)	jen												
h. Ammonia (as N)													
i. Flow		Value		Value		Value					Value		
j. Temperature, winter		Value		Value		Value					Value		
k. Temperature, summ	ner	Value		Value		Value					Value		
I. pH		Minimum	Maximum	Minimum	Maximum						Minimum	Maximum	
2. Sampling Infor a. Primary Industries: b. All applicants:	<ul><li>i. Does the</li><li>ii. Indicate</li><li>i. Do you k in Tables 6, this outfall?</li><li>ii. Do you k</li></ul>	which GC/MS fra now or have reas 7, or 8 of the ins	chis outfall con actions have to son to believe structions are	ntain process wast	ewater?  V Ilutants listed charge from	olatiles: Yes n Table 9	Yes - Go to In Acid:  Yes - Conce No - Go to It  Yes - Conce No - Go to It  Yes - Source	Item ii. below. tem b. below.  Basentration and matem ii. below. e or reason for	greater than	250,000 give months yee error a Pesticio	de:	maximum f	low rate du

No

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

Facility Name:	SPDES No.:	Outfall No.:
r domy rame.	of BEO No	Outrain Ho

### Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

to be sai	analytical results for the la npled from Section III Fo	ast three (3) years for ea orms, Item 2.a for this d	ich pollutant that you kno ischarge.	w or have reason to belie	eve present in this discha	rge from this outfall, as v	vell as for any GC/MS frac	ctions and metals require
necessary for	copies of this table as each outfall. You can from 24 sampling dates of this page.	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:
Page	Of	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:
_	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:
NOTE: Deculte	for parameters listed in	the attached parrative v	wara alroady aubmitted a	a part of quartorly DMP	Sub Outfall 01A is 001	in the existing permit [	ata listed hare are from	arab camples taken

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

Facility Name:	SPDES No.:	Outfall No.:

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 sar	npled from Section III Fo	orms, Item 2.a for this d	ischarge.	w or riave reason to belle	eve present in this discha	rge nom uns outian, as v	veil as for arry GC/MS frac	stions and metals require
Make as many necessary for	copies of this table as each outfall. You can from 24 sampling dates		Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:
Page	Of	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:
	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

### 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:	Facility Name:									SPDES Number:					
1. Outfall Number and Outfall No.:	Locat	ion													
Outian No															
Latitude • •	"	Longitu	ıde •			Receiving V	Vater								
42 40 33.	49		-76	5	7 45.12										
2. Type of Discharge a	nd Dis	scharg	je Rat	<b>e</b> (Lis	st all informa	ation applicable	to this out	fall)							
				Unit	S							Units	3		
	Volum	e/Flow	MGD	GPM	Other (specify)	Volume/l					MGD	GPM	Other (specify)		
a. Process Wastewater						f. Noncontact	Cooling Wa	ater							
b. Process Wastewater						g. Remediation	n System D	Discharge							
c. Process Wastewater						h. Boiler Blowd	down								
d. Process Wastewater						i. Storm Water									
e. Contact Cooling Water						j. Sanitary Wa	stewater								
k. Other discharge (specify):															
I. Other discharge (specify):															
3. List process inform	ation f	or the	Proc	ess W	/astewate	er streams i	dentifie	d in 2.a-d	abov	e: N/A	\				
a. Name of the process cont												rocess	SIC code:		
Describe the contributing pro	ocess						Са	tegory	Quantity per day			nits of n	l I neasure		
							Su	bcategory	-						
b. Name of the process cont	ributing t	o the di	scharge	!							P	rocess	SIC code:		
Describe the contributing pro	ncess						Са	tegory	Quant	tity per d	av II	nits of n	neasure		
Describe the contributing pre	,0000							bcategory	Quan	iity poi u	ay C	11110 01 11	icasarc		
None of the success court		412					- Ju	beategory					210 4		
c. Name of the process cont	nbuting t	o trie dis	scriarge								P	l	SIC code:		
Describe the contributing pro	ocess						Ca	tegory	Quant	tity per d	ay U	nits of n	neasure		
							Su	bcategory							
d. Name of the process cont	ributing t	to the dis	scharge	l			,				Р	rocess	SIC code:		
Describe the contributing pro	cess						Ca	tegory	Quant	tity per d	ay U	nits of n	neasure		
							Su	bcategory							
4. Expected or Propos	od Dia	chara	ıo Eler	u Dot	ne for th	s outfall.	recinitatio	n depende	ent			7			
a. Total Annual Discharge	1	ily Minim			c. Daily Ave	_		Maximum Flo		e. Maxin	num De	<u>∟</u> sign flov	v rate		
MG			МС	GD		MGD	-		GD				MGD		

							C	outfall No.:		
Facility Name:							S	PDES Numbe	r:	
5. Is this a seasona	al disch	arge?								
YES - Complete	e the follo	wing table.								
NO - Go to Item	n 6 below.									
			Discharge	frequency				Flow		
Operations co	ontributing	g flow (list)	Batches	Duration	Flow ra	te per day		volume per	Units	Duration
			per year	per batch	LTA	Daily Max	dis	scharge		(Days)
6. Water Supply So	urce	(indicate all that	apply)							
		Name o	r owner of water	supply source	9	Volume or flo	ow rate	Un	nits (check on	e)
Municipal Supply								MGD	GPD	GPM
Private Surface Water S	Source							MGD	GPD	GPM
Filvate Surface Water S	Source							MGD	GFD	GFIVI
Private Supply Well								MGD	GPD	GPM
Other (specify)								MGD	GPD	GPM
7. Outfall configura	ation: (	Surface water dis	scharges only)							
A. Where is the disc	harge p	oint located v	vith respect to	the receiv	ing wat	er?				
In the streambank:			This is a		ll to					
In the stream:			Outfall 00	)1.						
Within a lake or pond	ded water:									
Within an estuary:			Attach Suppler	ment C, MIXIN	IG ZONE	REQUIREME	NTS FO	R DISCHARG	ES TO ESTU	JARIES.
Discharge is equippe	ed with diff	fuser:	Attach descript	tion, including	configura	tion and plan	drawing	of diffuser, if u	ised.	
B. If located in a stream,	approxim	ately what perce	ntage of stream	width from sh	ore is the	discharge poi	nt locate	d?		
10%	2	5%	50%	Other:						
C. If located in a stream,	describe	the stream geon	netry in the gener	ral vicinity of t	he discha	rge point, und	er low flo	ow conditions:		
Stream width	1	eam depth	Stream v	-	٦	-		fusion study at	tached?	YES
Feet		Feet		Feet/Sec						NO

				Section	า II - Out	fall Info	rmation	_				
									Outfal	l No.:		
Facility Nam	e:								SPDES	Number:		
3. Thermal s your facility emperature by	one of the	e Criteria applicable types n three (3) degre	of facilities	listed in the	e instructio	ons, and	does the ter	mperature of	this dis	charge ex	ceed the	receiving water
	- Complete	the following tab	ole.		Informat attached		ie intake an	d discharge	configu	uration of	this outf	all is
Dischar	ge Temperat	ure dea F	Dura	tion of	Dates of	maximun	,					
Average change in	Maximum change in	ı	maximum	discharge erature	disc	harge erature	Maximul flow rate			juration (e. liffuser, diff		rface, surface, ll, etc.)
temperature (delta T)	temperatur (delta T)	e Maximum temperature	hours per day	days per year	From	То	MGD					
NO -	- Complete	the following tab			1 of 3 and :	2 of 3 of I			ater trea			
Mai	Manufacturer WTC trade name						Manufactu		WTC	trade na	ime	
wa <sup>*</sup>	ter in rela	ogical test f tion to this of the following tak	outfall in tolle.					ed on this	outfa	ll or on t	he rec	eiving
NO -	- Go to Item	11. on the follow	ring page.							1		
Water te	ested	Purpos	se of test		Type of to		Chronic or Acute?	Subject sp	ecies	Testing Start	date(s) Finish	Submitted? (Date)

				Outfall No.:		
acility Name:				SPDES Number:		
Is the discharge from this outfall tr	eated to remove or	rocess wastes v	vater trea	tment additives	or other	nollutan
YES - Complete the following table. Tre			vator troc	illioni adaliivos	, or other	ponutun
NO - Go to Item 12 below.						
		<del>-</del>				<u> </u>
Treatment process		Treatment Code(s) T	reatment us	ed for the removal of		Flow Rate ide units)
					+	
Does this facility have either a co duction, which will materially alte  YES - Complete the following table.						anges in
NO - Go to Section III on the following p	000					
Description of project		ondition or Agreemen t or consent order? (I		Change due to duction increase?	Completion Required	on Date(s) Projected
			y-/ p10		required	i rojeciet

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

Page 1

Facility Name:							SPDES No.: Outfall No.:							
I. Sampling Inform Provide the analytica below, provide the re	al results of at esults for those	least one ana e parameters	alysis for ever which are re	ry pollutant in the quired for this t	ns table. If this pe of outfall.	s outfall is	-							
PLEASE PRINT OR	TYPE IN THE	UNSHADE	AREAS ON			all of this	inform	ation on se	parate sheets					
	_				Effluent data					Un	its	Intak	ce data (optior	nal)
Pollutant		a. Maximum	daily value	b. Maximum	30 day value	c. Lo	ong term	average	d. Number of	a. Concentration	b. Mass	a. Long term a	average value	b. Number of
	1	I. Concentration	2. Mass	1. Concentration	2. Mass	1. Concent	tration	2. Mass	analyses			1. Concentration	2. Mass	analyses
a. Biochemical Oxygen 5 day (BOD)	Demand,													
b. Chemical Oxygen De (COD)	emand													
c. Total Suspended Sol (TSS)	lids													
d. Total Dissolved Solid (TDS)	ds													
e. Oil & Grease														
f. Chlorine, Total Reside	lual													
g. Total Organic Nitroge (TON)	en													
h. Ammonia (as N)														
i. Flow	V	/alue		Value		Value	I					Value		
j. Temperature, winter	V	/alue		Value		Value						Value		
k. Temperature, summe	er V	/alue		Value		Value						Value		
I. pH	N	Minimum	Maximum	Minimum	Maximum							Minimum	Maximum	
2. Sampling Inforn a. Primary Industries: b. All applicants:	i. Does the d  ii. Indicate w  i. Do you kno in Tables 6, 7 this outfall?  ii. Do you kno or Table 10 oo	hich GC/MS fra ow or have reas ow or have reas ow or have rea f the instruction	his outfall cont actions have be son to believe t tructions are p son to believe	ain process waste	vol lutants listed harge from llutants listed in injurious chemi	Table 9	ves	Yes - Go to I  Acid:  Yes - Conce  No - Go to I  Yes - Conce  Yes - Source	Item ii. below. Item b. below. Basentration and matem ii. below. Be or reason for	se/Neutral:  nass data attache presence in discretive data attache	harge attached			

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

Facility Name:		SI	PDES No.:				Outfall No.:						
5. Projected Effluent Quality - I Provide analytical results of at least one a rom Section III Forms, Item 2.a on the pre	nalveis for each i	collutant the	t vou know c	or have reas	d Hazardo on to believe	ous Subst is present in	ances n this dischar	rge, as well a	as for any G	C/MS fractio	ns and meta	ıls required to	be sample
	_												
List the name and CAS number for each or 8, provide the results of at least one ar 9, or any other toxic pollutant not listed in as many copies of this table as necessa	nalysis for that po n Tables 6-10, yo	ollutant, and u must prov	determine th	ne mass disc	charge based	on the flow r	ate reported	l in Item 1.i.	For each pol	llutant listed	from Table	Page	of
Pollutant and CAS Number	.,	а	Units					ke data (opt	ional)	Believed			
	a. Maximum	daily value		30 day value (if		verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term a	average value	d. Number of	present, no sampling
	(1)Concentration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	analyses	tration		(1)Concentration	(2) Mass	analyses	results available
CAS Number:													
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CAS Number:													

## 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 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 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 po or 8, provide the results of at least one analy 9, or any other toxic pollutant not listed in Ta as many copies of this table as necessary for	sis for that po bles 6-10, yo	ollutant, and u must prov	determine the	ne mass disc ation and ma	harge based ass data (if a	on the flow i	ate reported	in Item 1.i. nation for the	For each po ir presence	llutant listed	from Table	Page	of
Pollutant and CAS Number				Effluent data					nits		ke data (opt		Believed
	a. Maximun	n daily value		30 day value (if		verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term	average value	d. Number of	present, no sampling
	(1)Concen-	(2) Mass	(1)Concen-	lable) (2) Mass	(1)Concen-	(2) Mass	analyses	tration		(1)Concen-	(2) Mass	analyses	results
	tration	(2) Mass	tration	(2) Wass	tration	(2) 141000				tration	(Z) Wa35		available
CAS Number:													
CAS Number:													
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### 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

Facility Name:			ı ı <del>c</del> as	c type of bil	nt the requested	ii ii Oi i i au Oi I.					
						SPDES	S Number	:			
1. Outfall Number and Outfall No.:	d Location										
Latitude	Longit	ude			Receiving W	ater					
42 40 29	66	-76		5 <b>7</b> 46.73 "							
2. Type of Discharge	and Dischar	ne Rat	e (Li	et all inform	ation applicable	to this outfall)					
E. Type of Disonarge	and Disonary	ge reac	Uni			to triis oditali)				Units	3
				Other							Other
	Volume/Flow	MGD	GPM	(specify)			Volu	me/Flow	MGD	GPM	(specify)
a. Process Wastewater					f. Noncontact (	Cooling Water					
b. Process Wastewater					g. Remediation	System Discharge	e				
c. Process Wastewater					h. Boiler Blowd	own					
d. Process Wastewater					i. Storm Water						
e. Contact Cooling Water					j. Sanitary Was	tewater					
k. Other discharge (specify)	:										
I. Other discharge (specify):											
3. List process inforn	nation for the	Proc	see V	Vaetowat	er etreame i	dentified in 2 :	a-d aho	ve· N//	A		
a. Name of the process con				vasiewai	ci sticanis i	dentinica in 2.	1-u abo	<b>VC.</b> 1 47		Process	SIC code:
Describe the contributing pr	nress					Category	Oua	ntity per d	lav I	I Units of n	neasure
December and contains atting pr	00000							mary por o	ia, c	, , , , , , , , , , , , , , , , , , ,	iododi o
						Subcategor	У				
b. Name of the process con	tributing to the d	ischarge	!				·		F	Process S	SIC code:
Describe the contributing pr	rocess					Category	Qua	ntity per d	lay L	I Jnits of n	neasure
						Subcategor	ту				
c. Name of the process con	tributing to the di	scharge							F	Process :	SIC code:
o. Hame of the process con	and any to the a	oonargo									
Describe the contributing pr	rocess					Category	Qua	ntity per d	lay L	Jnits of n	neasure
						Subcategor	ту				
d. Name of the process con	tributing to the d	ischarge	!						F	Process	SIC code:
Describe the contributing pr	rocess					Category	Qua	ntity per d	lay L	l Jnits of n	I I neasure
						Subcategor	у				
4. Expected or Propo					io Gatiaiii –	ecipitation depe					
a. Total Annual Discharge	b. Daily Minir		SD w	c. Daily Av	erage Flow	d. Daily Maximun	n Flow	e. Maxir	num De	esign flov	v rate

							O	utfall No.:		
Facility Name:							S	PDES Numbe	r:	
5. Is this a seasona YES - Complete NO - Go to Item	the followi	_								
Operations co	entributing f	flow (list)	Discharge Batches per year	Duration per batch	Flow ra	te per day  Daily Max		Flow volume per scharge	Units	Duration (Days)
6. Water Supply So	urce (ir	ndicate all that	apply)	supply source		Volume or flo	ow rate	Ur	nits (check on	ne)
Municipal Supply								MGD	GPD	GPM
Private Surface Water S	Source							MGD	GPD	GPM
Private Supply Well								MGD	GPD	GPM
Other (specify)								MGD	GPD	GPM
7. Outfall configura A. Where is the discl In the streambank: In the stream: Within a lake or pond Within an estuary: Discharge is equippe B. If located in a stream, a	harge point and the state of th	ser:	Attach Suppler Attach descript	sub-outfal 11. ment C, MIXIN tion, including width from sho	G ZONE configura	REQUIREME tion and plan discharge poi	drawing	of diffuser, if u	used.	JARIES.
Stream width		am depth	Stream v	-		-		fusion study a		YES
Feet		Feet		Feet/Sec					NO	

				Section	n II - Out	fall Info	ormation	_				
									Outfal	ll No.:		
Facility Nam	e:								SPDES	Number:		
3. Thermal s your facility emperature by	one of the	e Criteria applicable types n three (3) degr	s of facilities ees Fahrenh	listed in th	e instructio	ons, and	does the te	mperature of	f this dis	scharge ex	ceed the	receiving water
	- Complete	the following tal 9. below.	ole.		Informat attached		ne intake ar	nd discharge	config	uration of	this outf	all is
Dischar	ge Temperat	ure dea F	Dura	tion of	Dates of	maximun	n					
Average change in	Maximum change in	ı	maximum	discharge erature	disc	discharge		Discharge configuration (e.g. substate effluent diffuser, diffusion v				
temperature (delta T)	temperatur (delta T)	e Maximum temperature	hours per day	days per year	From	rom To						
NO -	- Complete	the following tal			1 of 3 and :	2 of 3 of I			ater trea			
Mai	nufacturer		WTC tr	ade name			Manufactu	ırer		WTC	trade na	ime
wa <sup>*</sup>	ter in rela - Complete	ogical test tion to this	outfall in ble.					ed on this	outfa	ll or on t	the rec	eiving
NO -	Go to Item	11. on the follov		T.						1		1
Water te	sted	Purpo	se of test		Type of to		Chronic or Acute?	Subject sp	ecies	Testing Start	date(s) Finish	Submitted? (Date)

				Outfall No.:		
acility Name:				SPDES Number:		
Is the discharge from this outfall tr	eated to remove or	ocess wastes v	vater trea	tment additives	or other	nollutan
YES - Complete the following table. Tre			vator troc	itiliciit additives	,, or other	ponutun
NO - Go to Item 12 below.						
						<u> </u>
Treatment process		Treatment Code(s)	reatment us	ed for the removal of		Flow Rate ide units)
					+	
Does this facility have either a coduction, which will materially alte  YES - Complete the following table.						anges in
NO - Go to Section III on the following p	age.					
			C. I	01	0	D-1-(-)
Description of project		ondition or Agreemen t or consent order? (L		Change due to duction increase?	Required	on Date(s) 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.

Page 1

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

Facility Name:							SPDI	ES No.:				Outfall No	D.:		
I. Sampling Inform Provide the analytica below, provide the re	al results of at esults for those	least one ana e parameters	alysis for eve which are re	ry pollutant in th quired for this t	nis table. If this ype of outfall.	s outfall i	•								
PLEASE PRINT OR	TYPE IN THE	ÜNSHADE	AREAS ON			all of this	s inform	ation on sep	parate sheets						
	_				Effluent data					Uni	ts	Intake data (optio		nal)	
Pollutant		a. Maximum	daily value	b. Maximum	30 day value	c. Long term average		average	d. Number of	a. Concentration	b. Mass	a. Long term	average value	b. Number of	
	1	. Concentration	2. Mass	1. Concentration	2. Mass	1. Concer	ntration	2. Mass	analyses			1. Concentration	2. Mass	analyses	
a. Biochemical Oxygen 5 day (BOD)	Demand,														
b. Chemical Oxygen De (COD)	emand														
c. Total Suspended Sol (TSS)	lids														
d. Total Dissolved Solid (TDS)	ds														
e. Oil & Grease															
f. Chlorine, Total Resid (TRC)	lual														
g. Total Organic Nitroge (TON)	en														
h. Ammonia (as N)															
i. Flow	V	'alue		Value		Value						Value			
j. Temperature, winter	V	'alue		Value		Value						Value			
k. Temperature, summe	er V	'alue		Value		Value						Value			
I. pH	N	linimum	Maximum	Minimum	Maximum							Minimum	Maximum		
2. Sampling Inforr a. Primary Industries: b. All applicants:	i. Does the di  ii. Indicate whi  i. Do you kno in Tables 6, 7 this outfall?  ii. Do you kno or Table 10 of	ischarge from the hich GC/MS fraction or have reast, or 8 of the instance of the instruction of the instruct	his outfall cont actions have be on to believe t tructions are p son to believe s, or any other	ain process waste	Vol lutants listed harge from llutants listed in injurious chemi	latiles:	yes	Yes - Go to No - Go to I Acid: Yes - Conce No - Go to I Yes - Source	Item ii. below. tem b. below.  Basentration and metem ii. below. e or reason for	se/Neutral: lass data attached presence in disclative data attached	narge attached			,	

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

Facility Name:		SI	PDES No.:				Outfall No.:						
5. Projected Effluent Quality - Frovide analytical results of at least one arom Section III Forms, Item 2.a on the pre	nalysis for each	pollutant tha	at vou know d	or have reas				rge, as well a	as for any G	C/MS fractio	ons and meta	als required to	o be sample
	-												
List the name and CAS number for each or 8, provide the results of at least one an 9, or any other toxic pollutant not listed in as many copies of this table as necessar	nalysis for that po Tables 6-10, yo	ollutant, and u must prov	determine th	ne mass disc	charge based	on the flow	rate reported	in Item 1.i.	For each po	llutant listed	from Table	Page	of
Pollutant and CAS Number	<del>y</del>			Effluent dat	а			U	nits	Inta	ake data (opt	ional)	Believed
	a. Maximun	n daily value		30 day value (if		verage value (if	d. Number of	a. Concen- tration	b. Mass	a. Long term average value		d. Number of	present, no sampling
	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass	(1)Concen- tration	(2) Mass	analyses	tration		(1)Concentration	(2) Mass	analyses	results available
CAS Number:													
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## 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 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 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 po or 8, provide the results of at least one analy 9, or any other toxic pollutant not listed in Ta	sis for that po	ollutant, and	determine th	ne mass disc	harge based	on the flow r	ate reported	in Item 1.i.	For each pol	lutant listed	from Table	Page	of
as many copies of this table as necessary for													
Pollutant and CAS Number	Effluent data								nits		ke data (opti		Believed present, no
	a. Maximur	n daily value		30 day value (if ilable)		verage value (if lable)	d. Number of analyses	a. Concen- tration	b. Mass	a. Long term a	average value	d. Number of analyses	sampling
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	analyses	tration		(1)Concen- tration	(2) Mass	analyses	results available
CAS Number:													
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