
Bureau of Water Permits




Department of
Environmental
Conservation

Application Form NY-2A

New and Existing Publicly Owned Treatment Works

State Pollutant Discharge Elimination System Permitting Program

DEC Identification Number 3-3336-00201		SPDES Permit Number NY0023761		Facility Name WEST POINT TARGET HILL WWTP												
Form NY-2A SPDES				New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS												
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))																
Facility Information	1.1	Facility name														
		Mailing address (street or P.O. box)														
		City or town		State	ZIP code											
		Contact name (first and last)	Title	Phone number	Email address											
		Location address (street, route number, or other specific identifier) <input type="checkbox"/> Same as mailing address														
		City or town		State	ZIP code											
Applicant Information	1.2	What is the reason for submitting this application? <input type="checkbox"/> A NEW proposed Discharge <input type="checkbox"/> An EBPS REQUEST FOR INFORMATION response <input type="checkbox"/> A RENEWAL of an existing permit <input type="checkbox"/> A MODIFICATION of the existing permit (describe below) <input type="checkbox"/> An EXISTING discharge currently without permit														
	1.3	Is applicant different from entity listed under Item 1.1 above? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.4.														
		Applicant name														
		Applicant address (street or P.O. box)														
		City or town		State	ZIP code											
		Contact name (first and last)	Title	Phone Number	Email Address											
Existing Environmental Permits	1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) <input type="checkbox"/> Owner <input type="checkbox"/> Operator <input type="checkbox"/> Both Property owned by US Army. Water utility assets owned by American Water														
	1.5	To which entity should NYSDEC send correspondence? (Check only one response.) <input type="checkbox"/> Facility <input type="checkbox"/> Applicant <input type="checkbox"/> Facility and applicant (they are one and the same)														
	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center; background-color: #cccccc;">Existing Environmental Permits</th> </tr> <tr> <td style="width: 33%;"><input type="checkbox"/> SPDES (discharges to surface or ground waters)</td> <td style="width: 33%;"><input type="checkbox"/> RCRA (hazardous waste)</td> <td style="width: 33%;"><input type="checkbox"/> UIC (underground injection)</td> </tr> <tr> <td><input type="checkbox"/> PSD (air emissions)</td> <td><input type="checkbox"/> Nonattainment program (CAA)</td> <td><input type="checkbox"/> NESHAPs (CAA)</td> </tr> <tr> <td><input type="checkbox"/> Ocean dumping (MPRSA)</td> <td><input type="checkbox"/> Dredge or fill (CWA Section 404)</td> <td><input type="checkbox"/> Other (specify)</td> </tr> </table>				Existing Environmental Permits			<input type="checkbox"/> SPDES (discharges to surface or ground waters)	<input type="checkbox"/> RCRA (hazardous waste)	<input type="checkbox"/> UIC (underground injection)	<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)	<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)
Existing Environmental Permits																
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<input type="checkbox"/> PSD (air emissions)	<input type="checkbox"/> Nonattainment program (CAA)	<input type="checkbox"/> NESHAPs (CAA)														
<input type="checkbox"/> Ocean dumping (MPRSA)	<input type="checkbox"/> Dredge or fill (CWA Section 404)	<input type="checkbox"/> Other (specify)														

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Collection System and Population Served	1.7	Provide the collection system information requested below for the treatment works.				
		Municipality Served (POSS#)	Population Served	Collection System Type Length (mi.) & Percentage (%)		Ownership Status
				Separate Sewer _____ mi _____ % Combined Sewer _____ mi _____ % <input type="checkbox"/> Unknown	POTW Owned POTW Maintain POSS Owned POSS Maintain	AWMS owns, operates, and maintains the THWWTP and collection system
				Separate Sewer _____ mi _____ % Combined Sewer _____ mi _____ % <input type="checkbox"/> Unknown	POTW Owned POTW Maintain POSS Owned POSS Maintain	
				Separate Sewer _____ mi _____ % Combined Sewer _____ mi _____ % <input type="checkbox"/> Unknown	POTW Owned POTW Maintain POSS Owned POSS Maintain	
				Separate Sewer _____ mi _____ % Combined Sewer _____ mi _____ % <input type="checkbox"/> Unknown	POTW Owned POTW Maintain POSS Owned POSS Maintain	
		Total Population Served				
Total percentage of each type of sewer line (in miles)		Separate Sanitary Sewer System		Combined Storm and Sanitary Sewer		
		mi %		mi %		
Indian Country	1.8	Is the treatment works located in Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	1.9	Does the facility discharge to a receiving water that flows through Indian Country? <input type="checkbox"/> Yes <input type="checkbox"/> No Rehabilitated plant design FR				
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.			Design Flow Rate	
		Existing plant FR averages campus population in 2020 impacted by COVID-19			MGD	
		Annual Average Flow Rates (Actual)				
		Two Years Ago		Last Year		This Year
		MGD		MGD		MGD
		Maximum Daily Flow Rates (Actual)				
Two Years Ago		Last Year		This Year		
MGD		MGD		MGD		
Discharge Points by Type	1.11	Provide the total number of effluent discharge points to Waters of the State by type.				
		Total Number of Effluent Discharge Points by Type				
		Treated Effluent	Untreated Effluent	Combined Sewer Overflows	Bypasses	Constructed Emergency Overflows
Sole Source Aquifer	1.12	Is the facility located within an area identified as a sole source aquifer on Exhibit 2A-3? <input type="checkbox"/> Yes → Complete Application Supplement B (see SPDES website) <input type="checkbox"/> No				

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Outfalls and Other Discharge or Disposal Methods	Outfalls to Groundwaters & Surface Waters Not Considered Waters of the State						
	1.13	Does the POTW discharge wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to Waters of the State? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.15.					
	1.14	Provide the location of each surface impoundment and associated discharge information in the table below.					
	Surface Impoundment Location and Discharge Data						
		Location	Average Daily Volume Discharged to Surface Impoundment		Continuous or Intermittent (check one)		
			GPD		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
			GPD		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
			GPD		<input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent		
	1.15	Is wastewater applied to land and/or groundwater? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.17.					
	1.16	Provide the groundwater discharge site and discharge data requested below.					
	Groundwater Discharge Site and Discharge Data						
		Location	Depth of Water Table	Soil Type	Application Site Size	Average Daily Volume Applied	Continuous or Intermittent
			ft		ac.	GPD	Continuous Intermittent
			ft		ac.	GPD	Continuous Intermittent
		ft		ac.	GPD	Continuous Intermittent	
1.17	Is effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.22.						
1.18	Describe the means by which the effluent is transported (e.g., tank truck, pipe).						
1.19	Is the effluent transported by a party other than the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.21.						
1.20	Provide information on the transporter below.						
Transporter Data							
Entity name			Mailing address (street or P.O. box)				
City or town			State	ZIP code			
Contact name (first and last)			Title				
Phone number			Email address				

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Outfalls and Other Discharge or Disposal Methods Continued	1.21	In the table below, indicate the name, address, contact information, SPDES number, and average daily flow rate of the receiving facility.			
	Receiving Facility Data				
	Facility name		Mailing address (street or P.O. box)		
	City or town		State	ZIP code	
	Contact name (first and last)		Title		
	Phone number		Email address		
	SPDES number of receiving facility (if any)		Average daily flow rate		MGD
Variance Requests	1.22	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.13 through 1.21 that do not have outlets to Waters of the State (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 1.24.			
	1.23	Provide information in the table below on these other disposal methods.			
	Information on Other Disposal Methods				
		Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume
				ac.	GPD
			ac.	GPD	
			ac.	GPD	
				Continuous Intermittent (check one)	
				Continuous Intermittent	
				Continuous Intermittent	
				Continuous Intermittent	
Contractor Information	1.24	Do you intend to request or renew one or more variances pursuant to 6 NYCRR 702.17 or authorized at 40 CFR 122.21(n)? (Check all that apply). Consult with NYSDEC to determine what additional information is needed. <input type="checkbox"/> Discharges into marine waters (CWA Section 301(h)) <input type="checkbox"/> Water quality related effluent limitation (CWA Section 302(b)(2)) <input type="checkbox"/> NYS WQBEL variance (6 NYCRR 702.17) <input type="checkbox"/> Not applicable			
	1.25	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 2.			
	1.26	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities.			
	Contractor Information				
			Contractor 1	Contractor 2	Contractor 3
		Contractor name (company name)			
		Mailing address (street or P.O. box)			
		City, state, and ZIP code			
		Contact name (first and last)			
		Phone number			
	Email address				
	Operational and maintenance responsibilities of contractor				

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SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))

Pump Stations	2.1	Do the treatment plant and/or collection system include any pump stations? <input type="checkbox"/> Yes → Complete Table H <input type="checkbox"/> No				
	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration please refer to provided 2021 Long Term Control Plan (LTCP) GPD			
Indicate the steps the facility is taking to minimize inflow and infiltration.						
Topographic Map	2.3	Have you attached a topographic map to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Flow Diagram	2.4	Have you attached a process flow diagram or schematic to this application that contains all the required information? (See instructions for specific requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
Scheduled Improvements and Schedules of Implementation	2.5	Are any facility modifications or improvements scheduled over the next 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 3.				
		Briefly list and describe the scheduled improvements.				
		1.				
		2. UV primary effluent disinfection versus NaClO				
		3. Increased detention time via increased equalization storage capacity				
	4. General upgrade and re-rating of primary treatment, secondary treatment, and solids handling systems.					
	2.6	Provide any scheduled (i.e. anticipated) or actual (i.e. already achieved) dates of completion for improvements.				
Scheduled or Actual Dates of Completion for Improvements						
Scheduled Improvement (from above)		Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
1.						
2.						
3.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> None required or applicable					
	Explanation:					

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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))

Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)			
		Existing outfall 001 being replaced. Coordinates below reflect location of new outfall 001.	Outfall Number _____	Outfall Number _____	Outfall Number _____
		State			
		County			
		City or town			
		Distance from shore <small>from river bank</small>	ft.	ft.	ft.
		Depth below surface <small>from mean high water</small>	ft.	ft.	ft.
		Average daily flow rate	MGD	MGD	MGD
		Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "	
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4.			
	3.3	If so, provide the following information for each applicable outfall.			
			Outfall Number _____	Outfall Number _____	Outfall Number _____
		Number of times per year discharge occurs			
		Average duration of each discharge (specify units)			
	Average flow of each discharge	MGD	MGD	MGD	
	Months in which discharge occurs				
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.			
	3.5	Briefly describe the diffuser type at each applicable outfall.			
		Outfall Number _____	Outfall Number _____	Outfall Number _____	
Mixing Zone Form	3.6	Has a Mixing Zone Analysis Form been completed and attached? All applicants must complete at least the Simple form for each wastewater outfall to surface waters. Indicate which form was completed and is attached to this application. <input type="checkbox"/> Yes → Simple Form <input type="checkbox"/> Yes → Detailed Form			
WTCs	3.7	Does the treatment works utilize or plan to utilize any water treatment chemicals that may be discharged from one or more outfalls? <input type="checkbox"/> Yes → Complete Table F <input type="checkbox"/> No			

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Receiving Water Description	3.8	Provide the receiving water and related information (if known) for each outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Receiving water name			
	Water Index Number (WIN)			
	Waterbody Inventory/ Priority Waterbodies List (WI/PWL) segment			
	Water Classification			
	Regulatory Basin Commission (if applicable)			
	USGS 8-digit hydrologic unit code (HUC8)			
	Critical low flow (acute)	CFS	CFS	CFS
	Critical low flow (chronic)	CFS	CFS	CFS
Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃	
Treatment Description	3.9	Provide the following information describing the treatment provided for discharges from each outfall.		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	Highest Level of Treatment (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	Design Removal Rates by Outfall			
	BOD ₅ or CBOD ₅	%	%	%
	TSS	%	%	%
	Phosphorus <small>please refer to Oct-2020 facility report</small>	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

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Treatment Description Continued	3.10	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.					
			Outfall Number _____	Outfall Number _____	Outfall Number _____	Outfall Number _____	
		Disinfection type					
		Seasons used					
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effluent Testing Data	3.11	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	3.12	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? Yes Nov 2020 WET test results attached <input type="checkbox"/> No → SKIP to Item 3.14.					
	3.13	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
			Outfall Number _____	Outfall Number _____	Outfall Number _____	Outfall Number _____	
			Acute	Chronic	Acute	Chronic	
		Number of tests of discharge water					
		Number of tests of receiving water					
	3.14	Does the treatment works have a design flow greater than or equal to 0.1 MGD? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.17.					
	3.15	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. NaClO <input type="checkbox"/> No → Complete Table B, omitting chlorine.					
	3.16	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No					
3.17	Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 MGD. The POTW has an approved pretreatment program or is required to develop such a program. NYSDEC has informed the POTW that it must sample for the parameters in Table C, must sample for the parameters in Table D, must sample for other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). Yes <input type="checkbox"/> No → SKIP to Section 4.						
3.18	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3.19	Have you completed monitoring for all applicable Table D pollutants required by NYSDEC and attached the results to this application package? Yes <input type="checkbox"/> No						

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Effluent Testing Data Continued	3.20	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <i>most recent (Nov 2020) WET test attached</i> <input type="checkbox"/> No → Complete tests and Table E and SKIP to Item 3.26.			
	3.21	Identify the four most recent WET tests conducted and whether the results were submitted to NYSDEC.			
		Test(s)	Test Results		Submitted to NYSDEC?
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No
		3.22	Regardless of how you provided your WET testing data, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.		
	3.23	Describe the cause(s) of the toxicity:			
	3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.26.			
	3.25	Provide details of any toxicity reduction evaluations conducted.			
	3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <i>most recent (Nov 2020) WET test attached</i> <input type="checkbox"/> Not applicable because previously submitted information to NYSDEC.			

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))

Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.7.				
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.				
		Number of SIUs		Number of NSCIUs		
				<i>see note 1</i>		
		4.3	Does the POTW have an approved pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Mini-Pretreatment			
		4.4	Have you submitted either of the following to NYSDEC that contains information substantially identical to that required in Table G: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.6.			
	4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7.				
	4.6	Have you completed and attached Table G to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Note 1: Three (3) closed landfill leachate systems currently connected to the Target Hill collection system.

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Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 4.9.			
	4.8	If yes, provide the following information:			
		Hazardous Waste Number	Waste Transport Method (check all that apply)		Annual Amount of Waste Received
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
			<input type="checkbox"/> Truck <input type="checkbox"/> Dedicated pipe	<input type="checkbox"/> Rail <input type="checkbox"/> Other (specify) _____	
4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 5.				
4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? <input type="checkbox"/> Yes → SKIP to Section 5. <input type="checkbox"/> No				
4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? <input type="checkbox"/> Yes <input type="checkbox"/> No				

SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))

CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 6.		
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No please refer to provided 2021 Long Term Control Plan (LTCP)		
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) <input type="checkbox"/> Yes <input type="checkbox"/> No please refer to provided 2021 Long Term Control Plan (LTCP)		


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CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	City or town			
	State and ZIP code			
	County			
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
	Distance from shore	ft.	ft.	ft.
Depth below surface	ft.	ft.	ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Rainfall	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO flow volume	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO pollutant concentrations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Receiving water quality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	CSO frequency	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of storm events	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Number of CSO events in the past year	events	events	events
	Average duration per event	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Average volume per event	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated
	Minimum rainfall causing a CSO event in last year	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated	inches of rainfall <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated

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CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
		Receiving water name		
		Water Index Number (WIN)		
		Waterbody Inventory/ Priority Waterbodies List (WI/PWL) segment		
		Water Classification		
		Regulatory Basin Commission (if applicable)		
		U.S. Geological Survey 8- Digit Hydrologic Unit Code (if known)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown
	Description of known water quality impacts on receiving stream by CSO			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form NY-2A that you have completed and are submitting with your application. For each section, specify in Column 2 any attachments that you are enclosing to alert NYSDEC. Note that not all applicants are required to provide attachments.			
		Column 1	Column 2		
		<input type="checkbox"/> Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments	
		<input type="checkbox"/> Section 2: Additional Information	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input type="checkbox"/> w/ process flow diagram <input type="checkbox"/> w/ Table H	
		<input type="checkbox"/> Section 3: Information on Effluent Discharges	<input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table D <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table F	<input type="checkbox"/> w/ additional attachments <input type="checkbox"/> Simple MZ Form <input type="checkbox"/> Detailed MZ Form	
		<input type="checkbox"/> Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments (analytical results for closed landfill leachate systems)	<input type="checkbox"/> w/ Table G	
		<input type="checkbox"/> Section 5: Combined Sewer Overflows	<input type="checkbox"/> w/ CSO map <input type="checkbox"/> w/ CSO system diagram	<input type="checkbox"/> w/ additional attachments	
		<input type="checkbox"/> Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments		
		6.2	Certification Statement		
			<i>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.</i>		
		Name (print or type first and last name)	Official title		
		Signature 	Date signed		

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number
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TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform	no chlorination						<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate 2.06 MGD (existing)							
pH (minimum)		SU					
pH (maximum)		SU					
Temperature (winter)							
Temperature (summer)							
Total suspended solids (TSS)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Sampling for BOD₅, CBOD₅, Fecal Coliform, and Total Suspended Solids (TSS) are not required for groundwater dischargers.

NOTES:

- 1) AWMS assumed custody of assets in June 2020. Historical parameter averages reflect data gathered Jun 2020 - Dec 2020.
- 2) Disinfection and fecal coliform monitoring only required by current SPDES May 1-Oct 31
- 3) Any values = method limit are preceded by a < symbol
- 4) Average values provided for routinely monitored parameters only

Values equaling method limit are preceded by a < symbol

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TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Total Residual Chlorine (TRC) ²							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrite (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ammonia (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total Kjeldahl Nitrogen (TKN)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total Nitrogen (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total Phosphorus (as P)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

³ Sampling for Dissolved Oxygen and Total Kjeldahl Nitrogen (TKN) are not required for groundwater dischargers.

Values equaling method limit are preceded by a < symbol

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable ²	0.0050		0.0036				<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

Values equaling method limit are preceded by a < symbol

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide (bromomethane)		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

Values equaling method limit are preceded by a < symbol

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol		µg/L	4-Chloro-3-methylphenol	µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol		µg/L	4,6-Dinitro-2-methylphenol	µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzdine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

Values equating method limit are preceded by a < symbol

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

Values equaling method limit are preceded by a < symbol

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TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR Chapter I, Subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

² Analysis for Total Recoverable Mercury must be performed utilizing the low-level, USEPA Method 1631E.

Values equaling method limit are preceded by a < symbol

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number
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TABLE D. PESTICIDES & ADDITIONAL POLLUTANTS AS REQUESTED BY NYSDEC

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Pesticide Compounds							
Aldrin							<input type="checkbox"/> ML <input type="checkbox"/> MDL
a-BHC							<input type="checkbox"/> ML <input type="checkbox"/> MDL
B-BHC							<input type="checkbox"/> ML <input type="checkbox"/> MDL
G-BHC							<input type="checkbox"/> ML <input type="checkbox"/> MDL
D-BHC							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlordane							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,4'-DDT							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,4'-DDE							<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,4'-DDD							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dieldrin							<input type="checkbox"/> ML <input type="checkbox"/> MDL
A-Endosulfan							<input type="checkbox"/> ML <input type="checkbox"/> MDL
B-Endosulfan							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Endosulfan Sulfate							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Endrin							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Endrin Aldehyde							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Heptachlor							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Heptachlor Epoxide							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

Values equaling method limit are preceded by a < symbol

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number
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TABLE D. PESTICIDES & ADDITIONAL POLLUTANTS AS REQUESTED BY NYSDEC

Pollutant (list)	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
PCB-1242							<input type="checkbox"/> ML <input type="checkbox"/> MDL
PCB-1254							<input type="checkbox"/> ML <input type="checkbox"/> MDL
PCB-1221							<input type="checkbox"/> ML <input type="checkbox"/> MDL
PCB-1232							<input type="checkbox"/> ML <input type="checkbox"/> MDL
PCB-1248							<input type="checkbox"/> ML <input type="checkbox"/> MDL
PCB-1260							<input type="checkbox"/> ML <input type="checkbox"/> MDL
PCB-1016							<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toxaphene							<input type="checkbox"/> ML <input type="checkbox"/> MDL

Additional Pollutants as Requested by NYSDEC

No additional sampling was requested by NYSDEC.

							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL
							<input type="checkbox"/> ML <input type="checkbox"/> MDL

¹ Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE F. WATER TREATMENT CHEMICAL LISTING

WTC Trade Name	Manufacturer	WTC Function	Authorized Dosage (lbs/d)		Discharge Outfall	Authorized Date	New or Increase Request (optional)
			Average	Maximum			
For all New or Increased WTCs, you must attach a completed WTC Request Form					<input type="checkbox"/> No new or increased WTC requests included as part of this application.		
							<input type="checkbox"/> New <input type="checkbox"/> Increase
						SPDES inception	<input type="checkbox"/> New <input type="checkbox"/> Increase
						SPDES inception	<input type="checkbox"/> New <input type="checkbox"/> Increase
						SPDES inception	<input type="checkbox"/> New <input type="checkbox"/> Increase
						SPDES inception	<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
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							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase

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TABLE H. FACILITY & COLLECTION SYSTEM RESILIENCY

Pump Station Name	PS Owner	General Location	Latitude (DMS)	Longitude (DMS)	Floor Elevation (ft, NAVD88)
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Complete this table for all pump stations that exist at the wastewater treatment facility and within the collection system. Identify the name of the pump station, the owner of the pump station (if different than the SPDES permittee), the general location of the pump station (e.g. intersection of Green St. & Water St.), the latitude and longitude of the pump station in degrees-minutes-seconds (DMS) format, and the elevation in feet of the pump station floor (per the NAVD88 datum).

The wastewater treatment facility and collection system do not contain any pump stations.

			° ' "	° ' "	
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			° ' "	° ' "	
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