
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

FORM NY-2A—GENERAL INSTRUCTIONS

Who Must Complete Form NY-2A?

In accordance with New York State Environmental Conservation Law (ECL) Section 17-0803, proposed and existing dischargers of pollutants shall apply and obtain permit coverage to discharge pollutants in the waters of the state. The New York State Department of Environmental Conservation (NYSDEC or DEC) has designated, per Title 6 of the New York Codes, Rules and Regulations (6 NYCRR) 750-1.6(e), that all new and existing dischargers must complete a designated application form to obtain a State Pollution Discharge Elimination System (SPDES) permit. NYSDEC has designated this Form NY-2A for publicly owned treatment works (POTWs).

NYSDEC has adopted a modified version of the United States Environmental Protection Agency's (USEPA) June 2019 revised application forms for use in the SPDES program. The application form can be found on the [SPDES website](#).

Where to File Your Completed Form

Unless otherwise instructed in a Request for Information (RFI) from NYSDEC, all applications, including new applications and permittee-initiated modifications, must be filed with the [Regional Permit Administrator](#) for the NYSDEC Region in which the discharge is located. It is preferred that applications be submitted electronically, as a PDF via email. All applications can be sent to the general SPDES application email box at SPDESapp@dec.ny.gov and the appropriate [Regional Permit Administrator email address](#).

Exhibit 2A-1 (next page) provides contact information for the NYSDEC Central Office and each of the 9 regional offices. Since the exhibit's content is subject to change, consult [NYSDEC's website for the latest information](#).

When to File Your Completed Form

Pursuant to 6 NYCRR 750-1.18, Form NY-2A must be submitted at least 180 days before your present SPDES permit expires. If you are a new discharger, or planning a facility upgrade or expansion, Form NY-2A must be submitted and a SPDES permit issued prior to the start of construction. It is suggested that this application be submitted at least 180 days before the date on which construction is to commence.

Fees

NYSDEC does not require submission of any fees for processing this application. Discharge fees are required annually, based on the volume of wastewater discharged, pursuant to ECL 72-0602.

Public Availability of Submitted Information

Pursuant to 6 NYCRR 750-1.23(a), DEC will make information from SPDES permit application forms available to the public for inspection and copying upon request. You may not claim any information on Form NY-2A (or related attachments) as confidential.

You may make a claim of confidentiality for any information that you submit to DEC that goes beyond the information required by Form NY-2A. If you do not assert a claim of confidentiality at the time you submit your information to the NYSDEC, the information may be made available to the public without further notice to you.

NYSDEC will handle claims of confidentiality in accordance with the Agency's Confidentiality of Information regulations in 6 NYCRR 750-1.23 and 6 NYCRR Part 616.

Completion of Forms

Form NY-2A is divided into two Parts. Part 1 contains six major sections providing general facility information; one effluent monitoring table (Table E); a water treatment chemical (WTC) usage table (Table F); an industrial discharge information table (Table G), and a Facility Collection System Resiliency table (Table H), all located at the end of the form. Part 2 is an excel file which contains four effluent monitoring tables (Tables A - D). Note that not all applicants are required to complete each section of the form or all of the tables. The questions on the form will direct you to the items and tables you must complete.

Print or type in the specified areas only. If you do not have enough space on the form to answer a question, you may continue on additional sheets, as necessary, using a format consistent with the form.

For existing facilities, provide your DEC Identification Number (DEC ID), SPDES permit number, and facility name at the top of each page of Form NY-2A and any attachments. If your facility is new, write or type "New Facility" in the space provided for the DEC ID and SPDES permit number. If you do not know your DEC ID, contact your [Regional Permit Administrator](#). See Exhibit 2A-1 for contact information. Additionally, for Tables A through E, provide the applicable outfall number at the top of each page.

Do not leave any response areas blank unless the form directs you to skip them. If the form directs you to respond to an item that does not apply to your facility or activity, enter "NA" for "not applicable" to show that you considered the item and determined a response was not necessary for your facility.

If you have previously submitted information that answers a specific question to NYSDEC, you may either repeat the information in the space provided or attach a copy of the previous submission.

Note for New Dischargers

Any new facilities that are applying for a SPDES permit must obtain a permit prior to construction and may be required to submit the same information required of existing facilities, except that new facilities may be required to submit projected or estimated data in lieu of actual measurements. New facilities must also include the expected discharge date and any engineering reports for the facility.

NYSDEC will consider your application complete when it and any supplementary material are received and completed according to the authority's satisfaction. NYSDEC will judge the completeness of any application independently of the status of any other permit application or permit for the same facility or activity. Note that construction projects cannot proceed until all required permits have been obtained.

FORM NY-2A—GENERAL INSTRUCTIONS CONTINUED

Exhibit 2A-1. Addresses of NYSDEC Contacts and Covered Counties

<p>NYSDEC, REGION 1 NYSDEC, Region 1 50 Circle Road, Stony Brook, NY 11790-3409 Counties: Nassau, Suffolk</p> <p>Division of Environmental Permits Phone: (631) 444-1111 Fax: (617) 918-0101</p> <p>Division of Water Phone: (631) 444-0405 Fax: (617) 444-0424</p>	<p>NYSDEC, Region 8 6274 East Avon-Lima Rd, Avon, NY 14414-9519 Counties: Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates</p> <p>Division of Environmental Permits Phone: (585) 226-5400 Fax: (585) 226-2830</p> <p>Division of Water Phone: (585) 226-5450 Fax: (585) 226-9485</p>
<p>NYSDEC, Region 2 1 Hunter's Point Plaza, 47-40 21st Street, Long Island City, NY 11101-5401 Counties: Kings, Bronx, New York, Queens, Richmond</p> <p>Division of Environmental Permits Phone: (718) 482-4997 Fax: (718) 482-4975</p> <p>Division of Water Phone: (718) 482-4933 Fax: (718) 482-6516</p>	<p>NYSDEC, Region 9 700 Delaware Avenue, Buffalo, NY 14209 Counties: Allegany, Cattaraugus, Chautaugua, Erie, Niagara, Wyoming</p> <p>Division of Environmental Permits Phone: (716) 851-7165 Fax: (716) 851-7168</p> <p>Division of Water Phone: (716) 851-7070 Fax: N/A</p>
<p>NYSDEC, Region 3 (HQ) 21 South Putt Corners Rd, New Paltz, NY 12561-1696 (WP) 100 Hillside Avenue, Suite 1W, White Plains, NY 10603 Counties: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester</p> <p>Division of Environmental Permits Phone: (845) 256-3054 Fax: (845) 255-4659</p> <p>Division of Water Phone: NP: (845) 256-3000 WP: (914) 803-8157 Fax: NP: (845) 255-3414 WP: (914) 428-0323</p>	<p>NYSDEC, Central Office 625 Broadway, Albany, NY 12233</p> <p>Division of Water, Water Permits Programs: Permitting of Municipal & Industrial SPDES, MS4 GP, MSGP, CAFO Phone: (518) 402-8111 Fax: (518) 402-9029</p>
<p>NYSDEC, Region 4 1130 North Westcott Rd, Schenectady, NY 12306-2014 Counties: Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie</p> <p>Division of Environmental Permits Phone: (518) 357-2069 Fax: (518) 357-3672</p> <p>Division of Water Phone: (518) 357-2045 Fax: (518) 357-2398</p>	<p>Division of Water, Water Compliance Programs: Water Programs Enforcement, DMRs Phone: (518) 402-8177 Fax: (518) 402-9029</p> <p>Division of Water, Water Assessment & Management Programs: Water Quality Research, Toxicity Testing Unit, Quality Assurance Phone: (518) 402-8179 Fax: (518) 402-9029</p>
<p>NYSDEC, Region 5 1115 NYS Route 86, P.O. Box 296, Ray Brook, NY 12977-0296 Counties: Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington</p> <p>Division of Environmental Permits Phone: (518) 897-1234 Fax: (518) 897-1394</p> <p>Division of Water Phone: (518) 897-1241 Fax: (518) 897-1245</p>	<p>Division of Environmental Permits Programs: SPDES Administration, ENB, SEQR & UPA & SHPA Support Phone: (518) 402-9167 Fax: (518) 402-9168</p>
<p>NYSDEC, Region 6 317 Washington St, Watertown, NY 13601-3787 Counties: Herkimer, Jefferson, Lewis, Oneida, St. Lawrence</p> <p>Division of Environmental Permits Phone: (315) 785-2245 Fax: (315) 793-2748</p> <p>Division of Water Phone: (315) 785-2513 Fax: (315) 793-2748</p>	<p>U.S. Environmental Protection Agency, Region 2 290 Broadway, New York, NY 10007-1866 Phone: (212) 637-3000; toll free: (877) 251-4575 Fax: (212) 637-3526 Website: http://www.epa.gov/aboutepa/epa-region-2 Covered States: New Jersey, New York, Virgin Islands, and Puerto Rico</p>
<p>NYSDEC, Region 7 5786 Widewaters Parkway, Syracuse, NY 13214-1867 Counties: Broome, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins</p> <p>Division of Environmental Permits Phone: (315) 426-7400 Fax: (315) 426-7425</p> <p>Division of Water Phone: (315) 426-7500 Fax: N/A</p>	<p align="center">Contact information for Regional Permit Administrators can be found here.</p> <p align="center">Additional contact information for all NYSDEC programs can be found online.</p>

Section 1. Basic Application Information for All Applicants

Facility Information

Item 1.1. Enter the discharger's facility name. Do not use a colloquial name. Provide the *mailing address* of the facility. Next, give the name (first and last), title, work telephone number, and email address of the person who is thoroughly familiar with the operation of the facility and with the facts reported in this application.

Include a complete *location address* for the facility if different from the mailing address. If the facility lacks a street name or route number, give the most accurate, alternative geographic information (e.g., section number or quarter section number from county records or "at intersection of Routes 425 and 22").

Item 1.2. Indicate the permit action being requested as a result of this application. If a modification, please describe the request.

Applicant Information

Item 1.3. Indicate if the applicant is different from the entity listed under Item 1.1. If so, specify the applicant name and address. Provide the name (first and last) of a contact, including his/her title, telephone number, and email address.

Item 1.4. Indicate if the applicant is the facility's owner, operator, or both.

Item 1.5. Specify whether NYSDEC should send correspondence to the facility or the applicant.

Existing Environmental Permits

Item 1.6. Indicate all environmental permits or construction approvals received or applied for (including dates) under the noted programs. Print or type the corresponding permit number for each.

Collection System and Population Served

Item 1.7. Specify each of the municipalities served by the treatment works, including publicly owned sewer systems (POSS). For each municipality, indicate the POSS registration number (if applicable), population served, the length and percentage of each collection system type if known, and collection system ownership and maintenance status. Attach additional sheets if necessary. Finally, indicate the total length and percentage of sewer line each type comprises. Do not report privately owned collection systems discharging industrial waste to the treatment works in Item 1.7. Those facilities must be reported on Table G.

Indian Country

Item 1.8. Indicate if the POTW is located in Indian Country.

Item 1.9. Note whether the treatment works discharges to a receiving stream that flows through Indian Country.

Design and Actual Flow Rates

Item 1.10. Provide the facility's *design average* flow rate, in million gallons per day (MGD), as defined in the Ten State Standards. Next, specify the facility's *actual* annual average daily flow rate and maximum daily flow rate for each of the previous three years.

Discharge Points by Type

Item 1.11. Provide the facility's total number of discharge points to waters of the State by type (e.g., treated effluent, combined sewer

overflows, bypasses, and constructed emergency overflows). Please note that sanitary sewer overflows, bypasses and emergency overflows are not permissible discharges, but must be identified in the application, should they exist.

Sole Source Aquifer

Item 1.12. Identify if the facility is located within a sole source aquifer as shown in Exhibit 2A-3. If yes, you must also complete the [Sole Source Aquifer Supplement B form](#).

Outfalls and Other Discharge or Disposal Methods

Outfalls to Groundwaters & Surfaces Waters Not Considered Waters of the State

Item 1.13. Indicate whether the POTW discharges wastewater to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the State. If yes, continue to Item 1.14. If no, skip to Item 1.15.

Item 1.14. Specify the location of each surface impoundment, the average daily volume discharged to each surface impoundment in gallons per day (GPD), and whether the discharge is continuous or intermittent.

Item 1.15. Indicate if the facility applies wastewater to land or to groundwater. If yes, continue to Item 1.16. If no, skip to Item 1.17.

Item 1.16. Provide the location of each land application site; the depth to water table, soil type, size of each land application site; the average daily volume applied to each land application site, and whether the land application is continuous or intermittent.

Item 1.17. Note whether the facility's effluent is transported to another facility for treatment prior to discharge. If yes, continue to Item 1.18. If no, skip to Item 1.22.

Item 1.18. Describe the means by which the effluent is transported, such as by tank truck or pipe.

Item 1.19. Specify whether the facility's effluent is transported by a party other than the applicant. If yes, continue to Item 1.20. If no, skip to Item 1.22.

Item 1.20. Provide the name, mailing address, contact person, phone number, and email address of the entity that transports the discharge.

Item 1.21. Provide the name, mailing address, contact person, phone number, email address, and SPDES permit number (if any) of the receiving facility. Also specify the average daily flow rate from the facility into the receiving facility in MGD.

Item 1.22. Indicate if wastewater is disposed of in a manner other than those already mentioned in Items 1.13 through 1.21 that have outlets to groundwaters of the State, such as underground percolation and underground injections. If yes, continue to Item 1.23. If no, skip to Item 1.24.

Item 1.23. Provide a description of the disposal method, including the location and size of each disposal site; the annual average daily discharge volume (in GPD), and whether disposal through this method is continuous or intermittent.

Variance Requests

Item 1.24. Check the authorized variances or water quality variances (6 NYCRR 702.17) that you plan to request or renew. Pursuant to 6 NYCRR 750-1.7(f), you are required to submit any variance requests at this time. For water quality variances, you must submit all information required in 6 NYCRR 702.17.

Contact NYSDEC with any questions about the variance process. The ability to request a variance is not limited to the time of application, and an applicant may request a variance consistent with statutory and regulatory requirements.

Contractor Information

Item 1.25. Indicate if any of the operational or maintenance activities associated with wastewater treatment and effluent quality of the POTW are the responsibility of a contractor. If yes, continue to Item 1.26. If no, skip to Section 2.

Item 1.26. Provide a listing of all contractors (by company name). For each, specify the mailing address, a contact name, telephone number, and email address. Also summarize the operational and maintenance responsibilities of each contractor.

Section 2. Additional Information**Resiliency**

Item 2.1. Indicate whether the collection system or the treatment plant include any pump stations. If yes, complete Table H to identify each pump station, the owner, general location, latitude and longitude, and the floor elevation (using NAVD88 datum). If not, continue to Item 2.2.

Inflow and Infiltration

Item 2.2. Estimate the POTW's current average daily volume of inflow and infiltration (in GPD) and steps the facility is taking to minimize inflow and infiltration. No specific method of estimation is required, but should be data-driven. For guidance, read this [USEPA Region 1 guidance document](#).

Topographic Map

Item 2.3. Prepare a topographic map (or other map if a topographic map is unavailable) extending at least one mile beyond property boundaries of the treatment plant, including all unit processes and identifying the following, as applicable: (1) treatment plant area and unit processes; (2) major pipes or other structures through which wastewater enters the treatment plant and the pipes or other structures through which treated wastewater is discharged from the treatment plant (include outfalls from bypass piping, if applicable); (3) each well where fluids from the treatment plant are injected underground; (4) wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within ¼ mile of the treatment works' property boundaries; (5) sewage sludge management facilities (including onsite treatment, storage, and disposal sites); and (6) location at which waste classified as hazardous under the Resource Conservation and Recovery Act (RCRA) enters the treatment plant by truck, rail, or dedicated pipe.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude to the nearest second. Latitude and longitude coordinates may be obtained in a variety of ways, including use of hand held devices (e.g., a GPS enabled smartphone), internet mapping tools (e.g., NASA.gov),

GIS (e.g., ArcView), or paper maps from trusted sources (e.g., USGS). On all maps of rivers, show the direction of the current. In tidal waters, show the directions of ebb and flow tides.

You may develop your map by going to [USGS's National Map website](#). (For a map from this site, use the traditional 7.5-minute quadrangle format. If none is available, use a USGS 15-minute series map.) You may also use a plat or other appropriate map. Briefly describe land uses in the map area (e.g., residential, commercial). An example of an acceptable location map is shown as Exhibit 2A–2 at the end of these instructions. **Note:** Exhibit 2A–2 is provided for illustration only; it does not show an actual facility. Indicate when you have completed your topographic map and attached it to the application.

Flow Diagram

Item 2.4. Provide a process flow diagram or schematic showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. This includes a water balance showing all treatment units, including disinfection (e.g., chlorination and dechlorination), and showing daily average flow rates at influent and discharge points, and approximate daily flow rates between treatment units. Also provide a narrative description of the diagram/schematic. Answer "Yes" to Item 2.4 once you have completed and attached your diagram to the application.

Scheduled Improvements and Schedules of Implementation

Item 2.5. Indicate whether any facility modifications or improvements, subject to 6 NYCRR 750-2.10, are currently scheduled over the next 5 years. If yes, list and briefly describe each project and continue to Item 2.6. If no, skip to Section 3.

Item 2.6. For each scheduled improvement, indicate the outfall number of each outfall affected and the scheduled or actual dates of completion for the following: (1) commencement of construction, (2) completion of construction, (3) commencement of discharge, and (4) attainment of operational level.

Item 2.7. Note whether the appropriate permits/clearances concerning other federal/state requirements have been obtained and briefly explain your response.

Section 3. Information on Effluent Discharges**Description of Outfalls**

Item 3.1. Provide a description (as detailed below) of each of the POTW's wastewater and stormwater discharge outfalls. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary.

For each outfall, provide the outfall number. Indicate the county and city or town where each outfall is located. Note the distance from shore in feet and the depth below the surface in feet. Specify the average daily flow rate through the outfall in MGD. Also specify the latitude and longitude of each outfall to the nearest second. See Item 2.3 instructions for guidance on determining the latitude and longitude coordinates. The location of each outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the State. For further guidance, refer to [USEPA's Lat/Long Data Standard](#).

Seasonal or Periodic Discharge Data

Item 3.2. Indicate whether any of the outfalls described under Item 3.1 have, or expect to have, seasonal or non-continuous discharges. If yes, continue to Item 3.3. If no, skip to Item 3.4.

Item 3.3. Specify the following for each applicable outfall: (1) number of times per year discharge occurs, (2) average duration of each discharge, (3) average flow of each discharge in MGD, and (4) months in which discharge occurs. For existing facilities, use actual historical data and for new facilities, provide estimated data.

Diffuser Type

Item 3.4. Note whether any of the outfalls listed under Item 3.1 are equipped with a diffuser. If no, skip to Item 3.6.

Item 3.5. Briefly describe the diffuser type at each applicable outfall.

Outfall Mixing Zone Form

Item 3.6. Indicate which outfall mixing zone form has been completed. All applicants must complete the simple form or the detailed form for each outfall at their facility unless the discharge is to groundwater. The detailed form is required for all new, expanded, significantly upgraded facilities, or as otherwise informed by NYSDEC. Mixing zone forms can be found on the [SPDES website](#).

Water Treatment Chemicals

Item 3.7. Note whether the POTW utilizes or plans to utilize water treatment chemicals in the treatment process that may be discharged from one or more outfalls. If yes, complete Table F. **Note:** For any new or increased dosage requests, you must attach a completed [WTC Usage Notification Form](#).

Receiving Water Description

Item 3.8. Provide receiving water and related information (if known). Available resources for finding the water index number (WIN) waterbody inventory/priority waterbodies list (WI/PWL) segment (ex. 0123-4567), water classification, and hydrologic unit code (HUC) are available on [DEC InfoLocator](#) or the [USGS website](#).

Treatment Description

Item 3.9. Specify the highest level of treatment provided for discharges from each outfall (e.g., primary, equivalent to secondary, secondary, or advanced). Also indicate the following design removals (in percent) for the following parameters for each outfall: (1) biochemical oxygen demand (BOD5 or CBOD5), (2) total suspended solids (TSS), (3) phosphorus (if applicable), (4) nitrogen (if applicable), and (5) any other removals that an advanced treatment system is designed to achieve.

Item 3.10. Provide a description of the type(s) of disinfection used for wastewater discharged through each outfall. Indicate the seasons the disinfection type is used. Note whether the POTW dechlorinates if disinfection is accomplished through chlorination. Otherwise, check "Not Applicable."

Effluent Testing Data and Tables A through E

Items 3.11 to 3.27. These items require you to collect and report data for the parameters and pollutants listed in Tables A through E. Note: Tables A through D are located in Part 2 of the application. The instructions for completing the tables are table-specific, as are the criteria for determining who should complete them. If your facility has multiple outfalls, data should be reported for each outfall.

Important note: Read the "General Instructions for Reporting, Sampling, and Analysis" (2A-7 & 2A-8) before completing Items 3.11 to 3.27 and Tables A through E. Part 2 of the application must be used to complete Tables A - D.

Item 3.11 and Table A. All applicants that discharge wastewater or stormwater to waters of the State must provide effluent data for each outfall for Table A parameters (see column A in "Tables" tab of Part 2 of the application). Respond "Yes" to Item 3.11 when you have completed Table A and attached it to your application.

Item 3.12. Answer whether the POTW has conducted any whole effluent toxicity (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. If yes, continue to Item 3.13. If no, skip to Item 3.14.

Item 3.13. For each applicable outfall, note the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges or of the receiving water near the discharge points.

Item 3.14. Note whether the POTW has a design flow greater than or equal to 0.1 MGD or is a groundwater discharge >30,000 GPD. If yes, continue to Item 3.15. If no, skip to Item 3.17.

Item 3.15 and Table B. Answer whether the treatment works uses chlorine for disinfection, uses it elsewhere in the treatment process, or otherwise has reasonable potential to discharge chlorine in its effluent. If yes, complete Table B including chlorine. If no, complete Table B, omitting chlorine. See column A in "Tables" tab of Part 2 of the application. Stormwater outfalls need not be sampled for Table B parameters.

Item 3.16. Answer "Yes" when you have completed monitoring for all applicable Table B parameters and attached the results to your application.

Item 3.17 and Screen for Tables C through E. Indicate whether one or more of the conditions apply to your POTW. If yes, continue to Item 3.18. If no, skip to Section 4.

Item 3.18 and Table C. Answer "Yes" to indicate you have completed wastewater outfall monitoring for all applicable Table C pollutants (see column A in "Tables" tab of Part 2 of the application) and attached the results to your application package.

Item 3.19 and Table D. Answer "Yes" to indicate you have completed wastewater outfall monitoring for Table D pollutants (see column A in "Tables" tab of Part 2 of the application) or additional pollutants requested by NYSDEC and attached the results to your application package. Indicate "No" if NYSDEC has informed you that sampling is not required for Table D or other pollutants.

Item 3.20 and Additional Screen for Table E. Answer whether the POTW conducted either (1) a 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. If yes, continue to Item 3.21. If no, skip to Item 4.1.

Item 3.21 and Additional Screen for Table E. Identify the tests that were conducted. Report the results and whether you have previously submitted the results of the WET tests to NYSDEC. If results have not been previously submitted, attach the results to this application.

Item 3.22. Regardless of how you may have provided the results of previously conducted WET analyses to NYSDEC, indicate if any of the tests resulted in toxicity. If yes, continue to Item 3.23. If no, skip to Item 3.26.

FORM NY-2A—LINE-BY-LINE INSTRUCTIONS CONTINUED

Item 3.23. Describe the cause(s) of toxicity.

Item 3.24. Indicate if the POTW has conducted a toxicity reduction evaluation. If no, skip to Item 3.26.

Item 3.25. Provide details of any toxicity reduction evaluations performed.

Item 3.26. Answer “Yes” when you have completed Table E for all applicable outfalls and attached the results to the application package, or answer “No” if the item is not applicable because you previously submitted WET data to NYSDEC.

Section 4. Industrial Discharges, Table G, and Hazardous Wastes

Item 4.1. Indicate if the POTW receives discharges from significant industrial users (SIUs) or non-significant categorical industrial users (NSCIUs), including SIUs and NSCIUs that truck or haul waste. If yes, continue to Item 4.2. If no, skip to Item 4.7.

1. SIUs are defined as:
 - a. All industrial users subject to categorical pretreatment standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N (CIUs); and
 - b. Any other industrial user per 40 CFR 403.3 that:
 - i. Discharges an average of 25,000 GPD or more of process wastewater to the treatment works (with certain exclusions); or
 - ii. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
 - iii. Is designated as an SIU by the control authority.
2. The control authority may determine that an Industrial User subject to categorical Pretreatment Standards under 40 CFR 403.6 and 40 CFR Chapter I, Subchapter N is a NSCIU rather than a SIU on a finding that the Industrial User never discharges more than 100 GPD of total categorical wastewater (excluding sanitary, non-contact cooling and boiler blowdown wastewater, unless specifically included in the Pretreatment Standard) and the following conditions are met:
 - a. The Industrial User, prior to the control authority's finding, has consistently complied with all applicable categorical Pretreatment Standards and Requirements;
 - b. The Industrial User annually submits the certification statement required in 40 CFR 403.12(q) together with any additional information necessary to support the certification statement; and
 - c. The Industrial User never discharges any untreated concentrated wastewater.

Item 4.2. Indicate the number of SIUs and NSCIUs that discharge to the POTW.

Item 4.3. Answer whether the POTW has an approved industrial pretreatment program (IPP) or NYSDEC Mini-Pretreatment Program. An IPP is defined at 40 CFR 403.3 as a program administered by a POTW that meets the criteria established in

40 CFR 403.8 and 403.9 and has been approved by the USEPA.

Item 4.4. Answer whether you have 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. If yes, continue to Item 4.5. If no, skip to Item 4.6.

Item 4.5. Identify the title and date of the pretreatment program annual report or pretreatment program referenced in Item 4.4 and skip to Item 4.7.

Item 4.6 and Table G. Complete Table G by providing the following information for each SIU that discharges to the POTW: (1) Standard Industrial Classification (SIC) Code; (2) name and mailing address; (3) description of all industrial processes that affect or contribute to each SIU's discharge; (4) a list of the principal products and raw materials that affect or contribute to the SIU's discharge; (5) average daily volume of wastewater discharged by each SIU, indicating the amount attributable to process flow and non-process flow; (6) whether the SIU is subject to local limits; (7) whether the SIU is subject to categorical standards and the categories/subcategories under which the SIU is subject; and (8) whether any problems (e.g., upsets, pass-through interference) have occurred at the POTW that can be attributed to the SIU in the past 4.5 years. Answer “Yes” to Item 4.6 when you have completed and attached Table G to the application package.

Note: SIUs include users that truck or haul industrial waste to the POTW. Information for these users must be provided in Table G.

Item 4.7. Indicate if the POTW receives or has 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. If yes, continue to Item 4.8. If no, skip to Item 4.9.

Item 4.8. For each hazardous waste received, provide the hazardous waste number, the method by which the waste is received (e.g., by truck, dedicated pipe, rail, etc.), and the amount of waste received annually (specify units).

Item 4.9. Answer whether the POTW receives, or has been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA) and Sections 3004(u) or 3008(h) of RCRA. If yes, continue to Item 4.10. If no, skip to Section 5.

Item 4.10. Answer whether the POTW receives (or expects to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified at 40 CFR 261.30(d) and 261.33(e). If yes, skip to Section 5. If no, continue to Item 4.11.

Item 4.11. In an attachment to the application, provide an identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents, as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW. Answer “Yes” to Item 4.11 when you have completed and attached the information to the application package.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 3 of Form NY-2A.

General Items

Complete the applicable tables in Part 2 of the application (listed below the NY - 2A application on the NYSDEC SPDES Application Procedures and Forms webpage) for each outfall at your facility. Be sure to note the DEC Identification Number, SPDES permit number, facility name, SIC code, and applicable outfall number at the top of each tab of the tables as well as any associated attachments. You must report all of the required data for each outfall and may include additional outfalls by including separate tabs in the Part 2 application spreadsheet.

Note for new dischargers. Provide all information available to you at the time you complete Form NY-2A. If you do not have information to respond to an item because your facility has yet to discharge, write or type "data are not available" next to the item on the form. Note that you will be required to submit *actual* data, as a permit requirement, after your facility commences discharge.

Note for Groundwater dischargers. Sampling & Reporting of the following pollutants is not required:

Table A: BOD₅, CBOD₅, Fecal Coliform, TSS

Table B: Dissolved Oxygen, TKN

Reporting of Effluent Data

Where effluent data are requested, do not provide information on CSOs. The latter information is requested instead under Section 5 of Form NY-2A.

Provide data for each outfall through which effluent is discharged. When an applicant has two or more outfalls with substantially identical effluents, NYSDEC may allow the applicant to test only one outfall and report that quantitative data as applying to the substantially identical outfall. A written request should be submitted to NYSDEC prior to application. If NYSDEC grants your request, attach a separate sheet to the application form identifying the outfall tested and describing why the other outfall(s) are substantially identical.

At a minimum, effluent testing data must be based on at least three samples taken within 4.5 years prior to the date of the permit application. Where seasonal variation in the discharge is expected, provide sample results that are collected during each season. Existing data may be used, if available, in lieu of sampling done solely for the purpose of this application.

All existing data for pollutants specified in Tables A through D that is collected within 4.5 years of the application must be included in the pollutant data summary that you submit. If, however, you sampled for a specific pollutant on a monthly or more frequent basis, it is only necessary, for such pollutant, to summarize all data collected within 1 year of the application.

For any pollutants that were analyzed solely for this application and are not routinely monitored, attach the laboratory analysis reports to your application submission.

The effluent monitoring data provided must include at least the following for each parameter: (1) the maximum daily discharge based upon actual sample values, (2) average daily discharge for all samples, expressed as concentration or mass, and the number of samples used to obtain this value, (3) the analytical method used, and (4) the threshold level (i.e., method detection limit, minimum level, or other designated method endpoints) for the analytical method used. Items 3 & 4 above can be omitted if laboratory analysis sheets are attached to the application.

Metals must be reported as "total metal," unless all approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium) or otherwise directed by NYSDEC.

Clearly specify the units of measure on Tables A through E for each parameter/pollutant analyzed. Values should be reported as concentration or mass, except for flow, temperature, pH, color, and fecal coliform organisms, unless otherwise requested or required by NYSDEC. Flow, temperature, pH, color, and fecal coliform organisms must be reported as MGD, degrees Celsius (°C) or Fahrenheit (°F), standard units, color units, and most probable number per 100 milliliters (MPN/100 mL) or coliform forming units per 100 milliliters (cfu/100mL), respectively. Use the following abbreviations in the columns requiring "units" in Tables A through D.

Concentration

mg/L = milligrams per liter
 µg/L = microrams per liter
 ng/L = nanograms per liter
 MPN = most probable number
 cfu = coliform forming units

Mass

lbs = pounds
 ton = tons (English tons)
 mg = milligrams
 g = grams
 kg = kilograms

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of domestic wastewater. You may contact the Quality Assurance Section (QAS) of NYSDEC for detailed guidance on sampling techniques and for answers to specific questions. See Exhibit 2A-1 for contact information. All analyses shall be performed by a laboratory certified by New York State Department of Health under the Environmental Laboratory Approval Program (ELAP), pursuant to NYS Public Health Law 502. Sample handling and preservation requirements are to comply with 40 CFR 136 and specific analytical method guidance. Field quality control samples (e.g. sample duplicates, field blanks) may be collected to help ensure the integrity of reported sampling data.

All sampling shall be performed pursuant to 6 NYCRR 750-2.5(a) (2). The time when you sample should be representative of your normal operation, with your treatment system operating properly with no system upsets. A representative sample is one that adequately reflects the actual condition of the wastewater. The most representative sample will be drawn from a point that represents the wastewater discharged. When appropriate, that point should be at a depth where the flow is turbulent and well-mixed and the likelihood of solids settling is minimal.

General Instructions for Reporting, Sampling, and Analysis Continued

Grab samples must be used for pH, temperature, residual chlorine, oil and grease, coliforms (including *E. coli*), Mercury, Enterococcus, and PFAS. Grab samples shall be collected as manual grab samples, not using automatic samplers. For all other pollutants, a 24-hr composite sample must be used. For facilities <1 MGD, a 6-hr composite may be used. Composite sample aliquots may be collected manually or automatically. For a composite sample, only one analysis of the composite of aliquots is required. For cyanide, phenols, mercury, sulfite, volatile organic compounds and any other pollutants for which composite samples may compromise the integrity of the sample, individual manual grab samples must be collected at prescribed time intervals and composited in the laboratory or analyzed separately and the concentrations averaged.

Analysis

Except as specified below, all required quantitative data shall be collected and analyzed in accordance with sufficiently sensitive analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O. A method is "sufficiently sensitive" when:

- The method minimum level (ML) is at or below the level of the applicable water quality criterion for the measured pollutant or pollutant parameter.
- The method ML is above the water quality criterion, but the amount of the pollutant or pollutant parameter in the facility's discharge is high enough that the method detects and quantifies the level of the pollutant or pollutant parameter in the discharge.
- The method has the lowest ML of the analytical methods approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O, for the measured pollutant or pollutant parameter.

When there is no analytical method that has been approved under 40 CFR 136 or required under 40 CFR chapter I, subchapter N or O, you should consult NYSDEC guidance. You may contact QAS of NYSDEC for detailed guidance and for answers to specific questions.

Effluent monitoring data must comply with the QA/QC requirements of 6 NYCRR 700.2, 6 NYCRR 700.3, and 40 CFR 136.

Further Requirements for Table E, WET Testing

Each applicant required to perform WET testing must provide results of a minimum of four quarterly tests for a year, from the year preceding the permit application, *or* the results from four tests performed at least annually in the 4.5-year period prior to the application, provided the results show no appreciable toxicity using a safety factor determined by the Toxicity Testing Unit (TTU) of NYSDEC. See Exhibit 2A-1 for contact information.

Applicants must conduct tests with multiple species (no less than two species; e.g., fish & invertebrate) and test for acute or chronic toxicity, depending on the existing permit requirement, receiving water drainage basin (Great Lakes Basin must be Chronic Only), and/or range of receiving water dilution. See 40 CFR 122.21(j)(5)(v) for further details.

WET testing must be conducted using methods approved under 40 CFR 136.

If WET testing is conducted solely for purposes of this application, the resulting laboratory analysis reports may be attached to this application in lieu of completing Table E.

Section 5. Combined Sewer Overflows

CSO Map and Diagram

Item 5.1. Indicate if the treatment works has a combined sewer system. If yes, continue to Item 5.2. If no, skip to Section 6.

Item 5.2. Attach a CSO system map to the application. The map should indicate: (1) all CSO discharge points, (2) sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding national resource waters), and (3) waters supporting threatened and endangered species potentially affected by CSOs. Answer "Yes" to Item 5.2 when you have completed the map and attached it to the application package.

Item 5.3. Prepare a diagram of the CSO collection system. The diagram should show the following: (1) the location of major sewer trunk lines, both combined and separate sanitary; (2) the locations of points where separate sanitary sewers feed into the combined sewer system; (3) in-line and off-line storage structures; (4) the locations of flow-regulating devices; and (5) the locations of pump stations. Answer "Yes" to Item 5.3 when you have completed the diagram and attached it to the application package.

CSO Outfall Description

Item 5.4. Provide the following information for each CSO outfall: (1) outfall number; (2) state, county, city or town and ZIP code in which the outfall is located; (3) latitude and longitude of the outfall, to the nearest second, (4) distance of the outfall from shore and depth of the outfall below water surface. See Item 2.3 instructions for guidance on determining latitude and longitude coordinates. The location of each CSO outfall (i.e., where the coordinates are collected) shall be the point where the discharge is released into a water of the State.

CSO Monitoring

Item 5.5. Indicate whether the POTW has monitored any of the following items in the past year for each of its CSO outfalls: (1) rainfall, (2) CSO flow volume, (3) CSO pollutant concentrations; (4) receiving water quality, (5) CSO frequency, and (6) number of storm events.

CSO Events in Past Year

Item 5.6. For each CSO outfall, record (1) the number of CSO events in the past year, (2) the average duration in hours per event, (3) the average volume per CSO event in million gallons, and (4) the minimum rainfall that caused a CSO event in inches of rainfall in the past year. Note whether your responses for sub-items (2) through (4) above are based on actual or estimated data.

CSO Receiving Waters

Item 5.7. For each CSO outfall, record the following receiving water information: (1) name of receiving water; (2) WIN, the WI/PWL segment (ex. 0123-4567), and Water Classification; (3) Regulatory Basin Commission (if applicable) and the USGS 8-digit HUC, if known; and

(4) a description of any known water quality impacts on the receiving water caused by the CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shellfish bed closings, fish kills, fish advisories, other recreational loss, or exceedance of any applicable state water quality standard).

Section 6. Checklist and Certification Statement

Item 6.1. Review the checklist provided. In Column 1, mark the sections of Form NY-2A that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

Item 6.2. Sign and date the application. The Clean Water Act provides for severe penalties for submitting false information on this application form. Pursuant to 6 NYCRR 750-2.5(b), "All SPDES applications shall be signed as provided in 40 CFR 122.22" and "no person shall knowingly make any material false statements, representation, or certification in any application, ...any person who violates this subsection shall be liable for violation of ECL section 71-1933 and subject to a fine and/or imprisonment thereunder."

STATE REGULATIONS UNDER 6 NYCRR 750-2.5(b)(1) REQUIRE THIS APPLICATION TO BE SIGNED AS FOLLOWS:

- A. For a corporation, by a responsible corporate officer. For the purpose of this section, a responsible corporate officer means: (1) a president, secretary, treasurer, or vice-president of the corporation in charge of a principal business function, or any other person who performs similar policy- or decision-making functions for the corporation, or (2) the manager of one or more manufacturing, production, or operating facilities, provided the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively.
- C. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a federal agency includes: (1) The chief executive officer of the agency, or (2) a senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrators of EPA).

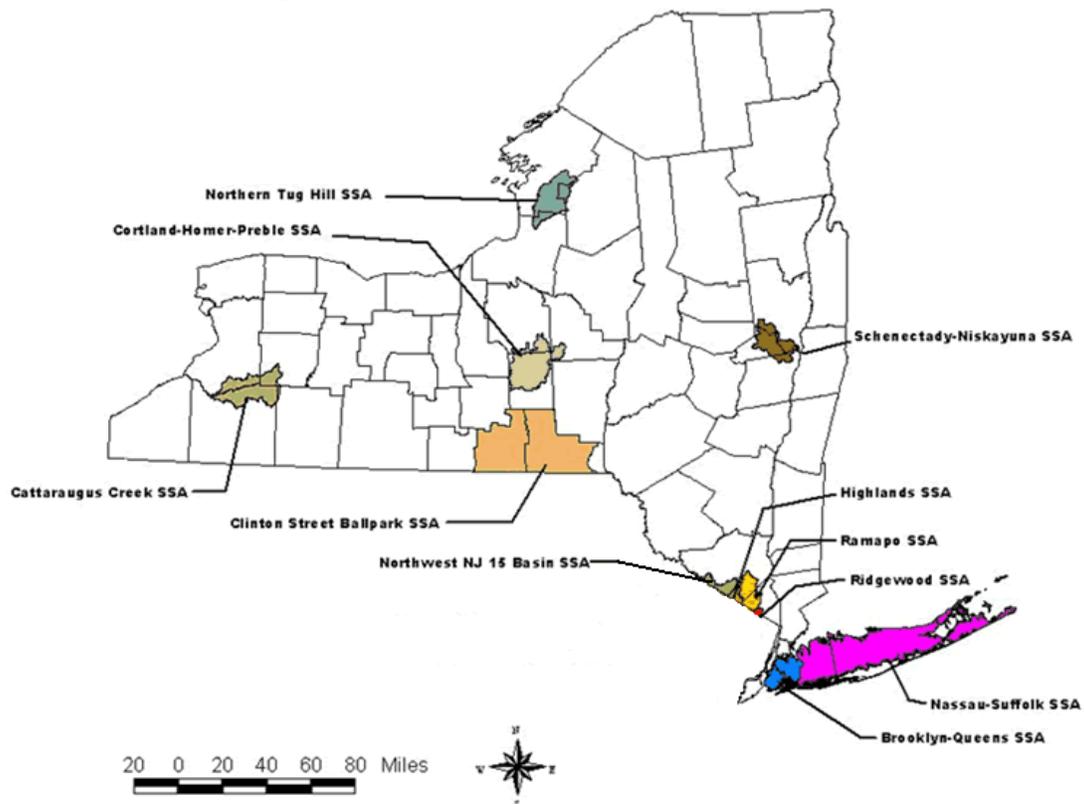
END

Submit your completed Form NY-2A and all associated attachments to NYSDEC as instructed on Page 2A-1 of this application.

Exhibit 2A-3. USEPA Designated Sole Source Aquifers Within New York State

Code	DEC Region	Sole Source Aquifer Name	Located in All or Part of these counties:	Federal Register Citation Reference	Publication Date
1	2	Brooklyn/Queens Aquifer System	Kings (all), Queens (all)	49FR2950	1/24/1984
1	1	Nassau/Suffolk Aquifer System	Nassau (all), Suffolk (all)	43FR26611	6/21/1978
2	3	Highlands Aquifer System	Orange (part)	52FR37213	10/05/1987
2	3	Northwest New Jersey Fifteen Basin Aquifer System	Orange (part)	53FR23685	6/23/1998
2	3	Ramapo River Basin Aquifer Systems	Orange (part), Rockland (part)	57FR39201	8/28/1992
2	3	Ridgewood Area Aquifer System	Rockland (part)	49FR2943	1/24/1984
3	4,5	Schenectady/Niskayuna Aquifer System	Albany (part), Saratoga (part), Schenectady (part)	50FR2022	1/14/1985
4	7	Clinton Street - Ballpark Aquifer System	Broome (part), Tioga (all)	50FR2025	9/25/1987
5	7	Cortland-Homer-Preble Aquifer System	Cortland (part), Madison (part), Onondaga (part)	53FR22045	6/13/1998
6	9	Cattaraugus Creek Aquifer System	Allegany (part), Cattaraugus (part), Erie (part), Wyoming (part)	52FR36100	9/25/1987

More detailed information concerning the areal extent of the above sole source aquifers can be obtained from [USEPA's website](#)



DEC Identification Number		SPDES Permit Number		Facility Name												
Form NY-2A SPDES		<p align="center">New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS</p>														
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														
	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"> <tr> <th colspan="3">Existing Environmental Permits</th> </tr> <tr> <td><input type="checkbox"/> SPDES (discharges to surface or ground waters)</td> <td><input type="checkbox"/> RCRA (hazardous waste)</td> <td><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																
<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)	<input type="checkbox"/> Other (specify)														

DEC Identification Number		SPDES Permit Number		Facility Name		
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 _____ %		POTW Owned POTW Maintain
				Combined Sewer _____ mi _____ %		POSS Owned POSS Maintain
				<input type="checkbox"/> Unknown		
				Separate Sewer _____ mi _____ %		POTW Owned POTW Maintain
				Combined Sewer _____ mi _____ %		POSS Owned POSS Maintain
				<input type="checkbox"/> Unknown		
		Separate Sewer _____ mi _____ %		POTW Owned POTW Maintain		
		Combined Sewer _____ mi _____ %		POSS Owned POSS Maintain		
		<input type="checkbox"/> Unknown				
		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				
Design and Actual Flow Rates	1.10	Provide design <i>and</i> actual flow rates in the designated spaces.				Design Flow Rate
						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				

DEC Identification Number	SPDES Permit Number	Facility Name
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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 1.22.						
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				

DEC Identification Number	SPDES Permit Number	Facility Name				
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	
Outfalls and Other Discharge or Disposal Methods Continued	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	Continuous or Intermittent (check one)
				ac.	GPD	Continuous Intermittent
		ac.	GPD	Continuous Intermittent		
		ac.	GPD	Continuous Intermittent		
Variance Requests	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				
	Contractor Information	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						

DEC Identification Number	SPDES Permit Number	Facility Name
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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					
	Inflow and Infiltration	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.	Average Daily Volume of Inflow and Infiltration			
		Indicate the steps the facility is taking to minimize inflow and infiltration.	GPD				
Topographic Map	2.3	Submission of a topographic map is required for a full application to be considered complete. Please refer to the Instructions page for this Item for specific requirements.					
Flow Diagram	2.4	Submission of a process flow diagram is required for a full application to be considered complete. Please refer to the Instructions page for this Item for specific requirements.					
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.					
		3.					
	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.							
4.							
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:						

DEC Identification Number	SPDES Permit Number	Facility Name
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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.)		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	State			
	County			
	City or town			
	Distance from shore	ft.	ft.	ft.
	Depth below surface	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		
	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		
WTCs				

DEC Identification Number	SPDES Permit Number	Facility Name
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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.)		
		Outfall Number _____	Outfall Number _____	Outfall Number _____
	State			
	County			
	City or town			
	Distance from shore	ft.	ft.	ft.
	Depth below surface	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		
	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		
WTCs				

DEC Identification Number	SPDES Permit Number	Facility Name
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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	<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 %	

DEC Identification Number	SPDES Permit Number	Facility Name
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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	<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 %	

DEC Identification Number	SPDES Permit Number	Facility Name
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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 <input type="checkbox"/> No <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 or is a groundwater discharge >30,000 GPD? <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. <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 <input type="checkbox"/>						

DEC Identification Number	SPDES Permit Number	Facility Name
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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 <input type="checkbox"/> No <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 or is a groundwater discharge >30,000 GPD? <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. <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 <input type="checkbox"/>						

DEC Identification Number	SPDES Permit Number	Facility Name
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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 <input type="checkbox"/> No → SKIP to Item 4.1.			
	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
					Date(s) Submitted (MM/DD/YYYY)
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 <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? (Include those that truck or haul waste, e.g. landfill leachate) <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
	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			

DEC Identification Number	SPDES Permit Number	Facility Name
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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 <input type="checkbox"/> No → SKIP to Item 4.1.			
	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 <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? (Include those that truck or haul waste, e.g. landfill leachate) <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		
		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				

DEC Identification Number	SPDES Permit Number	Facility Name
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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	
	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	

DEC Identification Number	SPDES Permit Number	Facility Name
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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

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	<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 checked="" type="checkbox"/>	Section 1: Basic Application Information for All Applicants	<input type="checkbox"/> w/ variance request(s)	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/>	Section 2: Additional Information	<input checked="" type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments	<input checked="" type="checkbox"/> w/ process flow diagram <input checked="" type="checkbox"/> w/ Table H
	<input checked="" type="checkbox"/>	Section 3: Information on Effluent Discharges	<input checked="" type="checkbox"/> w/ Table A <input checked="" type="checkbox"/> w/ Table D <input checked="" type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table E <input checked="" type="checkbox"/> w/ Table C <input checked="" type="checkbox"/> w/ Table F	<input checked="" type="checkbox"/> w/ additional attachments <input type="checkbox"/> Simple MZ Form <input checked="" type="checkbox"/> Detailed MZ Form
	<input checked="" type="checkbox"/>	Section 4: Industrial Discharges and Hazardous Wastes	<input type="checkbox"/> w/ SIU and NSCIU attachments <input type="checkbox"/> w/ additional attachments	<input checked="" 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 checked="" type="checkbox"/>	Section 6: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	
	6.2	Certification Statement		
		<p><i>I agree, and it is my intent, to electronically sign this application by typing my name into this signature box and electronically submitting it to the New York State Department of Environmental Conservation. I understand that my electronic signature is the legal equivalent of having placed my handwritten signature on the application. 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></p>		
	Name (print or type first and last name) Odean Dyer, P.E.		Official title Commissioner	
	Signature 		Date signed 08/28/2025	

Tables A - D are available in Part 2 of the application.

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

Test Information

	Test Number _____	Test Number _____	Test Number _____	Test Number _____
Test species				
Age at initiation of test				
Outfall number				
Date sample collected				
Date test started				
Duration				

Toxicity Test Methods

Test method number				
Manual title				
Edition number and year of publication				
Page number(s)				

Sample Type

Check one:	<input type="checkbox"/> Grab <input type="checkbox"/> 24-hour composite			
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Sample Location

Check one:	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before Disinfection <input type="checkbox"/> After Disinfection <input type="checkbox"/> After Dechlorination	<input type="checkbox"/> Before disinfection <input type="checkbox"/> After disinfection <input type="checkbox"/> After dechlorination
------------	--	--	--	--

Point in Treatment Process

Describe the point in the treatment process at which the sample was collected for each test.				
--	--	--	--	--

Toxicity Type

Indicate for each test whether the test was performed to assess acute or chronic toxicity, or both. (Check one response.)	<input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Both			
---	---	---	---	---

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____	Test Number _____
Test Type				
Indicate the type of test performed. (Check one response.)	<input type="checkbox"/> Static <input type="checkbox"/> Static-renewal <input type="checkbox"/> Flow-through			
Source of Dilution Water				
Indicate the source of dilution water. (Check one response.)	<input type="checkbox"/> Laboratory water <input type="checkbox"/> Receiving water			
If laboratory water, specify type.				
If receiving water, specify source.				
Type of Dilution Water				
Indicate the type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.	<input type="checkbox"/> Fresh water <input type="checkbox"/> Salt water			
Percentage Effluent Used				
Specify the percentage effluent used for all concentrations in the test series.				
Parameters Tested				
Check the parameters tested.	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen	<input type="checkbox"/> pH <input type="checkbox"/> Salinity <input type="checkbox"/> Temperature <input type="checkbox"/> Ammonia <input type="checkbox"/> Dissolved oxygen
Acute Test Results				
Percent survival in 100% effluent	%	%	%	%
LC ₅₀				
95% confidence interval	%	%	%	%
Control percent survival	%	%	%	%

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number
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TABLE E. EFFLUENT MONITORING FOR WHOLE EFFLUENT TOXICITY

The table provides response space for one whole effluent toxicity sample. Copy the table to report additional test results.

	Test Number _____	Test Number _____	Test Number _____	Test Number _____
Acute Test Results Continued				
Other (describe)				
Chronic Test Results				
NOEC	%	%	%	%
IC ₂₅	%	%	%	%
Control percent survival	%	%	%	%
Other (describe)				
Quality Control/Quality Assurance				
Is reference toxicant data available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was reference toxicant test within acceptable bounds?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What date was reference toxicant test run (MM/DD/YYYY)?				
Other (describe)				

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DEC Identification Number	SPDES Permit Number	Facility Name
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TABLE G. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIC Code ____	SIU ____	SIC Code ____	SIU ____	SIC Code ____
Name of SIU						
Mailing address (street or P.O. box)						
City, state, and ZIP code						
Description of all industrial processes that affect or contribute to the discharge.						
List the principal products and raw materials that affect or contribute to the SIU's discharge.						
Indicate the average daily volume of wastewater discharged by the SIU.		GPD		GPD		GPD
How much of the average daily volume is attributable to process flow?		GPD		GPD		GPD
How much of the average daily volume is attributable to non-process flow?		GPD		GPD		GPD
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DEC Identification Number	SPDES Permit Number	Facility Name
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TABLE G. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

DEC Identification Number	SPDES Permit Number	Facility Name
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TABLE G. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____ SIC Code ____	SIU ____ SIC Code ____	SIU ____ SIC Code ____
Name of SIU			
Mailing address (street or P.O. box)			
City, state, and ZIP code			
Description of all industrial processes that affect or contribute to the discharge.			
List the principal products and raw materials that affect or contribute to the SIU's discharge.			
Indicate the average daily volume of wastewater discharged by the SIU.	GPD	GPD	GPD
How much of the average daily volume is attributable to process flow?	GPD	GPD	GPD
How much of the average daily volume is attributable to non-process flow?	GPD	GPD	GPD
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEC Identification Number	SPDES Permit Number	Facility Name
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TABLE G. INDUSTRIAL DISCHARGE INFORMATION

Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.			

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DEC Identification Number	SPDES Permit Number	Facility Name
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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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DEC Identification Number	SPDES Permit Number	Facility Name
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