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)	☐ Unknown	☐ Unknown	☐ 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))

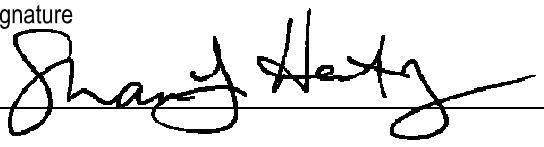
Checklist and Certification Statement

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
☑ Section 1: Basic Application Information for All Applicants	☐ w/ variance request(s) ☐ w/ additional attachments
☑ Section 2: Additional Information	☑ w/ topographic map ☑ w/ process flow diagram ☐ w/ additional attachments ☑ w/ Table H
☑ Section 3: Information on Effluent Discharges	☑ w/ Table A ☑ w/ Table D ☐ w/ additional attachments ☑ w/ Table B ☐ w/ Table E ☐ Simple MZ Form ☑ w/ Table C ☑ w/ Table F ☐ Detailed MZ Form
☑ Section 4: Industrial Discharges and Hazardous Wastes	☐ w/ SIU and NSCIU attachments ☑ w/ Table G ☐ w/ additional attachments
☐ Section 5: Combined Sewer Overflows	☐ w/ CSO map ☐ w/ additional attachments ☐ w/ CSO system diagram
☑ Section 6: Checklist and Certification Statement	☐ w/ attachments

6.2 **Certification Statement**

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.

Name (print or type first and last name)	Official title
Shannon L. Harty, P.E.	Commissioner
Signature 	Date signed 06/18/2025

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

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:	☐ Grab ☐ 24-hour composite	☐ Grab ☐ 24-hour composite	☐ Grab ☐ 24-hour composite	☐ Grab ☐ 24-hour composite
Sample Location				
Check one:	☐ Before Disinfection ☐ After Disinfection ☐ After Dechlorination	☐ Before Disinfection ☐ After Disinfection ☐ After Dechlorination	☐ Before Disinfection ☐ After Disinfection ☐ After Dechlorination	☐ Before disinfection ☐ After disinfection ☐ 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.)	☐ Acute ☐ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both	☐ Acute ☐ Chronic ☐ Both

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.)	☐ Static ☐ Static-renewal ☐ Flow-through	☐ Static ☐ Static-renewal ☐ Flow-through	☐ Static ☐ Static-renewal ☐ Flow-through	☐ Static ☐ Static-renewal ☐ Flow-through
Source of Dilution Water				
Indicate the source of dilution water. (Check one response.)	☐ Laboratory water ☐ Receiving water	☐ Laboratory water ☐ Receiving water	☐ Laboratory water ☐ Receiving water	☐ Laboratory water ☐ 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.	☐ Fresh water ☐ Salt water	☐ Fresh water ☐ Salt water	☐ Fresh water ☐ Salt water	☐ Fresh water ☐ Salt water
Percentage Effluent Used				
Specify the percentage effluent used for all concentrations in the test series.				
Parameters Tested				
Check the parameters tested.	☐ pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen	☐ pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen	☐ pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen	☐ pH ☐ Salinity ☐ Temperature ☐ Ammonia ☐ Dissolved oxygen
Acute Test Results				
Percent survival in 100% effluent	%	%	%	%
LC_{50}				
95% confidence interval	%	%	%	%
Control percent survival	%	%	%	%

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?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
Was reference toxicant test within acceptable bounds?	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No	☐ Yes	☐ No
What date was reference toxicant test run (MM/DD/YYYY)?								
Other (describe)								

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TABLE F. WATER TREATMENT CHEMICAL LISTING

WTC Trade Name	Manufacturer	WTC Function	Authorized Dosage (lbs/d)		Discharge Outfall	Authorized Date	New or Increase Request (optional)
			Average	Maximum			
For all New or Increased WTCs, you must attach a completed WTC Request Form			☐ No new or increased WTC requests included as part of this application.				
Aluminum Sulfate	Thatcher Compar	Phosphorus Removal	3,376.00	4,858.00	001		☐New ☐Increase
Clarifloc NE-1833	Polydyne, Inc	Floculation	361.00	771.00	001	06/27/2024	☐New ☐Increase
Sodium Hypochlorite	Slack Chemical Co	Odor Control	632.00	1,150.00	001		☐New ☐Increase
Sodium Hypochlorite	Slack Chemical Co	Odor Control	569.00	2,452.00	001		☐New ☐Increase
Sodium Hypochlorite	Slack Chemical Co	Disinfection	6,423.00	14,128.00	001		☐New ☐Increase
Sodium Bisulfite	Holland Company	Effluent Dechlorination	244.00	590.00	001		☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase
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							☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase

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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 Yes SIC Code 3121	SIU Yes SIC Code 3556	SIU Yes SIC Code 3399
Name of SIU	Clinton's Ditch Cooperative company, Inc.	ICM Controls Corporation	G. A. Braun, Inc.
Mailing address (street or P.O. box)	8478 Pardee Road	7313 William Barry Boulevard	79 General Irwin Boulevard
City, state, and ZIP code	Cicero, NY 13039	North Syracuse, NY 13212	North Syracuse, NY 13212
Description of all industrial processes that affect or contribute to the discharge.	Wastewater from the production and packaging of soft drink beverages, incoming potable water treatment backwash, compressor blowdown, cooling pump condensate, floor mop water and parts wash wastewater.	Backwash of incoming potable water treatment, floor mop water, batch discharges of metal finishing wastewater if facility evaporator is out of service *never discharged*	Powder coating wastewater, spent cleaner, nitric acid wastewater, deburring wastewater, floor cleaning wastewater and leak testing wastewater
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Sugar, syrups, water	Water. Please note that industry is permitted 40 CFR 433 but has never discharged any metal finishing wastewater since becoming a permitted industrial user.	Stainless steel, phosphating / powder coating chemicals.
Indicate the average daily volume of wastewater discharged by the SIU.	131,000 GPD	2,000 GPD	5,000 GPD
How much of the average daily volume is attributable to process flow?	151,346 GPD	1,493 GPD	2,537 GPD
How much of the average daily volume is attributable to non-process flow?	3,000 GPD	2,000 GPD	4,000 GPD
Is the SIU subject to local limits?	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No
Is the SIU subject to categorical standards?	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No

TABLE G. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU Yes	SIU Yes	SIU Yes
Under what categories and subcategories is the SIU subject?	NA	40 CFR 433.17 Metal Finishing Standards for New Sources	40 CFR 433.17 Metal Finishing Standards for New Sources
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☑ No
If yes, describe.			

TABLE G. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU Yes SIC Code 201	SIU ____ SIC Code ____	SIU ____ SIC Code ____
Name of SIU	Hofmann Sausage Company,LLC		
Mailing address (street or P.O. box)	6196 Eastern Ave.		
City, state, and ZIP code	Syracuse, NY, 13211		
Description of all industrial processes that affect or contribute to the discharge.	Wastewater generated by manufacturing and support operations including, but not limited to wastewater generated during the preparation/clean-up of sausage and related products.		
List the principal products and raw materials that affect or contribute to the SIU's discharge.	Pork, smoker condensate, cleaning and sanitizing		
Indicate the average daily volume of wastewater discharged by the SIU.	4,232 GPD	GPD	GPD
How much of the average daily volume is attributable to process flow?	1,526 GPD	GPD	GPD
How much of the average daily volume is attributable to non-process flow?	2,706 GPD	GPD	GPD
Is the SIU subject to local limits?	☑ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
Is the SIU subject to categorical standards?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No

TABLE G. INDUSTRIAL DISCHARGE INFORMATION

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

	SIU Yes	SIU Yes	SIU Yes
Under what categories and subcategories is the SIU subject?	NA		
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU?	☐ Yes ☑ No	☐ Yes ☐ No	☐ Yes ☐ No
If yes, describe.			

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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)
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.					
Caughdenoy Road PS	Onondaga County DWEP	5271 Caughdenoy Road	43 ° 9.00 ' 10.9("	76 ° 9.00 ' 10.9("	379.00
Cherry Estates PS	Onondaga County DWEP	5547 Trastevere Road	43 ° 9.00 ' 46.8("	76 ° 8.00 ' 14.2("	381.20
Cicero Rt 11 Corridor PS	Cicero	8601 Brewerton Road	43 ° 11.0(' 10.1("	76 ° 7.00 ' 23.7("	402.10
Cicero Community PS	Cicero	5550 Meltzer Court	43 ° 11.0(' 22.4("	76 ° 8.00 ' 10.8("	393.60
Country Meadows PS	Clay	5098 Lola Drive	43 ° 10.0(' 25.9("	76 ° 10.0(' 22.3("	392.70
Davis Road PS	Onondaga County DWEP	7796 Davis Road	43 ° 8.00 ' 51.8("	76 ° 8.00 ' 6.60 "	378.80
Euclid PS	Clay	8590 Morgan Road	43 ° 11.0(' 10.4("	76 ° 13.0(' 0.00 "	376.30
Farmstead PS	Clay	4768 Lynnville Way	43 ° 10.0(' 35.2("	76 ° 10.0(' 55.1("	398.30
Fishers Landing PS	Clay	7821 Wetzel Road	43 ° 8.00 ' 56.5("	76 ° 10.0(' 32.8("	397.90
Gatewood PS	Onondaga County DWEP	8170 Maple Road	43 ° 9.00 ' 59.7("	76 ° 10.0(' 11.6("	390.70

TABLE H. FACILITY & COLLECTION SYSTEM RESILIENCY

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.

Pump Station Name	PS Owner	General Location	Latitude (DMS)	Longitude (DMS)	Floor Elevation (ft, NAVD88)
Henry Clay PS	Onondaga County DWEP	8374 Henry Cly Blvd.	43 ° 10.00 ' 23.80 "	76 ° 11.00 ' 44.10 "	375.80
Hiller Park PS	Cicero	6115 Palm Summit Circle	43 ° 9.00 ' 17.10 "	76 ° 5.00 ' 50.70 "	412.10
Island Hollow PS	Cicero	6274 Island Road	43 ° 9.00 ' 4.20 "	76 ° 5.00 ' 16.70 "	412.60
Lawton Valley Hunt PS	Clay	8229 Lawton Road	43 ° 10.00 ' 7.40 "	76 ° 7.00 ' 54.10 "	391.50
Monterey PS	Onondaga County DWEP	4219 Inverrary Drive	43 ° 9.00 ' 48.90 "	76 ° 13.00 ' 14.70 "	379.00
Newbury Woods PS	Onondaga County DWEP	Newbury Place	43 ° 10.00 ' 47.50 "	76 ° 11.00 ' 52.60 "	391.80
Northtown PS	Onondaga County DWEP	5406 Caughdenoy Road	43 ° 9.00 ' 20.60 "	76 ° 8.00 ' 41.30 "	376.30
Orange Commons PS	Clay	8522 McNamara Drive	43 ° 10.0(' 55.00 "	76 ° 12.00 ' 31.80 "	380.40
Plum Hollow PS	Clay	7525 Plum Hollow Circle	43 ° 8.00 ' 46.10 "	76 ° 10.0(' 12.30 "	387.90
Schulyer Road PS	Cicero	7365 Schuyler Road	43 ° 7.00 ' 38.00 "	76 ° 4.00 ' 25.10 "	401.80

TABLE H. FACILITY & COLLECTION SYSTEM RESILIENCY

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.

Pump Station Name	PS Owner	General Location	Latitude (DMS)	Longitude (DMS)	Floor Elevation (ft, NAVD88)
The Pastures PS	Cicero	6499 Electric Railroad	43 ° 10.00 ' 7.80 "	76 ° 4.00 ' 40.10 "	400.90
Thompson Road PS	Cicero	7356 Thompson Road	43 ° 7.00 ' 34.70 "	76 ° 5.00 ' 57.40 "	406.80
Totman Road PS	Cicero	7572 Totman Road	43 ° 8.00 ' 14.10 "	76 ° 5.00 ' 26.30 "	397.40
			° ' "	° ' "	
			° ' "	° ' "	
			° ' "	° ' "	
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