

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Environmental Permits, Region 7

5786 Widewaters Parkway, Syracuse, NY 13214-1867

P: (315) 426-7438 | F: (315) 426-7425

www.dec.ny.gov

December 22, 2023

Shane Hirt
Duke Properties LLC.
3161 Union St. Suite 105
North Chili, NY 14514

RE: Transfer of State Pollutant Discharge Elimination System (SPDES) Permit
DEC ID 7-3554-0004; SPDES ID NY0033456
Facility: Conifer Mobile Village
Location: 681 County Route 54, Schroepfel, Oswego County

Dear Permittee

The permit referenced above is hereby transferred to Duke Properties LLC. who is now responsible for operating and maintaining this mine in compliance with all terms and conditions of the permit. Enclosed is the corresponding "Application for Permit Transfer" executed by the New York State Department of Environmental Conservation (DEC). A copy of this approval must be attached to the referenced permit.

Please review all permit conditions carefully, including any monitoring requirements and/or compliance schedules that may be required. Identify your initial responsibilities under the permit in order to assure timely action and avoid late reporting if required. Since failure to comply precisely with permit conditions may be treated as a violation of the Environmental Conservation Law, you are requested to provide a copy of the permit to the project contractor, facility operator, and other persons directly responsible for permit implementation.

The Department encourages the regulated community to utilize both environmental compliance audits and environmental management systems to ensure all environmental compliance requirements are satisfied. If this permit transfer involves an ownership change, the Department has special terms that allow you to disclose violations you discover during the course of acquiring the new facility. If you satisfy the terms contained in the new owner's provision (V.J) of the Department's Environmental Audit Incentive Policy, you will be eligible to disclose and correct discovered violations. In most instances' penalties can be completely waived. Please refer to --
<https://www.dec.ny.gov/regulations/93791.html> for more information on how to take advantage of these special incentives for new owners.



Department of
Environmental
Conservation

If you have any technical questions regarding the permit, please contact Val Murakami at 315-426-7503. If you have any questions regarding this permit transfer, you may contact Kevin Balduzzi at 315-426-7493.

Sincerely.

Kevin M. Balduzzi
Regional Permit Administrator
Division of Environmental Permits

Ecc. Val Murakami, R7 DOW
CO Permit Coordinator
Oswego Co. DOH



Department of
Environmental
Conservation

Application For Permit Transfer
and Application for Transfer of Pending Application

NOTE: Please read ALL instructions before completing
this application. Please TYPE or PRINT clearly in ink.

1. List Permit Number(s) And Their Effective And Expiration Dates: 0033456		List Pending Application Number(s):	
2. Name Of Transferee: Duke Properties LLC Mailing Address: 3161 Union St, Ste 105 North Chili, NY 14514 Post Office City, State, Zip Code:		Telephone Number (Daytime): (585) 794-6724 Email: SDH@Dukeprops.com	Transferee is a/an: (check all that apply) <input checked="" type="checkbox"/> Owner <input checked="" type="checkbox"/> Operator <input type="checkbox"/> Lessee <input type="checkbox"/> Applicant If other than an individual, provide Taxpayer ID Number: 90-0952319
3. Name Of Facility/Project: Conifer Mobile Village Location (or Street Address, P.O. City, State, Zip Code, if applicable): 681 County Route 54 Town / Village / City: Schroepfel, NY County: Oswego		4. Facility Contact Name: Shane D. Hirt Mailing Address: 3161 Union St Ste 105 Post Office City, State, Zip Code: North Chili, NY 14514 Telephone Number (Daytime): (585) 794-6724 Email: SDH@Dukeprops.com	
5. Has Work Begun On The Project? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," proposed starting date: N/A Approximate completion date: N/A If there will be any modifications to the current or proposed operation or construction, the transferee must attach a statement specifying the details.			
6. CERTIFICATION: This certifies that the Transferee seeks to be the legally responsible party for operations or project development either authorized by the permits identified above or proposed in applications identified above. The Transferee has a copy of the permit(s) and/or application(s) and understands and will comply with all conditions in the referenced permit(s) and supports the content of referenced application(s). Facility operations/project scope/discharges/emissions will remain the same as authorized or as proposed in pending applications. Further, I hereby affirm that under penalty of perjury that information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law. Printed Name and Title of Transferee Shane D. Hirt - Member Signature of Transferee <i>Shane D. Hirt</i> Date 11/28/23			
1. Name Of Transferor: James D. Taylor Mailing Address: PO Box 911 Post Office City, State, Zip Code: Central Square NY 13036		Telephone Number (Daytime): (315) 668-2746 Email: Jamesdtay@aol.com	If other than an individual, provide Taxpayer ID Number:
2. Name Of Facility/Project, if different from Facility Name in Part 1:			
3. CERTIFICATION: This certifies that ownership, operation, or a lease for the facility identified in Part 1 of this form <input type="checkbox"/> will be / <input checked="" type="checkbox"/> was conveyed to the party identified as the Transferee on _____ (date). I affirm that this conveyance includes the rights and obligations of the permits, approvals, or applications identified above. Printed Name and Title of Transferor James D. Taylor Signature of Transferor <i>James D. Taylor</i> Date 10-26-23			
<input checked="" type="checkbox"/> Transfer of permit approved, effective as of 12/22/2023 . Transferee subject to conditions of original permit, without exception. <input type="checkbox"/> Transfer of permit approved, with the following modifications or contingencies related to this Permit Transfer: _____ _____ _____ <input type="checkbox"/> See attached revised permit page(s): _____ <input type="checkbox"/> Transfer of application approved. See attached for additional information required. <input type="checkbox"/> Transfer denied, new application required. Please complete the enclosed permit application and return it to the undersigned Regional Permit Administrator at the address listed on the reverse side of this form.			
Kevin M. Balduzzi NYSDEC PERMIT ADMINISTRATOR		SIGNATURE _____ DATE 12/22/2023	
copies to:			

New York State Department of Environmental Conservation
Division of Environmental Permits
NYSDEC HEADQUARTERS
625 BROADWAY
ALBANY, NY 12233
(518) 402-9167



SPDES PERMIT RENEWAL

9/9/2022

DEAN R TAYLOR
PO Box 911
CENTRAL SQUARE NY 13036

Permittee Name: DEAN R TAYLOR
Facility Name: CONIFER MOBILE VILLAGE
Ind. Code: 8999 County: OSWEGO
DEC ID: 7-3554-00004/00001 SPDES No.: NY0033456
Permit Effective Date: 2/1/2023
Permit Expiration Date: 1/31/2028

Dear Permittee,

The State Pollutant Discharge Elimination System (SPDES) permit renewal for the facility referenced above is approved with the new effective and expiration dates. This letter together with the previous valid permit for this facility effective on 02/01/2018 and any subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued permit(s).

As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit, including applications for permit modification or transfer to a new owner, a name change, and other questions, should be directed to:

Regional Permit Administrator
NYSDEC Region 7 Headquarters
615 Erie Boulevard W
Syracuse, NY 13204-2400
(315) 426-7438

If you have already filed an application for modification of your permit, it will be processed separately by that office.

If you have questions concerning this permit renewal, please contact ELISE A FERENCEVYCH at (518) 402-4566.

Sincerely,

A handwritten signature in blue ink that reads "James J. Eldred".

James J. Eldred
Environmental Analyst

cc:
RPA
BWC

RWE
File

BWP
EPA

**New York State Department of Environmental Conservation
Division of Environmental Permits**

NYSDEC HEADQUARTERS
625 BROADWAY
ALBANY, NY 12233
(518) 402-9167



SPDES PERMIT RENEWAL

11/6/2017

DEAN R TAYLOR
PO Box 911
CENTRAL SQUARE NY 13036

Permittee Name: DEAN R TAYLOR
Facility Name: CONIFER MOBILE VILLAGE
Ind. Code: 8999 County: OSWEGO
DEC ID: 7-3554-00004/00001 SPDES No.: NY0033456
Permit Effective Date: 2/1/2018
Permit Expiration Date: 1/31/2023

Dear Permittee,

The State Pollutant Elimination System (SPDES) permit renewal for the facility referenced above is approved with the new effective and expiration dates. This letter together with the previous valid permit for this facility effective on 02/01/2013 and any subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued permit(s).

As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit, including applications for permit modification or transfer to a new owner, a name change, and other questions, should be directed to:

Regional Permit Administrator
NYSDEC Region 7 Headquarters
615 Erie Boulevard W
Syracuse, NY 13204-2400
(315) 426-7438

If you have already filed an application for modification of your permit, it will be processed separately by that office.

If you have questions concerning this permit renewal, please contact MICHAEL R SCHAEFER at (518) 402-9167.

Sincerely,


John J. Ferguson
Chief Permit Administrator

cc:
RPA
BWC

RWE
File

BWP
EPA

New York State Department of Environmental Conservation

Division of Environmental Permits, 4th Floor

625 Broadway, Albany, NY 12233-1750

Phone: (518) 402-9167 • Fax: (518) 402-9168

Website: www.dec.ny.gov



Joe Martens
Commissioner

SEP 24 2012

g

FACILITY INFORMATION

NAME: Conifer Mobile Home Village

LOCATION: Schroepfel (T)

COUNTY: Oswego

SPDES NO: NY 003 3456

DEC ID NO.: 7-3554-00004/00001

Jim Taylor
Dean Taylor
PO Box 911
Central Square, NY 13036

Dear SPDES Permittee:

Enclosed please find a validated NOTICE/RENEWAL APPLICATION/PERMIT form renewing your State Pollutant Discharge Elimination System (SPDES) permit for the referenced facility. This validated form, together with the previously issued permit (see issuance date of this permit in Part 3 of the NOTICE/RENEWAL APPLICATION/PERMIT form), and any subsequent permit modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified therein.

The instructions and other information that you received with the NOTICE/RENEWAL APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

David Bimber
NYSDEC-Region 7
615 Erie Boulevard West
Syracuse, NY 13204-2400
(315)426-7438

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal, please contact Lindy Sue Czubernat at (518) 402-9165.

Sincerely,

Agency Program Aide

Enclosure

cc: RPA
RWE
BWP

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
NOTICE / RENEWAL APPLICATION / PERMIT



Please read **ALL** instructions on the back before completing this application form. Please **TYPE** or **PRINT** clearly in ink.

PART 1 - NOTICE

03/15/2012

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

DEAN TAYLOR
 JIM TAYLOR
 PO BOX 911
 CENTRAL SQUARE NY 13036

Name: CONIFER MOBILE HOME VILLAGE
 Ind. Code: 8999 County: OSWEGO
 DEC No.: 7-3554-00004/00001
 SPDES No.: NY 003 3456
 Expiration Date: 01/31/2013
 Application Due By: 08/04/2012

Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application **at least 180 days prior to expiration of your current permit.** Note the "Application Due By" date above.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. *Effective April 1, 1994 the Department no longer assesses SPDES application fees.*

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Name of person signing application (see instructions on back)

Title

Signature

Date

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 2.1.13 Expiration Date: 1.31.18

Permit Administrator

Address:

NYSDEC - Division of Environmental Permits
 Bureau of Environmental Analysis
 625 Broadway, Albany, NY 12233-1750
 SEP 24 2012

Signature

Date

This permit together with the previous valid permit for this facility issued 2.1.08 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated ___/___/___



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
DISCHARGE PERMIT

Industrial Code: 8999
Discharge Class (CL): 09
Toxic Class (TX): N
Major Drainage Basin: 07
Sub Drainage Basin: 03
Water Index Number: ONT.66-11-2
Compact Area:

SPDES Number: NY 003 3456
DEC Number: 7-3554-00004
Effective Date (EDP): 9/06/2007
Expiration Date (ExDP): 01/31/2013
Modification Dates:(EDPM) 02/01/2011

First3.99

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 U.S.C. §1251 et.seq.)(hereinafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS

Name: Dean R. Taylor
Street: P. O. Box 911
City: Central Square

Attention: James Taylor

State: NY Zip Code: 13036
is authorized to discharge from the facility described below:

FACILITY NAME AND ADDRESS

Name: Conifer Mobile Village
Location (C,T,V): (V) Pennellville
Facility Address: 681 County Route 54
City: (T) Schroepfel
NYTM -E: 397.686
From Outfall No.: 001

County: Oswego

State: NY Zip Code: 13132

NYTM - N: 4794.371

at Latitude: 43 ° 17 ' 42.7 " & Longitude: 76 ° 15 ' 40.7 "
into receiving waters known as: Fish Creek
Class: C(T)

and; (list other Outfalls, Receiving Waters & Water Classifications) ONT.66-11-2

in accordance with: effluent limitations; monitoring and reporting requirements; other provisions and conditions set forth this permit; and 6 NYCRR Part 750-1.2(a) and 750-2.

DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

Mailing Name: James Taylor
Street: P. O. Box 911
City: Central Square
Responsible Official or Agent: James Taylor

State: NY Zip Code: 13036
Phone: (315) 668-2746

This permit and the authorization to discharge shall expire on midnight of the expiration date shown above and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date, the permittee shall apply for permit renewal not less than 180 days prior to the expiration date shown above.

DISTRIBUTION:

CO BWP - Permit Coordinator
RWE
File

Deputy Regional Permit Administrator: Joe Dlugolenski	
Address: NYSDEC Region 7 Headquarters 615 Erie Blvd. West, Syracuse, NY 13204	
Signature:	Date: JAN '31 '2011

PERMIT LIMITS, LEVELS AND MONITORING DEFINITIONS

L:\DOWN\SPDES\FORMS\REORGANIZED PERMIT FORMS\10 Easy permits\ind EZ.wpd

DOWNSPDES FORM 10 (REORGANIZED PERMIT FORM) 10/10 Easy permitting 02.10.20

OUTFALL	WASTEWATER TYPE	RECEIVING WATER	EFFECTIVE	EXPIRING	
001	This cell describes the type of wastewater authorized for discharge. Examples include process or sanitary wastewater, storm water, non-contact cooling water.	This cell lists classified waters of the state to which the listed outfall discharges.	The date this page starts in effect. (e.g. EDP or EDPM)	The date this page is no longer in effect. (e.g. ExDP)	
PARAMETER	MINIMUM	MAXIMUM	UNITS	SAMPLE FREQ.	SAMPLE TYPE
e.g. pH, TRC, Temperature, D.O.	The minimum level that must be maintained at all instants in time.	The maximum level that may not be exceeded at any instant in time.	SU, °F, mg/l, etc.		

PARAMETER	EFFLUENT LIMIT	PRACTICAL QUANTITATION LIMIT (ML)	ACTION LEVEL	UNITS	SAMPLE FREQUENCY	SAMPLE TYPE
	Limit types are defined below in Note 1. The effluent limit is developed based on the more stringent of technology-based standards, required under the Clean Water Act, or New York State water quality standards. The limit has been derived based on existing assumptions and rules. These assumptions include receiving water hardness, pH and temperature; rates of this and other discharges to the receiving stream; etc. If assumptions or rules change the limit may, after due process and modification of this permit, change.	For the purposes of compliance assessment, the analytical method specified in the permit shall be used to monitor the amount of the pollutant in the outfall to this level, provided that the laboratory analyst has complied with the specified quality assurance/quality control procedures in the relevant method. Monitoring results that are lower than this level must be reported, but shall not be used to determine compliance with the calculated limit. This ML can be neither lowered nor raised without a modification of this permit.	Action Levels are monitoring requirements, as defined below in Note 2, that trigger additional monitoring and permit review when exceeded.	This can include units of flow, pH, mass, Temperature, concentration. Examples include µg/l, lbs/d, etc.	Examples include Daily, 3/week, weekly, 2/month, monthly, quarterly, 2/yr and yearly.	Examples include grab, 24 hour composite and 3 grab samples collected over a 6 hour period.

Note 1: DAILY DISCHARGE: The discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for the purposes of sampling. For pollutants expressed in units of mass, the 'daily discharge' is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the 'daily discharge' is calculated as the average measurement of the pollutant over the day. **DAILY MAX:** The highest allowable daily discharge. **DAILY MIN:** The lowest allowable daily discharge. **MONTHLY AVG (daily avg):** The highest allowable average of daily discharges over a calendar month, calculated as the sum of each of the daily discharges measured during a calendar month divided by the number of daily discharges measured during that month. **RANGE:** The minimum and maximum instantaneous measurements for the reporting period must remain between the two values shown. **7 DAY ARITHMETIC MEAN (7 day average):** The highest allowable average of daily discharges over a calendar week. **12 MRA (twelve month rolling avg):** The average of the most recent twelve month's monthly averages. **30 DAY GEOMETRIC MEAN (30 d geo mean):** The highest allowable geometric mean of daily discharges over a calendar month, calculated as the antilog of: the sum of the log of each of the daily discharges measured during a calendar month divided by the number of daily discharges measured during that month. **7 DAY GEOMETRIC MEAN (7 d geo mean):** The highest allowable geometric mean of daily discharges over a calendar week.

Note 2: ACTION LEVELS: Routine Action Level monitoring results, if not provided for on the Discharge Monitoring Report (DMR) form, shall be appended to the DMR for the period during which the sampling was conducted. If the additional monitoring requirement is triggered as noted below, the permittee shall undertake a short-term, high-intensity monitoring program for the parameter(s). Samples identical to those required for routine monitoring purposes shall be taken on each of at least three consecutive operating and discharging days and analyzed. Results shall be expressed in terms of both concentration and mass, and shall be submitted no later than the end of the third month following the month when the additional monitoring requirement was triggered. Results may be appended to the DMR or transmitted under separate cover to the same address. If levels higher than the Action Levels are confirmed, the permit may be reopened by the Department for consideration of revised Action Levels or effluent limits. The permittee is not authorized to discharge any of the listed parameters at levels which may cause or contribute to a violation of water quality standards. The additional monitoring requirement is triggered upon receipt by the permittee of any monitoring results in excess of the stated Action Level.

PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	All Year unless otherwise noted	Fish Creek	9/06/2007	1/31/2013

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Inf.	Eff.	
Flow	Monthly average	0.028	mgd		mgd	Continuous	Meter	X	X	(2)
Temperature	Daily Max.	Monitor	Deg F ⁰			Daily	Grab		X	
pH	Range	6.5 - 8.5	SU			Daily	Grab		X	
BOD ₅	Monthly average	30	mg/l	7.1	lbs/d	1/month	6-Hr. composite	X	X	(1)
BOD ₅	7 day average	45	mg/l	10.7	lbs/d	1/month	6-Hr. composite		X	
Solids, Suspended	Monthly average	30	mg/l	7.1	lbs/d	1/month	6-Hr. composite	X	X	(1)
Solids, Suspended	7 day average	45	mg/l	10.7	lbs/d	1/month	6-Hr. composite		X	
Solids, Settleable	Daily Max.	0.3	ml/l			Daily	Grab		X	
Dissolved Oxygen, DO	Daily Min. Avg.	6	mg/l			1/month	Grab		X	
Dissolved Oxygen, DO	Daily Min.	5	mg/l			1/month	Grab		X	
Nitrogen, TKN (as N)	Daily Max.	Monitor	mg/l			1/month	6-Hr. composite		X	
Phosphorus (as P)	Daily Max.	Monitor	mg/l			1/month	6-Hr. composite		X	
Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml			1/month	Grab		X	
Coliform, Fecal	7 day geometric mean	400	No./100 ml			1/month	Grab		X	
Chlorine, Total Residual	Daily Max.	0.24	mg/l			Daily	Grab		X	

Footnotes: (1) and effluent shall not exceed 15% and 15% of influent concentration values for BOD₅ & TSS respectively.
 (2) Flows may be measured at the Influent or Effluent.

DISCHARGE NOTIFICATION REQUIREMENTS

- a) The permittee shall maintain the existing identification signs at all outfalls to surface waters, which have not been waived by the Department in accordance with ECL 17-0815-a. The sign(s) shall be conspicuous, legible and in as close proximity to the point of discharge as is reasonably possible while ensuring the maximum visibility from the surface water and shore. The signs shall be installed in such a manner to pose minimal hazard to navigation, bathing or other water related activities. If the public has access to the water from the land in the vicinity of the outfall, an identical sign shall be posted to be visible from the direction approaching the surface water.

The signs shall have **minimum** dimensions of eighteen inches by twenty four inches (18" x 24") and shall have white letters

N.Y.S. PERMITTED DISCHARGE POINT

SPDES PERMIT No.: NY _____

OUTFALL No. : _____

For information about this permitted discharge contact:

Permittee Name: _____

Permittee Contact: _____

Permittee Phone: () - ### - #####

OR:

NYSDEC Division of Water Regional Office Address :

NYSDEC Division of Water Regional Phone: () - ### - #####

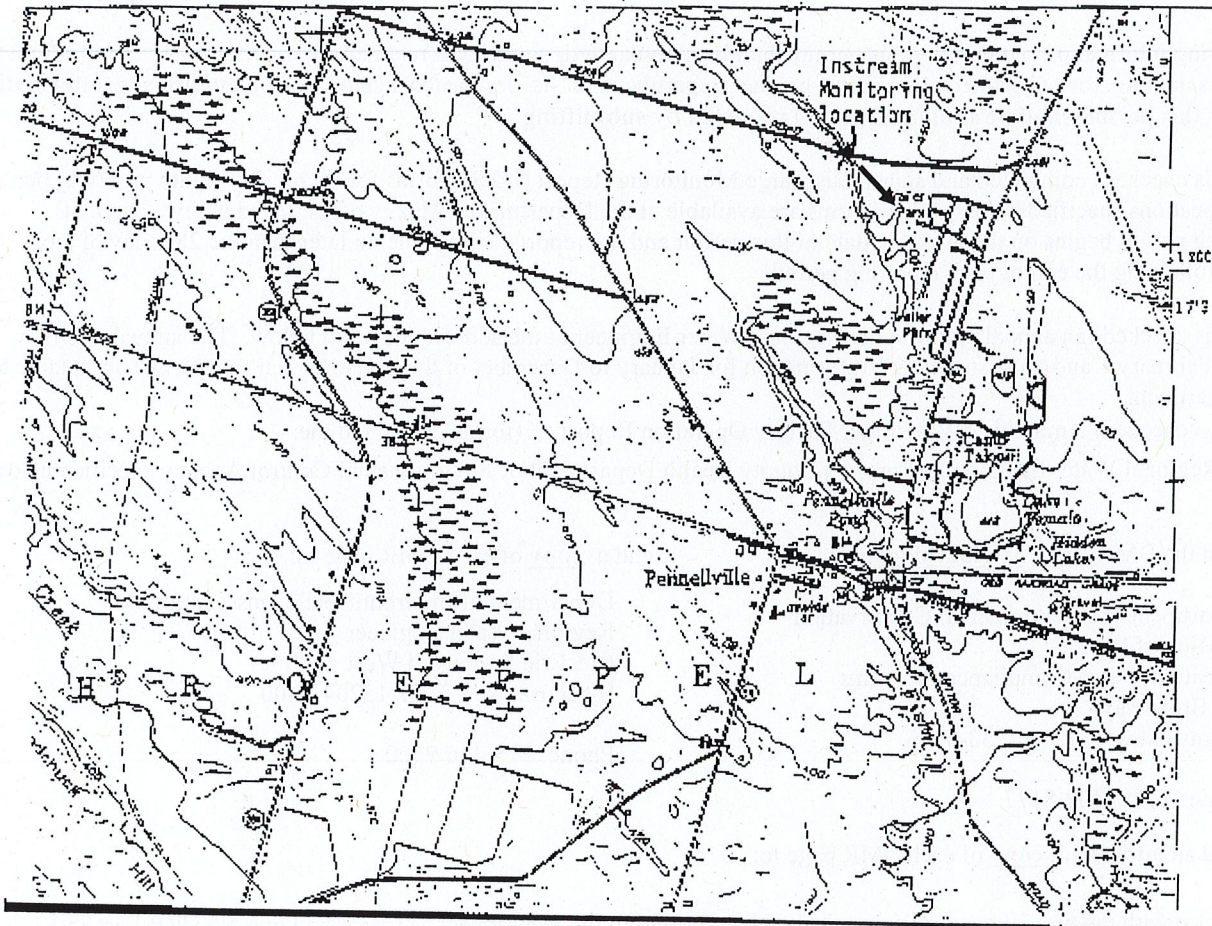
on a green background and contain the following information:

- b) For each discharge required to have a sign in accordance with a), the permittee shall provide for public review at a repository accessible to the public, copies of the Discharge Monitoring Reports (DMRs) as required by the **RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS** page of this permit. This repository shall be open to the public, at a minimum, during normal daytime business hours. The repository may be at the business office repository of the permittee or at an off-premises location of its choice (such location shall be the village, town, city or county clerk's office, the local library or other location as approved by the Department). In accordance with the **RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS** page of your permit, each DMR shall be maintained on record for a period of five years.
- c) The permittee shall periodically inspect the outfall identification signs in order to ensure that they are maintained, are still visible and contain information that is current and factually correct.

Monitoring Locations

Permittee shall take samples and measurements to meet the monitoring requirements at the location(s) indicated below:

(Show locations of outfalls with sketch or flow diagram as appropriate).



RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

- a) The permittee shall also refer to 6 NYCRR Part 750-1.2(a) and 750-2 for additional information concerning monitoring and reporting requirements and conditions.
- b) The monitoring information required by this permit shall be summarized, signed and retained for a period of five years from the date of the sampling for subsequent inspection by the Department or its designated agent. **Also, monitoring information required by this permit shall be summarized and reported by submitting;**

☒ (if box is checked) completed and signed Discharge Monitoring Report (DMR) forms for each 3 month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28th day of the month following the end of each reporting period.

☐ (if box is checked) an annual report to the Regional Water Engineer at the address specified below. The annual report is due by February 1 and must summarize information for January to December of the previous year in a format acceptable to the Department.

☐ (if box is checked) a monthly "Wastewater Facility Operation Report..." (form 92-15-7) to the:

☐ Regional Water Engineer and/or ☐ County Health Department or Environmental Control Agency specified below

Send the DMRs with **original signatures** to:

Department of Environmental Conservation
Division of Water
Bureau of Water Compliance Programs
625 Broadway
Albany, New York 12233-3506

Phone: (518) 402-8177

Send a **copy** of each DMR page to:

Department of Environmental Conservation
Regional Water Engineer
615 Erie Boulevard West
Syracuse, New York 13204-2400

Phone: 315-426-7500

Send an **additional copy** of each DMR page to:

- c) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed in 6 NYCRR Part 750-1.2(a) and 750-2.
- d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- e) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.
- f) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- g) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon measurements and sampling carried out during the most recently completed reporting period.
- h) Any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been issued a certificate of approval. Inquiries regarding laboratory certification should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences, The Nelson A. Rockefeller Empire State Plaza, Albany, New York 12201.