

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 Date: 08/15/2012

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

SLATE HILL ASSOCIATES
JACK STACK
2865 ROUTE 6
SLATE HILL NY 10973

Name: GARDEN AT CATLIN CREEK
Ind. Code: 8999 County ORANGE
DEC No.: 3-3356-00089/00001
SPDES No.: 026 0029
Expiration Date: 06/30/2013
Application Due By: 01/01/2013

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.

Submit this application by the "Application Due By" date

listed above in order to keep continuous coverage under your permit.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail 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.

John Stack Owner
Name of person signing application (see instructions on back) Title
[Signature] 8/22/12
Signature Date

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

Effective Date: 7.1.13 Expiration Date: 6.30.18
Stuart Fox Address: NYSDEC - Division of Environmental Permits
Bureau of Environmental Analysis
625 Broadway, Albany, NY 12233-1750
Permit Administrator
Stuart M. Fox OCT 12 2012
Signature Date

This permit together with the previous valid permit for this facility issued 7.1.108 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 1/1/13

333
OCT 12 2012
NYSDEC



Please enter the numbers from your current permit	DEC ID <u>3-3356-20089 100007</u>
	SPDES Number NY <u>0260029</u>

QUESTIONNAIRE

for SPDES Private, Commercial & Institutional (PCI) Renewal Applications

Please answer the following questions about your discharge and return this form with your SPDES Application form. Use additional sheets as necessary.

When was your current permit issued (ie: signed by a Department representative)? Date / /

Yes	No	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has the SPDES permit for your facility been modified in the past 5 years?
<input type="checkbox"/>	<input type="checkbox"/>	Have any changes been made to your disposal system? If yes, please describe: _____ _____ _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has there been an increase in wastewater discharge quantities to or from your disposal system above what was listed (see design flow) on your permit? If yes, explain: _____ _____ _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Have there been a physical expansion or other modifications to your facility? If yes, please describe: _____ _____ _____
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Has there been a change in the type, size or nature of the activity or business being conducted at your facility? If yes, please describe: _____ _____ _____