

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



First3.99

Industrial Code: 9999
Discharge Class (CL): 09
Toxic Class (TX): N
Major Drainage Basin: 06
Sub Drainage Basin: 02
Water Index Number: SR-44-78-P151-7
Compact Area:

SPDES Number: NY- 026 2021
DEC Number: 7-2540-00055/00003
Effective Date (EDP): May 1, 2009
Expiration Date (ExDP): April 30, 2014
Modification Dates:(EDPM) July 28, 2010; March 1, 2011

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: **Sphere Hamilton LLC**
Street: **2836 Route 20 East**
City: **Cazenovia**

Attention: **Kurt Wendler**
State: **NY** Zip Code: **13035**

is authorized to discharge from the facility described below:

FACILITY NAME AND ADDRESS

Name: **Madison Marketplace**
Location (C,T,V): **Town of Madison**
Facility Address: **NYS Route 12B**
City: **Hamilton**

County: **Madison**
State: **NY** Zip Code: **13346**

NYTM -E: From Outfall No.: **001** at Latitude: **42 E 50 N 37.4 ON** & Longitude: **75 E 32 N 58.5 OE**
NYTM - N:

into receiving waters known as: **Madison Canal feeder canal** Class: **C**
and; (list other Outfalls, Receiving Waters & Water Classifications)

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: **Sphere Hamilton LLC**
Street: **2836 Route 20 East**
City: **Cazenovia**
Responsible Official or Agent:

State: **NY** Zip Code: **13035**
Kurt Wendler Phone: **(315) 655-5535**

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
RPA
EPA Region II - Michelle Josilo

| | |
|--|---|
| Regional Permit Administrator: Joanne L. March | |
| Address: NYSDEC, 615 Erie Blvd. West Syracuse, New York 13204 | |
|  | <small>Digitally signed by Joanne L. March DN: cn=Joanne L. March, o=NYSDEC, ou=Department of Environmental Conservation, email=joanne.l.march@dec.state.ny.us, c=US Date: 2011.04.28 10:00</small> |

PERMIT LIMITS, LEVELS AND MONITORING DEFINITIONS

| OUTFALL | WASTEWATER TYPE | RECEIVING WATER | EFFECTIVE | EXPIRING | | |
|---------------------------------|--|--|--|--|---|---|
| | 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 (PQL) | 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 PQL can be neither lowered nor raised without a modification of this permit. | Type I or Type II 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 months 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. **TYPE I:** The additional monitoring requirement is triggered upon receipt by the permittee of any monitoring results in excess of the stated Action Level. **TYPE II:** The additional monitoring requirement is triggered upon receipt by the permittee of any monitoring results that show the stated action level exceeded for four of six consecutive samples, or for two of six consecutive samples by 20 % or more, or for any one sample by 50 % or more.

PERMIT LIMITS, LEVELS AND MONITORING

| OUTFALL No. | LIMITATIONS APPLY: | RECEIVING WATER | EFFECTIVE | EXPIRING |
|-------------|---------------------------------|----------------------------|--------------|----------------|
| 001 | All year unless otherwise noted | Madison Canal/Feeder Canal | March 1,2011 | April 30, 2014 |

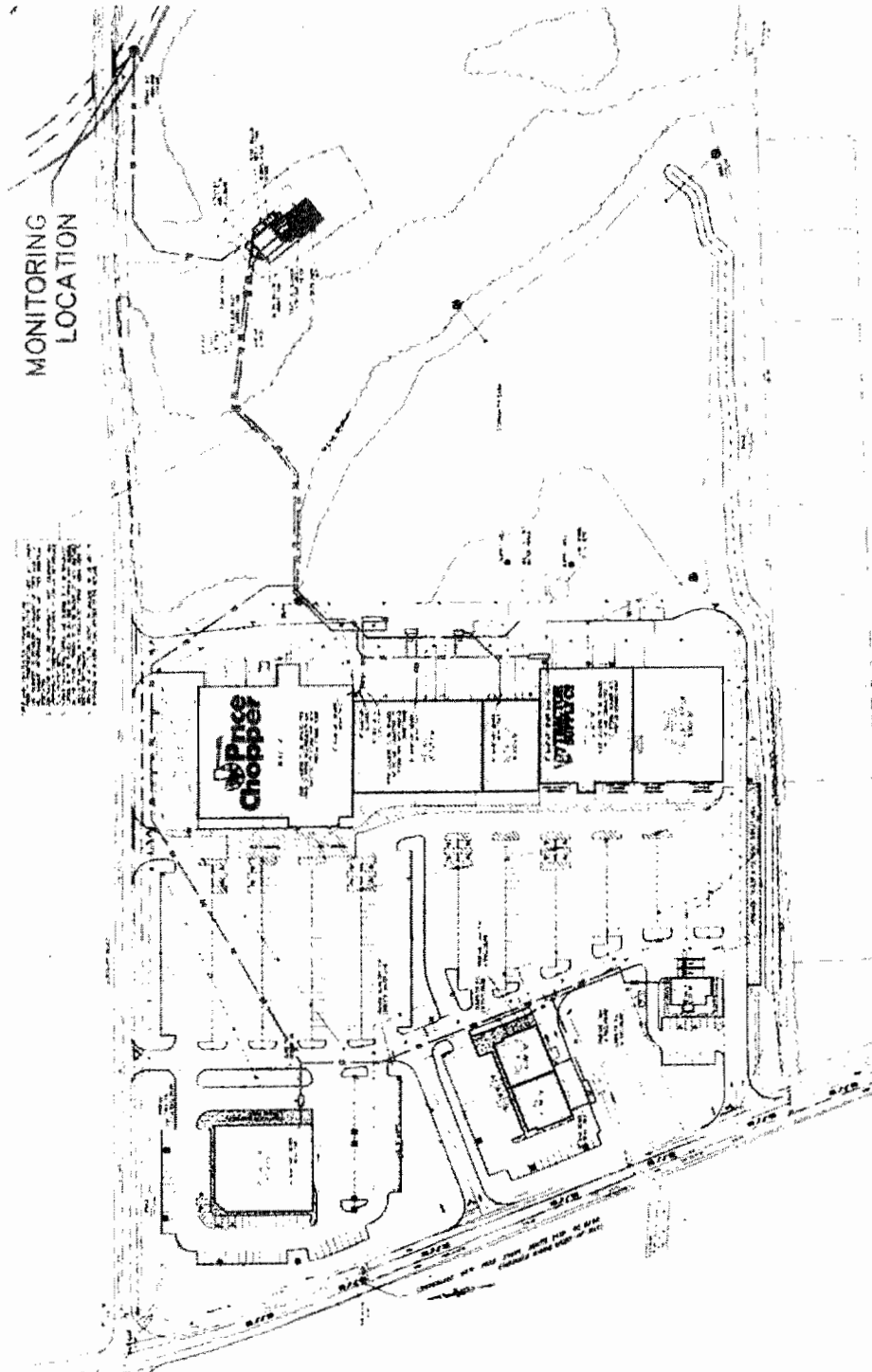
| PARAMETER | EFFLUENT LIMIT | | | | | MONITORING REQUIREMENTS | | | | FN |
|---|-----------------------|-----------|------------|----------|----------|-------------------------|-------------|----------|---|-----|
| | Type | Limit | Units | Limit | Units | Sample Frequency | Sample Type | Location | | |
| | | | | Influent | Effluent | | | | | |
| Flow | Daily max | 17,100 | gpd | | | Instantaneous | | | X | |
| CBOD ₅ | Daily Max. | 5.0 | mg/l | | lbs/d | Monthly | Grab | X | X | (1) |
| Dissolved Oxygen | Daily Min. | 7.0 | mg/l | | lbs/d | Monthly | Grab | | X | |
| Solids, Suspended | Daily Max. | 10 | mg/l | | lbs/d | Monthly | Grab | X | X | (1) |
| Solids, Settleable | Daily max | 0.3 | ml/l | | | Daily | Grab | -- | X | |
| pH | Range | 6.5 - 8.5 | SU | | | Daily | Grab | -- | X | |
| Nitrogen, Ammonia (as N) | | 1.5 | mg/l | | lbs/d | Monthly | Grab | | X | |
| Nitrogen, Total | Monthly Avg. | Monitor | mg/l | | lbs/d | Monthly | Grab | | X | |
| Phosphorus, Total (as P) | Monthly avg | Monitor | mg/l | | | Monthly | Grab | | X | |
| Temperature | Monthly avg | Monitor | Deg F | | | Daily | Grab | -- | X | |
| Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____ | | | | | | | | | | |
| Coliform, Fecal | 30 day geometric mean | 200 | No./100 ml | | | Monthly | Grab | | X | |
| Coliform, Fecal | 7 day geometric mean | 400 | No./100 ml | | | Monthly | Grab | | X | |
| Chlorine, Total Residual | Daily max | 0.1 | mg/l | | | Daily | Grab | | X | |

FOOTNOTES (FN): (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS, respectively.

SPECIAL CONDITIONS: **DISCHARGE NOTIFICATION REQUIREMENTS - Sign Maintenance:** The permittee shall periodically inspect the outfall identification sign(s) in order to ensure they are maintained, are still visible, and contain information that is current and factually correct. Signs that are damaged or incorrect shall be replaced within 3 months of inspection. **Data Retention:** The permittee shall retain records for a minimum period of 5 years in accordance with 6NYCRR Part 750-1.12(b)(2) and Part 750-2.5(c)(1). These records, which include discharge monitoring reports (DMRs) and annual reports, must be retained at a repository accessible to the public. This repository shall be open to the public, at a minimum, during normal daytime business hours. The repository may be the business office, wastewater treatment plant, village, town, city, or county clerk=s office, the local library, or other location approved by the Department.

MONITORING LOCATIONS

The permittee shall take samples and measurements, to comply with the monitoring requirements specified in this permit, at the location(s) specified below:



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 three 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 1 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 Blvd. West
 Syracuse, NY 13204-2400

Phone: 315-426-7500

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

Madison County Health Department
 County Office Building
 Wampsville, NY 13163

- 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.