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NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

Application Form NY-2C

New and Existing Industrial Facilities

State Pollutant Discharge Elimination System Permitting Program

General Instructions

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-2C for industrial dischargers.

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 and any required supplemental forms 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 2C–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 759-1.18, Form NY-2C must be submitted at least 180 days before your present SPDES permit expires. If you are a new discharger or preparing for a new industrial process line, or planning a facility upgrade or expansion, Form NY-2C 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-2C (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-2C. 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-2C is comprised of two parts, Part I "General Information" & Part II "New and Existing Industrial Operations Detailed Information". Part I is required to be completed for every application. A completed Part II is required for full applications; permittee-initiated modifications (PIMs) may submit a partial Part II, providing all information applicable to the modification request (e.g., if providing a PIM request for a modification at only one outfall, information on all other outfalls may not be necessary). The Form NY-2C also contains five effluent monitoring tables (Tables A through E), a water treatment chemical (WTC) usage table (Table F), an Industrial Chemical Survey (ICS) table (Table G), and a Pumping Station Resiliency Identification table (Table H), all located at the end of the form. Note that not all applicants are required to complete each section of the form or all 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-2C 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. For Tables A through E, also 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 satisfactory. 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.

Exhibit 2C–1. Addresses of NYSDEC Contacts and Covered Counties

NYSDEC, Region 1
50 Circle Road, Stony Brook, NY 11790-3409
Counties: Nassau, Suffolk

Division of Environmental Permits	Division of Water
Phone: (631) 444-1111	Phone: (631) 444-0405
Fax: (617) 918-0101	Fax: (617) 444-0424

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

Division of Environmental Permits	Division of Water
Phone: (718) 482-4997	Phone: (718) 482-4933
Fax: (718) 482-4975	Fax: (718) 482-6516

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

Division of Environmental Permits	Division of Water
Phone: (845) 256-3054	Phone: NP: (845) 256-3000 WP: (914) 803-8157
Fax: (845) 255-4659	Fax: NP: (845) 255-3414 WP: (914) 428-0323

NYSDEC, Region 4
1130 North Westcott Rd, Schenectady, NY 12306-2014
Counties: Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie

Division of Environmental Permits	Division of Water
Phone: (518) 357-2069	Phone: (518) 357-2045
Fax: (518) 357-3672	Fax: (518) 357-2398

NYSDEC, Region 5
1115 NYS Route 86, P.O. Box 296, Ray Brook, NY 12977-0296
Counites: Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington

Division of Environmental Permits	Division of Water
Phone: (518) 897-1234	Phone: (518) 897-1241
Fax: (518) 897-1394	Fax: (518) 897-1245

NYSDEC, Region 6
317 Washington St, Watertown, NY 13601-3787
Counties: Herkimer, Jefferson, Lewis, Oneida, St. Lawrence

Division of Environmental Permits	Division of Water
Phone: (315) 785-2245	Phone: (315) 785-2513
Fax: (315) 793-2748	Fax: (315) 793-2748

NYSDEC, Region 7
5786 Widewaters Parkway, Syracuse, NY 13214-1867
Counties: Broome, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins

Division of Environmental Permits	Division of Water
Phone: (315) 426-7400	Phone: (315) 426-7500
Fax: (315) 426-7425	Fax: N/A

NYSDEC, Region 8
6274 East Avon-Lima Rd, Avon, NY 14414-9519
Counties: Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates

Division of Environmental Permits	Division of Water
Phone: (585) 226-5400	Phone: (585) 226-5450
Fax: (585) 226-2830	Fax: (585) 226-9485

NYSDEC, Region 9
700 Delaware Avenue, Buffalo, NY 14209
Counties: Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming

Division of Environmental Permits	Division of Water
Phone: (716) 851-7165	Phone: (716) 851-7070
Fax: (716) 851-7168	Fax: N/A

NYSDEC, Central Office
625 Broadway, Albany, NY 12233

Division of Water, Water Permits
Programs: Permitting of Municipal & Industrial SPDES, MS4 GP, MSGP, CAFO
Phone: (518) 402-8111
Fax: (518) 402-9029

Division of Water, Water Compliance
Programs: Water Programs Enforcement, DMRs Phone: (518) 402-8177
Fax: (518) 402-9029

Division of Water, Water Assessment & Management
Programs: Water Quality Research, Toxicity Testing Unit, Quality Assurance
Phone: (518) 402-8179
Fax: (518) 402-9029

Division of Environmental Permits
Programs: SPDES Administration, ENB, SEQR & UPA & SHPA Support Phone: (518) 402-9167
Fax: (518) 402-9168

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

Additional contact information for all NYSDEC programs can be found online.

Application Form NY-2C is comprised of two parts, Part I and Part II. These line-by-line instructions are organized in the same order as the application form to guide you in completing the form successfully.

PART I

Section 1. Permit Action Requested

Item 1.1. Indicate the permit action being requested as a result of this application.

Item 1.2. Indicate whether this application is for an increase in the quantity of water to be discharged from the facility to waters of the State. If yes, describe the amount to be increased and reason for the increase. If no, skip to Item 2.1.

Section 2. Permittee & Facility Name, Legal Status, Mailing Address, and Location

Item 2.1. Give the legal name of the permittee. This is the person, firm, public organization, or other entity that owns the facility described in this application. This may or may not be the same as the facility's name. Do not use a colloquial name.

Item 2.2. Provide the official mailing address of the permittee to which NYSDEC should send correspondence.

Item 2.3. Indicate the legal status of the permittee. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for "Public—federal." If the facility is owned by a state government, check the box for "Public—state." If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for "Other public" and specify the type of government entity. If the facility is owned by a corporation or other private entity, check the box for "Private." If the facility has mixed ownership (e.g., public/private) or is not owned by an entity of the types previously listed, check the box for "Other" and specify the type of entity (e.g., corporation, partnership, etc.).

Item 2.4. Enter the facility's official name. Do not use a colloquial name.

Item 2.5. Provide your DEC ID if you have an existing facility. If you do not know your DEC ID, contact your Regional Permit Administrator. If your facility is new, write or type "New Facility."

Item 2.6. 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. NYSDEC may contact the person listed if they have questions on the material submitted or to schedule a site visit.

Item 2.7. Give the address or location of the facility identified under Item 2.4. 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"). Also provide the county name, county code (if known), city or town, state, and zip code.

Section 3. SIC and NAICS Codes

Items 3.1 and 3.2. List, in descending order of significance, up to four 4-digit standard industrial classification (SIC) codes and North American Industrial Classification System (NAICS) codes that best describe your facility in terms of the principal products or services it produces or provides.

If the SIC or NAICS codes do not adequately describe your facility's products or services, you have the option to provide additional descriptive information.

You can find SIC code numbers and descriptions in the 1987 *Standard Industrial Classification Manual*.

You can find NAICS code numbers and descriptions in the *North American Industrial Classification System Manual*.

Use the latest edition of the manuals. If you have any questions about the appropriate SIC or NAICS codes for your facility, contact NYSDEC.

Section 4. Operator Information

Item 4.1. Give the legal name of the person, firm, public organization, or other entity that operates the facility described in this application. This may or may not be the same as the facility's name. The operator of the facility is the legal entity that controls the facility's operation rather than the plant or site manager. Do not use a colloquial name.

Item 4.2. Indicate whether the entity listed in response to Item 4.1 also owns the facility by marking the appropriate box. If yes, skip to Item 5.1.

Item 4.3. Indicate the ownership status of the operator of the facility by marking the appropriate box. If the facility is a federal facility (i.e., owned by the U.S. government), check the box for "Public—federal." If the facility is owned by a state government, check the box for "Public—state." If the facility is owned by a county government, municipal (e.g., city or town) government, tribal government, school district, water district, or other local government entity, check the box for "Other public" and specify the type of government entity. If the facility is owned by a corporation or other private entity, check the box for "Private." If the facility has mixed ownership (e.g., public/private) or is not owned by an entity of the types previously listed, check the box for "Other" and specify the type of entity.

Items 4.4 to 4.5. Enter the telephone number, address, and email address of the operator identified in Item 4.1.

Section 5. Indian Land

Item 5.1. Indicate whether the facility is located on Indian Land.

Section 6. Existing Environmental Permits

Item 6.1. Check the appropriate boxes and provide the permit numbers for all relevant federal, state, and local environmental permits or construction approvals received or applied for under any of the programs listed below. If you have more than one currently effective permit under a single permit program for your facility, list the additional permit numbers on the application form or on a separate sheet.

- Hazardous waste management program under the Resource Conservation and Recovery Act (RCRA).
- Underground Injection Control (UIC) program under the Safe Drinking Water Act (SDWA).
- SPDES program under the Clean Water Act (CWA).
- Prevention of Significant Deterioration (PSD) program under the Clean Air Act (CAA).
- Nonattainment program under the CAA.
- National Emission Standards for Hazardous Pollutants (NESHAPs) preconstruction approval under the CAA.
- Ocean dumping permits under the Marine Protection Research and Sanctuaries Act (MPRSA).
- Dredge or fill permits under Section 404 of the CWA.
- Other federal, state, or local environmental permits.

Section 7. Map

Item 7.1. Provide a topographic map(s) of the area extending at least one mile beyond the property boundaries of the facility that clearly shows the following:

- The legal boundaries of the facility.
- The location and serial number of each of your existing and proposed intake and discharge structures.
- All hazardous waste management, storage, and disposal facilities.
- Each well where you inject fluids underground.
- All wells, springs, surface water bodies, and drinking water wells that are in the public record or otherwise known to you and that are located in the map area.

If the facility has associated water intakes, discharge structures, hazardous waste disposal sites, or injection wells and these items are located more than one mile from the facility, include them on the map if possible. If you cannot, attach additional sheets describing the location of the structures, disposal site(s), or well(s) and identify the U.S. Geological Survey (USGS) or other map corresponding to the location(s).

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 flood 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 2C–2. **Note:** Exhibit 2C–2 is provided for illustration only; it does not show an actual facility.

Item 7.1. Note that you have completed your topographic map and attached it to the application.

Section 8. Nature of Business

Briefly describe the nature of your business (e.g., products produced or services provided). See Examples 1 and 2.

Example 1
Facilities Subject to 40 CFR 426, Subparts F and G

Industry A is an auto tempered and auto laminated glass manufacturing facility subject to effluent limitation guidelines (ELGs) for the "Automotive Glass Tempering" and "Automotive Glass Laminating" subcategories of the "Glass Manufacturing" point source category at 40 CFR 426, subparts F and G. At the facility, glass is cut and then passed through a series of processes that grind and polish the edges, bend the glass, and then temper the glass to produce side and back windows for automobiles. Tempering involves heating the glass near the melting point, then rapidly cooling it to increase its mechanical and thermal endurance. The facility also produces automobile windshields and undertakes processes that laminate a plastic sheet between two layers of glass and that prepare the glass for lamination (e.g., cutting, bending, and washing).

Example 2
Facility Not Subject to ELGs

Industry B undertakes batch-type resin manufacturing operations. It has aboveground storage tanks for raw materials and finished goods, resin loading operations, and warehouses for 55-gallon drums of finished product. Industry B manufactures alkyd, saturated and unsaturated polyester resins in batches using reactor vessels and mix tanks. Most of the feedstock liquids are pumped from storage tanks to the kettles and mixers via a closed piping system. Additional feedstocks are added manually as solids from bags and sacks via manways, which are located on top of the kettles. The resin is then chemically reacted in the kettles. After the reaction step finishes, the resin is transferred from the kettles to the mix tanks, where solvents are added to thin it. The primary byproduct of the reaction is water vapor containing condensed soluble organics. The byproduct flows to an isolation tank where the vapors are directed to an onsite thermal oxidizer. The finished resin is then pumped through one of three types of filtration systems into finished goods storage tanks, 55-gallon drums, 350-gallon intermediate bulk container totes, or directly into tanker trucks. A typical batch takes about 30 hours to complete.

Section 9. Water Supply & Cooling Water Intake Structures

Item 9.1. Check all sources of water supply that are utilized at your facility. For each source of water supply, also identify the name or owner of the water source. If the type of source is not listed, specify under "Other".

Item 9.2. For each water supply source identified in Item 9.1, provide the amount of water typically consumed at your facility. Select the units from each corresponding dropdown (available units are MGD, GPD, or GPM).

Item 9.3. Identify if the facility is located within a sole source aquifer as shown in Exhibit 2C-6. If yes, you must also complete the Sole Source Aquifer Supplement B form.

Item 9.4 Indicate whether the facility uses cooling water. If yes, continue to Item 9.5. If no, skip to Item 10.1.

Item 9.5. Identify the source of the cooling water. For example, indicate whether the cooling water is from a surface water, groundwater well, public water system, or treated effluent that would otherwise be discharged to a water of the State.

If the facility uses a cooling water intake structure as described in 40 CFR 125, Subparts I and J, or as described in NYSDEC Commissioner's Policy 52 (CP-52), the facility may have additional application requirements. Contact your Regional Water Engineer to determine if additional information is needed.

Item 9.6. Complete this section only if your facility is a steam electric power generator, dairy, pulp/paper mill, or has a cooling water discharge (SIC code 9999) and the discharge temperature of one or more outfalls exceeds the temperature of the receiving water by more than (3°F) at any time. Provide the long-term average temperature, maximum temperature, and the average and maximum difference in temperature between the discharge and receiving water (Delta T).

Section 10. Variance Requests

An applicant may request a variance from otherwise applicable effluent limitations under certain conditions described at 40 CFR 122.21(m) and 6 NYCRR 702.17.

Item 10.1. Check all the variances 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 question 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.

Section 11. Form NY-2C Part I Checklist

Item 11.1. Review the checklist provided. In Column 1, mark the sections of Form NY-2C Part I that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

END Part I

This is the end of Part I of the Form NY-2C.
Continue to Part II to complete the application.

PART II

This is the beginning of the line-by-line instructions for Part II of the Form NY-2C.

Section 1. Outfall Location

Item 1.1. Identify each of the facility's outfall structures by number. For each outfall, specify the latitude and longitude to the nearest second, the name of the receiving water, it's water index number (WIN), the waterbody inventory/priority waterbodies list (WI/PWL) segment, and water classification. For groundwater discharges, provide the soil type and depth to the water table, in lieu of the WIN, WI/PWL, and water classification. The application form provides reporting space for three outfalls. If your facility has more than this number, attach additional sheets as necessary.

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. Latitude and longitude coordinates may be obtained as noted in Part I, Item 7.1. For further guidance, refer to USEPA's Lat/Long Data Standard. The receiving water information can be identified using DEC InfoLocator.

Section 2. Line Drawing

Item 2.1. Attach a line drawing showing water flow through your facility, from intake to discharge. Indicate the sources of intake water (e.g., city, well, stream, other); operations contributing wastewater to the effluent including process and production areas, sanitary flows, cooling water, and stormwater runoff; and treatment units labeled to correspond to the more detailed descriptions under Section 3. You may group similar operations into a single unit.

Construct a water balance on the line drawing by showing average flows (specify units) between intakes, operations, treatment units, and outfalls. Show all significant losses of water to products, the atmosphere, and discharge. You should use actual measurements wherever available; otherwise use your best estimate. If you cannot determine a water balance for your activities (such as mining activities), provide a pictorial description of the nature and amount of any sources of water and any collection and treatment measures. An example of an acceptable line drawing is provided in Exhibit 2C–3 at the end of these instructions.

Section 3. Average Flows and Treatment

Item 3.1. For each outfall identified under Part II-Item 1.1, provide the following information: (1) all processes, operations, or production areas that contribute wastewater to the effluent for the outfall, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) average flow of wastewater contributed by each operation in million gallons per day (MGD); (3) a description of the treatment unit (including size of each treatment unit, flow rate through each treatment unit, retention time, etc.); (4) the applicable treatment code(s) from Exhibit 2C–4 (see end of Part II instructions); and (5) the ultimate disposal of any solid or fluid wastes that are not discharged to the receiving water. You may describe processes, operations, or production areas in general terms (e.g., "dye-making reactor" or "distillation tower").

Exhibit 2C–2. Example Topographic Map

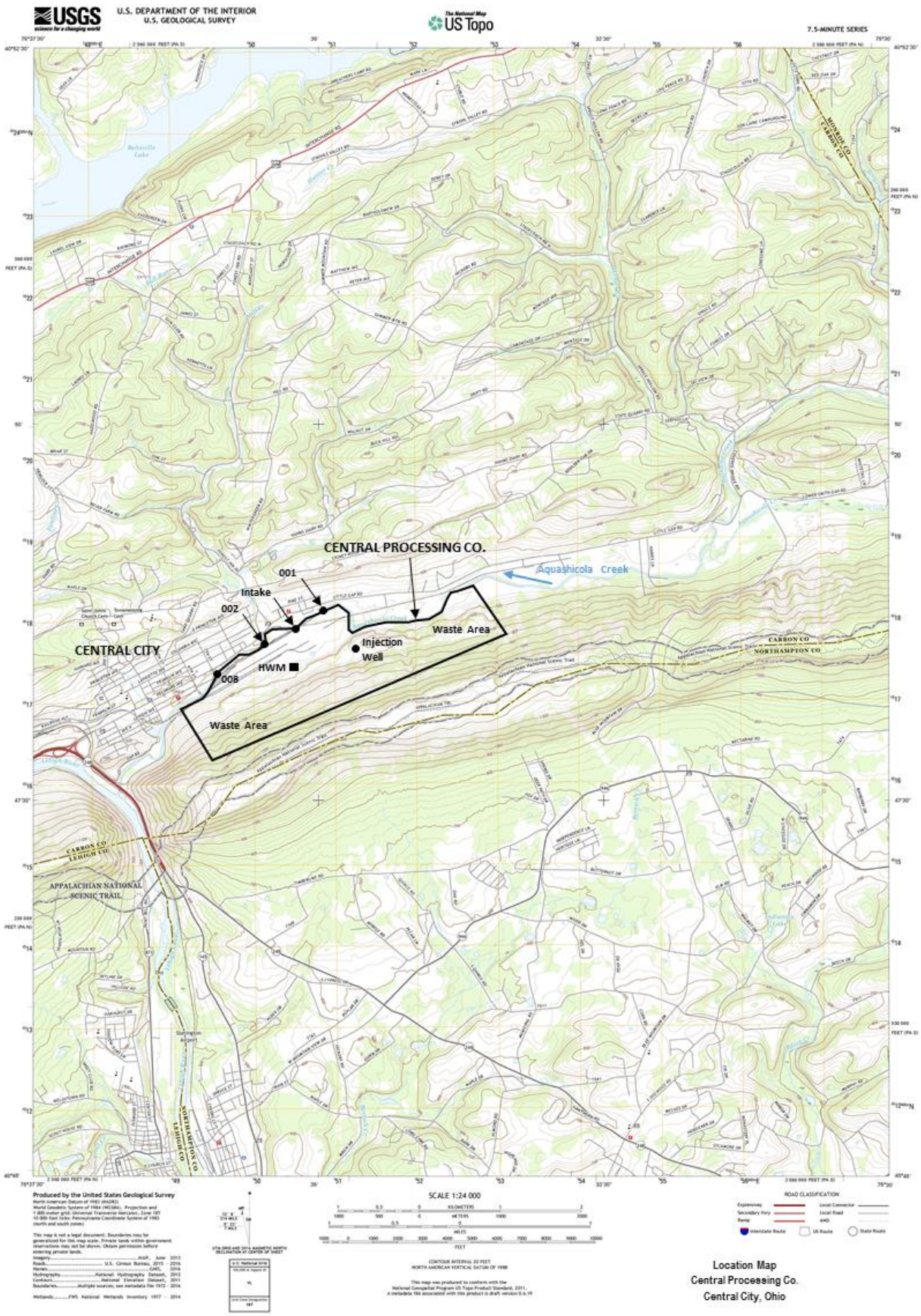
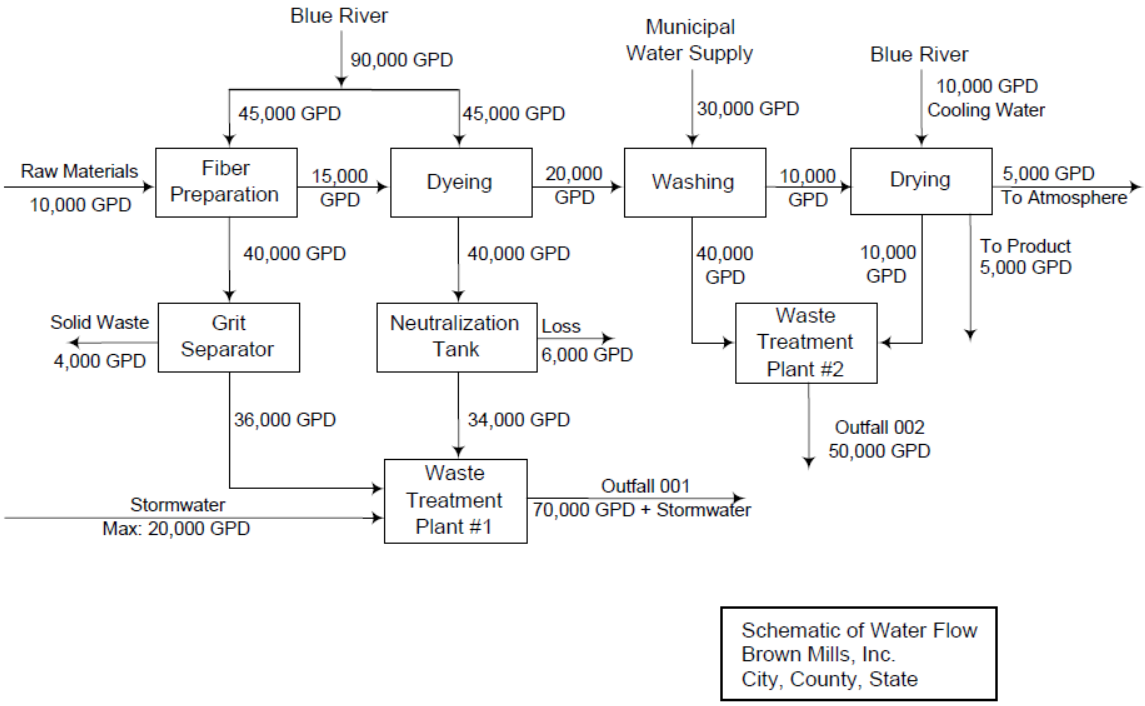


Exhibit 2C–3. Example Line Drawing



Item 3.1 (cont'd). You may estimate the average flow of point sources composed of stormwater; however, you must indicate the basis of the rainfall event and the method of estimation. Add additional sheets as necessary.

Item 3.2. Note whether the facility utilizes or plans to utilize water treatment chemicals (WTCs) in the treatment process that may potentially be discharge from one or more outfalls. If yes, complete Table F. If no, skip to Section 4. Note: For any new or increased dosage requests, you must attach a completed WTC Usage Notification Form.

Item 3.3. Indicate which outfall mixing zone form has been completed. All applicants must complete the simple form or the detailed form. 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.

Section 4. Intermittent Flows

Item 4.1. Answer "Yes" or "No" to indicate whether any of the discharges you described in Part II Section 1 and 3 are intermittent or seasonal, except for stormwater runoff, spillage, or leaks. An intermittent discharge is one that is not continuous. A continuous discharge is one that occurs without interruption during the operating hours of the facility, except for infrequent shutdowns for maintenance, process changes, or other similar activities. A discharge is seasonal if it occurs only during certain parts of the year. If yes, continue to Item 4.2. If no, skip to Section 5.

Item 4.2. By relevant outfall number, identify each operation that has intermittent or seasonal discharges. Indicate the average frequency (days per week and months per year), the long-term average and maximum daily flow rates in mgd, and the duration of the intermittent or seasonal discharges. Base your answers on actual data if available. Otherwise, provide your best estimate. Report the average of all daily values measured during days when the discharge occurred for "Long-Term Average," and report the highest daily value for "Maximum Daily."

Section 5. Production

Item 5.1. Indicate whether any effluent limitation guidelines (ELGs) promulgated under Section 304 of the Clean Water Act (CWA) apply to your facility. If yes, continue to Item 5.2. If no, skip to Item 5.5.

All ELGs promulgated by USEPA appear in the Federal Register and are published annually in 40 CFR Subchapter N. An ELG applies if you have any operations contributing process wastewater in any subcategory covered by a Best Practicable Control Technology Currently Available (BPT), Best Conventional Pollutant Control Technology (BCT), or Best Available Technology Economically Achievable (BAT) guideline.

If you are unsure whether you are covered by a promulgated ELG, contact NYSDEC Bureau of Water Permits for assistance. You must check "Yes" if an applicable ELG has been promulgated, even if the ELG is being contested in court. If you believe that a promulgated ELG has been remanded for reconsideration by a court and does not apply to your operations, you may answer "No" to Item 5.1 and skip to Item 5.5.

Item 5.2. Complete Item 5.2 by indicating the applicable ELG category, ELG subcategory, and corresponding regulatory citation. See the example below.

Applicable ELGs	5.2	ELG Category	ELG Subcategory	Regulatory Citation
		Pulp, Paper, and Paperboard Point Source Category	Secondary Fiber Non-Deink Subcategory	40 CFR 430, Subpart J

Item 5.3. Indicate if the limitations in the applicable ELGs are expressed in terms of production or other measure of operation. For operational parameter, it is expressed in terms of production (e.g., "pounds of biological oxygen demand per cubic foot of logs from which bark is removed," or "pounds of total suspended solids per megawatt hour of electrical energy consumed by smelting furnace").

An example of an ELG not expressed in terms of a measure of operation is one that limits the concentration of pollutants. If yes, continue to Item 5.4. If no, skip to Item 5.5.

Item 5.4. Indicate the operations, products, or materials produced at the facility for each outfall. Pursuant to 6 NYCRR 750-1.7(b)(5), for each operation, product, or material produced, denote the quantity produced per day using the measurement units specified in the applicable ELG. NYSDEC will use the production information to apply ELGs to your facility. You may not claim that the production information you submit is confidential. You do not need to indicate how you calculated the reported information. The production figures provided must be based on a reasonable measure of actual daily production, not on design capacity or on predictions of future operations. To obtain alternate limits, where production is expected to change during the permit term, you must define your maximum production capability and demonstrate to NYSDEC that your actual production is substantially below maximum production capability and that there is a reasonable potential for an increase above actual production during the duration of the permit.

Item 5.5. If your facility is one of the specific industrial categories specified below, you must also complete the appropriate supplemental application form and attach it to this application. These forms are available on the SPDES website. Indicate if your facility is a specific industry that requires a supplemental application form, or is not listed.

Primary Industry Category	Required Supplemental Application Form
Beverage Industry	G
Dairy Processors	H
Fruit & Vegetable Processors	I
Iron & Steel Manufacturing	J
Meat Processors	K
Organic Chemicals, Plastics, & Synthetic Fibers	L
Pulp & Paper Mills	M
Seafood Processors	N
Steam Electric Generating Facility	O

Section 6. Scheduled Improvements

Item 6.1. Indicate whether any improvements to the facility are currently scheduled for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in your application. These improvements may be on your own accord or required by a federal, state, or local authority, including, but are not limited to, permit conditions, administrative enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions. If yes, continue to Item 6.2. If no, skip to Item 6.3.

Item 6.2. Briefly identify and describe each applicable project (e.g., voluntary improvement, consent decree, enforcement order, or permit condition). For each condition, specify the affected outfall number(s), the source(s) of the discharge, the projected final compliance date, and the required final compliance date (if applicable).

Item 6.3. OPTIONAL ITEM. If desired, attach descriptions of any additional water pollution control programs (or other environmental projects that could affect your discharges) that are now underway or planned. Indicate in your attachments whether each program is underway or is planned and indicate your actual or planned schedule for construction.

Section 7. Effluent and Intake Characteristics

Items 7.1 to 7.17. These items require you to collect and report data for the parameters and pollutants listed in Tables A through E, located at the end of Form NY-2C. The instructions for completing the tables are table-specific in addition to the criteria for determining who should complete them. In general, the following conditions apply:

Table	Pollutants/Parameters	Who Completes?
A	Conventional pollutants, non-conventional pollutants, mercury, PFAS suite of compounds, & 1,4-Dioxane	All applicants from all outfalls unless a waiver is obtained from NYSDEC.
B	Toxic metals, cyanide, total phenols, and organic toxic pollutants	Applicants in the primary industry categories listed in Exhibit 2C-5 at the end of these instructions.
C	Certain conventional and non-conventional pollutants	Applicants subject to ELGs that limit pollutants directly or indirectly and applicants who believe pollutants may be present in their facility's discharge.
D	Certain hazardous substances and asbestos	Applicants who believe pollutants may be present in their facility's discharge.
E	2,3,7,8-tetrachlorodibenzo- p-dioxin (2,3,7,8-TCDD)	Applicants that use or manufacture the pollutant or believe the pollutant may be present in the facility's discharge.

Important note: Read the "General Instructions for Reporting, Sampling, and Analysis" on pages 2C-12 and 2C-13 before completing Section 7 and Tables A through E. An Excel workbook with each table is available on the SPDES website.

Item 7.1 and Table A. All applicants must report at least one analysis for each conventional pollutant, non-conventional pollutant, mercury, PFAS compound, and 1,4-Dioxane listed in Table A for each outfall (one table per outfall). This includes outfalls discharging only noncontact cooling water or stormwater runoff. You may request a waiver from NYSDEC for one or more of the Table A pollutants for your industry category or subcategory.

For several categories listed below, NYSDEC automatically allows a waiver for specific pollutants:

Pollutants/Parameters	Pollutant Waiver
Noncontact cooling waters only (food and paper products manufacturers)	COD, Ammonia
Noncontact cooling waters without the use of water treatment chemicals (WTCs)	BOD_5, COD
Discharges to groundwater	Temperature
Cement Plants, Salt Companies, Petroleum Storage Facilities (but not refineries), Potable or Process Water Treatment Plants	BOD_5, COD, Ammonia
Sewage without the admixture of industrial or other wastes	COD
Stormwater (food and paper products manufacturers)	COD, Ammonia, Temperature
Stormwater (all other wastes)	BOD_5, COD, Temperature

Indicate whether you are requesting a waiver, or qualify for the automatic waiver listed above, in response to Item 7.1. If requesting a waiver or utilizing the automatic waiver, continue to Item 7.2. If not, skip to Item 7.3.

Item 7.2. Specify the outfalls for which you are requesting, or are atomically granted, a waiver. Next, indicate on Table A for the applicable outfalls the pollutants for which the waiver is being requested or applied. Attach your waiver request and supporting information to your completed Form NY-2C. For all automatic waivers, no request or other supporting information is needed.

Item 7.3. Test your effluent from each outfall for each pollutant listed in Table A for which you have not requested a waiver. You may also conduct optional tests of your intake water for the Table A pollutants. See the "General Instructions for Reporting, Sampling, and Analysis" on pages 2C-12 and 2C-13 for further information.

Item 7.4 and Table B. This item asks whether any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-5.

You must complete a separate Table B for each outfall. Section 1 of Table B lists toxic metals, cyanide, and total phenols. Sections 2 through 5 of Table B list the pollutants in each of the gas chromatography/ mass spectrometry (GC/MS) fractions. Note that inclusion of total phenols in Section 1 of Table B does not mean that NYSDEC is classifying the group as toxic pollutants.

Item 7.5. Because you indicated in Item 7.4 that the facility's processes contribute wastewater that falls into one or more of the primary industry categories, check "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B. Answer "Yes" to Item 7.5 once you have completed this task.

Item 7.6. Because you indicated in Item 7.4 that the facility's processes contribute wastewater that falls into one or more of the primary industry categories, list the primary industry categories applicable to your facility. Next, review Exhibit 2C-5 to determine whether testing is required and for which GC/MS fraction(s): volatile compounds, acid compounds, base/neutral compounds, and pesticides. Check the applicable boxes for each GC/MS fraction requiring testing.

Item 7.7. For each of the required GC/MS fractions, check "Testing Required" for each of the pollutants in the required fraction in Sections 2 through 5 of Table B. Answer "Yes" to Item 7.7 once you have completed this task.

Item 7.8 and Sections 1 through 5 of Table B. For all other cases (secondary industries, non-process wastewater outfalls, and nonrequired GC/MS fractions) and remaining pollutants, check "Believed Present" or "Believed Absent" in Sections 1 through 5 of Table B to indicate whether you have reason to believe that any of the pollutants listed are discharged from your outfalls. Answer "Yes" to Item 7.8 after you have completed this step.

Item 7.9 and Section 1 of Table B. Pursuant to 6 NYCRR 750-1.7(b)(7), for each pollutant you know or have reason to believe is present in your discharge from each applicable outfall, you must report quantitative data. For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" below. Answer "Yes" to Item 7.9 once you have completed Section 1 of Table B.

Item 7.10 and Sections 2 through 5 of Table B. Provide quantitative data for all pollutants for which you marked "Testing Required" in Sections 2 through 5 of Table B. You must also provide quantitative data for all pollutants you marked as "Believed Present" in Sections 2 through 5 of Table B.

For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" for further information.

Once you have completed these tasks, answer "Yes" to Item 7.10.

Item 7.11 and Table C. For each outfall (including outfalls containing only non-contact cooling water or stormwater runoff), indicate whether you know or have reason to believe that any of the pollutants listed on Table C are present in your discharge.

If so, mark the box in the "Believed Present" column for each applicable pollutant. If not, mark the box in the "Believed Absent" column for each applicable pollutant. Answer "Yes" to Item 7.11 once you have completed the required task for each outfall.

Item 7.12 and Table C. You are required to report quantitative data for any Table C pollutants that are directly limited in an applicable ELG or are indirectly limited in an applicable ELG through an expressed limitation on an indicator (e.g., use of total suspended solids (TSS) as an indicator to control the discharge of iron and aluminum).

For all other pollutants that you marked as "Believed Present," you must either report quantitative data or briefly describe the reasons the pollutant is expected to be discharged.

For pollutants in intake water, see the discussion under "General Instructions for Reporting, Sampling, and Analysis" for further information.

Answer "Yes" to Item 7.12 when you have fully completed the tasks associated with Table C and Items 7.11 and 7.12 above.

Item 7.13 and Table D. For each outfall, indicate if you believe that any pollutant listed in Table D is "Believed Present" or "Believed Absent" in your facility's effluent. Check the boxes in the applicable columns on Table D next to each pollutant. For every pollutant believed present, you must briefly describe the reasons the pollutant is expected to be discharged and report any quantitative data you have for that pollutant. Note that you are not required to perform analytical tests for any of the Table D pollutants at this time. However, if you have prior test results, you must report them.

Item 7.14. Answer "Yes" to this Item when you have completed Table D.

Item 7.15. Indicate whether:

- Your facility uses or manufactures 2,4,5-trichlorophenoxy acetic acid (2,4,5-T); 2-(2,4,5-trichlorophenoxy) propanoic acid (Silvex, 2,4,5-TP); 2-(2,4,5-trichlorophenoxy) ethyl 2,2-dichloro-propionate (Erbon); 0,0-dimethyl 0-(2,4,5-trichlorophenyl) phosphorothioate (Ronnel); 2,4,5,-trichlorophenol (TCP); or hexachlorophene (HCP).
- You know or have reason to believe that 2.3.7,8-tetrachlorodibenzo-p-dioxin (TCDD) is or may be present in an effluent.

If yes, continue to Item 7.16. If no, skip to Section 8.

Item 7.16 and Table E. If you answered "Yes" to Item 7.15, you must report qualitative data, generated using a screening procedure not calibrated with analytical standards, for TCDD. Your screening analyses must be performed using gas chromatography with an electron capture detector. A TCDD standard for quantitation is not required. Describe the results of your screening analysis (e.g., "no measurable baseline deflection at the retention time of TCDD" or "a measurable peak within the tolerances of the retention time of TCDD.") on Table E. NYSDEC may require you to perform a quantitative analysis if you report a positive result.

Answer "Yes" to Item 7.16 when you have completed Table E.

Section 8. Used or Manufactured Toxics

Item 8.1. Indicate if any other pollutants, substances, or components of substances, not already listed in Tables A-E, are used or manufactured in your facility as an intermediate product, final product, or byproduct. If yes, continue to Item 8.2. If no, skip to Section 9.

Item 8.2. List the applicable toxic pollutants. Note NYSDEC may waive or modify the requirement if you demonstrate that it would be unduly burdensome to identify each toxic pollutant and the NYSDEC has adequate information to issue you a permit. You may not claim this information as confidential. Note that you do not need to distinguish between use or production of the pollutants or list amounts.

Section 9. Biological Toxicity Tests

Item 9.1. Indicate if you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last three years. If yes, continue to Item 9.2. If no, skip to Section 10.

Item 9.2. Identify the tests known to have been performed and the purposes of each. For each test, check "Yes" or "No" to indicate if you have submitted the test results to NYSDEC and the date the results were submitted. NYSDEC may ask you to provide additional details after reviewing your application.

Section 10. Contract Analyses

Item 10.1. Indicate if any of the analyses reported in Section 7 were performed by a contract laboratory or consulting firm. If yes, continue to Item 10.2. If no, skip to Section 11.

Item 10.2. Identify each laboratory or firm used in the table provided. For each, provide the name, ELAP certification number, address, and phone number of the laboratory or firm and the pollutants analyzed.

Section 11. Additional Information

Item 11.1. Does your facility use, produce, store, distribute or otherwise dispose of any significant quantity of substances listed in Table B, C, D, E or those identified in Item 8.2?

"Significant quantity" is defined as:

- > 1,000 gallons per year; or
- > 10,000 pounds per year; or
- the three process substances that your facility uses the greatest quantity of annually.

If yes, complete Table G. Also, complete Table G for any quantity of bioaccumulative chemicals of concern, chemicals for which FDA fish flesh limits exists, or restricted pesticide products as listed in Part 326, Section 2 of the ECL. If no, skip to Item 11.2.

Item 11.2. 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, lattitude and longitude, and the floor elevation (using NAVD88 datum). If not, continue to Item 11.3.

Item 11.3. In addition to the information reported on the application form, NYSDEC may request additional information reasonably required to assess the discharges of the facility and to determine whether to issue a SPDES permit. Indicate whether NYSDEC has requested additional information from you. If yes, continue to Item 11.4. If no, skip to Section 12.

Item 11.4. List the items requested and attach the required information to the application.

Section 12. Part II Checklist and Certification Statement

Item 12.1. Review the checklist provided. In Column 1, mark the sections of Form NY-2C Part II that you have completed and are submitting with your application. In Column 2, indicate for each section whether you are submitting attachments.

Item 12.2. 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 provide 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 USEPA).

END

Submit your completed Form NY-2C Part I and Part II, and all associated attachments to NYSDEC as instructed on Page 2C-1 of this application.

General Instructions for Reporting, Sampling, and Analysis

Important note: Read these instructions before completing Tables A through E and Section 7 of Form NY-2C.

General Items

Complete the applicable tables for each outfall at your facility. Be sure to note the DEC Identification Number (DEC ID), SPDES permit number, facility name, and applicable outfall number at the top of each page of the tables and any associated attachments.

You may report some or all of the required data by attaching separate sheets of paper instead of completing Tables A through E for each of your outfalls so long as the sheets contain all of the required information and are similar in format to Tables A through E. For example, you may be able to print a similar report in a from the data system used in your GC/MS analysis completed under Table B. A Microsoft Excel workbook with each Table is available on the SPDES website and may be used in lieu of the PDF tables.

Table A requires you to report at least one analysis for each pollutant listed. Tables B through D require you to report analytical data in two ways. For some pollutants, you may be required to check the box in the "Testing Required" column and test and report the levels of the pollutants in your discharge whether or not you expect them to be present in your discharge. For all other pollutants, you must check the box in either the "Believed Present" or "Believed Absent" columns based on your best estimate and test for those you believe to be present (with some exceptions). Base your determination that a pollutant is present in or absent from your discharge on your knowledge of your raw materials, maintenance chemicals, intermediate and final products and byproducts, and any previous analyses known to you of your effluent or similar effluent. For example, if you manufacture pesticides, you should expect those pesticides to be present in contaminated stormwater runoff. If you would expect a pollutant to be present solely because of its presence in your intake water, you must mark "Believed Present" and provide intake data.

Note for new dischargers. Provide all information available to you at the time you complete Form NY-2C. If you do not have information to respond to an item because your facility has yet to discharge, provide estimated projecections. 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: BOD_5, COD, TOC, TSS
Table C: Fecal Coliform.

Reporting of Effluent Data

Provide data for each outfall through which effluent is discharged. Existing data may be used, in lieu of sampling conducted solely for the purposes of this application, provided that: all data requirements are met; sampling was performed, collected, and analyzed no more than 4.5 years prior to submission; all data are representative of the discharge; and all available representative data are considered in the values reported.

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

When an applicant has two or more outfalls with substantially identical effluents, NYSDEC may allow the applicant to test only one outfall and report those quantitative data for each 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 why the other outfall(s) are substantially identical.

Report sampling results for all pollutants in Tables A through C as concentration *and* total mass, except for flow, temperature, pH, color, and fecal coliform organisms. If you are reporting quantitative data under Table D, report concentration only.

Flow, temperature, pH, color, and fecal coliform organisms must be reported as MGD, degrees Celsius (°C), 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	Mass
mg/L = milligrams per liter	lbs = pounds
µg/L = micrograms per liter	ton = tons (English tons)
ng/L = nanograms per liter	mg = milligrams
MPN = most probable number	g = grams
cfu = coliform forming units	kg = kilograms

All reporting of values for metals must be in terms of "total metal," unless:

- An applicable, promulgated ELG specifies the limitation for the metal in dissolved, valent, or total form;
- All approved analytical methods for the metal inherently measure only its dissolved form (e.g., hexavalent chromium); or
- NYSDEC has determined that in establishing case-by-case limitations it is necessary to express the limitations of the metal in dissolved, valent, or total form to carry out the provisions of the CWA.

For each pollutant in Tables A through C that you believe is present, analytical results must be reported. If you measure only one daily value, complete the "Maximum Daily Discharge" columns of the tables and enter "1" in the "Number of Analyses" columns. NYSDEC may require additional analyses to further characterize your discharges. If you measure more than one daily value for a pollutant and those values are representative of your wastestream, you must report them and you must describe your method of testing and data analysis. Note that you are *not* required to complete the "Maximum Monthly Discharge" and the "Long-Term Average Daily Discharge" columns of Tables A through C, unless data is available.

For composite samples, the daily value is the total mass or average concentration found in a composite sample taken over the operating hours of the facility during a 24-hour period. For grab samples, the daily value is the arithmetic or flow-weighted total mass or average concentration found in a series of at least four grab samples taken over the operating hours of the facility during a 24-hour period.

General Instructions for Reporting, Sampling, and Analysis Continued

Reporting of Intake Data

You are not required to report data under the "Intake" columns of Tables A through C unless you wish to demonstrate your eligibility for a "net" effluent limitation for one or more pollutants in Tables A through C (i.e., an effluent limitation adjusted by subtracting the average level of the pollutant(s) present in your intake water). SPDES regulations allow net limitations only in certain circumstances. To demonstrate your eligibility, under the "Intake" columns report the average of the results of analyses of your intake water and discuss the requirements for a net limitation with NYSDEC. If your water is treated before use, test the water after it has been treated.

Sampling

The collection of samples for the reported analyses should be supervised by a person experienced in performing sampling of industrial 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 2C–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, to the extent feasible, with all processes that contribute wastewater in normal operation, and 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.

Grab samples must be used for pH, temperature, residual chlorine, oil and grease, coliforms (including *E. coli*), and Enterococcus. A grab sample may also be used for low-level Mercury. Grab samples for Oil and Grease, Mercury, and Coliform shall be collected as manual grab samples, not using automatic samplers. For all other pollutants, a 24-hr composite sample must 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, VOCs 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.

For stormwater discharges, all samples shall be collected from the discharge resulting from a storm event that is greater than 0.1 inch and at least 72 hours from the previously measureable (>0.1 inch rainfall) storm event. Stormwater discharges must be flow-weighted composites and shall be taken for either the entire discharge or for the first three hours of the discharge, with the first sample taken during the first thirty minutes (or as soon thereafter as practicable).

NYSDEC may waive composite sampling requirements for any outfall, except for stormwater discharges, for which you must demonstrate that use of an automatic sampler is infeasible and that the minimum of four grab samples will be representative of your discharge. Results of analyses of individual grab samples for any parameter may be averaged to obtain the daily average.

Analysis

Except as specified below, all required quantitative data shall be collected 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.

Exhibit 2C–4. Codes for Treatment Units and Disposal of Wastes Not Discharged

1. PHYSICAL TREATMENT PROCESSES

1–A .....Ammonia stripping
1–B .....Dialysis
1–C .....Diatomaceous earth filtration
1–D .....Distillation
1–E .....Electrodialysis
1–F.....Evaporation
1–G.....Flocculation
1–H .....Flotation
1–I.....Foam fractionation
1–J.....Freezing
1–K .....Gas–phase separation
1–L.....Grinding (*comminutors*)
1–M.....Grit removal
1–N .....Microstraining
1–O .....Mixing
1–P.....Moving bed filters
1–Q .....Multimedia filtration
1–R .....Rapid sand filtration
1–S.....Reverse osmosis (*hyperfiltration*)
1–T.....Screening
1–U .....Sedimentation (*settling*)
1–V.....Slow sand filtration
1–W.....Solvent extraction
1–X.....Sorption

2. CHEMICAL TREATMENT PROCESSES

2–A .....Carbon adsorption
2–B .....Chemical oxidation
2–C .....Chemical precipitation
2–D .....Coagulation
2–E .....Dechlorination
2–F.....Disinfection (*chlorine*)
2–G .....Disinfection (*ozone*)
2–H .....Disinfection (*other*)
2–I.....Electrochemical treatment
2–J .....Ion exchange
2–K.....Neutralization
2–L .....Reduction

3. BIOLOGICAL TREATMENT PROCESSES

3–A .....Activated sludge
3–B .....Aerated lagoons
3–C .....Anaerobic treatment
3–D .....Nitrification–denitrification
3–E.....Pre-aeration
3–F.....Spray irrigation/land application
3–G .....Stabilization ponds
3–H .....Trickling filtration

4. WASTEWATER DISPOSAL PROCESSES

4–A .....Discharge to surface water
4–B .....Ocean discharge to outfall
4–C .....Reuse/recycle of treated effluent
4–D .....Underground injection

5. SLUDGE TREATMENT AND DISPOSAL PROCESSES

5–A .....Aerobic digestion
5–B .....Anaerobic digestion
5–C .....Belt filtration
5–D .....Centrifugation
5–E .....Chemical conditioning
5–F.....Chlorine treatment
5–G.....Composting
5–H .....Drying beds
5–I.....Elutriation
5–J.....Flotation thickening
5–K .....Freezing
5–L.....Gravity thickening
5–M.....Heat drying
5–N .....Heat treatment
5–O .....Incineration
5–P.....Land application
5–Q .....Landfill
5–R .....Pressure filtration
5–S.....Pyrolysis
5–T.....Sludge lagoons
5–U .....Vacuum filtration
5–V.....Vibration
5–W.....Wet oxidation

Exhibit 2C–5. Testing Requirements for Organic Toxic Pollutants Industry Categories*

INDUSTRY CATEGORY	GC/MS FRACTION†			
	Volatile	Acid	Base/Neutral	Pesticide
Adhesives and sealants	X	X	X	□
Aluminum forming	X	X	X	□
Auto and other laundries	X	X	X	X
Battery manufacturing	X	□	X	□
Coal mining	□	□	□	□
Coil coating	X	X	X	□
Copper forming	X	X	X	□
Electric and electronic compounds	X	X	X	X
Electroplating	X	X	X	□
Explosives manufacturing	□	X	X	□
Foundries	X	X	X	□
Gum and wood chemicals (all subparts except D and F)	X	X	□	□
Gum and wood chemicals, Subpart D (tall oil rosin)	X	X	X	□
Gum and wood chemicals, Subpart F (rosin-based derivatives)	X	X	X	□
Inorganic chemicals manufacturing	X	X	X	□
Iron and steel manufacturing	X	X	X	□
Leather tanning and finishing	X	X	X	□
Mechanical products manufacturing	X	X	X	□
Nonferrous metals manufacturing	X	X	X	X
Ore mining, Subpart B (base and precious metals)	□	X	□	□
Organic chemicals manufacturing	X	X	X	X
Paint and ink formulation	X	X	X	□
Pesticides	X	X	X	X
Petroleum refining	X	□	□	□
Pharmaceutical preparations	X	X	X	□
Photographic equipment and supplies	X	X	X	□
Plastic and synthetic materials manufacturing	X	X	X	X
Plastic processing	X	□	□	□
Printing and publishing	X	X	X	X
Pulp and paperboard mills	X	X	X	X
Rubber processing	X	X	X	□
Soap and detergent manufacturing	X	X	X	□
Steam electric power plants	X	X	□	□
Textile mills (except Subpart C, Greige Mills)	X	X	X	□
Timber products processing	X	X	X	X

* See note at conclusion of 40 CFR 122, Appendix D (1983) for explanation of effect of suspensions on testing requirements for primary industry categories.

† The pollutants in each fraction are listed in Table B.

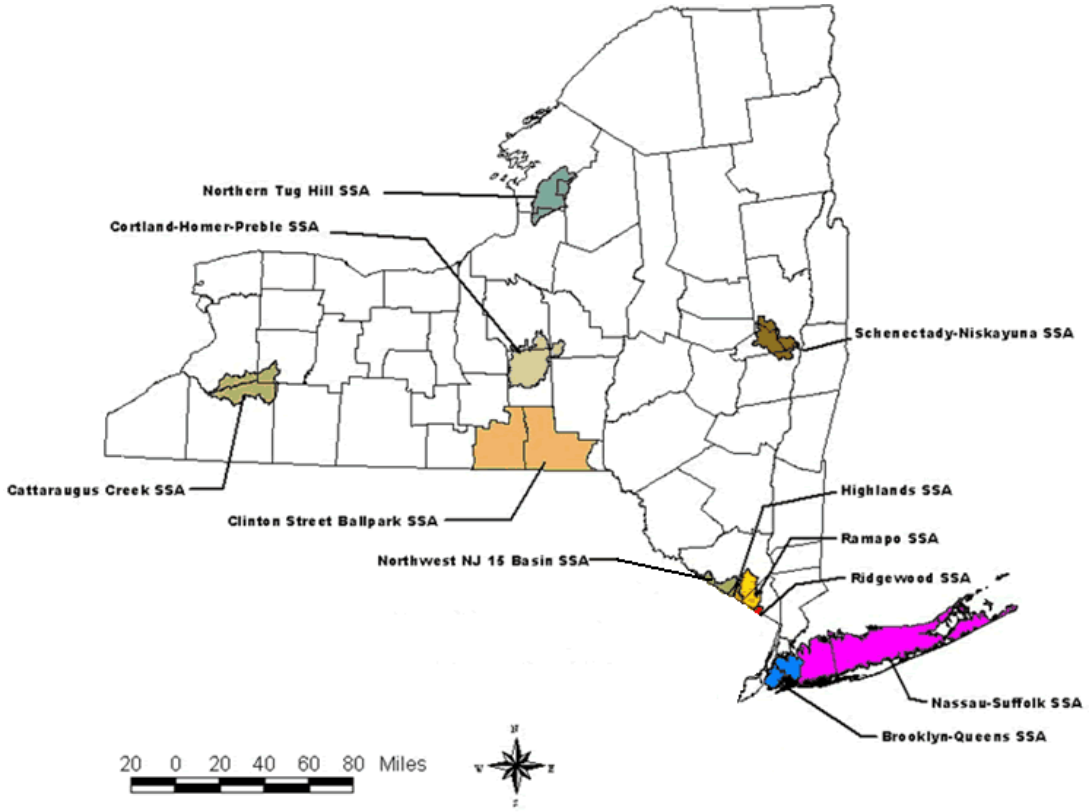
X = Testing is required.

□ = Testing is not required.

Exhibit 2C-6. 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 Approved: 5/12/2023

Form NY-2C PART I SPDES

NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

New York State Department of Environmental Conservation
Application for SPDES Permit to Discharge Wastewater
GENERAL INFORMATION

SECTION 1. PERMIT ACTION REQUESTED

Permit Action Requested

1.1 **What is the reason for submitting this application?**

- ☐ A NEW proposed Discharge
- ☐ A RENEWAL of an existing permit
- ☐ An EXISTING discharge currently without permit
- ☐ An EBPS REQUEST FOR INFORMATION response
- ☐ A MODIFICATION of the existing permit (describe below)

1.2 **Increased Discharge Request**

Is this application a request for an increase in the quantity of water discharged from your facility to the waters of the State?

- ☐ Yes ➔ Describe the increase:
- ☐ No ➔ Skip to Item 2.1

SECTION 2. PERMITTEE & FACILITY NAME, LEGAL STATUS, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Permittee & Facility Name, Legal Status, Mailing Address, and Location

2.1 **Permittee Name**

2.2 **Permittee Mailing Address**

Street or P.O. box		
City or town	State	ZIP code

2.3 **Permitee Legal Status**

- ☐ Public—federal
- ☐ Public—state
- ☐ Other public (specify)_____
- ☐ Private
- ☐ Other (specify) _____

2.4 **Facility Name**

2.5 **NYSDEC Identification Number**

2.6 **Facility Contact**

Name (first and last)	Title	Phone number
Email address		

2.7 **Facility Location**

Street, route number, or other specific identifier		
County name	County code (if known)	
City or town	State	ZIP code

DEC Identification Number	SPDES Permit Number	Facility Name	Form Approved: 5/12/2023

SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))

SIC and NAICS Codes

	SIC Code(s)	**Description** (optional)
3.1		

	NAICS Code(s)	**Description** (optional)
3.2		

SECTION 4. OPERATOR INFORMATION (40 CFR 122.21(f)(4))

Operator Information

4.1 **Name of Operator**

4.2 Is the name you listed in Item 4.1 also the owner?

☐ Yes ➔ Skip to Item 5.1 ☐ No

4.3 **Operator Status**

☐ Public—federal ☐ Public—state ☐ Other public (specify)_____

☐ Private ☐ Other (specify) _____

4.4 **Phone Number of Operator**

Operator Information Continued

4.5 **Operator Address**

Street or P.O. Box

City or town	State	ZIP code

Email address of operator

SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))

Indian Land

5.1 Is the facility located on Indian Land?

☐ Yes ☐ No

SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits

6.1 **Existing Environmental Permits** (check all that apply and print or type the corresponding permit number for each)

☐ SPDES _____	☐ RCRA (hazardous wastes) _____	☐ UIC (underground injection) _____
☐ PSD (air emissions) _____	☐ Nonattainment program (CAA) _____	☐ NESHAPs (CAA) _____
☐ Ocean dumping (MPRSA) _____	☐ Dredge or fill (CWA Section 404) _____	☐ Other (specify) _____

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map

7.1 Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)

☐ Yes ☐ No

SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business

8.1 Describe the nature of your business.

SECTION 9. WATER SUPPLY & COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Water Supply Source(s)

9.1 What water supply source(s) does your facility use? Identify the name or owner of each source. (check all that apply)

☐ Municipal ☐ Private Intake ☐ Private Well ☐ Other (specify)

Owner: _____ _____ _____ _____

9.2 Provide the amount of water typically consumed from each of these sources.

Municipal	MGD	Private Well	MGD
Private Intake	MGD	Other	MGD

9.3 Is the facility located within a sole source aquifer as shown on Exhibit 2C-6?

☐ Yes ➔Complete Application Supplement B (see SPDES website) ☐ No

Cooling Water Intake Structures

9.4 Does your facility use any of these water sources for cooling water?

☐ Yes ☐ No ➔SKIP to Item 10.1.

9.5 Identify the sources used for cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J and NYSDEC Commisioner's Policy 52 (CP-52) may have additional application requirements. Consult with NYSDEC to determine if additional information is needed.)

Thermal Discharges

9.6 If your industry group is listed (see instructions), or the temperature of your discharge exceeds the receiving water temperature by greater than 3°F, provide the following data in (°F):

Avg. Temp. Max Temp. Avg. Delta T Max Delta T

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests

10.1 Do you intend to request or renew one or more variances pursuant to 6 NYCRR 702.17 or authorized at 40 CFR 122.21(m)? (Check all that apply). Consult with NYSDEC to determine what information is needed.

☐ Fundamentally different factors (CWA Section 301(n))

☐ Water quality related effluent limitations (CWA Section 302(b)(2))

☐ Non-conventional pollutants (CWA Section 301(c) and (g))

☐ Thermal discharges (CWA Section 316(a))

☐ NYS WQBEL (6 NYCRR 702.17)

☐ Not applicable

DEC Identification Number	SPDES Permit Number	Facility Name	Form Approved: 5/12/2023

SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Part I Checklist

11.1 In Column 1 below, mark the sections of Form NY-2C Part I 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: Permit Action Requested	☐ w/ attachments
☐ Section 2: Name, Mailing Address, and Location	☐ w/ attachments
☐ Section 3: SIC Codes	☐ w/ attachments
☐ Section 4: Operator Information	☐ w/ attachments
☐ Section 5: Indian Land	☐ w/ attachments
☐ Section 6: Existing Environmental Permits	☐ w/ attachments
☐ Section 7: Map	☐ w/ topographic map ☐ w/ additional attachments
☐ Section 8: Nature of Business	☐ w/ attachments
☐ Section 9: Water Supply & CWIS	☐ w/ attachments ☐ w/ Sole Source Aquifer Supplement
☐ Section 10: Variance Requests	☐ w/ attachments
☐ Section 11: Checklist	☐ w/ attachments

Click to go back to the beginning of Part I Form

PART II of Form NY-2C begins on the next page.

DEC Identification Number	SPDES Permit Number	Facility Name	Form Approved: 5/12/2023

Form NY-2C PART II SPDES

NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater

NEW AND EXISTING INDUSTRIAL OPERATIONS DETAILED INFORMATION

SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1)) & RECEIVING WATER DESCRIPTION (6 NYCRR 750-1.7(a))

Outfall Location & Receiving Water Description

1.1 Provide information on each of the facility's outfalls and the receiving waters in the table below.

	Outfall _____	Outfall _____	Outfall _____
Latitude	° ' "	° ' "	° ' "
Longitude	° ' "	° ' "	° ' "
Receiving Water Name			
Water Index Number (WIN)			
Waterbody Inventory/ Priority Waterbodies List (WI/PWL) Segment			
Water Classification			
Groundwater Discharges Only:			
Soil Type			
Depth to Water Table	ft	ft	ft

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

Line Drawing

2.1 Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C–3 at end of instructions for example.)

☐ Yes ☐ No

SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment

3.1 For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow	Maximum Flow
	MGD	MGD
	MGD	MGD
	MGD	MGD
	MGD	MGD

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

Average Flows and Treatment Continued

3.1 cont.

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow	Maximum Flow
	MGD	MGD
	MGD	MGD
	MGD	MGD
	MGD	MGD

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

****Outfall Number**** _____

Operations Contributing to Flow

Operation	Average Flow	Maximum Flow
	MGD	MGD
	MGD	MGD
	MGD	MGD
	MGD	MGD

Treatment Units

Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge

WTCs

3.2 Does the facility utilize or plan to utilize any water treatment chemicals that can potentially be discharged from one or more outfalls?

☐ Yes ➔ Complete Table F ☐ No ➔ SKIP to Item 3.3.

Mixing Zone Form

3.3 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.

☐ Yes ➔ Simple Form ☐ Yes ➔ Detailed Form

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows

4.1 Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal?

☐ Yes ☐ No ➔ SKIP to Section 5.

4.2 Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.

Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
		Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs

5.1 Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility?

☐ Yes ☐ No ➔ SKIP to Item 5.5.

5.2 Provide the following information on applicable ELGs.

ELG Category	ELG Subcategory	Regulatory Citation

Production-Based Limitations

5.3 Are any of the applicable ELGs expressed in terms of production (or other measure of operation)?

☐ Yes ☐ No ➔ SKIP to Item 5.5.

5.4 Provide an actual measure of daily production expressed in terms and units of applicable ELGs.

Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure

Specific Industry

5.5 Is your industry type listed as a specific industry requiring submission of a supplemental application form (see instructions)?

☐ Yes, supplemental form attached ☐ No ➔ SKIP to Section 6.

SECTION 6. SCHEDULED IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements

6.1 Are you presently voluntarily improving or required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application?

☐ Yes ☐ No ➔ SKIP to Item 6.3.

6.2 Briefly identify each applicable project in the table below.

Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates	
			Required	Projected

6.3 Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? *(optional item)*

☐ Yes ☐ No ☐ Not applicable

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics

See the instructions to determine the pollutants and parameters you are required to monitor and, in turn, the tables you must complete. Not all applicants need to complete each table.

Table A. Conventional and Non-Conventional Pollutants

7.1 Are you requesting a waiver from NYSDEC for one or more of the Table A pollutants for any of your outfalls?

☐ Yes ☐ No ➔ SKIP to Item 7.3.

7.2 If yes, indicate the applicable outfalls below. Attach waiver request and other required information to the application.

Outfall Number _____ Outfall Number _____ Outfall Number _____

7.3 Have you completed monitoring for all Table A pollutants at each of your outfalls for which a waiver has not been requested and attached the results to this application package?

☐ Yes ☐ No;a waiver request has been attached for all pollutants at all outfalls.

Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants

7.4 Do any of the facility's processes that contribute wastewater fall into one or more of the primary industry categories listed in Exhibit 2C-5?

☐ Yes ☐ No ➔SKIP to Item 7.8.

7.5 Have you checked "Testing Required" for all toxic metals, cyanide, and total phenols in Section 1 of Table B?

☐ Yes ☐ No

7.6 List the applicable primary industry categories and check the boxes indicating the required GC/MS fraction(s) identified in Exhibit 2C-5.

Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)
	☐ Volatile ☐ Acid ☐ Base/Neutral ☐ Pesticide
	☐ Volatile ☐ Acid ☐ Base/Neutral ☐ Pesticide
	☐ Volatile ☐ Acid ☐ Base/Neutral ☐ Pesticide

Effluent and Intake Characteristics Continued

7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? ☐ Yes ☐ No
7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? ☐ Yes ☐ No
7.9	Have you provided (1) quantitative data for those Section 1, Table B, pollutants for which you have indicated testing is required or (2) quantitative data or other required information for those Section 1, Table B, pollutants that you have indicated are "Believed Present" in your discharge? ☐ Yes ☐ No
7.10	Have you provided (1) quantitative data for those Sections 2 through 5, Table B, pollutants for which you have determined testing is required or (2) quantitative data or an explanation for those Sections 2 through 5, Table B, pollutants you have indicated are "Believed Present" in your discharge? ☐ Yes ☐ No
Table C. Certain Conventional and Non-Conventional Pollutants	
7.11	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? ☐ Yes ☐ No
7.12	Have you completed Table C by providing (1) quantitative data for those pollutants that are limited either directly or indirectly in an ELG and/or (2) quantitative data or an explanation for those pollutants for which you have indicated "Believed Present"? ☐ Yes ☐ No
Table D. Certain Hazardous Substances and Asbestos	
7.13	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? ☐ Yes ☐ No
7.14	Have you completed Table D by (1) describing the reasons the applicable pollutants are expected to be discharged and (2) by providing quantitative data, if available? ☐ Yes ☐ No
Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)	
7.15	Does the facility use or manufacture one or more of the 2,3,7,8-TCDD congeners listed in the instructions, or do you know or have reason to believe that TCDD is or may be present in the effluent? ☐ Yes ➔ Complete Table E. ☐ No ➔ SKIP to Section 8.
7.16	Have you completed Table E by reporting *qualitative* data for TCDD? ☐ Yes ☐ No

SECTION 8. USED OR MANUFACTURED TOXICS (40 CFR 122.21(g)(9))

Used or Manufactured Toxics

8.1	Are any other pollutants, substances, or components of substances, not already listed in Tables A-E, used or manufactured at your facility as an intermediate or final product or byproduct? ☐ Yes ☐ No ➔ SKIP to Section 9.		
8.2	List the pollutants below.		
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests

9.1 Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge?

☐ Yes ☐ No ➔ SKIP to Section 10.

9.2 Identify the tests and their purposes below.

Test(s)	Purpose of Test(s)	Submitted to NYSDEC?	Date Submitted
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses

10.1 Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm?

☐ Yes ☐ No ➔ SKIP to Section 11.

10.2 Provide information for each contract laboratory or consulting firm below.

	Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
Name of laboratory/firm			
ELAP Cert No.			
Laboratory address			
Phone number			
Pollutant(s) analyzed			

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information

11.1 Does your facility use, produce, store, distribute, or otherwise dispose of any significant quantity of substances listed in Tables B, C, D, E or those substances identified in Item 8.2?

☐ Yes ➔ Complete Table G. ☐ No ➔ SKIP to Item 11.2.

11.2 Does your facility utilize pumping stations to convey wastewaters on the site and/or in wastewater treatment?

☐ Yes ➔ Complete Table H. ☐ No ➔ SKIP to Item 11.3.

11.3 Has NYSDEC requested additional information?

☐ Yes ☐ No ➔ SKIP to Section 12.

11.4 List the information requested and attach it to this application.

1.	3.
2.	4.

SECTION 12. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement

12.1 In Column 1 below, mark the sections of Form NY-2C 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 complete all sections or provide attachments.

Column 1	Column 2
☐ Section 1: Outfall Location	☐ w/ attachments
☐ Section 2: Line Drawing	☐ w/ line drawing ☐ w/ additional attachments
☐ Section 3: Average Flows and Treatment	☐ w/ attachments ☐ w/ Simple MZ Form ☐ w/ Table F ☐ w/ Detailed MZ Form
☐ Section 4: Intermittent Flows	☐ w/ attachments
☐ Section 5: Production	☐ w/ attachments
☐ Section 6: Improvements	☐ w/ attachments ☐ w/ optional additional sheets describing any additional pollution control plans
☐ Section 7: Effluent and Intake Characteristics	☐ w/ request for a waiver and supporting information ☐ w/ explanation for identical outfalls ☐ w/ primary industry supplemental form ☐ w/ additional attachments ☐ w/ Table A ☐ w/ Table B ☐ w/ Table C ☐ w/ Table D ☐ w/ Table E ☐ w/ analytical results as an attachment
☐ Section 8: Used or Manufactured Toxics	☐ w/ attachments
☐ Section 9: Biological Toxicity Tests	☐ w/ attachments
☐ Section 10: Contract Analyses	☐ w/ attachments
☐ Section 11: Additional Information	☐ w/ attachments ☐ w/ Table G ☐ w/ Table H
☐ Section 12: Checklist and Certification Statement	☐ w/ attachments

12.2 **Certification Statement**

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
Signature	**Date signed**

This page intentionally left blank.

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii) & 40 CFR 122.21(e)&(g)(13))

	Pollutant	Waiver Requested (input "Yes" when applicable)	Units (specify)		Effluent: Maximum Daily Discharge (required)	Effluent: Maximum Monthly Discharge (if available)	Effluent: Long-Term Average Daily Discharge (if available)	Effluent: Number of Analyses	Intake (Optional): Long-Term Average Value	Intake (Optional): Number of Analyses
☐	Mark "X" in Cell A6 if you have attached a request to NYSDEC for a waiver for *all* of the pollutants listed on this table for the noted outfall.									
Section 1.										
1.	Biochemical oxygen demand (BOD5)[1]	☐	Concentration							
			Mass							
2.	Chemical oxygen demand (COD)[1]	☐	Concentration							
			Mass							
3.	Total organic carbon (TOC)[1]	☐	Concentration							
			Mass							
4.	Total suspended solids (TSS)[1]	☐	Concentration							
			Mass							
5.	Ammonia (as N)[1]	☐	Concentration							
			Mass							
6.	Flow[1]	☐	Rate							
7.	Temperature (winter)[1]	☐	°C	°C						
	Temperature (summer)[1]	☐	°C	°C						
8.	pH (minimum)[1]	☐	Standard units	SU						
	pH (maximum)[1]	☐	Standard units	SU						
9.	Mercury[2]	☐	Concentration							
			Mass							

1 Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

2 Analysis for Mercury must be performed utilizing the low-level, USEPA Method 1631E.

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii) & 40 CFR 122.21(e)&(g)(13))

	Pollutant	Waiver Requested (if applicable)	Units (specify)	Effluent				Intake (Optional)	
				Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
	Mark "X" in Cell A6 if you have attached a request to NYSDEC for a waiver for *all* of the pollutants listed on this table for the noted outfall.								
Section 2.[3]									
1.	Perfluorobutanoic acid (PFBA)		Concentration						
2.	Perfluoropentanoic acid (PFPeA)		Concentration						
3.	Perfluorohexanoic acid (PFHxA)		Concentration						
4.	Perfluoroheptanoic acid (PFHpA)		Concentration						
5.	Perfluorooctanoic acid (PFOA)		Concentration						
6.	Perfluorononanoic acid (PFNA)		Concentration						
7.	Perfluorodecanoic acid (PFDA)		Concentration						
8.	Perfluoroundecanoic acid (PFUnA)		Concentration						
9.	Perfluorododecanoic acid (PFDoA)		Concentration						
10.	Perfluorotridecanoic acid (PFTriA)		Concentration						
11.	Perfluorotetradecanoic acid (PFTeA)		Concentration						
12.	Perfluorobutanesulfonic acid (PFBS)		Concentration						
13.	Perfluoropentanesulfonic acid (PFPeS)		Concentration						
14.	Perfluorohexanesulfonic acid (PFHxS)		Concentration						
15.	Perfluoroheptanesulfonic Acid (PFHpS)		Concentration						
16.	Perfluorooctanesulfonic acid (PFOS)		Concentration						
17.	Perfluorononanesulfonic acid (PFNS)		Concentration						
18.	Perfluorodecanesulfonic acid (PFDS)		Concentration						
19.	Perfluorododecanesulfonic acid (PFDoS)		Concentration						
20.	Perfluorooctanesulfonamide (FOSA)		Concentration						
21.	NMeFOSAA		Concentration						
22.	NEtFOSAA		Concentration						
23.	4:2 FTS		Concentration						
24.	6:2 FTS		Concentration						
25.	8:2 FTS		Concentration						
26.	NEtFOSA		Concentration						
27.	NMeFOSA		Concentration						
28.	NMeFOSE		Concentration						
29.	NEtFOSE		Concentration						
30.	9Cl-PF3ONS		Concentration						

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii) & 40 CFR 122.21(e)&(g)(13))

	Pollutant	Waiver Requested (if applicable)	Units (specify)		Effluent				Intake (Optional)	
					Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
	Mark "X" in Cell A6 if you have attached a request to NYSDEC for a waiver for *all* of the pollutants listed on this table for the noted outfall.									
31.	HFPO-DA (GenX)	☐	Concentration							
32.	11Cl-PF3OUdS	☐	Concentration							
33.	ADONA	☐	Concentration							
34.	3:3 FTCA	☐	Concentration							
35.	5:3 FTCA	☐	Concentration							
36.	7:3 FTCA	☐	Concentration							
37.	NFDHA	☐	Concentration							
38.	PFMBA	☐	Concentration							
39.	PFMPA	☐	Concentration							
40.	PFEESA	☐	Concentration							
Section 3.[4]										
1.	1,4-Dioxane	☐	Concentration							

3 Analysis for the PFAS suite of compounds must be performed utilizing USEPA's draft analytical Method 1633.

4 Analysis for 1,4-Dioxane must be performed utilizing USEPA Method 8270E SIM or 8270D SIM.

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DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
☐	Check here if you believe all pollutants on Table B to be absent in your discharge from the noted outfall. You need not check the "Believed Absent" box for each pollutant.											
Section 1. Toxic Metals, Cyanide, and Total Phenols												
1.1	Antimony, total (7440-36-0)	☐	☐	☐	Concentration							
					Mass							
1.2	Arsenic, total (7440-38-2)	☐	☐	☐	Concentration							
					Mass							
1.3	Beryllium, total (7440-41-7)	☐	☐	☐	Concentration							
					Mass							
1.4	Cadmium, total (7440-43-9)	☐	☐	☐	Concentration							
					Mass							
1.5	Chromium, total (7440-47-3)	☐	☐	☐	Concentration							
					Mass							
1.6	Copper, total (7440-50-8)	☐	☐	☐	Concentration							
					Mass							
1.7	Lead, total (7439-92-1)	☐	☐	☐	Concentration							
					Mass							
1.8	Mercury, total (7439-97-6)	☐	☐	☐	Concentration							
					Mass							
1.9	Nickel, total (7440-02-0)	☐	☐	☐	Concentration							
					Mass							
1.10	Selenium, total (7782-49-2)	☐	☐	☐	Concentration							
					Mass							
1.11	Silver, total (7440-22-4)	☐	☐	☐	Concentration							
					Mass							

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number	Form Approved: 5/12/2023

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
1.12	Thallium, total (7440-28-0)	☐	☐	☐	Concentration							
					Mass							
1.13	Zinc, total (7440-66-6)	☐	☐	☐	Concentration							
					Mass							
1.14	Cyanide, total (57-12-5)	☐	☐	☐	Concentration							
					Mass							
1.15	Phenols, total	☐	☐	☐	Concentration							
					Mass							
Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)												
2.1	Acrolein (107-02-8)	☐	☐	☐	Concentration							
					Mass							
2.2	Acrylonitrile (107-13-1)	☐	☐	☐	Concentration							
					Mass							
2.3	Benzene (71-43-2)	☐	☐	☐	Concentration							
					Mass							
2.4	Bromoform (75-25-2)	☐	☐	☐	Concentration							
					Mass							
2.5	Carbon tetrachloride (56-23-5)	☐	☐	☐	Concentration							
					Mass							
2.6	Chlorobenzene (108-90-7)	☐	☐	☐	Concentration							
					Mass							
2.7	Chlorodibromomethane (124-48-1)	☐	☐	☐	Concentration							
					Mass							
2.8	Chloroethane (75-00-3)	☐	☐	☐	Concentration							
					Mass							

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
2.9	2-chloroethylvinyl ether (110-75-8)	☐	☐	☐	Concentration							
					Mass							
2.10	Chloroform (67-66-3)	☐	☐	☐	Concentration							
					Mass							
2.11	Dichlorobromomethane (75-27-4)	☐	☐	☐	Concentration							
					Mass							
2.12	1,1-dichloroethane (75-34-3)	☐	☐	☐	Concentration							
					Mass							
2.13	1,2-dichloroethane (107-06-2)	☐	☐	☐	Concentration							
					Mass							
2.14	1,1-dichloroethylene (75-35-4)	☐	☐	☐	Concentration							
					Mass							
2.15	1,2-dichloropropane (78-87-5)	☐	☐	☐	Concentration							
					Mass							
2.16	1,3-dichloropropylene (542-75-6)	☐	☐	☐	Concentration							
					Mass							
2.17	Ethylbenzene (100-41-4)	☐	☐	☐	Concentration							
					Mass							
2.18	Methyl bromide (74-83-9)	☐	☐	☐	Concentration							
					Mass							
2.19	Methyl chloride (74-87-3)	☐	☐	☐	Concentration							
					Mass							
2.20	Methylene chloride (75-09-2)	☐	☐	☐	Concentration							
					Mass							
2.21	1,1,2,2- tetrachloroethane (79-34-5)	☐	☐	☐	Concentration							
					Mass							

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number	Form Approved: 5/12/2023

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
2.22	Tetrachloroethylene (127-18-4)	☐	☐	☐	Concentration							
					Mass							
2.23	Toluene (108-88-3)	☐	☐	☐	Concentration							
					Mass							
2.24	1,2-trans-dichloroethylene (156-60-5)	☐	☐	☐	Concentration							
					Mass							
2.25	1,1,1-trichloroethane (71-55-6)	☐	☐	☐	Concentration							
					Mass							
2.26	1,1,2-trichloroethane (79-00-5)	☐	☐	☐	Concentration							
					Mass							
2.27	Trichloroethylene (79-01-6)	☐	☐	☐	Concentration							
					Mass							
2.28	Vinyl chloride (75-01-4)	☐	☐	☐	Concentration							
					Mass							
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)												
3.1	2-chlorophenol (95-57-8)	☐	☐	☐	Concentration							
					Mass							
3.2	2,4-dichlorophenol (120-83-2)	☐	☐	☐	Concentration							
					Mass							
3.3	2,4-dimethylphenol (105-67-9)	☐	☐	☐	Concentration							
					Mass							
3.4	4,6-dinitro-o-cresol (534-52-1)	☐	☐	☐	Concentration							
					Mass							
3.5	2,4-dinitrophenol (51-28-5)	☐	☐	☐	Concentration							
					Mass							

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
3.6	2-nitrophenol (88-75-5)	☐	☐	☐	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	☐	☐	☐	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	☐	☐	☐	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	☐	☐	☐	Concentration							
					Mass							
3.10	Phenol (108-95-2)	☐	☐	☐	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	☐	☐	☐	Concentration							
					Mass							
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base /Neutral Compounds)												
4.1	Acenaphthene (83-32-9)	☐	☐	☐	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	☐	☐	☐	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	☐	☐	☐	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	☐	☐	☐	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	☐	☐	☐	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	☐	☐	☐	Concentration							
					Mass							

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.7	3,4-benzofluoranthene (205-99-2)	☐	☐	☐	Concentration							
					Mass							
4.8	Benzo (ghi) perylene (191-24-2)	☐	☐	☐	Concentration							
					Mass							
4.9	Benzo (k) fluoranthene (207-08-9)	☐	☐	☐	Concentration							
					Mass							
4.10	Bis (2-chloroethoxy) methane (111-91-1)	☐	☐	☐	Concentration							
					Mass							
4.11	Bis (2-chloroethyl) ether (111-44-4)	☐	☐	☐	Concentration							
					Mass							
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	☐	☐	☐	Concentration							
					Mass							
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	☐	☐	☐	Concentration							
					Mass							
4.14	4-bromophenyl phenyl ether (101-55-3)	☐	☐	☐	Concentration							
					Mass							
4.15	Butyl benzyl phthalate (85-68-7)	☐	☐	☐	Concentration							
					Mass							
4.16	2-chloronaphthalene (91-58-7)	☐	☐	☐	Concentration							
					Mass							
4.17	4-chlorophenyl phenyl ether (7005-72-3)	☐	☐	☐	Concentration							
					Mass							
4.18	Chrysene (218-01-9)	☐	☐	☐	Concentration							
					Mass							
4.19	Dibenzo (a,h) anthracene (53-70-3)	☐	☐	☐	Concentration							
					Mass							

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number	Form Approved: 5/12/2023

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.20	1,2-dichlorobenzene (95-50-1)	☐	☐	☐	Concentration							
					Mass							
4.21	1,3-dichlorobenzene (541-73-1)	☐	☐	☐	Concentration							
					Mass							
4.22	1,4-dichlorobenzene (106-46-7)	☐	☐	☐	Concentration							
					Mass							
4.23	3,3-dichlorobenzidine (91-94-1)	☐	☐	☐	Concentration							
					Mass							
4.24	Diethyl phthalate (84-66-2)	☐	☐	☐	Concentration							
					Mass							
4.25	Dimethyl phthalate (131-11-3)	☐	☐	☐	Concentration							
					Mass							
4.26	Di-n-butyl phthalate (84-74-2)	☐	☐	☐	Concentration							
					Mass							
4.27	2,4-dinitrotoluene (121-14-2)	☐	☐	☐	Concentration							
					Mass							
4.28	2,6-dinitrotoluene (606-20-2)	☐	☐	☐	Concentration							
					Mass							
4.29	Di-n-octyl phthalate (117-84-0)	☐	☐	☐	Concentration							
					Mass							
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	☐	☐	☐	Concentration							
					Mass							
4.31	Fluoranthene (206-44-0)	☐	☐	☐	Concentration							
					Mass							
4.32	Fluorene (86-73-7)	☐	☐	☐	Concentration							
					Mass							

DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.33	Hexachlorobenzene (118-74-1)	☐	☐	☐	Concentration							
					Mass							
4.34	Hexachlorobutadiene (87-68-3)	☐	☐	☐	Concentration							
					Mass							
4.35	Hexachlorocyclopentadiene (77-47-4)	☐	☐	☐	Concentration							
					Mass							
4.36	Hexachloroethane (67-72-1)	☐	☐	☐	Concentration							
					Mass							
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)	☐	☐	☐	Concentration							
					Mass							
4.38	Isophorone (78-59-1)	☐	☐	☐	Concentration							
					Mass							
4.39	Naphthalene (91-20-3)	☐	☐	☐	Concentration							
					Mass							
4.40	Nitrobenzene (98-95-3)	☐	☐	☐	Concentration							
					Mass							
4.41	N-nitrosodimethylamine (62-75-9)	☐	☐	☐	Concentration							
					Mass							
4.42	N-nitrosodi-n-propylamine (621-64-7)	☐	☐	☐	Concentration							
					Mass							
4.43	N-nitrosodiphenylamine (86-30-6)	☐	☐	☐	Concentration							
					Mass							
4.44	Phenanthrene (85-01-8)	☐	☐	☐	Concentration							
					Mass							
4.45	Pyrene (129-00-0)	☐	☐	☐	Concentration							
					Mass							

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
4.46	1,2,4-trichlorobenzene (120-82-1)	☐	☐	☐	Concentration							
					Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	☐	☐	☐	Concentration							
					Mass							
5.2	α-BHC (319-84-6)	☐	☐	☐	Concentration							
					Mass							
5.3	β-BHC (319-85-7)	☐	☐	☐	Concentration							
					Mass							
5.4	γ-BHC (58-89-9)	☐	☐	☐	Concentration							
					Mass							
5.5	δ-BHC (319-86-8)	☐	☐	☐	Concentration							
					Mass							
5.6	Chlordane (57-74-9)	☐	☐	☐	Concentration							
					Mass							
5.7	4,4'-DDT (50-29-3)	☐	☐	☐	Concentration							
					Mass							
5.8	4,4'-DDE (72-55-9)	☐	☐	☐	Concentration							
					Mass							
5.9	4,4'-DDD (72-54-8)	☐	☐	☐	Concentration							
					Mass							
5.10	Dieldrin (60-57-1)	☐	☐	☐	Concentration							
					Mass							
5.11	α-endosulfan (115-29-7)	☐	☐	☐	Concentration							
					Mass							

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
5.12	β-endosulfan (115-29-7)	☐	☐	☐	Concentration							
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	☐	☐	☐	Concentration							
					Mass							
5.14	Endrin (72-20-8)	☐	☐	☐	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	☐	☐	☐	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	☐	☐	☐	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	☐	☐	☐	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	☐	☐	☐	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	☐	☐	☐	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	☐	☐	☐	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	☐	☐	☐	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	☐	☐	☐	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	☐	☐	☐	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	☐	☐	☐	Concentration							
					Mass							

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))[1]

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		Units (specify)		Effluent				Intake (optional)	
			Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
5.25	Toxaphene (8001-35-2)	☐	☐	☐	Concentration							
					Mass							

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

[2] Analysis for Total Recoverable Mercury must be performed utilizing the low-level, USEPA Method 1631E.

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DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

Form Approved: 5/12/2023

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))[1]

	Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (Optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
☐	Check here if you believe all pollutants on Table C to be ***present*** in your discharge from the noted outfall. You need *not* check the "Believed Present" box for each pollutant.										
☐	Check here if you believe all pollutants on Table C to be ***absent*** in your discharge from the noted outfall. You need *not* check the "Believed Absent" box for each pollutant.										
1.	Bromide (24959-67-9)	☐	☐	Concentration							
				Mass							
2.	Chlorine, total residual	☐	☐	Concentration							
				Mass							
3.	Color	☐	☐	Concentration							
				Mass							
4.	Fecal coliform	☐	☐	Concentration							
				Mass							
5.	Fluoride (16984-48-8)	☐	☐	Concentration							
				Mass							
6	Nitrate-nitrite	☐	☐	Concentration							
				Mass							
7.	Nitrogen, total organic (as N)	☐	☐	Concentration							
				Mass							
8.	Oil and grease	☐	☐	Concentration							
				Mass							
9.	Phosphorus (as P), total (7723-14-0)	☐	☐	Concentration							
				Mass							
10.	Sulfate (as SO_4) (14808-79-8)	☐	☐	Concentration							
				Mass							
11.	Sulfide (as S)	☐	☐	Concentration							
				Mass							

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))[1]

	Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (Optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
12.	Sulfite (as SO_3) (14265-45-3)	☐	☐	Concentration							
				Mass							
13.	Surfactants	☐	☐	Concentration							
				Mass							
14.	Aluminum, total (7429-90-5)	☐	☐	Concentration							
				Mass							
15.	Barium, total (7440-39-3)	☐	☐	Concentration							
				Mass							
16.	Boron, total (7440-42-8)	☐	☐	Concentration							
				Mass							
17.	Cobalt, total (7440-48-4)	☐	☐	Concentration							
				Mass							
18.	Iron, total (7439-89-6)	☐	☐	Concentration							
				Mass							
19.	Magnesium, total (7439-95-4)	☐	☐	Concentration							
				Mass							
20.	Molybdenum, total (7439-98-7)	☐	☐	Concentration							
				Mass							
21.	Manganese, total (7439-96-5)	☐	☐	Concentration							
				Mass							
22.	Tin, total (7440-31-5)	☐	☐	Concentration							
				Mass							
23.	Titanium, total (7440-32-6)	☐	☐	Concentration							
				Mass							

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))[1]

	Pollutant (CAS Number, if available)	Presence or Absence (check one)		Units (specify)		Effluent				Intake (Optional)	
		Believed Present	Believed Absent			Maximum Daily Discharge (required)	Maximum Monthly Discharge (if available)	Long-Term Average Daily Discharge (if available)	Number of Analyses	Long-Term Average Value	Number of Analyses
24.	**Radioactivity**										
	Alpha, total	☐	☐	Concentration							
				Mass							
	Beta, total	☐	☐	Concentration							
				Mass							
	Radium, total	☐	☐	Concentration							
				Mass							
	Radium 226, total	☐	☐	Concentration							
				Mass							

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	☐	☐		
2.	Acetaldehyde	☐	☐		
3.	Allyl alcohol	☐	☐		
4.	Allyl chloride	☐	☐		
5.	Amyl acetate	☐	☐		
6.	Aniline	☐	☐		
7.	Benzonitrile	☐	☐		
8.	Benzyl chloride	☐	☐		
9.	Butyl acetate	☐	☐		
10.	Butylamine	☐	☐		
11.	Captan	☐	☐		
12.	Carbaryl	☐	☐		
13.	Carbofuran	☐	☐		
14.	Carbon disulfide	☐	☐		
15.	Chlorpyrifos	☐	☐		
16.	Coumaphos	☐	☐		
17.	Cresol	☐	☐		
18.	Crotonaldehyde	☐	☐		
19.	Cyclohexane	☐	☐		

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	☐	☐		
21.	Diazinon	☐	☐		
22.	Dicamba	☐	☐		
23.	Dichlobenil	☐	☐		
24.	Dichlone	☐	☐		
25.	2,2-dichloropropionic acid	☐	☐		
26.	Dichlorvos	☐	☐		
27.	Diethyl amine	☐	☐		
28.	Dimethyl amine	☐	☐		
29.	Dintrobenzene	☐	☐		
30.	Diquat	☐	☐		
31.	Disulfoton	☐	☐		
32.	Diuron	☐	☐		
33.	Epichlorohydrin	☐	☐		
34.	Ethion	☐	☐		
35.	Ethylene diamine	☐	☐		
36.	Ethylene dibromide	☐	☐		
37.	Formaldehyde	☐	☐		
38.	Furfural	☐	☐		

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	☐	☐		
40.	Isoprene	☐	☐		
41.	Isopropanolamine	☐	☐		
42.	Kelthane	☐	☐		
43.	Kepone	☐	☐		
44.	Malathion	☐	☐		
45.	Mercaptodimethur	☐	☐		
46.	Methoxychlor	☐	☐		
47.	Methyl mercaptan	☐	☐		
48.	Methyl methacrylate	☐	☐		
49.	Methyl parathion	☐	☐		
50.	Mevinphos	☐	☐		
51.	Mexacarbate	☐	☐		
52.	Monoethyl amine	☐	☐		
53.	Monomethyl amine	☐	☐		
54.	Naled	☐	☐		
55.	Naphthenic acid	☐	☐		
56.	Nitrotoluene	☐	☐		
57.	Parathion	☐	☐		

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	☐	☐		
59.	Phosgene	☐	☐		
60.	Propargite	☐	☐		
61.	Propylene oxide	☐	☐		
62.	Pyrethrins	☐	☐		
63.	Quinoline	☐	☐		
64.	Resorcinol	☐	☐		
65.	Strontium	☐	☐		
66.	Strychnine	☐	☐		
67.	Styrene	☐	☐		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	☐	☐		
69.	TDE (tetrachlorodiphenyl ethane)	☐	☐		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	☐	☐		
71.	Trichlorofon	☐	☐		
72.	Triethanolamine	☐	☐		
73.	Triethylamine	☐	☐		
74.	Trimethylamine	☐	☐		
75.	Uranium	☐	☐		
76.	Vanadium	☐	☐		

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))[1]

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	☐	☐		
78.	Xylene	☐	☐		
79.	Xylenol	☐	☐		
80.	Zirconium	☐	☐		

[1] Sampling shall be conducted according to sufficiently sensitive test procedures (i.e., methods) approved under 40 CFR 136 for the analysis of pollutants or pollutant parameters or required under 40 CFR chapter I, subchapter N or O. See instructions and 40 CFR 122.21(e)(3).

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TABLE E. 2,3,7,8 TETRACHLORODIBENZO P DIOXIN (2,3,7,8 TCDD) (40 CFR 122.21(g)(7)(viii))

Pollutant	TCDD Congeners Used or Manufactured	Presence or Absence (check one)		Results of Screening Procedure
		Believed Present	Believed Absent	
2,3,7,8-TCDD	☐	☐	☐	

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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.				
e.g. Sodium Bisulfite	Slack	Dechlor	10.00	20.00	001	11/01/2019	☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase
							☐New ☐Increase
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							☐New ☐Increase
							☐New ☐Increase

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DEC Identification Number	SPDES Permit Number	Facility Name

Form Approved: 5/12/2023

TABLE G. INDUSTRIAL CHEMICAL SURVEY

Substance Name	CAS Number	Purpose of Use Code	Average Annual Usage	Amount On Hand	Presence in Discharge	Discharge Outfall
Complete this table for all substances that have been used, produced, stored, distributed or otherwise disposed of in significant quantity AND for any quantity of BCCs, chemicals for which FDA fish flesh limits exist, or restricted pesticide products listed in Part 326, Section 2 of the ECL. Restricted pesticides also include those products whose labeling bears the statement "Restricted Use Pesticide." Do not include chemicals that are present as *de minimus* concentrations as listed in the SDS for that substance. For any substance listed that is used in a manner which could cause them to come into contact with a wastewater that is ultimately discharged to the waters of the State through an outfall controlled by this permit application, identify it as "Present" and the Outfall(s) by which it may be discharged. Sampling results for these pollutants should also be included with Tables B-E.						
☐ A separate, but equivalent table has been attached as part of this application.						
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	
		PRO - Produced	Gal	Gal	☐Present ☐Not Present	

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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.					
			° ' "	° ' "	
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			° ' "	° ' "	

Click to go back to the beginning of Part II Form