



Department of
Environmental
Conservation

Municipal Individual SPDES

Application Form NY-2A

May 1, 2020

[Find the New Application Form NY-2A
on our website here @ dec.ny.gov!](https://dec.ny.gov)

Reason for NY-2A Update

- Old forms are confusing
- Old forms ask for information NYSDEC can get itself
- Old forms sampling requirements were unclear
- USEPA updated the NPDES regulations @ 40 CFR Part 122



USEPA NPDES Update Rule – 40 CFR 122

- Rule effective 6/12/2019, States required to comply by 6/12/2020
- Predominantly clarifications & small modifications to requirements:
 - All applications must require e-mails to be provided
 - Added requirement to submit a topographic map
 - New facilities must submit effluent data within 24 months of startup (including WET Testing)
 - Added outfall configuration & receiving water questions
 - Updated forms to comply with IPP requirements, differentiating between SIUs and NSCIUs
 - Asks for additional SIU-related information



New York State
Department of Environmental Conservation

Division of Water
Albany, NY

DEC Form NY-2A
Revised May 2020

Bureau of Water Permits



Application Form NY-2A

New and Existing Publicly Owned Treatment Works

State Pollutant Discharge Elimination System
Permitting Program

The New NY-2A

What changes should you expect to see?



Major Changes to the NY-2A

- New look, Improved format
- Updated and clarified instructions
- Revised application sampling requirements
- Min. three (3) samples of each pollutant required to be sampled
- Min. four (4) WET testing results for all POTWs ≥ 1 MGD
- Water Treatment Chemical Usage Table
- Expanded detail for SIUs
- New Resiliency Planning (Pump Stations) requirement

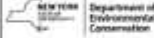


Other Changes to the NY-2A

- Hyperlinked, Fillable, & Printable
- New Question for “Purpose of Application”
- Improved instruction on how to submit the NY-2A
- Requirement to submit new Mixing Zone form & Outfall details
- New POSS Information (Reg #, SSS/CSS%, Own/Maintain)
- New “Scheduled Improvements” section
- End-of-Application Checklist

The New NY-2A

A look at the Major Changes

DEC Identification Number		SPDES Permit Number		Facility Name		
Form NY-2A SPDES				New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS		
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))						
Facility Information	1.1	Facility name				
		Mailing address (street or P.O. box)				
		City or town		State	ZIP code	
		Contact name (first and last)	Title	Phone number	Email address	
		Location address (street, route number, or other specific identifier)				<input type="checkbox"/> Same as mailing address
		City or town		State	ZIP code	
	1.2	What is the reason for submitting this application?				
		<input type="checkbox"/> A NEW proposed Discharge		<input type="checkbox"/> An EBPS REQUEST FOR INFORMATION response		
		<input type="checkbox"/> A RENEWAL of an existing permit		<input type="checkbox"/> A MODIFICATION of the existing permit (describe below)		
		<input type="checkbox"/> An EXISTING discharge currently without permit				



Updated Instructions

Section 1. Basic Application Information for All Applicants

Facility Information

Item 1.1. Enter the discharger's facility name. Do not use a colloquial name. Provide the mailing address of the facility. Next, 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.

Include a complete location address for the facility if different from the mailing address. 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").

Item 1.2. Indicate the permit action being requested as a result of this application. If a modification, please describe the request.

Applicant Information

Item 1.3. Indicate if the applicant is different from the entity listed under Item 1.1. If so, specify the applicant name and address. Provide the name (first and last) of a contact, including his/her title, telephone number, and email address.

Item 1.4. Indicate if the applicant is the facility's owner, operator, or both.

Item 1.5. Specify whether NYSDEC should send correspondence to the facility or the applicant.

Existing Environmental Permits

Item 1.6. Indicate all environmental permits or construction approvals received or applied for (including dates) under the noted programs. Print or type the corresponding permit number for each.

New Line-by-Line Instruction

Improved clarity & direction

Who Must Complete Form NY-2A?

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 publicly owned treatment works (POTWs) must complete Form NY-2A to obtain a State Pollution Discharge Elimination System (SPDES) permit.

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 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 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.

Exhibit 2A-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 750-1.18, Form NY-2A must be submitted at least 180 days before your present SPDES permit expires. If you are a new discharger, or planning a facility upgrade or expansion, Form NY-2A 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.

Revised Sampling Requirements

- Revised to match requirements under 40 CFR 122
- Simpler requirements for smaller facilities

Effluent Testing Data	3.11	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> No						
	3.12	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.14.						
	3.13	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.						
			Outfall Number _____		Outfall Number _____		Outfall Number _____	
			Acute	Chronic	Acute	Chronic	Acute	Chronic
		Number of tests of discharge water						
		Number of tests of receiving water						
	3.14	Does the treatment works have a design flow greater than or equal to 0.1 mgd? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.17.						
3.15	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.							
3.16	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3.17	Does one or more of the following conditions apply? <ul style="list-style-type: none"> The facility has a design flow greater than or equal to 1 mgd. The POTW has an approved pretreatment program or is required to develop such a program. NYSDEC has informed the POTW that it must sample for the parameters in Table C, must sample for the parameters in Table D, must sample for other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 4.							

Revised Sampling Requirements - PPS

- At least three (3) results for all pollutants required
- Requirements set by Tables A – D
- Table D includes pesticides & PCBs and any additional pollutants requested by NYSDEC

Permitted Design Flow	Application Sampling Required
< 0.1 MGD	Table A
≥ 0.1 MGD	Tables A & B
≥ 1.0 MGD	Tables A, B, C, & D



NY-2A: Table A

TABLE A. EFFLUENT PARAMETERS FOR ALL POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Biochemical oxygen demand <input type="checkbox"/> BOD ₅ or <input type="checkbox"/> CBOD ₅ (report one)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fecal coliform		cfu/100mL		cfu/100mL			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Design flow rate		MGD		MGD			
pH (minimum)		SU					
pH (maximum)		SU					
Temperature (winter)		°C		°C			
Temperature (summer)		°C		°C			
Total suspended solids (TSS)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

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 Sampling for BOD₅, CBOD₅, Fecal Coliform, and Total Suspended Solids (TSS) is not required for groundwater dischargers.



NY-2A: Table B

TABLE B. EFFLUENT PARAMETERS FOR ALL POTWS WITH A FLOW EQUAL TO OR GREATER THAN 0.1 MGD							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Total Residual Chlorine (TRC) ²		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dissolved oxygen		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Oil and grease		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrite (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrate (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ammonia (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total Kjeldahl Nitrogen (TKN)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total Nitrogen (as N)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total Phosphorus (as P)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total dissolved solids		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

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 Facilities that do not use chlorine for disinfection, do not use chlorine elsewhere in the treatment process, and have no reasonable potential to discharge chlorine in their effluent are not required to report data for chlorine.

³ Sampling for Dissolved Oxygen and Total Kjeldahl Nitrogen (TKN) are not required for groundwater dischargers.

NY-2A: Table C

- PP Metals
- Hardness
- Cyanide
- Total Phenols
- VOCs
- Acids
- Base-Neutrals

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS							
Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Metals, Cyanide, and Total Phenols							
Hardness (as CaCO ₃)		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Antimony, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Arsenic, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Beryllium, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cadmium, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chromium, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Copper, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Lead, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Mercury, total recoverable ²		ng/L		ng/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nickel, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Selenium, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Silver, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Thallium, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Zinc, total recoverable		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Cyanide		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Total phenolic compounds		mg/L		mg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Volatile Organic Compounds							
Acrolein		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acrylonitrile		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bromoform		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

NY-2A: Table C (continued)

- PP Metals
- Hardness
- Cyanide
- Total Phenols
- VOCs
- Acids
- Base-Neutrals

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Carbon tetrachloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chlorodibromomethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloroethylvinyl ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chloroform		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dichlorobromomethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
trans-1,2-dichloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1-dichloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichloropropane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichloropropylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Ethylbenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl bromide		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methyl chloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Methylene chloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2,2-tetrachloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Tetrachloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Toluene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,1-trichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,1,2-trichloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

NY-2A: Table C (continued)

- PP Metals
- Hardness
- Cyanide
- Total Phenols
- VOCs
- Acids
- Base-Neutrals

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Trichloroethylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Vinyl chloride		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acid-Extractable Compounds							
p-chloro-m-cresol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dichlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dimethylphenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4,6-dinitro-o-cresol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-nitrophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-nitrophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pentachlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4,6-trichlorophenol		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Base-Neutral Compounds							
Acenaphthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Acenaphthylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Anthracene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzidine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)anthracene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(a)pyrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,4-benzofluoranthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

NY-2A: Table C (continued)

- PP Metals
- Hardness
- Cyanide
- Total Phenols
- VOCs
- Acids
- **Base-Neutrals**

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
Benzo(ghi)perylene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Benzo(k)fluoranthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethoxy) methane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroethyl) ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-chloroisopropyl) ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Bis (2-ethylhexyl) phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-bromophenyl phenyl ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Butyl benzyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2-chloronaphthalene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
4-chlorophenyl phenyl ether		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Chrysene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-butyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
di-n-octyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dibenzo(a,h)anthracene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2-dichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,3-dichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,4-dichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
3,3-dichlorobenzidine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Diethyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Dimethyl phthalate		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,4-dinitrotoluene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
2,6-dinitrotoluene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

NY-2A: Table C (continued)

- PP Metals
- Hardness
- Cyanide
- Total Phenols
- VOCs
- Acids
- **Base-Neutrals**

TABLE C. EFFLUENT PARAMETERS FOR SELECTED POTWS

Pollutant	Maximum Daily Discharge		Average Daily Discharge			Analytical Method ¹	ML or MDL (include units)
	Value	Units	Value	Units	Number of Samples		
1,2-diphenylhydrazine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluoranthene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Fluorene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorobutadiene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachlorocyclo-pentadiene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Hexachloroethane		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Indeno(1,2,3-cd)pyrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Isophorone		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Naphthalene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Nitrobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodi-n-propylamine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodimethylamine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
N-nitrosodiphenylamine		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Phenanthrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
Pyrene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL
1,2,4-trichlorobenzene		µg/L		µg/L			<input type="checkbox"/> ML <input type="checkbox"/> MDL

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.



Revised Sampling Requirements - WET

- Four (4) WET Results for all POTWs ≥ 1 MGD, have IPP, or if instructed by NYSDEC
- All other POTWs, no WET required
- If required under SPDES permit, NYSDEC already has results

Effluent Testing Data Continued	3.20	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No \rightarrow Complete tests and Table E and SKIP to Item 3.26.				
	3.21	Identify the four most recent WET tests conducted and whether the results were submitted to NYSDEC.				
		Test(s)	Test Results		Submitted to NYSDEC?	Date(s) Submitted (MM/DD/YYYY)
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
			TUa	TUc	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	3.22	Regardless of how you provided your WET testing data, did any of the tests result in toxicity? <input type="checkbox"/> Yes <input type="checkbox"/> No \rightarrow SKIP to Item 3.26.				
3.23	Describe the cause(s) of the toxicity: 					
3.24	Has the treatment works conducted a toxicity reduction evaluation? <input type="checkbox"/> Yes <input type="checkbox"/> No \rightarrow SKIP to Item 3.26.					
3.25	Provide details of any toxicity reduction evaluations conducted. 					
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable because previously submitted information to NYSDEC.					

WTC Usage – NY-2A: Table F

- Allows for clear listing of WTCs in use
- Quick identification of new/increased WTCs (Must still submit WTC Request Form)

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				<input type="checkbox"/> 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	<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase



SIU Information – NY-2A: Table G

Requires more detail on the SIUs

TABLE G. INDUSTRIAL DISCHARGE INFORMATION						
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.						
	SIU ____	SIC Code ____	SIU ____	SIC Code ____	SIU ____	SIC Code ____
Name of SIU						
Mailing address (street or P.O. box)						
City, state, and ZIP code						
Description of all industrial processes that affect or contribute to the discharge.						
List the principal products and raw materials that affect or contribute to the SIU's discharge.						
Indicate the average daily volume of wastewater discharged by the SIU.		_____ gpd		_____ gpd		_____ gpd
How much of the average daily volume is attributable to process flow?		_____ gpd		_____ gpd		_____ gpd
How much of the average daily volume is attributable to non-process flow?		_____ gpd		_____ gpd		_____ gpd
Is the SIU subject to local limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the SIU subject to categorical standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

SIU Information (continued)

TABLE G. INDUSTRIAL DISCHARGE INFORMATION			
Response space is provided for three SIUs. Copy the table to report information for additional SIUs.			
	SIU ____	SIU ____	SIU ____
Under what categories and subcategories is the SIU subject?			
Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? If yes, describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



Resiliency Planning – NY-2A: Table H

Requires identification and floor elevations of pump stations for resiliency planning (ECL 03-0319)

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).					
<input type="checkbox"/> The wastewater treatment facility and collection system do not contain any pump stations.					
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Questions?

Contact your [Regional Permit Administrator](#)