



Department of  
Environmental  
Conservation

# Industrial Individual SPDES

## Application Form NY-2C

June 1, 2020

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

# Reason for NY-2C Update

- Old forms are confusing
- Old forms ask for some 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) – This not currently adopted by NYS



# The New NY-2C

What changes should you expect to see?



New York State  
Department of Environmental Conservation

Division of Water  
Albany, NY

NYSDEC Form NY-2C  
Revised April 2020

Bureau of Water Permits

## Application Form NY-2C New and Existing Industrial Facilities

State Pollutant Discharge Elimination System  
Permitting Program




# Notable Changes to the NY-2C

- New look, Improved format (Now 2 Parts), Hyperlinked, Fillable
- Updated and clarified instructions
- Operator Identification section
- Requirement to submit new Mixing Zone form & Outfall details
- Water Treatment Chemical Usage Table
- End-of-Application Checklist
- Revised application pollutant identification & data tables
- New Resiliency Planning (Pump Station) requirement



# The New NY-2C

## A look at the Notable Changes

DEC Identification Number		SPDES Permit Number		Facility Name	
Form NY-2C PART I SPDES		 Department of Environmental Conservation		New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater <b>GENERAL INFORMATION</b>	
<b>SECTION 1. PERMIT ACTION REQUESTED</b>					
Permit Action Requested	1.1	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			
Permit Action Requested	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? <input type="checkbox"/> Yes → Describe the increase: <input type="checkbox"/> No → Skip to Item 2.1			
<b>SECTION 2. PERMITTEE &amp; FACILITY NAME, LEGAL STATUS, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))</b>					
Permittee, Mailing Address, and Location	2.1	Permittee Name			
	2.2	Permittee Mailing Address			
		Street or P.O. box City or town      State      ZIP code			
Permittee, Mailing Address, and Location	2.3	Permittee Legal Status			
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) <input type="checkbox"/> Private <input type="checkbox"/> Other (specify)			
Permittee, Mailing Address, and Location	2.4	Facility Name			



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# Improved Format

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 is primarily for general information about the facility:

- Permit administration
- Permittee & Facility Identification
- Operations/Services (SIC/NAICS)
- Nature of Business
- Other Environmental permits

Part II is for specific discharge related information:

- Production
- Flows, Treatment & Outfalls
- Effluent/Intake Characteristics
- Laboratory Analysis Identification
- Industrial Chemical Survey
- Resiliency Considerations



# Updated Instructions

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.).

## New Line-by-Line Instruction

Improved  
clarity &  
direction

### 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 should 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](mailto:SPDESapp@dec.ny.gov).

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.



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# Operator Identification Information

- Added to match requirements under 40 CFR 122.21(f)

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?	
		<input type="checkbox"/> Yes → Skip to Item 5.1 <input type="checkbox"/> No	
Operator Information Continued	4.3	Operator Status	
		<input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input type="checkbox"/> Other public (specify) _____ <input type="checkbox"/> Private <input type="checkbox"/> 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	



# Mixing Zone Form & WTC Information

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?  <input type="checkbox"/> Yes → Complete Table F <input type="checkbox"/> No → SKIP to Section 4.
Mixing Zone Form	3.3	Has a Mixing Zone Analysis Form been completed and attached to this application? All applicants must complete at least the Simple form. Indicate which form was completed and is attached to this application.  <input type="checkbox"/> Yes → Simple Form <input type="checkbox"/> Yes → Detailed Form



# WTC Usage – NY-2C: 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 checked="" type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input checked="" type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase
							<input type="checkbox"/> New <input checked="" type="checkbox"/> Increase
							<input type="checkbox"/> New <input type="checkbox"/> Increase



# End-of-Application Checklist & Certification

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

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

<input type="checkbox"/> Section 11: Additional Information	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ Table G <input type="checkbox"/> w/ Table H
<input type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> 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

# Revised Pollutant Identification/ Data Tables

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))																					
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.																					
<b>Table A. Conventional and Non-Conventional Pollutants</b>																					
7.1	Are you requesting a waiver from NYSDEC for one or more of the Table A pollutants for any of your outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="text"/> Outfall Number <input type="text"/> Outfall Number <input type="text"/>																				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No; a waiver request has been attached for all pollutants at all outfalls.																				
<b>Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants</b>																					
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-3? Does the primary industry category require a supplemental application? (See instructions) <input type="checkbox"/> Yes, No Supplement Required <input type="checkbox"/> Yes & Supplemental Form Attached <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.																				
	<table border="1"> <thead> <tr> <th>Primary Industry Category</th> <th colspan="4">Required GC/MS Fraction(s) (Check applicable boxes.)</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/> Volatile</td> <td><input type="checkbox"/> Acid</td> <td><input type="checkbox"/> Base/Neutral</td> <td><input type="checkbox"/> Pesticide</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Volatile</td> <td><input type="checkbox"/> Acid</td> <td><input type="checkbox"/> Base/Neutral</td> <td><input type="checkbox"/> Pesticide</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Volatile</td> <td><input type="checkbox"/> Acid</td> <td><input type="checkbox"/> Base/Neutral</td> <td><input type="checkbox"/> Pesticide</td> </tr> </tbody> </table>	Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)					<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide		<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide
Primary Industry Category	Required GC/MS Fraction(s) (Check applicable boxes.)																				
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide																	
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide																	
	<input type="checkbox"/> Volatile	<input type="checkbox"/> Acid	<input type="checkbox"/> Base/Neutral	<input type="checkbox"/> Pesticide																	
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>Table C. Certain Conventional and Non-Conventional Pollutants</b>																					
7.11	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed on Table C for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> 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"? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>Table D. Certain Hazardous Substances and Asbestos</b>																					
7.13	Have you indicated whether pollutants are "Believed Present" or "Believed Absent" for all pollutants listed in Table D for all outfalls? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
<b>Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)</b>																					
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? <input type="checkbox"/> Yes → Complete Table E. <input type="checkbox"/> No → SKIP to Section 8.																				
7.16	Have you completed Table E by reporting qualitative data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No																				

Effluent and Intake Characteristics



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# Revised Pollutant Identification/ Data Tables

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? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.



# NY-2C: Table A – Conventional & Non-conventional Pollutants

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii)) <sup>1</sup>									
	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
<input type="checkbox"/>	Check here if you have attached a request to NYSDEC for a waiver for all of the pollutants listed on this table for the noted outfall.								
1.	Biochemical oxygen demand (BOD <sub>5</sub> )	<input type="checkbox"/>	Concentration						
			Mass						
2.	Chemical oxygen demand (COD)	<input type="checkbox"/>	Concentration						
			Mass						
3.	Total organic carbon (TOC)	<input type="checkbox"/>	Concentration						
			Mass						
4.	Total suspended solids (TSS)	<input type="checkbox"/>	Concentration						
			Mass						
5.	Ammonia (as N)	<input type="checkbox"/>	Concentration						
			Mass						
6.	Flow	<input type="checkbox"/>	Rate						
7.	Temperature (winter)	<input type="checkbox"/>	°C	°C					
	Temperature (summer)	<input type="checkbox"/>	°C	°C					
8.	pH (minimum)	<input type="checkbox"/>	Standard units	s.u.					
	pH (maximum)	<input type="checkbox"/>	Standard units	s.u.					



# NY-2C: Table B – Section 1

- Table B contains the remaining “Priority Pollutants”
- Metals, Cyanide, Phenols, Volatiles, Acids, Base-Neutrals, Pesticides

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v)) <sup>1</sup>											
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	
<input type="checkbox"/> 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.2 Arsenic, total (7440-38-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.3 Beryllium, total (7440-41-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.4 Cadmium, total (7440-43-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.5 Chromium, total (7440-47-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.6 Copper, total (7440-50-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.7 Lead, total (7439-92-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.8 Mercury, total (7439-97-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.9 Nickel, total (7440-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.10 Selenium, total (7782-49-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							
1.11 Silver, total (7440-22-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
				Mass							



# NY-2C: Table B – Sections 1, 2, & 3

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)	
			Believed Present	Believed Absent
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2. Organic Toxic Pollutants (GC/MS Fraction—Volatile Compounds)				
2.1	Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)	
			Believed Present	Believed Absent
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.21	1,1,2,2-tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)	
			Believed Present	Believed Absent
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3. Organic Toxic Pollutants (GC/MS Fraction—Acid Compounds)				
3.1	2-chlorophenol (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.5	2,4-dinitrophenol (51-28-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# NY-2C: Table B – Sections 3 & 4

	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)		
			Believed Present	Believed Absent	
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
3.8	p-chloro-m-cresol (58-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
3.9	Pentachlorophenol (87-86-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
Section 4. Organic Toxic Pollutants (GC/MS Fraction—Base Neutral Compounds)					
4.1	Acenaphthene (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
4.4	Benidine (92-87-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentrations Mass

	Pollutant/Parameter (and CAS Number, if available)
4.7	3,4-benzofluoranthene (205-99-2)
4.8	Benzo (ghi) perylene (191-24-2)
4.9	Benzo (k) fluoranthene (207-08-9)
4.10	Bis (2-chloroethoxy) methane (111-91-1)
4.11	Bis (2-chloroethyl) ether (111-44-4)
4.12	Bis (2-chloroisopropyl) ether (102-80-1)
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)
4.14	4-bromophenyl phenyl ether (101-55-3)
4.15	Butyl benzyl phthalate (85-66-7)
4.16	2-chloronaphthalene (91-58-7)
4.17	4-chlorophenyl phenyl ether (7005-72-3)
4.18	Chrysene (218-01-9)
4.19	Dibenzo (a,h) anthracene (53-70-3)

	Pollutant/Parameter (and CAS Number, if available)
4.20	1,2-dichlorobenzene (95-50-1)
4.21	1,3-dichlorobenzene (541-73-1)
4.22	1,4-dichlorobenzene (106-46-7)
4.23	3,3-dichlorobenzidine (91-94-1)
4.24	Diethyl phthalate (131-11-3)
4.25	Dimethyl phthalate (131-11-3)
4.26	Di-n-butyl phthalate (84-74-2)
4.27	2,4-dinitrotoluene (121-14-2)
4.28	2,6-dinitrotoluene (606-20-2)
4.29	Di-n-octyl phthalate (117-84-0)
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)
4.31	Fluoranthene (206-44-0)
4.32	Fluorene (86-73-7)

	Pollutant/Parameter (and CAS Number, if available)
4.33	Hexachlorobenzene (118-74-1)
4.34	Hexachlorobutadiene (87-68-3)
4.35	Hexachlorocyclopentadiene (77-47-4)
4.36	Hexachloroethane (67-72-1)
4.37	Indeno (1,2,3-cd) pyrene (193-39-5)
4.38	Isophorone (78-59-1)
4.39	Naphthalene (91-20-3)
4.40	Nitrobenzene (98-95-5)
4.41	N-nitrosodimethylamine (62-75-9)
4.42	N-nitrosodi-n-propylamine (621-64-7)
4.43	N-nitrosodiphenylamine (86-30-6)
4.44	Phenanthrene (85-01-8)
4.45	Pyrene (129-00-0)

# NY-2C: Table B – Sections 4 & 5

TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC T				
	Pollutant/Parameter (and CAS Number, if available)	Testing Required	Presence or Absence (check one)	
			Believed Present	Believed Absent
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)				
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2	$\alpha$ -BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.3	$\beta$ -BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.4	$\gamma$ -BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.5	$\delta$ -BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.11	$\alpha$ -endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TABLE B. TOXIC METALS, CYANIDE, T	
	Pollutant/Parameter (and CAS Number, if available)
5.12	$\beta$ -endosulfan (115-29-7)
5.13	Endosulfan sulfate (1031-07-8)
5.14	Endrin (72-20-8)
5.15	Endrin aldehyde (7421-93-4)
5.16	Heptachlor (76-44-8)
5.17	Heptachlor epoxide (1024-57-3)
5.18	PCB-1242 (53469-21-9)
5.19	PCB-1254 (11097-69-1)
5.20	PCB-1221 (11104-28-2)
5.21	PCB-1232 (11141-16-5)
5.22	PCB-1248 (12672-29-6)
5.23	PCB-1260 (11096-82-5)
5.24	PCB-1016 (12674-11-2)
5.25	Toxaphene (8001-35-2)



# NY-2C: Table C – Conventional & Non-Conventional Pollutants

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(v)) <sup>1</sup>											
Pollutant	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		
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be <b>present</b> in your discharge from the noted outfall. You need not check the "Believed Present" box for each pollutant.											
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be <b>absent</b> in your discharge from the noted outfall. You need not check the "Believed Absent" box for each pollutant.											
1. Bromide (24959-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
2. Chlorine, total residual	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
3. Color	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
4. Fecal coliform	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
5. Fluoride (14804-48-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
6. Nitrate-nitrite	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
7. Nitrogen, total organic (as N)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
8. Oil and grease	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
9. Phosphorus (as P), total (7723-14-0)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
10. Sulfate (as SO <sub>4</sub> ) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								
11. Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration								
			Mass								



# NY-2C: Table C (continued)

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(v)) <sup>1</sup>										
	Pollutant	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 <sub>3</sub> ) (14285-45-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
13.	Surfactants	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
14.	Aluminum, total (7429-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
15.	Barium, total (7440-39-3)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
16.	Boron, total (7440-42-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
17.	Cobalt, total (7440-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
18.	Iron, total (7439-89-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
19.	Magnesium, total (7439-95-4)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
20.	Molybdenum, total (7439-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
21.	Manganese, total (7439-96-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
22.	Tin, total (7440-31-5)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
23.	Titanium, total (7440-32-6)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						



# NY-2C: Table C (continued)

TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vii)) <sup>1</sup>										
	Pollutant	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	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
	Beta, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
	Radium, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
	Radium 226, total	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						



# NY-2C: Table D – Hazardous Substances

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii)) <sup>1</sup>					
	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
1.	Asbestos	<input type="checkbox"/>	<input type="checkbox"/>		
2.	Acetaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
3.	Allyl alcohol	<input type="checkbox"/>	<input type="checkbox"/>		
4.	Allyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
5.	Amyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
6.	Aniline	<input type="checkbox"/>	<input type="checkbox"/>		
7.	Benzonitrile	<input type="checkbox"/>	<input type="checkbox"/>		
8.	Benzyl chloride	<input type="checkbox"/>	<input type="checkbox"/>		
9.	Butyl acetate	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
10.	Butylamine	<input type="checkbox"/>	<input type="checkbox"/>		
11.	Captan	<input type="checkbox"/>	<input type="checkbox"/>		
12.	Carbaryl	<input type="checkbox"/>	<input type="checkbox"/>		
13.	Carbofuran	<input type="checkbox"/>	<input type="checkbox"/>		
14.	Carbon disulfide	<input type="checkbox"/>	<input type="checkbox"/>		
15.	Chlorpyrifos	<input type="checkbox"/>	<input type="checkbox"/>		
16.	Coumaphos	<input type="checkbox"/>	<input type="checkbox"/>		
17.	Cresol	<input type="checkbox"/>	<input type="checkbox"/>		
18.	Crotonaldehyde	<input type="checkbox"/>	<input type="checkbox"/>		
19.	Cyclohexane	<input type="checkbox"/>	<input type="checkbox"/>		



# NY-2C: Table D (continued)

TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.

	Pollutant	Presence or Absence (check one)	
		Believed Present	Believed Absent
20.	2,4-D (2,4-dichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>
21.	Diazinon	<input type="checkbox"/>	<input type="checkbox"/>
22.	Dicamba	<input type="checkbox"/>	<input type="checkbox"/>
23.	Dichlobenil	<input type="checkbox"/>	<input type="checkbox"/>
24.	Dichlone	<input type="checkbox"/>	<input type="checkbox"/>
25.	2,2-dichloropropionic acid	<input type="checkbox"/>	<input type="checkbox"/>
26.	Dichlorvos	<input type="checkbox"/>	<input type="checkbox"/>
27.	Diethyl amine	<input type="checkbox"/>	<input type="checkbox"/>
28.	Dimethyl amine	<input type="checkbox"/>	<input type="checkbox"/>
29.	Dinitrobenzene	<input type="checkbox"/>	<input type="checkbox"/>
30.	Diquat	<input type="checkbox"/>	<input type="checkbox"/>
31.	Disulfoton	<input type="checkbox"/>	<input type="checkbox"/>
32.	Diuron	<input type="checkbox"/>	<input type="checkbox"/>
33.	Epichlorohydrin	<input type="checkbox"/>	<input type="checkbox"/>
34.	Ethion	<input type="checkbox"/>	<input type="checkbox"/>
35.	Ethylene diamine	<input type="checkbox"/>	<input type="checkbox"/>
36.	Ethylene dibromide	<input type="checkbox"/>	<input type="checkbox"/>
37.	Formaldehyde	<input type="checkbox"/>	<input type="checkbox"/>
38.	Furfural	<input type="checkbox"/>	<input type="checkbox"/>

TABLE D. CERTAIN HAZARDOUS SUBSTANCES

	Pollutant
39.	Guthion
40.	Isoprene
41.	Isopropanolamine
42.	Kethane
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

	Pollutant
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.	Trichloroion
72.	Triethanolamine
73.	Triethylamine
74.	Trimethylamine
75.	Uranium
76.	Vanadium

TABLE D. CERTAIN HAZARDOUS SUBSTANCES

	Pollutant
77.	Vinyl acetate
78.	Xylene
79.	Xylenol
80.	Zirconium





# NY-2C: Table E - TCDD

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



# NY-2C: Table G – Industrial Chemical Survey

**TABLE G. INDUSTRIAL CHEMICAL SURVEY**

Substance Name	CAS Number	Purpose of Use Code	Average Annual Usage	Amount On Hand	Presence in Discharge	Discharge Outfall
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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 ▼	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input checked="" type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced ▼		Gal ▼		Gal ▼	<input type="checkbox"/> Present <input checked="" type="checkbox"/> Not Present	





# Questions?

Contact your [Regional Permit Administrator](#)



Department of  
Environmental  
Conservation