



APPLICATION FORM "D"

for a State Pollutant Discharge Elimination System (SPDES) Permit

(A SPDES Application When Signed by a Permit Issuing Official Becomes a SPDES Permit)

PLEASE PRINT OR TYPE

APPLICATION TYPE <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification				IF RENEWAL OR MODIFICATION, GIVE PREVIOUS NUMBER NY --												
OWNER'S NAME (Corporate, Partnership, Individual)				TYPE OF OWNERSHIP <input type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Public												
OWNER'S MAILING ADDRESS (Street, City, State, Zip Code)																
REFER ALL CORRESPONDENCE TO: (Name, Title and Address)				TELEPHONE NUMBER ()												
FACILITY NAME			FACILITY LOCATION (Street or Road)			CITY, TOWN OR VILLAGE										
COUNTY		GIVE EXPLICIT DIRECTIONS TO LOCATION														
NATURE OF BUSINESS OR FACILITY				POPULATION SERVED (See Instructions)												
FREQUENCY OF DISCHARGE All Year? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Number of Months _____ All Week? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Number of Days _____																
DOES YOUR DISCHARGE CONTAIN OR IS IT POSSIBLE FOR YOUR DISCHARGE TO CONTAIN ONE OR MORE OF THE FOLLOWING SUBSTANCES ADDED AS A RESULT OF YOUR OPERATIONS, ACTIVITIES OR PROCESSES? Please Check <input type="checkbox"/> Aluminum <input type="checkbox"/> Ammonia <input type="checkbox"/> Beryllium <input type="checkbox"/> Cadmium <input type="checkbox"/> Chlorine <input type="checkbox"/> Chromium <input type="checkbox"/> Copper <input type="checkbox"/> Cyanide <input type="checkbox"/> Grease <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Nickel <input type="checkbox"/> Oil <input type="checkbox"/> Phenols <input type="checkbox"/> Selenium <input type="checkbox"/> Zinc <input type="checkbox"/> None of These																
DISCHARGE DATA (Use additional forms, if necessary) (See Instructions)																
OUTFALL NO.	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	TYPE OF WASTE		TYPE OF TREATMENT	DESIGN FLOW Gal/Day										
SURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Receiving Waters			Classification	Waters Index Number										
SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of nearest surface waters			Distance Ft.	SOIL TYPE Depth of Water Table										
OUTFALL NO.	<input type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	TYPE OF WASTE		TYPE OF TREATMENT	DESIGN FLOW Gal/Day										
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I hereby affirm under penalty of perjury that the information provided on this form and any attached supplemental forms is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.																
APPLICANTS SIGNATURE (see Instructions)			DATE	PRINTED NAME		TITLE										
<p style="text-align: center;">PERMIT VALIDATION SECTION (Department of Environmental Conservation Use Only)</p> <p>This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the provisions of the Federal Water Pollution Control Act, as amended by the Federal Water Pollution Control Act Amendments of 1972, P.L. 92-500, October 18, 1972 (33 U.S.C. §1251 et. seq.) (hereinafter referred to as "the Act"), and subject to the attached conditions.</p>					APPLICATION NUMBER NY --											
					EFFECTIVE DATE	EXPIRATION DATE										
					ATTACHMENTS:											
Signature of Permit Issuing Agent					Date											
CARD	Type Est.	Type Own	SIC CODE	# Out Falls	Dis. Class	CARD	Region	County	Major Basin	Sub Basin	Compact Area	CARD	Latitude	Longitude	CARD	Lim Ind
1	66	68	70	74	76	3	71	72	74	76	78	6	53	59	7	57

USE OF INFORMATION

All information contained in this application will, upon request, be made available to the public for inspection and copying. A separate sheet entitled "Confidential Answers" must be used to set out information which is considered by the applicant to constitute trade secrets. The information must clearly indicate the item number to which it applies. Confidential treatment can be considered only for that information for which a specific written request of confidentiality has been made on the attached sheet. However, in no event will identification of the contents, volume and frequency of a discharge be recognized as confidential or privileged information, except in certain cases involving the national security.

POPULATION SERVED

For residential subdivisions, apartment or condominium developments or mobile home parks, give total number of lots or dwelling units. For retail or commercial establishments, give total number of employees and/or customers per day. For summer camps, resorts, etc., give total number of residents.

DISCHARGE DATA

For discharges to surface waters, each separate outfall pipe shall be assigned an outfall number. Surface water discharges are outfalls to streams, lakes, ponds, ditches, oceans, etc. Subsurface disposal systems are discharges to groundwater from such facilities as seepage pits, seepage lagoons, tile fields, etc. Design flow is the average gallons per day of wastes that the disposal system is designed to handle. Examples of types of wastes are: sanitary (e.g. toilet, lavatory, showers, etc.), cooling, kitchen wastes (restaurants), laundry wastes (laundromats), filter backwash, etc. Examples of type of treatment are: septic tank-tile fields (or seepage pits), activated sludge, biodiscs, sand filtration, etc. Name of water should be given for discharges to surface water if water body has a name, or designated as a tributary or subtributary of the nearest downstream named body of water. Class (official classification) and waters index number are published in the **Official Compilation of Codes, Rules and Regulations of the State of New York, Title 6-Conservation**, Volumes B, C, D, E, F. The name of and distance to the nearest surface water shall be given for subsurface disposal systems as well as the soil type (sand, gravel, etc.) and depth to the water table below the ground surface. If this application is for a facility or subdivision which will have a number of similar disposal systems to handle the same type of wastes (for example, a 40 lot residential subdivision which will have an individual septic tank and leach field system on each lot), then the Discharge Data portion of this application should be completed using the following example as a guide.

SAMPLE:

DISCHARGE DATA (Use additional forms, if necessary) See Instructions

OUTFALL NO. 1 - 40	<input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Existing	<input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	TYPE OF WASTE Sanitary	TYPE OF TREATMENT septic tank & leach field	DESIGN FLOW 600 Gal/Day
SURFACE DISCHARGE		If YES, Name of Receiving Waters		Classification	Waters Index Number
SUBSURFACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Nearest Surface Water Brown Brook		Distance 500 ft.	SOIL TYPE Sandy Loam
					Depth of Water Table 10 feet

SIGNATURE ON APPLICATION

An application submitted by a corporation must be signed by a principal executive officer of at least the level of vice president or his duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge(s) described in the form originate. In the case of a partnership or sole proprietorship, the application must be signed by a general partner or the proprietor, respectively. In the case of a municipal, state, federal or other public facility, the application must be signed by either a principal executive officer, ranking elected official or other duly authorized employee.