

FOR DEC USE ONLY	
APPLICATION NO. NY-	
EFFECTIVE DATE	EXPIRATION DATE
PAGE	OF

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

APPLICATION FORM "D" FOR A STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT

Continuation Sheet for Multiple Outfalls

(PLEASE PRINT OR TYPE)

OWNER'S NAME (Corporate, Partnership or Individual)	IF RENEWAL OR MODIFICATION, GIVE PREVIOUS NO. NY -
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FACILITY NAME	CITY, TOWN OR VILLAGE	COUNTY
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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 No.
SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Name of nearest Surface Water		Distance Ft.	SOIL TYPE Depth to 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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