



CALVERTON SEWER DISTRICT  
Town of Riverhead  
4 W. Second Street, Riverhead, New York 11901  
(631) 727-3069

Tim Allen, Superintendent

Application for Wastewater Discharge Permit or  
Modification for Calverton Sewer District

Town Application (7 pages)  
NYS DEC Industrial Chemical Survey Part 1 (2 pages)  
Industrial Application Form NY-2C  
Section I (5 pages)  
Section II (4 pages)  
Section III (3pages)

**Town of Riverhead / Calverton Sewer District**  
**Application for Wastewater Discharge Permit or Modification**

**I. PERMITTEE INFORMATION**

	Current Permit Effective Date (if modification):	Current Permit Expiration Date (if modification):	
Permittee Name:			
Refer All Correspondence To: ↓			
Name and Title			Phone (area code & number)
Street or P.O. Box			
City, Town or Village		State	Zip Code

**II. FACILITY INFORMATION**

Facility Name:			
Contact Name and Title:			Phone (area code & number)
Facility Location: ↓			
Street			
City, Town or Village		State	Zip Code
Facility Mailing Address: ↓			
Street or P.O. Box			
City, Town or Village			

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**Application for Wastewater Discharge Permit or Modification**

**III. GENERAL INFORMATION**

A. Is facility classified as ☐ Recreational, ☐ Commercial or ☐ Industrial

B. Please provide a brief description of facility use: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. RECREATION/COMMERCIAL/INDUSTRIAL GENERAL**

A. Is this an ☐ existing or ☐ new structure?

B. Please indicate the number of fixtures connected to the existing or proposed building sewer:

1. Kitchen sinks: \_\_\_\_\_
2. Laboratories: \_\_\_\_\_
3. Laundry tubs: \_\_\_\_\_
4. Urinals: \_\_\_\_\_
5. Water closets: \_\_\_\_\_
6. Bath tubs: \_\_\_\_\_
7. Showers: \_\_\_\_\_
8. Garbage grinders: \_\_\_\_\_
9. Water fountains: \_\_\_\_\_
10. Other: \_\_\_\_\_  
\_\_\_\_\_

C. Please indicate the area of each floor of the building to be connected:

<u>Floor</u>	<u>Area (square feet)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Total Floors:</i> _____	<i>Total Floor Area:</i> _____

D. Number of employee shifts worked per 24-hour day: \_\_\_\_\_

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- E. Length of each shift: \_\_\_\_\_
- F. Average number of employees per shift: \_\_\_\_\_
- G. If eating establishment(s) is/are a part of facility, please describe type(s) (i.e., cafeteria, bar, vendor, etc) and how much seating available: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Please continue to the next applicable section

1. Section VI for Recreational Facilities,
2. Section VII for Commercial Facilities,
3. Section VIII for Industrial Facilities.

**V. RECREATIONAL FACILITIES**

A. What type of recreation is facility considered:

- ☐ Golf Course
- ☐ Amusement Park
- ☐ Water Park
- ☐ Indoor Activity Center
- ☐ Sport Complex
- ☐ Other

B. Is production subject to seasonal variations? ☐ Yes ☐ No. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. Are any changes or expansions planned during the next three years? ☐ Yes, ☐ No.  
If yes, attach a separate sheet describing the nature of planned changes or expansions.

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D. How many visitors are expected each day during?

1. January: \_\_\_\_\_
2. February \_\_\_\_\_
3. March \_\_\_\_\_
4. April \_\_\_\_\_
5. May \_\_\_\_\_
6. June \_\_\_\_\_
7. July \_\_\_\_\_
8. August \_\_\_\_\_
9. September \_\_\_\_\_
10. October \_\_\_\_\_
11. November \_\_\_\_\_
12. December \_\_\_\_\_

E. How many parking spots are available? \_\_\_\_\_

F. If arena, how much seating is available? \_\_\_\_\_

G. *Please proceed to Section IX.*

**VI. COMMERCIAL INFORMATION**

A. Provide a brief narrative description of the activities your firm conducts: \_\_\_\_\_

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B. *Please proceed to Section IX*

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**VII. INDUSTRIAL INFORMATION**

A. Provide a brief narrative description of the manufacturing, production or service activities your firm conducts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B. Please list the North American Industry Classification System (NAICS) Code(s) and Title(s) (formerly Standard Industrial Classification (SIC)) which are applicable to facility:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

C. This facility generates the following types of wastes (check all that apply):

		Average Flow (gpd)	Estimated?	Measured?
<input type="checkbox"/>	Domestic wastes (restrooms, showers, etc.)			
<input type="checkbox"/>	Cooling Water, Non-Contact			
<input type="checkbox"/>	Process			
<input type="checkbox"/>	Equipment/Facility Washdown			
<input type="checkbox"/>	Air Pollution Control Unit			
<input type="checkbox"/>				
<input type="checkbox"/>				

D. Principal product(s) and amount used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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- E. Raw materials and process additives and amount used: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- F. Catalysts and amount used or intermediate products produced: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- G. Production process is ☐ Batch, ☐ Continuous, ☐ Both [(    )% Batch, (    )%Cont]
- H. Is production subject to seasonal variations? ☐ Yes ☐ No. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- I. Are any process changes or expansions planned during the next three years? ☐ Yes,  
☐ No. If yes, attach a separate sheet describing the nature of planned changes or  
expansions.
- J. If know, will pretreatment be necessary to meet discharge standards set forth in Sewer  
Use Code? ☐ Yes ☐ No. If yes, please provide schedule and processes that will be  
utilized to accomplish such treatment. (See Sewer Use Code Section XY-43 (G) (12)  
for conditions of schedules.
- K. Please complete and attach a copy of the Industrial Chemical Survey (ICS) form.

**VIII. ADDITIONAL INFORMATION**

- A. Please attach the following:
1. Site map
  2. Process schematic diagram (if applicable)
  3. Plans and descriptions of proposed work to install and/or connect facility to sewer  
district signed by an authorized drainlayer, in triplicate.
  4. Plans and descriptions of all existing sewers, sewer connections and  
appurtenances.
  5. Permit fee as determined by Calverton Sewer District.

**Town of Riverhead / Calverton Sewer District**  
**Application for Wastewater Discharge Permit or Modification**

**IX. AGREEMENT**

A. The undersigned agrees to the following:

1. Furnish additional information relating to the use or installation of the sewer which may be requested by the Calverton Sewer District.
2. Installation/Operation/Maintenance of pretreatment facilities if said facilities are required by the Calverton Sewer District as a condition of permit approval.
3. Compliance with all provisions of the Sewer Use Law of the Town of Riverhead Calverton Sewer District in addition to all other pertinent laws or regulations which may be adopted.
4. The Calverton Sewer District shall be notified immediately if the following occurs: accidental spill or a substance not covered under discharge permit for which limitation exist, process alteration which result in discharge of pollutant concentration and/or amounts not covered under this permit, increase in flow above that permitted.
5. Cooperation with the Calverton Sewer District and their designated representatives in the inspection, sampling and analysis of the industrial wastes, and any pretreatment process in use.

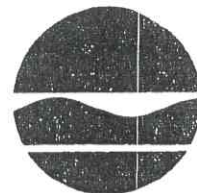
Signature \_\_\_\_\_  
(Applicant)

Date \_\_\_\_\_

Signature \_\_\_\_\_  
(District)

Date \_\_\_\_\_





## INDUSTRIAL CHEMICAL SURVEY

## PART I.

Please refer to  
attached table

PLEASE COMPLETE AND RETURN TO THE ABOVE ADDRESS, ATTENTION: INDUSTRIAL CHEMICAL SURVEY.

COMPANY NAME		SIC CODE (If known)		OFFICE USE ONLY	
COMPANY MAILING ADDRESS		CITY	STATE	ZIP CODE	
PLANT NAME (If different)	CONTACT NAME		TELEPHONE Area		
PLANT ADDRESS (If different) Street	CITY	STATE	ZIP CODE		
PRINCIPAL BUSINESS OF PLANT					

NOTE: (If parent company, give name and addresses of all divisions, subsidiaries, etc. located in New York State. A separate questionnaire is to be completed and submitted for each.)

PART II  
Discharge Information

WATER	1. Does your plant discharge liquid wastes to a municipally owned sanitary sewer system? Name of System _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	2. Is your facility permitted to discharge liquid wastes under a State (SPDES) or Federal (NPDES) permit? Permit Number _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	3. Do you discharge liquid wastes in any other manner? ..... Explain _____		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	If any of the above are "Yes": a. Do you discharge process or chemical wastes — (i.e. water used in manufacturing including direct contact cooling water and scrubber water)? ..... b. Do you discharge non-contact cooling water? ..... c. Do you discharge collected storm drainage only? ..... d. Do you discharge sanitary wastes only? .....		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No								
AIR	1. Does your facility have sources of possible emissions to the atmosphere? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	2. Enter Location and Facility Code as shown on your Air Pollution Control Application for Permits and Certification (If applicable) _____											
SOLID & CONCENTRATED LIQUID WASTES	1. List Name and Address of Firm (Including yourself) removing wastes other than office and cafeteria refuse.											
	<table border="1"> <tr> <td>Name</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Name</td> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> </table>		Name	City	State	Zip Code	Name	City	State	Zip Code		
	Name	City	State	Zip Code								
Name	City	State	Zip Code									
2. List Location(s) of Landfill(s) owned and used by your facility.		Active	Inactive									
PESTICIDES	1. Does this facility:		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	Manufacture Pesticides or Pesticide Product Ingredients? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
	Produce Pesticides or Pesticide Product Ingredients? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Formulate Pesticides? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No									
Repackage Pesticides? .....		<input type="checkbox"/> Yes	<input type="checkbox"/> No									
2. EPA Establishment Number _____												

**SUBSTANCES OF CONCERN**  
(Refer to attached TABLE I)

[illegible][illegible]

SIGNATURE (Owner, Partner, or Officer)		DATE
NAME (Printed or Typed)	TITLE	

State Pollutant Discharge Elimination System (SPDES)  
**INDUSTRIAL APPLICATION FORM NY-2C**  
 For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water  
**Section I - Permittee and Facility Information**

Please type or print the requested information.

**1. Current Permit Information** (leave blank if for new discharge)

SPDES Number:	DEC Number:
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**2. Permit Action Requested:** (Check applicable box)

<input type="checkbox"/> A <b>NEW</b> proposed discharge	<input type="checkbox"/> An <b>EBPS INFORMATION REQUEST</b> response	<input type="checkbox"/> A <b>RENEWAL</b> of an existing SPDES permit
<input type="checkbox"/> A <b>MODIFICATION</b> of the existing permit	<input type="checkbox"/> An <b>EXISTING</b> discharge currently without permit	

Does this request include an increase in the quantity of water discharged from your facility to the waters of the State?

<input type="checkbox"/> <b>YES</b> - Describe the increase:  <input type="checkbox"/> <b>NO</b> - Go to Item 3, below.	
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**3. Permittee Name and Address**

Name		Attention	
Street Address			
City or Village	State	ZIP Code	

**4. Facility Name, Address and Location**

Name			
Street Address			P.O. Box
City or Village	State	ZIP Code	
Town	County		
Telephone	FAX	NYTM - E	NYTM - N
Tax Map Info (New York City, Nassau County and Suffolk County only)			
Section	Block	Subblock	Lot

**5. Facility Contact Person**

Name		Title	
Street Address			P.O. Box
City or Village	State	ZIP Code	
Telephone	FAX	E-Mail or Internet	

**6. Discharge Monitoring Report (DMR) Mailing Address**

Mailing Name			
Street Address			P.O. Box
City or Village	State	ZIP Code	
Telephone	FAX	E-Mail or Internet	
Name and Title of person responsible for signing DMRs			Signature



**INDUSTRIAL APPLICATION FORM NY-2C**  
**Section I - Permittee and Facility Information**

Facility Name:	SPDES Number:
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**7. Summarize the outfalls present at the facility:**

Outfall Number	Receiving Water	Type of discharge

**8. Map of Facility and Discharge Locations:**

Provide a detailed map showing the location of the facility, all buildings or structures present, wastewater discharge systems, outfall locations into receiving waters, nearby surface water bodies, water supply wells, and groundwater monitoring wells, and attach it to this application. Also submit proof, either by indication on the map or other documentation, that a right of way for the discharges exists from the facility property to a public right of way.

**9. Water Flow Diagram:**

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[illegible]

# **INDUSTRIAL APPLICATION FORM NY-2C** **Section I - Permittee and Facility Information**

Facility Name:	SPDES Number:
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**15. Facility Ownership:** (Place an "X" in the appropriate box)

Corporate ☐ Sole Proprietorship ☐ Partnership ☐ Municipal ☐ State ☐ Federal ☐ Other ☐

Are any of the discharges applied for in this application on Indian lands?

Yes ☐ No ☐

**16. List information on any other environmental permits for this facility:**

Issuing Agency	Permit Type	Permit Number	Permit Status		
			Active	Applied for	Inactive

**17. Laboratory Certification:**

Were any of the analyses reported in Section III of this application performed by a contract laboratory or a consulting firm?

☐ **YES** - Complete the following table.

☐ **NO** - Go to Item 18 below.

Name of laboratory or consulting firm	Address	Telephone (area code and number)	Pollutants analyzed

**18. Certification**

*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 and official title (type or print)		Date signed
Signature	Telephone number	FAX number



## Facility Name:

SPDES Number:

Complete all information for those substances your facility has used, produced, stored, distributed, or otherwise disposed of in the past five (5) years at or above the threshold values listed in the instructions. Include substances manufactured at your facility, as well as any substances that you have reason to know or believe present in materials used or manufactured at your facility. Do not include chemicals used only in analytical laboratory work, or small quantities of routine household cleaning chemicals. Enter the name and CAS number for each of the chemicals listed in Tables 6-10 of the instructions, and the table number which lists the chemical. You may use ranges (e.g. 10-100 lbs., 100-1000 lbs., 1000-10000 lbs., etc.) to describe the quantities used on an annual basis as well as for the amount presently on hand. For those chemicals listed in Tables 6, 7, or 8 which are indicated as being potentially present in the discharge from one or more outfalls at the facility, indicate which outfalls may be affected in the appropriate column below, and include sampling results in Section III of this application for each of the potentially affected outfalls. Make additional copies of this sheet if necessary.

[illegible]

This completes Section I of the SPDES Industrial Application Form NY-2C. Section II, which requires specific information for each of the outfalls at your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

State Pollutant Discharge Elimination System (SPDES)  
**INDUSTRIAL APPLICATION FORM NY-2C**  
 For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water  
**Section II - Outfall Information**

Please type or print the requested information.

Facility Name:	SPDES Number:
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**1. Outfall Number and Location**

<b>Outfall No.:</b>			
Latitude      °      '      "	Longitude      °      '      "	Receiving Water	

**2. Type of Discharge and Discharge Rate** (List all information applicable to this outfall)

	Volume/Flow	Units				Volume/Flow	Units		
		MGD	GPM	Other (specify)			MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
l. Other discharge (specify):									

**3. List process information for the Process Wastewater streams identified in 2.a-d above:**

a. Name of the process contributing to the discharge			Process SIC code: 
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		
b. Name of the process contributing to the discharge			Process SIC code: 
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		
c. Name of the process contributing to the discharge			Process SIC code: 
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		
d. Name of the process contributing to the discharge			Process SIC code: 
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		

**4. Expected or Proposed Discharge Flow Rates for this outfall:**

a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Design flow rate
MG	MGD	MGD	MGD	MGD

# **INDUSTRIAL APPLICATION FORM NY-2C** **Section II - Outfall Information**

Facility Name:	Outfall No.:
	SPDES Number:

**5. Is this a seasonal discharge?**

☐ **YES** - Complete the following table.

☐ **NO** - Go to Item 6 below.

Operations contributing flow (list)	Discharge frequency		Flow				
	Batches per year	Duration per batch	Flow rate per day		Total volume per discharge	Units	Duration (Days)
			LTA	Daily Max			

**6. Water Supply Source** (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	Units (check one)		
Municipal Supply			MGD	GPD	GPM
Private Surface Water Source			MGD	GPD	GPM
Private Supply Well			MGD	GPD	GPM
Other (specify)			MGD	GPD	GPM

**7. Outfall configuration:** (Surface water discharges only)**A. Where is the discharge point located with respect to the receiving water?**In the streambank: ☐In the stream: ☐Within a lake or ponded water: ☐Within an estuary: ☐

Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.

Discharge is equipped with diffuser: ☐

Attach description, including configuration and plan drawing of diffuser, if used.

**B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located?**
10% 
25% 
50% 
Other: 
**C. If located in a stream, describe the stream geometry in the general vicinity of the discharge point, under low flow conditions:**

Stream width	Stream depth	Stream velocity
Feet	Feet	Feet/Sec

Are the results of a mixing/diffusion study attached? ☐ YES☐ NO

**Section II - Outfall Information**

Facility Name:	<b>Outfall No.:</b>
	SPDES Number:

**8. Thermal Discharge Criteria**

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

☐ **YES** - Complete the following table.

☐ **Information on the intake and discharge configuration of this outfall is attached.**

☐ **NO** - Go to Item 9. below.

Discharge Temperature, deg. F			Duration of maximum discharge temperature		Dates of maximum discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
Average change in temperature (delta T)	Maximum change in temperature (delta T)	Maximum temperature	hours per day	days per year	From	To	MGD	

**9. Are any water treatment chemicals or additives that are used by your facility subsequently discharged through this outfall?**

☐ **YES** - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

☐ **NO** - Go to Item 10. below.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

**10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?**

☐ **YES** - Complete the following table.

☐ **NO** - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic or Acute?	Subject species	Testing date(s)		Submitted? (Date)
					Start	Finish	



**INDUSTRIAL APPLICATION FORM NY-2C**  
**Section II - Outfall Information**

Facility Name:	<b>Outfall No.:</b>
	SPDES Number:

**11. Is the discharge from this outfall treated to remove process wastes, water treatment additives, or other pollutants?**

☐ **YES** - Complete the following table. Treatment codes are listed in Table 4.

☐ **NO** - Go to Item 12 below.

Treatment process	Treatment Code(s)	Treatment used for the removal of:	Design Flow Rate (include units)

12. Does this facility have either a compliance agreement with a regulating agency, or have planned changes in production, which will materially alter the quantity and/or quality of the discharge from this outfall?

**YES** - Complete the following table.

☐ **NO** - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in existing permit or consent order? (List)	Change due to production increase?	Completion Date(s)	
			Required	Projected

This completes Section II of the SPDES Industrial Application Form NY-2C. Section I, which requires general information regarding your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

**INDUSTRIAL APPLICATION FORM NY-2C**  
**Section III - Sampling Information**

Facility Name:	SPDES No.:	Outfall No.:
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**1. Sampling Information - Conventional Parameters**

Provide the analytical results of at least one analysis for every pollutant in this table. If this outfall is subject to a waiver as listed in Table 5 of the instructions for one or more of the parameters listed below, provide the results for those parameters which are required for this type of outfall.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (using the same format) instead of completing this page.

Pollutant	Effluent data				Units				Intake data (optional)		
	a. Maximum daily value		b. Maximum 30 day value		c. Long term average		d. Number of analyses	a. Concentration	b. Mass	Intake data (optional)	
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass				1. Concentration	2. Mass
a. Biochemical Oxygen Demand, 5 day (BOD)											
b. Chemical Oxygen Demand (COD)											
c. Total Suspended Solids (TSS)											
d. Total Dissolved Solids (TDS)											
e. Oil & Grease											
f. Chlorine, Total Residual (TRC)											
g. Total Organic Nitrogen (TON)											
h. Ammonia (as N)											
i. Flow	Value		Value		Value					Value	
j. Temperature, winter	Value		Value		Value					Value	
k. Temperature, summer	Value		Value		Value					Value	
l. pH	Minimum	Maximum	Minimum	Maximum	Minimum	Maximum				Minimum	Maximum

**2. Sampling Information - Priority Pollutants, Toxic Pollutants, and Hazardous Substances**

a. Primary Industries: i. Does the discharge from this outfall contain process wastewater?

Yes - Go to Item ii. below.
No - Go to Item b. below.

ii. Indicate which GC/MS fractions have been tested for:

Volatiles:	Acid:	Base/Neutral:	Pesticide:
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b. All applicants: i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?

Yes - Concentration and mass data attached.
No - Go to Item ii. below.

ii. Do you know or have reason to believe that any of the pollutants listed in Table 9 or Table 10 of the instructions, or any other toxic, harmful, or injurious chemical substances not listed in Tables 6-10, are present in the discharge from this outfall?

Yes - Source or reason for presence in discharge attached
Yes - Quantitative or qualitative data attached
No





INDUSTRIAL APPLICATION FORM NY-2C  
Section III - Sampling Information

Facility Name:	SPDES No.:	Outfall No.:
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#### 4. Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

[illegible]