


DEC Identification Number	SPDES Permit Number	Facility Name	Form Approved: 5/12/2023
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Form NY-2C PART I SPDES		New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater GENERAL INFORMATION
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SECTION 1. PERMIT ACTION REQUESTED

Permit Action Requested	1.1	What is the reason for submitting this application? <input checked="" 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
	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 checked="" type="checkbox"/> No → Skip to Item 2.1

SECTION 2. PERMITTEE & FACILITY NAME, LEGAL STATUS, MAILING ADDRESS, AND LOCATION (40 CFR 122.21(f)(2))

Permittee & Facility Name, Legal Status, Mailing Address, and Location	2.1	Permittee Name New York City Economic Development Corporation (NYCEDC)		
	2.2	Permittee Mailing Address Street or P.O. box One Liberty Plaza		
		City or town	State	ZIP code
		New York	NY	10006
	2.3	Permittee Legal Status <input type="checkbox"/> Public—federal <input type="checkbox"/> Public—state <input checked="" type="checkbox"/> Other public (specify) <u>City</u> <input type="checkbox"/> Private <input type="checkbox"/> Other (specify) _____		
	2.4	Facility Name New Stapleton Waterfront Development - Southern Infrastructure Phase		
	2.5	NYSDEC Identification Number Facility has obtained Tidal Wetlands Permit No. 2-6402-00004/00096		
	2.6	Facility Contact		
		Name (first and last)	Title	Phone number
		Leonard Greco	Senior Vice President	(212) 619-5000
2.7	Facility Location			
	Street, route number, or other specific identifier Front Street from Thompson Street to a point near elongation of Vanderbilt Street			
	County name	County code (if known)		
	Richmond			
City or town	State	ZIP code		
Staten Island	NY	10304		

DEC Identification Number	SPDES Permit Number	Facility Name
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SECTION 3. SIC AND NAICS CODES (40 CFR 122.21(f)(3))

SIC and NAICS Codes	3.1	SIC Code(s)	Description (optional)
		1794	Excavation Work
		1623	Water and Sewer Work
	3.2	NAICS Code(s)	Description (optional)

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		
	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		

SECTION 5. INDIAN LAND (40 CFR 122.21(f)(5))

Indian Land	5.1	Is the facility located on Indian Land? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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SECTION 6. EXISTING ENVIRONMENTAL PERMITS (40 CFR 122.21(f)(6))

Existing Environmental Permits	6.1	Existing Environmental Permits (check all that apply and print or type the corresponding permit number for each)		
		<input type="checkbox"/> SPDES _____	<input type="checkbox"/> RCRA (hazardous wastes) _____	<input type="checkbox"/> UIC (underground injection) _____
		<input type="checkbox"/> PSD (air emissions) _____	<input type="checkbox"/> Nonattainment program (CAA) _____	<input type="checkbox"/> NESHAPs (CAA) _____
		<input type="checkbox"/> Ocean dumping (MPSRA) _____	<input type="checkbox"/> Dredge or fill (CWA Section 404) _____	<input checked="" type="checkbox"/> Other (specify) Tid Wet 2-6402-00004/00096

SECTION 7. MAP (40 CFR 122.21(f)(7))

Map	7.1	<p>Have you attached a topographic map containing all required information to this application? (See instructions for specific requirements.)</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
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SECTION 8. NATURE OF BUSINESS (40 CFR 122.21(f)(8))

Nature of Business	8.1	<p>Describe the nature of your business.</p> <p>Temporary dewatering to be conducted during excavation for construction of sewers and water main as part of NYCEDC project New Stapleton Waterfront Development - Southern Infrastructure Phase on Front Street in Staten Island.</p>
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SECTION 9. WATER SUPPLY & COOLING WATER INTAKE STRUCTURES (40 CFR 122.21(f)(9))

Water Supply Source(s)	9.1	<p>What water supply source(s) does your facility use? Identify the name or owner of each source. (check all that apply)</p> <p><input type="checkbox"/> Municipal <input type="checkbox"/> Private Intake <input type="checkbox"/> Private Well <input checked="" type="checkbox"/> Other (specify)</p> <p>Owner: _____ Groundwater _____</p>								
	9.2	<p>Provide the amount of water typically consumed from each of these sources.</p> <table style="width:100%; border: none;"> <tr> <td style="width:33%;">Municipal</td> <td style="width:15%;">MGD</td> <td style="width:33%;">Private Well</td> <td style="width:19%;">MGD</td> </tr> <tr> <td>Private Intake</td> <td>MGD</td> <td>Other</td> <td>1.01 MGD</td> </tr> </table>	Municipal	MGD	Private Well	MGD	Private Intake	MGD	Other	1.01 MGD
	Municipal	MGD	Private Well	MGD						
Private Intake	MGD	Other	1.01 MGD							
9.3	<p>Is the facility located within a sole source aquifer as shown on Exhibit 2C-6?</p> <p><input type="checkbox"/> Yes → Complete Application Supplement B (see SPDES website) <input checked="" type="checkbox"/> No</p>									
Cooling Water Intake Structures	9.4	<p>Does your facility use any of these water sources for cooling water?</p> <p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 10.1.</p>								
	9.5	<p>Identify the sources used for cooling water. (Note that facilities that use a cooling water intake structure as described at 40 CFR 125, Subparts I and J and NYSDEC Commissioner's Policy 52 (CP-52) may have additional application requirements. Consult with NYSDEC to determine if additional information is needed.)</p>								
Thermal Discharges	9.6	<p>If your industry group is listed (see instructions), or the temperature of your discharge exceeds the receiving water temperature by greater than 3°F, provide the following data in (°F):</p> <table style="width:100%; border: none;"> <tr> <td style="width:25%;">Avg. Temp.</td> <td style="width:25%;">Max Temp.</td> <td style="width:25%;">Avg. Delta T</td> <td style="width:25%;">Max Delta T</td> </tr> </table>	Avg. Temp.	Max Temp.	Avg. Delta T	Max Delta T				
Avg. Temp.	Max Temp.	Avg. Delta T	Max Delta T							

SECTION 10. VARIANCE REQUESTS (40 CFR 122.21(f)(10))

Variance Requests	10.1	<p>Do you intend to request or renew one or more variances pursuant to 6 NYCRR 702.17 or authorized at 40 CFR 122.21(m)? (Check all that apply). Consult with NYSDEC to determine what information is needed.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Fundamentally different factors (CWA Section 301(n)) </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2)) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g)) </td> <td style="vertical-align: top;"> <input type="checkbox"/> Thermal discharges (CWA Section 316(a)) </td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> NYS WQBEL (6 NYCRR 702.17) </td> <td style="vertical-align: top;"> <input checked="" type="checkbox"/> Not applicable </td> </tr> </table>	<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))	<input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))	<input type="checkbox"/> NYS WQBEL (6 NYCRR 702.17)	<input checked="" type="checkbox"/> Not applicable
<input type="checkbox"/> Fundamentally different factors (CWA Section 301(n))	<input type="checkbox"/> Water quality related effluent limitations (CWA Section 302(b)(2))							
<input type="checkbox"/> Non-conventional pollutants (CWA Section 301(c) and (g))	<input type="checkbox"/> Thermal discharges (CWA Section 316(a))							
<input type="checkbox"/> NYS WQBEL (6 NYCRR 702.17)	<input checked="" type="checkbox"/> Not applicable							

SECTION 11. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Part I Checklist	11.1	In Column 1 below, mark the sections of Form NY-2C Part I 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 provide attachments.	
		Column 1	Column 2
		<input checked="" type="checkbox"/> Section 1: Permit Action Requested	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 2: Name, Mailing Address, and Location	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 3: SIC Codes	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 4: Operator Information	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 5: Indian Land	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 6: Existing Environmental Permits	<input type="checkbox"/> w/ attachments
		<input type="checkbox"/> Section 7: Map	<input type="checkbox"/> w/ topographic map <input type="checkbox"/> w/ additional attachments
		<input checked="" type="checkbox"/> Section 8: Nature of Business	<input type="checkbox"/> w/ attachments
		<input checked="" type="checkbox"/> Section 9: Water Supply & CWIS	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ Sole Source Aquifer Supplement
		<input checked="" type="checkbox"/> Section 10: Variance Requests	<input type="checkbox"/> w/ attachments
	<input checked="" type="checkbox"/> Section 11: Checklist	<input type="checkbox"/> w/ attachments	

PART II of Form NY-2C begins on the next page.

Form NY-2C PART II SPDES		New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater NEW AND EXISTING INDUSTRIAL OPERATIONS DETAILED INFORMATION
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SECTION 1. OUTFALL LOCATION (40 CFR 122.21(g)(1)) & RECEIVING WATER DESCRIPTION (6 NYCRR 750-1.7(a))

Outfall Location & Receiving Water Description	1.1	Provide information on each of the facility's outfalls and the receiving waters in the table below.			
		Outfall 001	Outfall 002	Outfall _____	
		Latitude	40 ° 37 ' 31.0 " N	40 ° 37 ' 24.0 " N	° ' "
		Longitude	74 ° 4 ' 20.0 " W	74 ° 4 ' 16.0 " W	° ' "
		Receiving Water Name	Upper New York Bay	Upper New York Bay	
		Water Index Number (WIN)	(MW1.3) UB	(MW1.3) UB	
		Waterbody Inventory/ Priority Waterbodies List (WI/PWL) Segment	1701-0022	1701-0022	
		Water Classification	I	I	
		Groundwater Discharges Only:			
		Soil Type	Miscellaneous Fill, sand	Miscellaneous Fill, sand	
	Depth to Water Table	8.00 ft	8.00 ft	ft	

SECTION 2. LINE DRAWING (40 CFR 122.21(g)(2))

Line Drawing	2.1	Have you attached a line drawing to this application that shows the water flow through your facility with a water balance? (See instructions for drawing requirements. See Exhibit 2C-3 at end of instructions for example.) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 3. AVERAGE FLOWS AND TREATMENT (40 CFR 122.21(g)(3))

Average Flows and Treatment	3.1	For each outfall identified under Item 1.1, provide average flow and treatment information. Add additional sheets if necessary.		
		Outfall Number 001		
		Operations Contributing to Flow		
		Operation	Average Flow	Maximum Flow
		Excavation Dewatering	1.01 MGD	1.01 MGD
			MGD	MGD
			MGD	MGD
			MGD	MGD
		Treatment Units		
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge
	One 10,000 gallon settling tank	1-U	Appropriate Disposal Facility	
	Two 350-gpm bag filters in parallel	1-N	Appropriate Disposal Facility	
	Two 350-gpm activated carbon filters in parallel	2-A	Appropriate Disposal Facility	

Average Flows and Treatment Continued	3.1 cont.	**Outfall Number** 002			
		Operations Contributing to Flow			
		Operation	Average Flow	Maximum Flow	
		Excavation Dewatering	1.01 MGD	1.01 MGD	
			MGD	MGD	
			MGD	MGD	
			MGD	MGD	
		Treatment Units			
		Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge	
		One 10,000-gallon settling tank	1-U	Appropriate Disposal Facility	
		Two 350-gpm bag filters in parallel	1-N	Appropriate Disposal Facility	
		Two 350-gpm activated carbon filters in parallel	2-A	Appropriate Disposal Facility	
		Outfall Number			
		Operations Contributing to Flow			
		Operation	Average Flow	Maximum Flow	
			MGD	MGD	
			MGD	MGD	
			MGD	MGD	
			MGD	MGD	
Treatment Units					
Description (include size, flow rate through each treatment unit, retention time, etc.)	Code from Table 2C-1	Final Disposal of Solid or Liquid Wastes Other Than by Discharge			
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 checked="" type="checkbox"/> No → SKIP to Item 3.3.				
Mixing Zone Form	3.3	Has a Mixing Zone Analysis Form been completed and attached? All applicants must complete at least the Simple Form for each wastewater outfall to surface waters. Indicate which form was completed and is attached to this application.			
	<input type="checkbox"/> Yes → Simple Form <input type="checkbox"/> Yes → Detailed Form				

SECTION 4. INTERMITTENT FLOWS (40 CFR 122.21(g)(4))

Intermittent Flows	4.1	Except for storm runoff, leaks, or spills, are any discharges described in Sections 1 and 3 intermittent or seasonal? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 5.						
	4.2	Provide information on intermittent or seasonal flows for each applicable outfall. Attach additional pages, if necessary.						
		Outfall Number	Operation (list)	Frequency		Flow Rate		Duration
				Average Days/Week	Average Months/Year	Long-Term Average	Maximum Daily	
				days/week	months/year	MGD	MGD	days
				days/week	months/year	MGD	MGD	days
				days/week	months/year	MGD	MGD	days
				days/week	months/year	MGD	MGD	days
				days/week	months/year	MGD	MGD	days
				days/week	months/year	MGD	MGD	days
		days/week	months/year	MGD	MGD	days		

SECTION 5. PRODUCTION (40 CFR 122.21(g)(5))

Applicable ELGs	5.1	Do any effluent limitation guidelines (ELGs) promulgated by EPA under Section 304 of the CWA apply to your facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 5.5.			
	5.2	Provide the following information on applicable ELGs.			
		ELG Category	ELG Subcategory	Regulatory Citation	
Production-Based Limitations	5.3	Are any of the applicable ELGs expressed in terms of production (or other measure of operation)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 5.5.			
	5.4	Provide an actual measure of daily production expressed in terms and units of applicable ELGs.			
		Outfall Number	Operation, Product, or Material	Quantity per Day	Unit of Measure
Specific Industry	5.5	Is your industry type listed as a specific industry requiring submission of a supplemental application form (see instructions)? <input type="checkbox"/> Yes, supplemental form attached <input checked="" type="checkbox"/> No → SKIP to Section 6.			

SECTION 6. SCHEDULED IMPROVEMENTS (40 CFR 122.21(g)(6))

Upgrades and Improvements	6.1	Are you presently voluntarily improving or required by any federal, state, or local authority to meet an implementation schedule for constructing, upgrading, or operating wastewater treatment equipment or practices or any other environmental programs that could affect the discharges described in this application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Item 6.3.			
	6.2	Briefly identify each applicable project in the table below.			
		Brief Identification and Description of Project	Affected Outfalls (list outfall number)	Source(s) of Discharge	Final Compliance Dates
				Required	Projected
	6.3	Have you attached sheets describing any additional water pollution control programs (or other environmental projects that may affect your discharges) that you now have underway or planned? <i>(optional item)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable			

SECTION 7. EFFLUENT AND INTAKE CHARACTERISTICS (40 CFR 122.21(g)(7))

Effluent and Intake Characteristics	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.				
	Table A. Conventional and Non-Conventional Pollutants				
	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 checked="" 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 _____ Outfall Number _____ Outfall Number _____			
	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.			
	Table B. Toxic Metals, Cyanide, Total Phenols, and Organic Toxic Pollutants				
	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-5? <input type="checkbox"/> Yes <input checked="" 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.			
		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

Effluent and Intake Characteristics Continued	7.7	Have you checked "Testing Required" for all required pollutants in Sections 2 through 5 of Table B for each of the GC/MS fractions checked in Item 7.6? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	7.8	Have you checked "Believed Present" or "Believed Absent" for all pollutants listed in Sections 1 through 5 of Table B where testing is not required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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	
	Table C. Certain Conventional and Non-Conventional Pollutants		
	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	
	Table D. Certain Hazardous Substances and Asbestos		
	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	
	Table E. 2,3,7,8-Tetrachlorodibenzo-p-Dioxin (2,3,7,8-TCDD)		
	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 checked="" type="checkbox"/> No → SKIP to Section 8.	
	7.16	Have you completed Table E by reporting <i>qualitative</i> data for TCDD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	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 checked="" type="checkbox"/> No → SKIP to Section 9.	
	8.2	List the pollutants below.	
	1.	4.	7.
	2.	5.	8.
	3.	6.	9.

SECTION 9. BIOLOGICAL TOXICITY TESTS (40 CFR 122.21(g)(11))

Biological Toxicity Tests	9.1	Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made within the last three years on (1) any of your discharges or (2) on a receiving water in relation to your discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 10.			
	9.2	Identify the tests and their purposes below.			
		Test(s)	Purpose of Test(s)	Submitted to NYSDEC?	Date Submitted
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

SECTION 10. CONTRACT ANALYSES (40 CFR 122.21(g)(12))

Contract Analyses	10.1	Were any of the analyses reported in Section 7 performed by a contract laboratory or consulting firm? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Section 11.			
	10.2	Provide information for each contract laboratory or consulting firm below.			
			Laboratory Number 1	Laboratory Number 2	Laboratory Number 3
		Name of laboratory/firm	York Analytical Laboratories		
		ELAP Cert No.	10854		
		Laboratory address	120 Research Drive Stratford, CT 06615		
		Phone number	(203) 325-1371		
		Pollutant(s) analyzed	NYSDEC TOGS Standards and Guidance Values - GA		

SECTION 11. ADDITIONAL INFORMATION (40 CFR 122.21(g)(13))

Additional Information	11.1	Does your facility use, produce, store, distribute, or otherwise dispose of any significant quantity of substances listed in Tables B, C, D, E or those substances identified in Item 8.2? <input type="checkbox"/> Yes → Complete Table G. <input checked="" type="checkbox"/> No → SKIP to Item 11.2.		
	11.2	Does your facility utilize pumping stations to convey wastewaters on the site and/or in wastewater treatment? <input type="checkbox"/> Yes → Complete Table H. <input checked="" type="checkbox"/> No → SKIP to Item 11.3.		
	11.3	Has NYSDEC requested additional information? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No → SKIP to Section 12.		
	11.4	List the information requested and attach it to this application.		
		1.	3.	
2.		4.		

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

Checklist and Certification Statement

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 checked="" type="checkbox"/> Section 1: Outfall Location	<input type="checkbox"/> w/ attachments	
	<input checked="" type="checkbox"/> Section 2: Line Drawing	<input checked="" type="checkbox"/> w/ line drawing	<input type="checkbox"/> w/ additional attachments
	<input checked="" type="checkbox"/> Section 3: Average Flows and Treatment	<input type="checkbox"/> w/ attachments <input type="checkbox"/> w/ Table F	<input type="checkbox"/> w/ Simple MZ Form <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/ primary industry supplemental form <input type="checkbox"/> w/ Table A <input type="checkbox"/> w/ Table C <input type="checkbox"/> w/ Table E	<input type="checkbox"/> w/ explanation for identical outfalls <input type="checkbox"/> w/ additional attachments <input type="checkbox"/> w/ Table B <input type="checkbox"/> w/ Table D <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 checked="" type="checkbox"/> Section 10: Contract Analyses	<input checked="" 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 checked="" type="checkbox"/> Section 12: Checklist and Certification Statement	<input type="checkbox"/> w/ attachments	

12.2	<p>Certification Statement</p> <p><i>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.</i></p>		
	Name (print or type first and last name)	Official title	
	Leonard Greco	Senior Vice President	
	Signature	Date signed	
	<i>Leonard Greco</i> On Behalf of the City of New York	September 4, 2024	

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DEC Identification Number	SPDES Permit Number	Facility Name	Outfall Number

TABLE A. CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(iii) & 40 CFR 122.21(e)&(g)(13))

Pollutant	Waiver Requested (input "Yes" when 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
Mark "X" in Cell A6 if you have attached a request to NYSDEC for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
Section 1.								
1. Biochemical oxygen demand (BOD5) ¹	<input type="checkbox"/>	Concentration						
		Mass						
2. Chemical oxygen demand (COD) ¹	<input type="checkbox"/>	Concentration						
		Mass						
3. Total organic carbon (TOC) ¹	<input type="checkbox"/>	Concentration						
		Mass						
4. Total suspended solids (TSS) ¹	<input type="checkbox"/>	Concentration						
		Mass						
5. Ammonia (as N) ¹	<input type="checkbox"/>	Concentration						
		Mass						
6. Flow ¹	<input type="checkbox"/>	Rate						
7.	<input type="checkbox"/>	Temperature (winter) ¹	°C	°C				
		Temperature (summer) ¹	°C	°C				
8.	<input type="checkbox"/>	pH (minimum) ¹	Standard units	SU				
		pH (maximum) ¹	Standard units	SU				
9. Mercury ²	<input type="checkbox"/>	Concentration						
		Mass						

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 Mercury must be performed utilizing the low-level, USEPA Method 1631E.

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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

Mark "X" in Cell A6 if you have attached a request to NYSDEC for a waiver for *all* of the pollutants listed on this table for the noted outfall.

Section 2.3

1.	Perfluorobutanoic acid (PFBA)		Concentration						
2.	Perfluoropentanoic acid (PFPeA)		Concentration						
3.	Perfluorohexanoic acid (PFHxA)		Concentration						
4.	Perfluoroheptanoic acid (PFHpA)		Concentration						
5.	Perfluorooctanoic acid (PFOA)		Concentration						
6.	Perfluorononanoic acid (PFNA)		Concentration						
7.	Perfluorodecanoic acid (PFDA)		Concentration						
8.	Perfluoroundecanoic acid (PFUnA)		Concentration						
9.	Perfluorododecanoic acid (PFDoA)		Concentration						
10.	Perfluorotridecanoic acid (PFTriA)		Concentration						
11.	Perfluorotetradecanoic acid (PFTeA)		Concentration						
12.	Perfluorobutanesulfonic acid (PFBS)		Concentration						
13.	Perfluoropentanesulfonic acid (PFPeS)		Concentration						
14.	Perfluorohexanesulfonic acid (PFHxS)		Concentration						
15.	Perfluoroheptanesulfonic Acid (PFHpS)		Concentration						
16.	Perfluorooctanesulfonic acid (PFOS)		Concentration						
17.	Perfluoronanesulfonic acid (PFNS)		Concentration						
18.	Perfluorodecanesulfonic acid (PFDS)		Concentration						
19.	Perfluorododecanesulfonic acid (PFDoS)		Concentration						
20.	Perfluorooctanesulfonamide (FOSA)		Concentration						
21.	NMeFOSAA		Concentration						
22.	NEtFOSAA		Concentration						
23.	4:2 FTS		Concentration						
24.	6:2 FTS		Concentration						
25.	8:2 FTS		Concentration						
26.	NEtFOSA		Concentration						
27.	NMeFOSA		Concentration						
28.	NMeFOSE		Concentration						
29.	NEtFOSE		Concentration						
30.	9CI-PF3ONS		Concentration						

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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
Mark "X" in Cell A6 if you have attached a request to NYSDEC for a waiver for <i>all</i> of the pollutants listed on this table for the noted outfall.								
31. HFPO-DA (GenX)	<input type="checkbox"/>	Concentration						
32. 11CI-PF3OUdS	<input type="checkbox"/>	Concentration						
33. ADONA	<input type="checkbox"/>	Concentration						
34. 3:3 FTCA	<input type="checkbox"/>	Concentration						
35. 5:3 FTCA	<input type="checkbox"/>	Concentration						
36. 7:3 FTCA	<input type="checkbox"/>	Concentration						
37. NFDHA	<input type="checkbox"/>	Concentration						
38. PFMBA	<input type="checkbox"/>	Concentration						
39. PFMPA	<input type="checkbox"/>	Concentration						
40. PFEESA	<input type="checkbox"/>	Concentration						
Section 3.4								
1. 1,4-Dioxane	<input type="checkbox"/>	Concentration						

3 Analysis for the PFAS suite of compounds must be performed utilizing USEPA's draft analytical Method 1633.

4 Analysis for 1,4-Dioxane must be performed utilizing USEPA Method 8270E SIM or 8270D SIM.

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

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

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						

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	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
1.12	Thallium, total (7440-28-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.13	Zinc, total (7440-66-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.14	Cyanide, total (57-12-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
1.15	Phenols, total	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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"/>	Concentration						
					Mass						
2.2	Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.3	Benzene (71-43-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.4	Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.5	Carbon tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.6	Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.7	Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
2.8	Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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	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	
2.9	2-chloroethylvinyl ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.10	Chloroform (67-66-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.11	Dichlorobromomethane (75-27-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.12	1,1-dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.13	1,2-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.14	1,1-dichloroethylene (75-35-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.15	1,2-dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.16	1,3-dichloropropylene (542-75-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.17	Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.18	Methyl bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.19	Methyl chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.20	Methylene chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.21	1,1,2,2- tetrachloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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	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	
2.22	Tetrachloroethylene (127-18-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.23	Toluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.24	1,2-trans-dichloroethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.25	1,1,1-trichloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.26	1,1,2-trichloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.27	Trichloroethylene (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
2.28	Vinyl chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
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"/>	Concentration							
					Mass							
3.2	2,4-dichlorophenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.3	2,4-dimethylphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.4	4,6-dinitro-o-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.5	2,4-dinitrophenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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	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	
3.6	2-nitrophenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.7	4-nitrophenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.8	p-chloro-m-cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.9	Pentachlorophenol (87-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.10	Phenol (108-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
3.11	2,4,6-trichlorophenol (88-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					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"/>	Concentration							
					Mass							
4.2	Acenaphthylene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.3	Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.4	Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.5	Benzo (a) anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
4.6	Benzo (a) pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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			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
4.7	3,4-benzofluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.8	Benzo (ghi) perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.9	Benzo (k) fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.10	Bis (2-chloroethoxy) methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.11	Bis (2-chloroethyl) ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.12	Bis (2-chloroisopropyl) ether (102-80-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.13	Bis (2-ethylhexyl) phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.14	4-bromophenyl phenyl ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.15	Butyl benzyl phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.16	2-chloronaphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.17	4-chlorophenyl phenyl ether (7005-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.18	Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.19	Dibenzo (a,h) anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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			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
4.20	1,2-dichlorobenzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.21	1,3-dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.22	1,4-dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.23	3,3-dichlorobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.24	Diethyl phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.25	Dimethyl phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.26	Di-n-butyl phthalate (84-74-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.27	2,4-dinitrotoluene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.28	2,6-dinitrotoluene (606-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.29	Di-n-octyl phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.30	1,2-Diphenylhydrazine (as azobenzene) (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.31	Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						
4.32	Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	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	
4.46	1,2,4-trichlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
Section 5. Organic Toxic Pollutants (GC/MS Fraction—Pesticides)												
5.1	Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.2	α-BHC (319-84-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.3	β-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.4	γ-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.5	δ-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.6	Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.7	4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.8	4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.9	4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.10	Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							
5.11	α-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	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	
5.12	β-endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.13	Endosulfan sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.14	Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.15	Endrin aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.16	Heptachlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.17	Heptachlor epoxide (1024-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.18	PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.19	PCB-1254 (11097-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.20	PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.21	PCB-1232 (11141-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.22	PCB-1248 (12672-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.23	PCB-1260 (11096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							
5.24	PCB-1016 (12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration							
					Mass							

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TABLE B. TOXIC METALS, CYANIDE, TOTAL PHENOLS, AND ORGANIC TOXIC POLLUTANTS (40 CFR 122.21(g)(7)(v))¹

	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
5.25	Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
					Mass						

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.

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

	Pollutant (CAS Number, if available)	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 present in your discharge from the noted outfall. You need <i>not</i> check the "Believed Present" box for each pollutant.										
<input type="checkbox"/> Check here if you believe all pollutants on Table C to be absent in your discharge from the noted outfall. You need <i>not</i> 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 (16984-48-8)	<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 ₄) (14808-79-8)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						
11.	Sulfide (as S)	<input type="checkbox"/>	<input type="checkbox"/>	Concentration						
				Mass						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

	Pollutant (CAS Number, if available)	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 ₃) (14265-45-3)	<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 (7440-42-8)	<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						

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TABLE C. CERTAIN CONVENTIONAL AND NON CONVENTIONAL POLLUTANTS (40 CFR 122.21(g)(7)(vi))¹

Pollutant (CAS Number, if available)	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						

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).

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	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 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"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		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"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
39.	Guthion	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Isoprene	<input type="checkbox"/>	<input type="checkbox"/>		
41.	Isopropanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
42.	Kelthane	<input type="checkbox"/>	<input type="checkbox"/>		
43.	Kepone	<input type="checkbox"/>	<input type="checkbox"/>		
44.	Malathion	<input type="checkbox"/>	<input type="checkbox"/>		
45.	Mercaptodimethur	<input type="checkbox"/>	<input type="checkbox"/>		
46.	Methoxychlor	<input type="checkbox"/>	<input type="checkbox"/>		
47.	Methyl mercaptan	<input type="checkbox"/>	<input type="checkbox"/>		
48.	Methyl methacrylate	<input type="checkbox"/>	<input type="checkbox"/>		
49.	Methyl parathion	<input type="checkbox"/>	<input type="checkbox"/>		
50.	Mevinphos	<input type="checkbox"/>	<input type="checkbox"/>		
51.	Mexacarbate	<input type="checkbox"/>	<input type="checkbox"/>		
52.	Monoethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
53.	Monomethyl amine	<input type="checkbox"/>	<input type="checkbox"/>		
54.	Naled	<input type="checkbox"/>	<input type="checkbox"/>		
55.	Naphthenic acid	<input type="checkbox"/>	<input type="checkbox"/>		
56.	Nitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>		
57.	Parathion	<input type="checkbox"/>	<input type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
58.	Phenolsulfonate	<input type="checkbox"/>	<input type="checkbox"/>		
59.	Phosgene	<input type="checkbox"/>	<input type="checkbox"/>		
60.	Propargite	<input type="checkbox"/>	<input type="checkbox"/>		
61.	Propylene oxide	<input type="checkbox"/>	<input type="checkbox"/>		
62.	Pyrethrins	<input type="checkbox"/>	<input type="checkbox"/>		
63.	Quinoline	<input type="checkbox"/>	<input type="checkbox"/>		
64.	Resorcinol	<input type="checkbox"/>	<input type="checkbox"/>		
65.	Strontium	<input type="checkbox"/>	<input type="checkbox"/>		
66.	Strychnine	<input type="checkbox"/>	<input type="checkbox"/>		
67.	Styrene	<input type="checkbox"/>	<input type="checkbox"/>		
68.	2,4,5-T (2,4,5-trichlorophenoxyacetic acid)	<input type="checkbox"/>	<input type="checkbox"/>		
69.	TDE (tetrachlorodiphenyl ethane)	<input type="checkbox"/>	<input type="checkbox"/>		
70.	2,4,5-TP [2-(2,4,5-trichlorophenoxy) propanoic acid]	<input type="checkbox"/>	<input type="checkbox"/>		
71.	Trichlorofon	<input type="checkbox"/>	<input type="checkbox"/>		
72.	Triethanolamine	<input type="checkbox"/>	<input type="checkbox"/>		
73.	Triethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
74.	Trimethylamine	<input type="checkbox"/>	<input type="checkbox"/>		
75.	Uranium	<input type="checkbox"/>	<input type="checkbox"/>		
76.	Vanadium	<input type="checkbox"/>	<input type="checkbox"/>		

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TABLE D. CERTAIN HAZARDOUS SUBSTANCES AND ASBESTOS (40 CFR 122.21(g)(7)(vii))¹

	Pollutant	Presence or Absence (check one)		Reason Pollutant Believed Present in Discharge	Available Quantitative Data (specify units)
		Believed Present	Believed Absent		
77.	Vinyl acetate	<input type="checkbox"/>	<input type="checkbox"/>		
78.	Xylene	<input type="checkbox"/>	<input type="checkbox"/>		
79.	Xylenol	<input type="checkbox"/>	<input type="checkbox"/>		
80.	Zirconium	<input type="checkbox"/>	<input type="checkbox"/>		

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).

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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"/>	

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

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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 type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	
		PRO - Produced	Gal	Gal	<input type="checkbox"/> Present <input type="checkbox"/> Not Present	

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Form Approved: 5/12/2023

TABLE H. FACILITY & COLLECTION SYSTEM RESILIENCY

Pump Station Name	PS Owner	General Location	Latitude (DMS)	Longitude (DMS)	Floor Elevation (ft, NAVD88)
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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).

The wastewater treatment facility and collection system do not contain any pump stations.

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