

J. Ryan McMahon, II, County Executive
Shannon L. Harty, P.E., Commissioner
650 Hiawatha Blvd. West
Syracuse, NY 13204-1194
(315) 435-2260 or (315) 435-6820
FAX (315) 435-5023
<http://www.ongov.net/wep/>

October 17, 2024

Valarie D Ellis, P.E.
Professional Engineer I
New York State Department of Environmental Conservation
Division of Water

Re: Metropolitan Syracuse WWTP (SPDES # NY0027081) NY-2A Permit Modification Application/Permit Renewal

Dear Ms. Ellis:

Onondaga County Department of Water Environment Protection (OCDWEP) is requesting a permit modification for the Metropolitan Syracuse WWTP (SPDES # NY0027081). The requested modifications are primarily associated with the construction of the new Evans Street Floatables Control Facility to replace the Butternut and Burnet Floatables Control Facilities; the Evans Street Floatable Control Facility report will be submitted under a separate letter.

Please find enclosed the completed NY-2A Application and supporting documents. Should you have any questions or comments, please do not hesitate to contact Danielle Hurley or David Snyder at this office.

Sincerely,
DEPARTMENT OF WATER ENVIRONMENT PROTECTION

A handwritten signature in dark ink, appearing to read "Shannon L. Harty".

Shannon L. Harty, P.E.
Commissioner

cc w/ attach: Thomas Vigneault, P.E., NYSDEC
Cheri Jamison, NYSDEC
Eric Schuler, P.E., OCDWEP
David Snyder, P.E., OCDWEP
Michael Bumbolo, OCDWEP
Danielle Hurley, OCDWEP
Dean Ellsworth, OCDWEP
Andy Whitcomb, OCDWEP
File - Metro WWTP SPDES

DEC Identification Number 7311500113		SPDES Permit Number NY0027081		Facility Name Metropolitan Syracuse WWTP		Form Approved: 7/3/2024			
Form NY-2A SPDES Department of Environmental Conservation		New York State Department of Environmental Conservation Application for SPDES Permit to Discharge Wastewater NEW AND EXISTING PUBLICLY OWNED TREATMENT WORKS							
SECTION 1. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS (40 CFR 122.21(j)(1) and (9))									
Facility Information	1.1	Facility name Metropolitan Syracuse Wastewater Treatment Plant							
		Mailing address (street or P.O. box) 650 Hiawatha Blvd West							
		City or town Syracuse			State NY		ZIP code 13207		
		Contact name (first and last) Shannon L. Harty, P.E.		Title Commissioner		Phone number (315) 435-2260		Email address ShannonHarty@ongov.net	
		Location address (street, route number, or other specific identifier) ☒ Same as mailing address							
		City or town			State		ZIP code		
Applicant Information	1.2	What is the reason for submitting this application? ☐ A NEW proposed Discharge ☐ An EBPS REQUEST FOR INFORMATION response ☐ A RENEWAL of an existing permit ☒ A MODIFICATION of the existing permit (describe below) ☐ An EXISTING discharge currently without permit See Attachment							
	1.3	Is applicant different from entity listed under Item 1.1 above? ☐ Yes ☒ No → SKIP to Item 1.4.							
		Applicant name							
		Applicant address (street or P.O. box)							
		City or town			State		ZIP code		
		Contact name (first and last)		Title		Phone Number		Email Address	
1.4	Is the applicant the facility's owner, operator, or both? (Check only one response.) ☐ Owner ☐ Operator ☒ Both								
1.5	To which entity should NYSDEC send correspondence? (Check only one response.) ☐ Facility ☐ Applicant ☒ Facility and applicant (they are one and the same)								
Existing Environmental Permits	1.6	Indicate below any existing environmental permits. (Check all that apply and print or type the corresponding permit number for each.)							
		Existing Environmental Permits							
		☒ SPDES (discharges to surface or ground waters)		☐ RCRA (hazardous waste)		☐ UIC (underground injection)			
		☐ PSD (air emissions)		☐ Nonattainment program (CAA)		☐ NESHAPs (CAA)			
		☐ Ocean dumping (MPRSA)		☐ Dredge or fill (CWA Section 404)		☐ Other (specify)			

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Outfalls and Other Discharge or Disposal Methods Continued	1.21	In the table below, indicate the name, address, contact information, SPDES number, and average daily flow rate of the receiving facility. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: center;">Receiving Facility Data</th> </tr> <tr> <td style="width:50%;">Facility name</td> <td colspan="2">Mailing address (street or P.O. box)</td> </tr> <tr> <td>City or town</td> <td>State</td> <td>ZIP code</td> </tr> <tr> <td>Contact name (first and last)</td> <td colspan="2">Title</td> </tr> <tr> <td>Phone number</td> <td colspan="2">Email address</td> </tr> <tr> <td>SPDES number of receiving facility (if any)</td> <td>Average daily flow rate</td> <td>MGD</td> </tr> </table>	Receiving Facility Data			Facility name	Mailing address (street or P.O. box)		City or town	State	ZIP code	Contact name (first and last)	Title		Phone number	Email address		SPDES number of receiving facility (if any)	Average daily flow rate	MGD																		
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	1.22	Is the wastewater disposed of in a manner other than those already mentioned in Items 1.13 through 1.21 that do not have outlets to Waters of the State (e.g., underground percolation, underground injection)? ☐ Yes ☒ No → SKIP to Item 1.24.																																				
	1.23	Provide information in the table below on these other disposal methods. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="5" style="text-align: center;">Information on Other Disposal Methods</th> </tr> <tr> <th style="width:20%;">Disposal Method Description</th> <th style="width:20%;">Location of Disposal Site</th> <th style="width:20%;">Size of Disposal Site</th> <th style="width:20%;">Annual Average Daily Discharge Volume</th> <th style="width:20%;">Continuous or Intermittent (check one)</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">ac.</td> <td style="text-align: center;">GPD</td> <td> ☐ Continuous ☐ Intermittent </td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">ac.</td> <td style="text-align: center;">GPD</td> <td> ☐ Continuous ☐ Intermittent </td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">ac.</td> <td style="text-align: center;">GPD</td> <td> ☐ Continuous ☐ Intermittent </td> </tr> </table>	Information on Other Disposal Methods					Disposal Method Description	Location of Disposal Site	Size of Disposal Site	Annual Average Daily Discharge Volume	Continuous or Intermittent (check one)			ac.	GPD	☐ Continuous ☐ Intermittent			ac.	GPD	☐ Continuous ☐ Intermittent			ac.	GPD	☐ Continuous ☐ Intermittent											
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Variance Requests	1.24	Do you intend to request or renew one or more variances pursuant to 6 NYCRR 702.17 or authorized at 40 CFR 122.21(n)? (Check all that apply). Consult with NYSDEC to determine what additional information is needed. ☐ Discharges into marine waters (CWA Section 301(h)) ☐ Water quality related effluent limitation (CWA Section 302(b)(2)) ☐ NYS WQBEL variance (6 NYCRR 702.17) ☒ Not applicable																																				
Contractor Information	1.25	Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? ☐ Yes ☒ No → SKIP to Section 2.																																				
	1.26	Provide location and contact information for each contractor in addition to a description of the contractor's operational and maintenance responsibilities. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Contractor Information</th> </tr> <tr> <th></th> <th style="text-align: center;">Contractor 1</th> <th style="text-align: center;">Contractor 2</th> <th style="text-align: center;">Contractor 3</th> </tr> <tr> <td>Contractor name (company name)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Mailing address (street or P.O. box)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>City, state, and ZIP code</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Contact name (first and last)</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Phone number</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Email address</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Operational and maintenance responsibilities of contractor</td> <td></td> <td></td> <td></td> </tr> </table>	Contractor Information					Contractor 1	Contractor 2	Contractor 3	Contractor name (company name)				Mailing address (street or P.O. box)				City, state, and ZIP code				Contact name (first and last)				Phone number				Email address				Operational and maintenance responsibilities of contractor			
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SECTION 2. ADDITIONAL INFORMATION (40 CFR 122.21(j)(1) and (2))							
Pump Stations	2.1	Do the treatment plant and/or collection system include any pump stations? ☒ Yes → Complete Table H ☐ No					
	2.2	Provide the treatment works' current average daily volume of inflow and infiltration.					Average Daily Volume of Inflow and Infiltration GPD
Inflow and Infiltration		Indicate the steps the facility is taking to minimize inflow and infiltration. Data not available.					
	Topographic Map	2.3	Submission of a topographic map is required for a full application to be considered complete. Please refer to the Instructions page for this Item for specific requirements.				
Flow Diagram	2.4	Submission of a process flow diagram is required for a full application to be considered complete. Please refer to the Instructions page for this Item for specific requirements.					
Scheduled Improvements and Schedules of Implementation	2.5	Are any facility modifications or improvements scheduled over the next 5 years? ☒ Yes ☐ No → SKIP to Section 3.					
		Briefly list and describe the scheduled improvements.					
		1. See Capital Improvement Plant document at : https://onondaga.gov/finance/wp-content/uploads/sites/193/2024/05/CIP2024-2029BookAdopted.pdf					
		2.					
		3.					
	2.6	Provide any scheduled (i.e. anticipated) or actual (i.e. already achieved) dates of completion for improvements.					
		Scheduled or Actual Dates of Completion for Improvements					
		Scheduled Improvement (from above)	Affected Outfalls (list outfall number)	Begin Construction (MM/DD/YYYY)	End Construction (MM/DD/YYYY)	Begin Discharge (MM/DD/YYYY)	Attainment of Operational Level (MM/DD/YYYY)
		1.	See above link.				
		2.					
	3.						
	4.						
2.7	Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response. ☒ Yes ☐ No ☐ None required or applicable						
	Explanation: All projects undergo DEC (and EFC as applicable) regulatory review for the Basis of Design and Final Design Documents.						

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SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))							
Description of Outfalls	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)					
			Outfall Number _____	Outfall Number _____	Outfall Number _____		
	State	See Attachment 5.					
	County						
	City or town						
	Distance from shore		ft.	ft.	ft.		
	Depth below surface		ft.	ft.	ft.		
	Average daily flow rate		MGD	MGD	MGD		
	Latitude	° ' "		° ' "	° ' "		
	Longitude	° ' "		° ' "	° ' "		
Seasonal or Periodic Discharge Data	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? ☒ Yes ☐ No → SKIP to Item 3.4.					
	3.3	If so, provide the following information for each applicable outfall.					
			Outfall Number _____	Outfall Number _____	Outfall Number _____		
	Number of times per year discharge occurs	See Attachment 5.					
	Average duration of each discharge (specify units)						
	Average flow of each discharge		MGD	MGD	MGD		
Diffuser Type	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? ☒ Yes ☐ No → SKIP to Item 3.6.					
	3.5	Briefly describe the diffuser type at each applicable outfall.					
			Outfall Number <u>002</u>	Outfall Number _____	Outfall Number _____		
		The deep water discharge portion of outfall 002 includes eight 24 inch ports towards end of pipe.					
Mixing Zone Form	3.6	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. ☒ Yes → Simple Form ☐ Yes → Detailed Form					
WTCs	3.7	Does the treatment works utilize or plan to utilize any water treatment chemicals that may be discharged from one or more outfalls? ☒ Yes → Complete Table F ☐ No					

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Receiving Water Description	3.8	Provide the receiving water and related information (if known) for each outfall.					
			Outfall Number 001	Outfall Number 01A	Outfall Number 01B		
	Receiving water name	Onondaga Lake		Onondaga Lake		Onondaga Lake	
	Water Index Number (WIN)	Ont 66-12-12-P154		Ont 66-12-12-P154		Ont 66-12-12-P154	
	Waterbody Inventory/ Priority Waterbodies List (WI/PWL) segment	0702-0021		0702-0021		0702-0021	
	Water Classification	C		C		C	
	Regulatory Basin Commission (if applicable)	NA		NA		NA	
	USGS 8-digit hydrologic unit code (HUC8)	4240495		4240495		4240495	
	Critical low flow (acute)	CFS		CFS		CFS	
	Critical low flow (chronic)	CFS		CFS		CFS	
	Total hardness at critical low flow	mg/L of CaCO ₃		mg/L of CaCO ₃		mg/L of CaCO ₃	
Treatment Description	3.9	Provide the following information describing the treatment provided for discharges from each outfall.					
			Outfall Number 001	Outfall Number 01A	Outfall Number 01B		
	Highest Level of Treatment (check all that apply per outfall)	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☒ Advanced ☐ Other (specify) _____		☐ Primary ☐ Equivalent to secondary ☒ Secondary ☐ Advanced ☐ Other (specify) _____		☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☒ Other (specify) Chlorination	
	Design Removal Rates by Outfall						
	BOD ₅ or CBOD ₅	85 %		%		%	
	TSS	85 %		%		%	
	Phosphorus	☒ Not applicable %		☒ Not applicable %		☒ Not applicable %	
	Nitrogen	☒ Not applicable %		☒ Not applicable %		☒ Not applicable %	
	Other (specify) _____	☒ Not applicable %		☒ Not applicable %		☒ Not applicable %	

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Receiving Water Description	3.8	Provide the receiving water and related information (if known) for each outfall.			
		Outfall Number <u>002</u>	Outfall Number _____	Outfall Number _____	
	Receiving water name	Onondaga Lake			
	Water Index Number (WIN)	Ont 66-12-12-P154			
	Waterbody Inventory/ Priority Waterbodies List (WI/PWL) segment	0702-0021			
	Water Classification	C			
	Regulatory Basin Commission (if applicable)	NA			
	USGS 8-digit hydrologic unit code (HUC8)	4240495			
	Critical low flow (acute)	CFS	CFS	CFS	
	Critical low flow (chronic)	CFS	CFS	CFS	
	Total hardness at critical low flow	mg/L of CaCO ₃	mg/L of CaCO ₃	mg/L of CaCO ₃	
Treatment Description	3.9	Provide the following information describing the treatment provided for discharges from each outfall.			
		Outfall Number <u>002</u>	Outfall Number _____	Outfall Number _____	
	Highest Level of Treatment (check all that apply per outfall)	☒ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____	☐ Primary ☐ Equivalent to secondary ☐ Secondary ☐ Advanced ☐ Other (specify) _____	
	Design Removal Rates by Outfall				
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	TSS	%	%	%	
	Phosphorus	☐ Not applicable %	☐ Not applicable %	☐ Not applicable %	
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Treatment Description Continued	3.10	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below. Disinfection provided 4/1-10/31. The Metro outfalls provide the following disinfection: main outfall (001) UV, secondary bypass (002) chlor/dechlor, headworks bypass (01B) chlorination, and tertiary bypass (01A) no disinfection. Weir levels were altered to minimize tertiary bypasses. Midland (M01/M02) and Hiawatha (074) RTFs provide chlor/dechlor.					
		Outfall Number <u>001</u>	Outfall Number <u>01A</u>	Outfall Number <u>01B</u>			
	Disinfection type	UV	None	Chlorination			
	Seasons used	April 1 - October 31	April 1 - October 31	April 1 - October 31			
	Dechlorination used?	☒ Not applicable ☐ Yes ☐ No	☒ Not applicable ☐ Yes ☐ No	☐ Not applicable ☒ Yes ☐ No			

Effluent Testing Data	3.11	Have you completed monitoring for all Table A parameters and attached the results to the application package? ☒ Yes ☐ No					
	3.12	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? ☒ Yes ☐ No → SKIP to Item 3.14.					
	3.13	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
		Outfall Number <u>001</u>	Outfall Number _____		Outfall Number _____		
		Acute	Chronic	Acute	Chronic	Acute	Chronic
	Number of tests of discharge water	11	11				
	Number of tests of receiving water	0	0				
	3.14	Does the treatment works have a design flow greater than or equal to 0.1 MGD or is a groundwater discharge >30,000 GPD? ☒ Yes ☐ No → SKIP to Item 3.17.					
	3.15	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? ☒ Yes → Complete Table B, including chlorine. ☐ No → Complete Table B, omitting chlorine.					
	3.16	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? ☒ Yes ☐ No					
3.17	Does one or more of the following conditions apply? - The facility has a design flow greater than or equal to 1 MGD. - The POTW has an approved pretreatment program or is required to develop such a program. - NYSDEC has informed the POTW that it must sample for the parameters in Table C, must sample for the parameters in Table D, must sample for other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E). ☒ Yes ☐ No → SKIP to Section 4.						
3.18	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? ☒ Yes ☐ No						
3.19	Have you completed monitoring for all applicable Table D pollutants required by NYSDEC and attached the results to this application package? ☒ Yes ☐ No						

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Effluent Testing Data Continued	3.20	Has the POTW conducted either (1) minimum of four quarterly WET tests for one year preceding this permit application or (2) at least four annual WET tests in the past 4.5 years? ☒ Yes ☐ No → SKIP to Item 4.1.							
	3.21	Identify the four most recent WET tests conducted and whether the results were submitted to NYSDEC.							
		Test(s)	Test Results				Submitted to NYSDEC?	Date(s) Submitted (MM/DD/YYYY)	
		Ceriodaphnia dubia	1.0	TUa	1.0	TUC	☒ Yes ☐ No	10/18/2023	
		Ceriodaphnia dubia	1.0	TUa	1.0	TUC	☒ Yes ☐ No	01/04/2024	
		Ceriodaphnia dubia	1.0	TUa	1.0	TUC	☒ Yes ☐ No	04/17/2024	
		Ceriodaphnia dubia	1.0	TUa	1.0	TUC	☒ Yes ☐ No	07/09/2024	
	3.22	Regardless of how you provided your WET testing data, did any of the tests result in toxicity? ☐ Yes ☒ No → SKIP to Item 3.26.							
	3.23	Describe the cause(s) of the toxicity:							
	3.24	Has the treatment works conducted a toxicity reduction evaluation? ☐ Yes ☒ No → SKIP to Item 3.26.							
3.25	Provide details of any toxicity reduction evaluations conducted.								
3.26	Have you completed Table E for all applicable outfalls and attached the results to the application package? ☐ Yes ☒ Not applicable because previously submitted information to NYSDEC.								

SECTION 4. INDUSTRIAL DISCHARGES AND HAZARDOUS WASTES (40 CFR 122.21(j)(6) and (7))									
Industrial Discharges and Hazardous Wastes	4.1	Does the POTW receive discharges from SIUs or NSCIUs? (Include those that truck or haul waste, e.g. landfill leachate) ☒ Yes ☐ No → SKIP to Item 4.7.							
	4.2	Indicate the number of SIUs and NSCIUs that discharge to the POTW.							
		Number of SIUs				Number of NSCIUs			
		28				11			
	4.3	Does the POTW have an approved pretreatment program? ☒ Yes ☐ No ☐ Mini-Pretreatment							
	4.4	Have you submitted either of the following to NYSDEC that contains information substantially identical to that required in Table G: (1) a pretreatment program annual report submitted within one year of the application or (2) a pretreatment program? ☒ Yes ☐ No → SKIP to Item 4.6.							
	4.5	Identify the title and date of the annual report or pretreatment program referenced in Item 4.4. SKIP to Item 4.7. 2023 USEPA IPP Report 03/01/2024							
4.6	Have you completed and attached Table G to this application package? ☒ Yes ☐ No								

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Industrial Discharges and Hazardous Wastes Continued	4.7	Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261? ☐ Yes ☒ No → SKIP to Item 4.9.			
	4.8	If yes, provide the following information:			
	Hazardous Waste Number	Waste Transport Method (check all that apply)	Annual Amount of Waste Received	Units	
		☐ Truck ☐ Dedicated pipe	☐ Rail ☐ Other (specify) _____		
		☐ Truck ☐ Dedicated pipe	☐ Rail ☐ Other (specify) _____		
		☐ Truck ☐ Dedicated pipe	☐ Rail ☐ Other (specify) _____		
	4.9	Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA? ☒ Yes ☐ No → SKIP to Section 5.			
	4.10	Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)? ☒ Yes → SKIP to Section 5. ☐ No			
	4.11	Have you reported the following information in an attachment to this application: identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW? ☐ Yes ☐ No			
SECTION 5. COMBINED SEWER OVERFLOWS (40 CFR 122.21(j)(8))					
CSO Map and Diagram	5.1	Does the treatment works have a combined sewer system? ☒ Yes ☐ No → SKIP to Section 6.			
	5.2	Have you attached a CSO system map to this application? (See instructions for map requirements.) ☒ Yes ☐ No			
	5.3	Have you attached a CSO system diagram to this application? (See instructions for diagram requirements.) ☒ Yes ☐ No			

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CSO Outfall Description	5.4	For each CSO outfall, provide the following information. (Attach additional sheets as necessary.)					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	City or town						
	State and ZIP code						
	County						
	Latitude	° ' "		° ' "		° ' "	
	Longitude	° ' "		° ' "		° ' "	
	Distance from shore	ft.		ft.		ft.	
	Depth below surface	ft.		ft.		ft.	
CSO Monitoring	5.5	Did the POTW monitor any of the following items in the past year for its CSO outfalls?					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	Rainfall	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	CSO flow volume	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	CSO pollutant concentrations	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	Receiving water quality	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	CSO frequency	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
	Number of storm events	☐ Yes ☐ No		☐ Yes ☐ No		☐ Yes ☐ No	
CSO Events in Past Year	5.6	Provide the following information for each of your CSO outfalls.					
		CSO Outfall Number ____		CSO Outfall Number ____		CSO Outfall Number ____	
	Number of CSO events in the past year	events		events		events	
	Average duration per event	hours ☐ Actual or ☐ Estimated		hours ☐ Actual or ☐ Estimated		hours ☐ Actual or ☐ Estimated	
	Average volume per event	million gallons ☐ Actual or ☐ Estimated		million gallons ☐ Actual or ☐ Estimated		million gallons ☐ Actual or ☐ Estimated	
	Minimum rainfall causing a CSO event in last year	inches of rainfall ☐ Actual or ☐ Estimated		inches of rainfall ☐ Actual or ☐ Estimated		inches of rainfall ☐ Actual or ☐ Estimated	

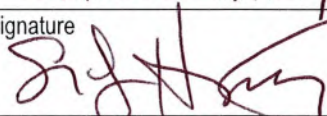
See attachments 8 and 9 for Tables 5.4 and 5.5. For Section 5.6 see the following link for CSO Annual Reporting: <https://savetherain.us/2022-annual-report/>

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CSO Receiving Waters	5.7	Provide the information in the table below for each of your CSO outfalls.		
		CSO Outfall Number ____	CSO Outfall Number ____	CSO Outfall Number ____
	Receiving water name	See Attachment 10		
	Water Index Number (WIN)			
	Waterbody Inventory/ Priority Waterbodies List (WI/PWL) segment			
	Water Classification			
	Regulatory Basin Commission (if applicable)			
	U.S. Geological Survey 8- Digit Hydrologic Unit Code (if known)	☐ Unknown	☐ Unknown	☐ Unknown
	Description of known water quality impacts on receiving stream by CSO			

SECTION 6. CHECKLIST AND CERTIFICATION STATEMENT (40 CFR 122.22(a) and (d))

Checklist and Certification Statement	6.1	In Column 1 below, mark the sections of Form NY-2A 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			
	☒	Section 1: Basic Application Information for All Applicants	☐	w/ variance request(s)	☒	w/ additional attachments
	☒	Section 2: Additional Information	☒	w/ topographic map	☒	w/ process flow diagram
			☒	w/ additional attachments	☒	w/ Table H
	☒	Section 3: Information on Effluent Discharges	☒	w/ Table A	☒	w/ Table D
			☒	w/ Table B	☐	w/ Table E
			☒	w/ Table C	☒	w/ Table F
	☒	Section 4: Industrial Discharges and Hazardous Wastes	☐	w/ SIU and NSCIU attachments	☒	w/ Table G
			☐	w/ additional attachments		
☒	Section 5: Combined Sewer Overflows	☒	w/ CSO map	☒	w/ additional attachments	
		☒	w/ CSO system diagram			
☒	Section 6: Checklist and Certification Statement	☐	w/ attachments			

6.2	Certification Statement	
	<i>I agree, and it is my intent, to electronically sign this application by typing my name into this signature box and electronically submitting it to the New York State Department of Environmental Conservation. I understand that my electronic signature is the legal equivalent of having placed my handwritten signature on the application. 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>	
	Name (print or type first and last name) SHANNON HARTY	Official title COMMISSIONER
	Signature 	Date signed 10/17/24

