



**CALVERTON SEWER DISTRICT
Town of Riverhead
200 Howell Avenue
Riverhead, New York 11901**

Michael Reichel, Superintendent

631-727-3069

Application for Wastewater Discharge Permit or Modification for Calverton Sewer District

Town Application (7 pages)

NYS DEC Industrial Chemical Survey Part 1 (2 pages)

Industrial Application Form NY-2C

Section I (5 pages)

Section II (4 pages)

Section III (3pages)

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

I. PERMITTEE INFORMATION

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

II. FACILITY INFORMATION

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

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III. GENERAL INFORMATION

A. Is facility classified as Recreational, Commercial or Industrial

B. Please provide a brief description of facility use: _____

IV. RECREATION/COMMERCIAL/INDUSTRIAL GENERAL

A. Is this an existing or new structure?

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

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

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

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

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

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E. Length of each shift: _____

F. Average number of employees per shift: _____

G. If eating establishment(s) is/are a part of facility, please describe type(s) (i.e., cafeteria, bar, vendor, etc) and how much seating available: _____

H. Please continue to the next applicable section

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

V. RECREATIONAL FACILITIES

A. What type of recreation is facility considered:

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

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

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

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D. How many visitors are expected each day during?

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

E. How many parking spots are available? _____

F. If arena, how much seating is available? _____

G. *Please proceed to Section IX.*

VI. COMMERCIAL INFORMATION

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

B. *Please proceed to Section IX*

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VII. INDUSTRIAL INFORMATION

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

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

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

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

D. Principal product(s) and amount used: _____

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E. Raw materials and process additives and amount used: _____

F. Catalysts and amount used or intermediate products produced: _____

G. Production process is Batch, Continuous, Both [()% Batch, ()%Cont]

H. Is production subject to seasonal variations? Yes No. If yes, explain: _____

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

J. If know, will pretreatment be necessary to meet discharge standards set forth in Sewer Use Code? Yes No. If yes, please provide schedule and processes that will be utilized to accomplish such treatment. (See Sewer Use Code Section XY-43 (G) (12) for conditions of schedules.

K. Please complete and attach a copy of the Industrial Chemical Survey (ICS) form.

VIII. ADDITIONAL INFORMATION

A. Please attach the following:

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

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IX. AGREEMENT

A. The undersigned agrees to the following:

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

Signature _____
(Applicant)

Date _____

Signature _____
(District)

Date _____

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

Please type or print the requested information.

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

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

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

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

<input type="checkbox"/> YES - Describe the increase:	
<input type="checkbox"/> NO - Go to Item 3. below.	

3. Permittee Name and Address

Name		Attention
Street Address		
City or Village	State	ZIP Code

4. Facility Name, Address and Location

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

5. Facility Contact Person

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

6. Discharge Monitoring Report (DMR) Mailing Address

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

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

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

Corporate Sole Proprietorship Partnership Municipal State Federal Other

Are any of the discharges applied for in this application on Indian lands? Yes No

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

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

17. Laboratory Certification:

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

YES - Complete the following table.

NO - Go to Item 18 below.

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

18. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

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

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

Please type or print the requested information.

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

Outfall No.:			
Latitude ° ‘ “	Longitude ° ‘ “	Receiving Water	

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

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

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

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

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

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

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

	Outfall No.:
Facility Name:	SPDES Number:

5. Is this a seasonal discharge?

YES - Complete the following table.

NO - Go to Item 6 below.

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

6. Water Supply Source (indicate all that apply)

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

7. Outfall configuration: (Surface water discharges only)

A. Where is the discharge point located with respect to the receiving water?

- In the streambank:
- In the stream:
- Within a lake or ponded water:
- Within an estuary: Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.
- Discharge is equipped with diffuser: Attach description, including configuration and plan drawing of diffuser, if used.

B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located?

10% 25% 50% Other:

C. If located in a stream, describe the stream geometry in the general vicinity of the discharge point, under low flow conditions:

Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
Feet	Feet	Feet/Sec	

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

	Outfall No.:
Facility Name:	SPDES Number:

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

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

NO - Go to Item 12 below.

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

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

YES - Complete the following table.

NO - Go to Section III on the following page.

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

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

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

Facility Name:	SPDES No.:
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Outfall No.:

1. Sampling Information - Conventional Parameters

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

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

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

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

a. Primary Industries:

i. Does the discharge from this outfall contain process wastewater?

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

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

Volatiles: Acid: Base/Neutral: Pesticide:

b. All applicants:

i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?

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

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

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

