

Appendix A | Current SPDES Permit

New York State Department of Environmental Conservation

Division of Environmental Permits, 4th Floor

525 Broadway, Albany, NY 12233-1750

Phone: (518) 402-9167 • Fax: (518) 402-9168

Website: www.dec.ny.gov



Joe Martens
Commissioner

APR 26 2011

FACILITY INFORMATION

Environmental Services Bureau
NYS Thruway Authority
PO Box 189
Albany, NY 12201-0189

NAME: Clifton Springs Service Area
LOCATION: Manchester (T)
COUNTY: Ontario
SPDES NO: NY 002 7481
DEC ID NO.: 8-3236-00015/00001

Dear SPDES Permittee:

Enclosed please find a validated NOTICE/RENEWAL APPLICATION/PERMIT form renewing your State Pollutant Discharge Elimination System (SPDES) permit for the referenced facility. This validated form, together with the previously issued permit (see issuance date of this permit in Part 3 of the NOTICE/RENEWAL APPLICATION/PERMIT form), and any subsequent permit modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified therein.

The instructions and other information that you received with the NOTICE/RENEWAL APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

Scott Sheeley
NYSDEC-Region 8
6274 East Avon-Lima Road
Avon, NY 14414-9519
(585)226-2466

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal, please contact Lindy Sue Czubernat at (518) 402-9165.

Sincerely,

Agency Program Aide

Enclosure

cc: RPA
RWE
BWP

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
NOTICE / RENEWAL APPLICATION / PERMIT



Please read **ALL** instructions on the back before completing this application form. Please **TYPE** or **PRINT** clearly in ink.

PART 1 - NOTICE

Date: 02/11/2011

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

NYS THRUWAY AUTHORITY
~~FAC & ENVIR MGT~~ ENVIRONMENTAL SERVICES BUREAU
 PO BOX 189
 ALBANY NY 12201

Name: CLIFTON SPRINGS SERVICE AREA
 Ind. Code: 8999 County ONTARIO
 DEC No.: 8-3236-00015/00001
 SPDES No.: 002 7481
 Expiration Date: 12/31/2011
 Application Due By: 07/04/2011

Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated.

Submit this application by the "Application Due By" date

listed above in order to keep continuous coverage under your permit.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail this form and the completed questionnaire using the enclosed envelope. *Effective April 1, 1994 the Department no longer assesses SPDES application fees.*

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Name of person signing application (see instructions on back)

Title

Signature

Date

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 1/1/12

Expiration Date: 12/31/16

Permit Administrator

Address:

NYSDEC - Division of Environmental Permits
 Bureau of Environmental Analysis
 50 Wolf Road, Albany, NY 12233-1750
 625 Broadway

Signature

Date

APR 26 2011

This permit together with the previous valid permit for this facility issued 1/1/07 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated ___/___/___

RECEIVED NYSDEC
 ENVIRONMENTAL PERMITS
 11 MAR -3 PM '11



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Please enter
the numbers
from your
current permit

DEC ID 8-3236-00015, 00001

SPDES Number NY 0027481

QUESTIONNAIRE

for SPDES Private, Commercial & Institutional (PCI) Renewal Applications

Please answer the following questions about your discharge and return this form with your SPDES Application form. Use additional sheets as necessary.

When was your current permit issued (ie: signed by a Department representative)? Date / /

Yes

No

9

Has the SPDES permit for your facility been modified in the past 5 years?

D

~~SECRET~~

Have any changes been made to your disposal system? If yes, please describe: _____

100

☒

Has there been an increase in wastewater discharge quantities to or from your disposal system above what was listed (see design flow) on your permit? If yes, explain: _____

☐

Have there been a physical expansion or other modifications to your facility? If yes, please describe:

□



Has there been a change in the type, size or nature of the activity or business being conducted at your facility? If yes, please describe: _____

New York State Department of Environmental Conservation
 6274 East Avon-Lima Road, Avon, NY 14414



Thomas C. Jorling
 Commissioner

CERTIFIED MAIL
 RETURN RECEIPT REQUESTED

April 14, 1992

Mr. Raymond G. McKay Jr.
 New York State Thruway Authority
 200 Southern Blvd.
 Albany, NY 12209

Dear Mr. McKay:

RE: Modification of State Pollutant
 Discharge Elimination System Permit,
 DEC# 8-3236-00015/00001-0
 SPDES# 0027481
 Clifton Springs Service Area
 Manchester (T), Ontario (Co.)

The purpose of this letter is to modify the above State
 Pollutant Discharge Elimination System (SPDES) permit as
 allowed under the Uniform Procedures regulation Part 621.14.
 The following describes the change:

Effluent Limits on page 2 of 3 have been modified as a
 result of the reclassification of the receiving stream.

Within 30 days of the postmark date on the envelope
 transmitting this permit modification, you may submit a
 written statement giving reasons why the permit should not be
 modified or request a hearing or both. Any comment offered
 must explain the basis and specific grounds for holding a
 hearing. If you do not submit a statement or request a
 hearing, then the permit modification will be effective on
 the date of this letter.

Sincerely,

M. Jane Schmitt

M. Jane Schmitt
 Senior Environmental Analyst
 Division of Regulatory Affairs

MJS:ph
 Enclosure

cc: Region 8 Water Division w/enc.
 BWFD w/enc.
 NYS Dept of Health, Geneva Office w/enc.
 Chief, Permit Administration Branch, USEPA w/enc.
 R. Guthrie, NYSDEC, Albany w/enc.
 M. Pellerin, RBA w/enc.

Date	5/9/02	u of pages	4
From	John J. Slop	Co.	Syr. H.Q.
To	David Curran	Phone #	
Co-Dept	Maint. Eng.	Fax #	
Post-it Fax Note	7671		

91-20-2 (1/89)



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
DISCHARGE PERMIT
Special Conditions (Part I)

Industrial Code: 4952
Discharge Class (CL): 02
Toxic Class (TX): N
Major Drainage Basin: 07
Sub Drainage Basin: 04
Water Index Number: ONT 66-12-52
Compact Area: IJC

SPDES Number: NY-0027481
DEC Number: 8-3236-00015/00001-0
Effective Date (EDP): / /
Expiration Date (ExDP): / /
Modification Date(s): April 15, 1992
Attachment(s): General Conditions (Part II) Date: 11/90

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act as amended, (33 U.S.C. Section 1251 et. seq.) (hereafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS

Attention: Raymond G. MacKay, Jr.

Name: New York State Thruway Authority
Street: 200 Southern Blvd.
City: Albany

is authorized to discharge from the facility described below: State: NY Zip Code: 12209

FACILITY NAME AND ADDRESS

Name: NYS Thruway Authority - Clifton Springs Service Area
Location (C,T,V): Manchester (T) County: Ontario

Facility Address: Mile Post 337W NYS ThruwayCity: _____ State: NY Zip Code: _____NYTM - E: 322 .7 NYTM - N: 4 759 .9From Outfall No.: 001 at Latitude: 0 " & Longitude: 0 " "into receiving waters known as: Canandaigua Outletand; (list other Outfalls, Receiving Waters & Water Classifications) Class: C

In accordance with the effluent limitations, monitoring requirements and other conditions set forth in Special Conditions (Part I) and General Conditions (Part II) of this permit.

DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

Mailing Name: _____
Street: _____
City: _____ State: _____ Zip Code: _____
Responsible Official or Agent: _____ Phone: () - _____

This permit and the authorization to discharge shall expire on midnight of the expiration date shown and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date, the permittee shall apply for a permit renewal no less than 180 days prior to the expiration date shown above.

DISTRIBUTION: Region 8 DOW

BWFD

USEPA-Dr. Baker

NYSDOH-Geneva District

Permit Administrator:	
<u>Robert K. Scott</u>	
Address: <u>6274 E. Avon-Lima Rd.</u>	
<u>Avon, New York 14414</u>	
Signature: <u>Robert K. Scott</u>	Date: <u>4/15/92</u>

91-20-2b (1/89)

SPDES No.: NY 0027481Part 1, Page 2 of 3Final **EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

During the period beginning _____ and lasting until indefinitely
 the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

LIMITATIONS APPLY: ☒ All Year ☐ Seasonal from _____ to _____

Outfall Number: 001

EFFLUENT LIMITATIONS

<input checked="" type="checkbox"/> Flow	30 day arithmetic mean	<u>54,000</u>	<input type="checkbox"/> MGD	<input checked="" type="checkbox"/> GPD	
<input checked="" type="checkbox"/> BOD, 5 - Day	30 day arithmetic mean	<u>30</u>	mg/l and	<u>13.5</u>	lbs/day ⁽¹⁾
<input checked="" type="checkbox"/> BOD, 5 - Day	7 day arithmetic mean	<u>45</u>	mg/l and	<u>20.3</u>	lbs/day
<input type="checkbox"/> UOD ⁽²⁾			mg/l and		lbs/day
<input checked="" type="checkbox"/> Solids, Suspended (TSS)	30 day arithmetic mean	<u>30</u>	mg/l and	<u>13.5</u>	lbs/day ⁽¹⁾
<input checked="" type="checkbox"/> Solids, Suspended (TSS)	7 day arithmetic mean	<u>45</u>	mg/l and	<u>20.3</u>	lbs/day
<input type="checkbox"/> Effluent disinfection required: <input type="checkbox"/> All Year <input type="checkbox"/> Seasonal from _____ to _____					
<input type="checkbox"/> Coliform, Fecal	30 day geometric mean shall not exceed	<u>200/100 ml</u>			
<input type="checkbox"/> Coliform, Fecal	7 day geometric mean shall not exceed	<u>400/100 ml</u>			
<input type="checkbox"/> Chlorine, Total Residual	Daily Maximum				mg/l
<input checked="" type="checkbox"/> pH	Range	<u>6.0</u>	to	<u>9.0</u>	SU
<input checked="" type="checkbox"/> Solids, Settleable	Daily Maximum	<u>0.3</u>			ml/l
<input type="checkbox"/> _____					mg/l as _____
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					
<input type="checkbox"/> _____					

MONITORING REQUIREMENTS

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent
<input checked="" type="checkbox"/> Flow <input type="checkbox"/> MGD <input checked="" type="checkbox"/> GPD	Continuous ~		<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/> BOD, 5 - Day, mg/l	Once/Month	6 hr. comp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Solids, Suspended, mg/l	Once/Month	6 hr. comp.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Coliform, Fecal, No./100 ml ⁽³⁾				
<input type="checkbox"/> Nitrogen, TKN (as N), mg/l				
<input type="checkbox"/> Ammonia (as NH ₃), mg/l				
<input checked="" type="checkbox"/> pH, SU (standard units)	Daily	Grab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/> Solids, Settleable, ml/l	Daily	Grab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> Chlorine, Total Residual, mg/l ⁽³⁾				
<input type="checkbox"/> Phosphorus, Total (as P), mg/l				
<input checked="" type="checkbox"/> Temperature, Deg C	Daily	Grab	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/> _____				
<input type="checkbox"/> _____				
<input type="checkbox"/> _____				
<input type="checkbox"/> _____				

- NOTES: (1) and effluent values shall not exceed 15 % and 15 % of influent values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows:

$$UOD = 1\frac{1}{2} \times CBOD_5 + 4\frac{1}{2} \times TKN \text{ (Total Kjeldahl Nitrogen)}$$

 (3) Monitoring of these parameters is only required during the period when disinfection is required.

91-20-21 (1/89)

SPDES No.: NY 002748;

Part 1, Page 3 of 3

RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

- a) The permittee shall also refer to the General Conditions (Part II) of this permit for additional information concerning monitoring and reporting requirements and conditions.
- b) The monitoring information required by this permit shall be summarized, signed and retained for a period of three years from the date of the sampling for subsequent inspection by the Department or its designated agent. Also;
- [] (if box is checked) monitoring information required by this permit shall be summarized and reported by submitting completed and signed Discharge Monitoring Report (DMR) forms for each _____ month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28th day of the month following the end of each reporting period.

Send the original (top sheet) of each DMR page to:

Department of Environmental Conservation
Division of Water
Bureau of Wastewater Facilities Operations
50 Wolf Road
Albany, New York 12233-3506
Phone: (518) 457-3790

Send the first copy (second sheet) of each DMR page to:

Department of Environmental Conservation
Regional Water Engineer

- c) A monthly "Wastewater Facility Operation Report..." (form 92-15-7) shall be submitted (if box is checked) to the [] Regional Water Engineer and/or [] County Health Department or Environmental Control Agency listed above.
- d) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed in the attached General Conditions (Part II)
- e) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- f) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.
- g) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- h) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon measurements and sampling carried out during the most recently completed reporting period.

Any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been issued a certificate of approval. Inquiries regarding laboratory certification should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences, The Nelson A. Rockefeller Empire State Plaza, Albany, New York 12201.