



APPLICATION FORM "D"

for a State Pollutant Discharge Elimination System (SPDES) Permit

(A SPDES Application When Signed by a Permit Issuing Official Becomes a SPDES Permit)

PLEASE PRINT OR TYPE

APPLICATION TYPE <input checked="" type="checkbox"/> New <input type="checkbox"/> Re-Issuance <input type="checkbox"/> Modification										IF RE-ISSUANCE OR MODIFICATION, GIVE PREVIOUS NUMBER NY --														
OWNER'S NAME (Corporate, Partnership, Individual) Montage at East Fishkill/Summit Woods															TYPE OF OWNERSHIP <input checked="" type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Public									
OWNER'S MAILING ADDRESS (Street, City, State, Zip Code) ABD Stratford, LLC, 1995 Broadway, Suite 1200, New York, NY 10023																								
REFER ALL CORRESPONDENCE TO: (Name, Title and Address) Mr. Dan Gueron																				TELEPHONE NUMBER (212) 590-0750				
FACILITY NAME Montage/Summit WWTP										FACILITY LOCATION (Street or Road) Collarbark Road										CITY, TOWN OR VILLAGE Town of East Fishkill				
COUNTY Dutchess					GIVE EXPLICIT DIRECTIONS TO LOCATION North End of Collarbark Road																			
NATURE OF BUSINESS OR FACILITY Wastewater Water Treatment Plant serving 2 proposed subdivisions																				POPULATION SERVED (See Instructions) 298 Single Family Homes				
FREQUENCY OF DISCHARGE All Year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Number of Months All Week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Number of Days																								
DOES YOUR DISCHARGE CONTAIN OR IS IT POSSIBLE FOR YOUR DISCHARGE TO CONTAIN ONE OR MORE OF THE FOLLOWING SUBSTANCES ADDED AS A RESULT OR YOUR OPERATIONS, ACTIVITIES OR PROCESSES? Please Check <input type="checkbox"/> Aluminum <input type="checkbox"/> Ammonia <input type="checkbox"/> Beryllium <input type="checkbox"/> Cadmium <input type="checkbox"/> Chlorine <input type="checkbox"/> Chromium <input type="checkbox"/> Copper <input type="checkbox"/> Cyanide <input type="checkbox"/> Grease <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Nickel <input type="checkbox"/> Oil <input type="checkbox"/> Phenols <input type="checkbox"/> Selenium <input type="checkbox"/> Zinc <input checked="" type="checkbox"/> None of These																								
DISCHARGE DATA (Use additional forms, if necessary) (See Instructions)																								
OUTFALL NO. 1					<input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion					TYPE OF WASTE Domestic Sanitary Waste					TYPE OF TREATMENT MBR					DESIGN FLOW 154,960 Gal/Day				
SURFACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					If YES, Name of Receiving Waters Van Anden Kill Creek into Fishkill Creek										Classification "C"					Waters Index Number H-95-10				
SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No					If YES, Name of nearest surface waters										Distance Ft.					SOIL TYPE Depth to Water Table				
OUTFALL NO.					<input type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion					TYPE OF WASTE					TYPE OF TREATMENT					DESIGN FLOW Gal/Day				
SURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No					If YES, Name of Receiving Waters										Classification					Waters Index Number				
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SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No					If YES, Name of nearest surface waters										Distance Ft.					SOIL TYPE Depth to Water Table				
I hereby affirm under penalty of perjury that the information provided on this form and any attached supplemental forms 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.																								
APPLICANTS SIGNATURE (see Instructions)										DATE					PRINTED NAME					TITLE				
PERMIT VALIDATION SECTION (Department of Environmental Conservation Use Only) 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 provisions of the Federal Water Pollution Control Act, as amended by the Federal Water Pollution Control Act Amendments of 1972, P.L. 92-500, October 18, 1972 (33 U.S.C. §1251 et. seq.) (hereinafter referred to as "the Act"), and subject to the attached conditions.																				APPLICATION NUMBER NY --				
															EFFECTIVE DATE					EXPIRATION DATE				
ATTACHMENTS: <div style="text-align: right; margin-top: 20px;"> Signature of Permit Issuing Agent </div> <div style="text-align: right; margin-top: 20px;"> 02-14-13 Date </div>																								
CARD	Type Est.	Type Own	SIC CODE	# Out Falls	Dis. Class	CARD	Region	County	Major Basin	Sub Basin	Compact Area	CARD	Latitude	Longitude	CARD	Lim Ind								
1	66	68	70	74	76	3	71	72	74	76	78	6	53	59	7	57								