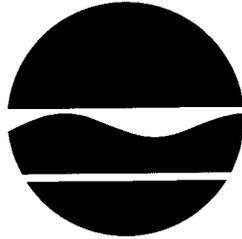


NEW YORK STATE
DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division Of Water



APPLICATION FORM NY-2C
for
Industrial Facilities

This form must be completed by all persons applying for a new SPDES permit OR a modification of an existing SPDES permit for the discharge of industrial wastewater to the waters of New York State.

SEE GENERAL INSTRUCTIONS INSIDE COVER

STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES)

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

Facility Name: Carroll Landfill	SPDES Number:
--	---------------

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
NYSDEC	Air State Facility Permit			X	
NYSDEC	Part 360 Solid Waste Permit			X	
NYSDEC	Water Quality Certification			X	
NYSDEC	Protection of Waters			X	
NYSDEC	Petroleum Bulk Storage Certificate			X	
US. Army Corps	Section 404 Freshwater Wetlands			X	

17. Laboratory Certification:

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

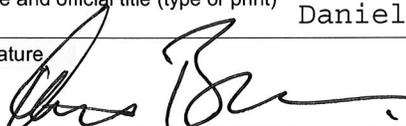
YES - Complete the following table.

NO - Go to Item 18 below.

Name of laboratory or consulting firm	Address	Telephone (area code and number)	Pollutants analyzed
TestAmerica, Inc	10 Hazelwood Dr Amherst, NY 14228	(716) 691-2600	pH, Temp, Turbidity, Conductivity, Metals, TOC, BOD, TSS, TDS, Hardness, Alkalinity, Hg, COD, Nitrogen, CN, TRP, Sulfate, Bromide, Chloride, Color, VOCs,

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) Daniel Bree		Date signed
Signature 	Telephone number (585) 359-9242	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 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:
---------------	-------------

2. Permit Action Requested: (Check applicable box)

A **NEW** proposed discharge
 An **EBPS INFORMATION REQUEST** response
 A **RENEWAL** of an existing SPDES permit
 A **MODIFICATION** of the existing permit
 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?

YES - Describe the increase:
 NO - Go to Item 3. below.

3. Permittee Name and Address

Name Sealand Waste, LLC		Attention Daniel Bree	
Street Address 85 High Tech Drive			
City or Village Rush	State NY	ZIP Code 14543	

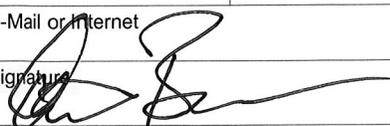
4. Facility Name, Address and Location

Name Carroll Landfill			
Street Address 309 Dodge Road		P.O. Box	
City or Village	State NY	ZIP Code 14738-0497	
Town Carroll	County Chautauqua		
Telephone	FAX	NYTM - E 658337	NYTM - N 4653297
Tax Map Info (New York City, Nassau County and Suffolk County only)			
Section	Block	Subblock	Lot

5. Facility Contact Person

Name Daniel Bree		Title Owner	
Street Address 85 High Tech Drive		P.O. Box	
City or Village Rush	State NY	ZIP Code 14543	
Telephone (585) 359-9242	FAX	E-Mail or Internet	

6. Discharge Monitoring Report (DMR) Mailing Address

Mailing Name Daniel Bree			
Street Address 85 High Tech Drive		P.O. Box	
City or Village Rush	State NY	ZIP Code 14543	
Telephone (585) 359-9242	FAX	E-Mail or Internet	
Name and Title of person responsible for signing DMRs Daniel Bree, Owner		Signature 	

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

Facility Name: Carroll Landfill	SPDES Number:
--	---------------

7. Summarize the outfalls present at the facility:

Outfall Number	Receiving Water	Type of discharge
001	Storehouse Run	Stormwater
002	Storehouse Run	Stormwater
01/02A	Onsite Surface Water Channel	Groundwater
003	Sandberg Rd Roadside Channel	Stormwater
004	Onsite Intermittent Stream	Stormwater
04A & 04B	Onsite Surface Water Channel	Groundwater
005	Dodge Rd Roadside Channel	Groundwater
006	Ground surface/groundwater	Groundwater
007	Onsite Intermittent Stream	Groundwater
*Outfalls 001 and 002 service the same drainage area. The outfalls will likely not operate simultaneously. Outfall 002 is used when the sandfilter at Outfall 001 is taken offline for cleaning/maintenance.		

8. Map of Facility and Discharge Locations:

Provide a detailed map showing the location of the facility, all buildings or structures present, wastewater discharge systems, outfall locations into receiving waters, nearby surface water bodies, water supply wells, and groundwater monitoring wells, and attach it to this application. Also submit proof, either by indication on the map or other documentation, that a right of way for the discharges exists from the facility property to a public right of way.

9. Water Flow Diagram:

See Figure 1.

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

Facility Name: Carroll Landfill	SPDES Number:
--	---------------

10. Nature of business: (Describe the activities at the facility and the date(s) that operation(s) at the facility commenced)

It is the intention of the applicant to continue construction & demolition debris land disposal activities as well as introduce construction & demolition debris processing and yard waste composting facilities.

Landfilling is expected to commence upon receipt of all applicable permits.

11. List the 4-digit SIC codes which describe your facility in order of priority:

Priority 1 4 9 5 3	Description: Refuse systems	Priority 3 	Description:
Priority 2 5 0 9 3	Description: Scrap & Waste Materials	Priority 4 	Description:

12. Is your facility a primary industry as listed in Table 1 of the instructions?

- YES - Complete the following table.
- NO - Go to Item 13. below.

Industrial Category	40 CFR		Industrial Category	40 CFR	
	Part	Subpart		Part	Subpart

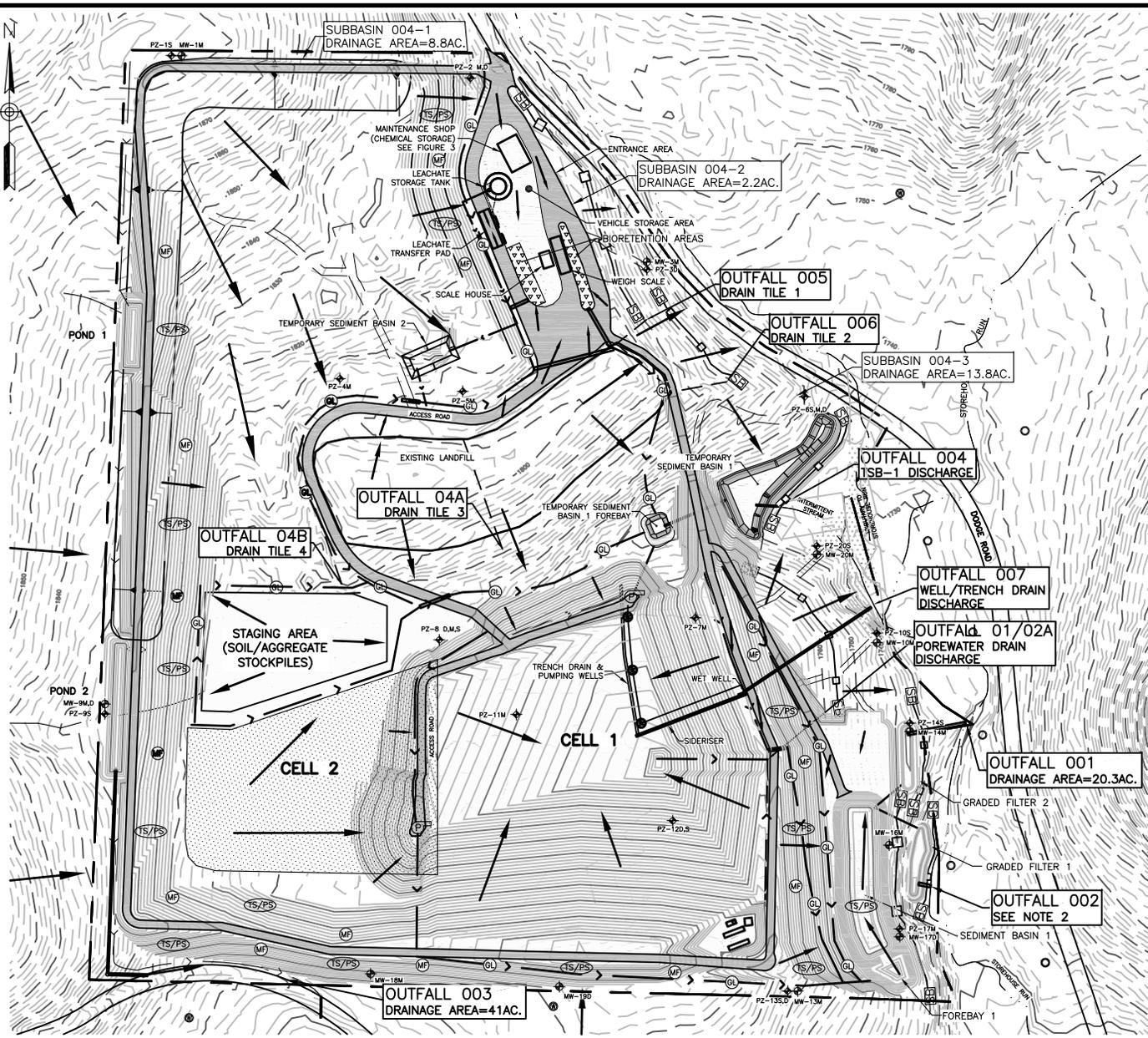
13. Does this facility manufacture, handle, or discharge recombinant-DNA, pathogens, or other potentially infectious or dangerous organisms?

- YES - Attach a detailed explanation to this application.
- NO - Go to Item 14 below.

14. Is storm runoff or leachate from a material storage area discharged by your facility?

- YES - Complete the following table, and show the location of the stockpile(s) and discharge point(s) on the diagram in Item 9. Recycling facility stockpiles to be shown in Phase 4/future permit modification figure
- NO - Go to Item 15 on the following page.

Size of area	Type(s) of material stored	Quantity of material stored	Runoff control devices
3,895sf	Wood waste	600 cy	temp sediment basin 2
3,421sf	Unprocessed non-wood material	680 cy	temp sediment basin 2
5,430sf	Processed Clean Wood	800 cy	temp sediment basin 2
8,482sf	Processed Other Wood	1,600 cy	temp sediment basin 2
15,080sf	Aggregate	8,160 cy	temp sediment basin 2
5,027sf	Raw yard waste	1,241 cy	temp sediment basin 2
8,217sf	Windrows & Finished Compost	1,228 cy	temp sediment basin 2



LEGEND:

- STORMWATER PUMP
- TEMPORARY/PERMANENT SEEDING
- MULCH & FERTILIZER APPLICATION
- GRASS-LINED CHANNEL
- CULVERT
- STRAW BALE
- SILT FENCING
- STORMWATER FLOW DIRECTION
- ACCESS ROAD
- PROPERTY BOUNDARY
- DIVERSION SWALES/CHANNELS
- STREAM
- MW-1M MONITORING WELL
- PZ-1S PIEZOMETER
- GW GROUNDWATER PUMPING WELL
- RW RESIDENTIAL WATER WELL
- ELRW ESTIMATED LOCATION RESIDENTIAL WATER WELL
- WB WETLAND BOUNDARY
- BA BIORETENTION AREAS
- BA BORROW AREA

- NOTES:**
1. THE SIZE OF THE PROPERTY IS 53.9 ACRES.
 2. OUTFALL 002 IS UTILIZED WHEN THE SAND FILTER AT OUTFALL 001 IS TAKEN OFFLINE FOR CLEANING/MAINTENANCE.
 3. OFFSITE DRAINAGE WILL BE DIVERTED ALONG THE WESTERN SIDE OF THE PROPERTY AND DISCHARGED ALONG SANDBERG ROAD. OFFSITE LANDUSE CONSISTS OF MOSTLY WOODY VEGETATION. SIGNIFICANT POLLUTANT LOADS ARE NOT EXPECTED FROM THE WEST.
 4. THERE ARE SIX NON-STORMWATER DISCHARGES ONSITE. ALL ARE GROUNDWATER DISCHARGES ASSOCIATED WITH THE EXISTING OR PROPOSED LANDFILL AREAS; DRAIN TILES 1-4, WELL/TRENCH DRAIN DISCHARGE, & POREWATER DISCHARGE.

DAIGLER ENGINEERING, P.C.
 CIVIL & GEO-ENVIRONMENTAL ENGINEERING
 2620 GRAND ISLAND BLVD. GRAND ISLAND, NEW YORK 14072
 (716) 773-6872 (716) 773-6873 FAX

SEALAND WASTE, LLC		MAP OF FACILITY, DISCHARGE LOCATIONS, & WATER FLOWS		FIGURE 1
SCALE: 1" = 300'	REVISION # 1	INDIVIDUAL INDUSTRIAL SPDES APPLICATION FORM NY-2C		
October 2015		TOWN OF CARROLL	CHAUTAUQUA COUNTY	NEW YORK

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: Carroll Landfill	SPDES Number:
--	---------------

1. Outfall Number and Location

Outfall No.: 001		
Latitude 42 ° 00 ‘ 44 “	Longitude -79 ° 05 ‘ 03 “	Receiving Water Storehouse Run

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	precipitation dependent			
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: N/A

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 24.9 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.068 MGD	d. Daily Maximum Flow 0.19 MGD	e. Maximum Design flow rate 27.5 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

	Outfall No.: 001
Facility Name: Carroll Landfill	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	N/A		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? N/A

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: N/A

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 III - Sampling Information

Facility Name: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 001

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)	21.3	15.3			5.9	1.5	24	mg/L	kg			
b. Chemical Oxygen Demand (COD)	264	189			57.8	14.9	24	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<72			<100	<26	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	1020	732			688	178	24	mg/L	kg			
e. Oil & Grease	<10	<7			<10	<2.6	16	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	9.0	6.5			2.7	0.7	24	mg/L	kg			
h. Ammonia (as N)	6.0	4.3			0.5	0.1	24	mg/L	kg			
i. Flow	Value 0.19		Value		Value 0.068		1	MGD	MGD	Value		
j. Temperature, winter	Value 12 degC		Value		Value 11.2 degC		5			Value		
k. Temperature, summer	Value 29.4 degC		Value		Value 24.4 degC		19			Value		
l. pH	Minimum 7.61	Maximum 9.47	Minimum	Maximum			24			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

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: Carroll Landfill	SPDES Number:
--	---------------

1. Outfall Number and Location

Outfall No.: 002		
Latitude 42 ° 00 ‘ 42 “	Longitude -79 ° 05 ‘ 05 “	Receiving Water Storehouse Run

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	precipitation dependent			
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: N/A

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 24.9 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.068 MGD	d. Daily Maximum Flow 0.19 MGD	e. Maximum Design flow rate 27.5 MGD
---	---------------------------------------	---	--	--

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

Facility Name: Carroll Landfill	Outfall No.: 002
	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	N/A		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? N/A

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: N/A

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

Section II - Outfall Information

Outfall No.: 002
SPDES Number:

Facility Name: **Carroll Landfill**

8. Thermal Discharge Criteria

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.

Information on the intake and discharge configuration of this outfall is attached.

NO - Go to Item 9. below.

Discharge Temperature, deg. F			Duration of maximum discharge temperature		Dates of maximum discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
Average change in temperature (delta T)	Maximum change in temperature (delta T)	Maximum temperature	hours per day	days per year	From	To	MGD	

9. Are any water treatment chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

NO - Go to Item 10. below.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

NO - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic or Acute?	Subject species	Testing date(s)		Submitted? (Date)
					Start	Finish	

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

Facility Name: Carroll Landfill	Outfall No.: 002
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: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 002

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)	21.3	15.3			5.9	1.5	24	mg/L	kg			
b. Chemical Oxygen Demand (COD)	264	189			57.8	14.9	24	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<72			<100	<26	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	1020	732			688	178	24	mg/L	kg			
e. Oil & Grease	<10	<7			<10	<2.6	16	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	9.0	6.5			2.7	0.7	24	mg/L	kg			
h. Ammonia (as N)	6.0	4.3			0.5	0.1	24	mg/L	kg			
i. Flow	Value 0.19		Value		Value 0.068		1	MGD	MGD	Value		
j. Temperature, winter	Value 12 degC		Value		Value 11.2 degC		5			Value		
k. Temperature, summer	Value 29.4 degC		Value		Value 24.4 degC		19			Value		
l. pH	Minimum 7.61	Maximum 9.47	Minimum	Maximum			24			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

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: Carroll Landfill	SPDES Number:
--	---------------

1. Outfall Number and Location

Outfall No.: 01/02A		
Latitude 42 ° 00 '44.2"	Longitude -79 ° 05 '48.7"	Receiving Water Onsite Surface Water Channel

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): groundwater porewater drain						11		X	
l. Other discharge (specify):									

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

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 5.8 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.016 MGD	d. Daily Maximum Flow 0.029 MGD	e. Maximum Design flow rate 0.029 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

Facility Name: Carroll Landfill	Outfall No.: 01/02A
	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	N/A		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? N/A

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: N/A

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

Section II - Outfall Information

Outfall No.: 01/02A
SPDES Number:

Facility Name: **Carroll Landfill**

8. Thermal Discharge Criteria

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.

Information on the intake and discharge configuration of this outfall is attached.

NO - Go to Item 9. below.

Discharge Temperature, deg. F			Duration of maximum discharge temperature		Dates of maximum discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
Average change in temperature (delta T)	Maximum change in temperature (delta T)	Maximum temperature	hours per day	days per year	From	To	MGD	

9. Are any water treatment chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

NO - Go to Item 10. below.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

NO - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic or Acute?	Subject species	Testing date(s)		Submitted? (Date)
					Start	Finish	

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

Facility Name: Carroll Landfill	Outfall No.: 01/02A
	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: Carroll Landfill	SPDES No.:
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Outfall No.: 01/02A

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)	2.3	0.25			2.1	0.13	24	mg/L	kg			
b. Chemical Oxygen Demand (COD)	29.0	3.2			25.9	1.6	24	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<11			<100	<6.0	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	225	24.5			171	10	24	mg/L	kg			
e. Oil & Grease	<10	<1.1			<10	<0.6	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	1.1	0.12			0.65	0.04	24	mg/L	kg			
h. Ammonia (as N)	2.3	0.02			0.12	0.007	24	mg/L	kg			
i. Flow	Value 0.029		Value		Value 0.016		1	MGD	MGD	Value		
j. Temperature, winter	Value 11.5 degC		Value		Value 10.8 degC		24			Value		
k. Temperature, summer	Value 11.5 degC		Value		Value 10.8 degC		24			Value		
l. pH	Minimum 7.76	Maximum 8.05	Minimum	Maximum			24			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

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

Facility Name: <u>Carroll Landfill</u>	SPDES No.:
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Outfall No.: <u>01/02A</u>

3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you know or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a on the preceding page.

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall.											Page <u>1</u> of <u>2</u>		
Pollutant and CAS Number	Effluent data							Units		Intake data (optional)		Believed present, no sampling results available	
	a. Maximum daily value		b. Maximum 30 day value (if available)		c. Long term average value (if available)		d. Number of analyses	a. Concentration	b. Mass	a. Long term average value			d. Number of analyses
	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass				(1)Concentration	(2) Mass		
Aluminum, Total CAS Number: 07439-90-5	18.7	2.0			6.4	0.4	24	mg/L	kg				
Barium, Total CAS Number: 07440-42-8	0.14	0.02			0.13	0.008	24	mg/L	kg				
Boron, Total CAS Number: 07440-42-8	0.09	0.01			0.05	0.003	24	mg/L	kg				
Chloride, Total CAS Number: 24959-67-9	5.77	0.63			4.62	0.28	24	mg/L	kg				
Chromium, Total CAS Number: 07440-47-3	0.02	0.002			0.01	0.0005	24	mg/L	kg				
Copper, Total CAS Number: 07440-50-8	0.02	0.003			0.01	0.0005	24	mg/L	kg				
Iron, Total CAS Number: 07439-89-6	27.2	3.0			9.2	0.55	24	mg/L	kg				
Magnesium, Total CAS Number: 07439-95-4	11.5	1.3			9.2	0.55	24	mg/L	kg				
Manganese, Total CAS Number: 07439-96-5	0.21	0.023			0.15	0.009	24	mg/L	kg				
Nickel, Total CAS Number: 07440-02-0	0.02	0.002			0.01	0.0005	24	mg/L	kg				
Sodium, Total CAS Number: 07440-23-5	21.9	2.4			9.9	0.6	24	mg/L	kg				
Sulfate, Total CAS Number: 14808-79-8	15	1.6			13.6	0.82	24	mg/L	kg				
Vanadium, Total CAS Number: 07440-62-2	0.03	0.003			0.01	0.0006	24	mg/L	kg				

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: Carroll Landfill	SPDES Number:
--	---------------

1. Outfall Number and Location

Outfall No.: 003		
Latitude 42 ° 00 ' 40 "	Longitude -79 ° 05 ' 21 "	Receiving Water Sandberg Road Roadside Channel

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	precipitation dependent			
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: N/A

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 50.3 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.14 MGD	d. Daily Maximum Flow 1.3 MGD	e. Maximum Design flow rate 123 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

	Outfall No.: 003
Facility Name: Carroll Landfill	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	N/A		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? N/A

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: N/A

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**

Facility Name: Carroll Landfill	Outfall No.: 003
	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: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 003

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)	2.0	9.7			1.2	0.6	6	mg/L	kg			
b. Chemical Oxygen Demand (COD)	21.1	103			20.1	10.5	6	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<488			<100	<52.2	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	656	3194			516	269	6	mg/L	kg			
e. Oil & Grease	<10	<48.8			<10	<5.2	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	1.3	6.4			1.1	0.56	12	mg/L	kg			
h. Ammonia (as N)	0.09	0.4			0.04	0.02	6	mg/L	kg			
i. Flow	Value 1.29		Value		Value 0.14		1	MGD	MGD	Value		
j. Temperature, winter	Value 12.1 degC		Value		Value 12.0 degC		2			Value		
k. Temperature, summer	Value 21.5 degC		Value		Value 20.3 degC		4			Value		
l. pH	Minimum 7.8	Maximum 8.1	Minimum	Maximum			6			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

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: Carroll Landfill	SPDES Number:
--	---------------

1. Outfall Number and Location

Outfall No.: 004		
Latitude 42 ° 00 '48.9"	Longitude -79 ° 05 ' 8.5"	Receiving Water Onsite Intermittent Channel

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	precipitation dependent			
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: N/A

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 24.9 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.068 MGD	d. Daily Maximum Flow 0.19 MGD	e. Maximum Design flow rate 27.5 MGD
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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: Carroll Landfill	SPDES Number:
--	---------------

1. Outfall Number and Location

Outfall No.: 004		
Latitude 42 ° 00 48.9"	Longitude -79 ° 05 48.5"	Receiving Water Onsite Intermittent Channel

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	precipitation dependent			
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: N/A

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 30.4 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.083 MGD	d. Daily Maximum Flow 0.16 MGD	e. Maximum Design flow rate 36.3 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

	Outfall No.: 004
Facility Name: Carroll Landfill	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	N/A		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? N/A

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: N/A

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 III - Sampling Information

Facility Name: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 004

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)	21.3	13.3			5.9	1.9	24	mg/L	kg			
b. Chemical Oxygen Demand (COD)	264	165			58	18	24	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<72			<100	<26	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	1020	635			688	217	24	mg/L	kg			
e. Oil & Grease	<10	<7			<10	<3	16	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	9.0	5.6			2.7	0.9	24	mg/L	kg			
h. Ammonia (as N)	6.0	3.7			0.5	0.2	24	mg/L	kg			
i. Flow	Value 0.19		Value		Value 0.068		1	MGD	MGD	Value		
j. Temperature, winter	Value 12.0 degC		Value		Value 11.2 degC		5			Value		
k. Temperature, summer	Value 29.4 degC		Value		Value 24.4 degC		19			Value		
l. pH	Minimum 7.61	Maximum 9.47	Minimum	Maximum			24			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

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: Carroll Landfill	SPDES Number:
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1. Outfall Number and Location

Outfall No.: 04A		
Latitude 42 ° 00 48.1"	Longitude -79 ° 05 15.3"	Receiving Water Onsite Surface Water Channel

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): groundwater drain						0.6		X	
l. Other discharge (specify):									

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

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 0.3 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 8.6e-4 MGD	d. Daily Maximum Flow 0.23 MGD	e. Maximum Design flow rate 0.23 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

Facility Name: Carroll Landfill	Outfall No.: 04A
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	N/A		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? N/A

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: N/A

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

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

Facility Name: Carroll Landfill	Outfall No.: 04A
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: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 04A

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)	<2.0	<1.7			<2.0	<0.006	2	mg/L	kg			
b. Chemical Oxygen Demand (COD)	8.6	7.4			<5.6	<0.02	2	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<86			<100	<0.33	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	180	155			175	0.6	2	mg/L	kg			
e. Oil & Grease	<10	<8.6			<10	<0.03	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	0.14	0.12			0.13	0.0004	2	mg/L	kg			
h. Ammonia (as N)	0.12	0.10			0.12	0.0004	2	mg/L	kg			
i. Flow	Value 0.23		Value		Value 8.6e-4		1	MGD	MGD	Value		
j. Temperature, winter	Value 11.0 degC		Value		Value 9.5 degC		2			Value		
k. Temperature, summer	Value 11.0 degC		Value		Value 9.5 degC		2			Value		
l. pH	Minimum 6.7	Maximum 7.5	Minimum	Maximum			2			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

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: Carroll Landfill	SPDES Number:
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1. Outfall Number and Location

Outfall No.: 04B		
Latitude 42 ° 00 '47.4"	Longitude -79 ° 05 '19.3"	Receiving Water Onsite Surface Water Channel

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): groundwater drain						0.6		X	
l. Other discharge (specify):									

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

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 0.3 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 8.6e-4 MGD	d. Daily Maximum Flow 0.56 MGD	e. Maximum Design flow rate 0.56 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

	Outfall No.: 04B
Facility Name: Carroll Landfill	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	N/A		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? N/A

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: N/A

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 III - Sampling Information

Facility Name: Carroll Landfill	SPDES No.:
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Outfall No.: 04B

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)	<2.0	<4.2			<2.0	<0.006	2	mg/L	kg			
b. Chemical Oxygen Demand (COD)	8.6	18.1			5.6	0.018	2	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<211			<100	<0.33	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	180	377			175	0.57	2	mg/L	kg			
e. Oil & Grease	<10	<21			<10	<0.03	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	0.14	0.29			0.13	0.0004	2	mg/L	kg			
h. Ammonia (as N)	0.12	0.25			0.11	0.0004	2	mg/L	kg			
i. Flow	Value 0.56		Value		Value 8.6e-4		1	MGD	MGD	Value		
j. Temperature, winter	Value 11.0 degC		Value		Value 9.5 degC		2			Value		
k. Temperature, summer	Value 11.0 degC		Value		Value 9.5 degC		2			Value		
l. pH	Minimum 6.7	Maximum 7.5	Minimum	Maximum			2			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

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: Carroll Landfill	SPDES Number:
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1. Outfall Number and Location

Outfall No.: 005		
Latitude 42 ° 00 52.4"	Longitude -79 ° 05 11.8"	Receiving Water Dodge Road Roadside Channel

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): groundwater drain						0.6		X	
l. Other discharge (specify):									

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

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 0.3 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 8.6e-4 MGD	d. Daily Maximum Flow 0.56 MGD	e. Maximum Design flow rate 0.56 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

	Outfall No.: 005
Facility Name: Carroll Landfill	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	N/A		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? N/A

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: N/A

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

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

Facility Name: Carroll Landfill	Outfall No.: 005
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: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 005

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)	<2.0	<4.2			<2.0	<0.006	2	mg/L	kg			
b. Chemical Oxygen Demand (COD)	8.6	18.1			5.6	0.018	2	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<211			<100	<0.33	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	180	377			175	0.57	2	mg/L	kg			
e. Oil & Grease	<10	<21			<10	<0.03	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	0.14	0.29			0.13	0.0004	2	mg/L	kg			
h. Ammonia (as N)	0.12	0.25			0.11	0.0004	2	mg/L	kg			
i. Flow	Value 0.56		Value		Value 8.6e-4		1	MGD	MGD	Value		
j. Temperature, winter	Value 11.0 degC		Value		Value 9.5 degC		2			Value		
k. Temperature, summer	Value 11.0 degC		Value		Value 9.5 degC		2			Value		
l. pH	Minimum 6.7	Maximum 7.5	Minimum	Maximum			2			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

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: Carroll Landfill	SPDES Number:
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1. Outfall Number and Location

Outfall No.: 006		
Latitude 42 ° 00 '47.7"	Longitude -79 ° 05 '6.06	Receiving Water Onsite Intermittent Channel

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): groundwater drain						0.6		X	
l. Other discharge (specify):									

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

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 0.3 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 8.6e-4 MGD	d. Daily Maximum Flow 0.23 MGD	e. Maximum Design flow rate 0.23 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

Facility Name: Carroll Landfill	Outfall No.: 006
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	N/A		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? N/A

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: N/A

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

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

Facility Name: Carroll Landfill	Outfall No.: 006
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: Carroll Landfill	SPDES No.:
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Outfall No.: 006

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)	<2.0	<1.7			<2.0	<0.007	2	mg/L	kg			
b. Chemical Oxygen Demand (COD)	15.7	13.5			14.9	0.05	2	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<87			<100	<0.33	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	360	309			360	1.2	1	mg/L	kg			
e. Oil & Grease	<10	<8.7			<10	<0.03	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	810	705			770	2.5	2	mg/L	kg			
h. Ammonia (as N)	340	292			195	0.63	2	mg/L	kg			
i. Flow	Value 0.23		Value		Value 8.6e-4		1	MGD	MGD	Value		
j. Temperature, winter	Value 8.6 degC		Value		Value 8.6 degC		1			Value		
k. Temperature, summer	Value 11.0 degC		Value		Value 11.0 degC		0			Value		
l. pH	Minimum 6.6	Maximum 6.6	Minimum	Maximum			1			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

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

Facility Name: Carroll Landfill	SPDES No.:
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Outfall No.: 006

3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you know or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a on the preceding page.

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall.											Page 1 of 1		
Pollutant and CAS Number	Effluent data							Units		Intake data (optional)			Believed present, no sampling results available
	a. Maximum daily value		b. Maximum 30 day value (if available)		c. Long term average value (if available)		d. Number of analyses	a. Concentration	b. Mass	a. Long term average value		d. Number of analyses	
	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass				(1)Concentration	(2) Mass		
Aluminum, Total CAS Number: 07439-90-5	0.23	0.20			0.13	0.0005	2	mg/L	kg				
Barium, Total CAS Number: 07440-42-8	0.12	0.10			0.11	0.0004	2	mg/L	kg				
Boron, Total CAS Number: 07440-42-8	0.33	0.28			0.28	0.0009	2	mg/L	kg				
Chloride, Total CAS Number: 24959-67-9	5.7	4.9			4.8	0.02	2	mg/L	kg				
Chromium, Total CAS Number: 07440-47-3	0.002	0.002			0.002	5.2e-6	2	mg/L	kg				
Copper, Total CAS Number: 07440-50-8	0.002	0.002			0.002	5.2e-6	2	mg/L	kg				
Iron, Total CAS Number: 07439-89-6	3.7	3.2			2.0	0.007	2	mg/L	kg				
Magnesium, Total CAS Number: 07439-95-4	22.0	18.9			21.6	0.07	2	mg/L	kg				
Manganese, Total CAS Number: 07439-96-5	0.6	0.5			0.6	0.002	2	mg/L	kg				
Nickel, Total CAS Number: 07440-02-0	0.002	0.001			0.002	3.7e-6	2	mg/L	kg				
Sodium, Total CAS Number: 07440-23-5	7.3	6.3			6.9	0.02	2	mg/L	kg				
Sulfate, Total CAS Number: 14808-79-8	55.9	48.0			41.5	0.14	2	mg/L	kg				
Trichlorofluoromethane CAS Number: 00075-69-4	0.004	0.003			0.002	7.3e-6	2	mg/L	kg				
Zinc, Total 07440-66-6	0.006	0.005			0.004	1.2e-5	2	mg/L	kg				

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: Carroll Landfill	SPDES Number:
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1. Outfall Number and Location

Outfall No.: 007		
Latitude 42 ° 00 '47.7"	Longitude -79 ° 05 '6.06	Receiving Water Onsite Intermittent Channel

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): groundwater trench drain						230		X	
l. Other discharge (specify):									

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

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 168.9 MG	b. Daily Minimum Flow 0 MGD	c. Daily Average Flow 0.16 MGD	d. Daily Maximum Flow 0.33 MGD	e. Maximum Design flow rate 0.43 MGD
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**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

	Outfall No.: 007
Facility Name: Carroll Landfill	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	N/A		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? N/A

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: N/A

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**

Facility Name: Carroll Landfill	Outfall No.: 007
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: Carroll Landfill	SPDES No.:
--	------------

Outfall No.: 007

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)	2.3	2.9			2.1	1.2	24	mg/L	kg			
b. Chemical Oxygen Demand (COD)	29.0	36.4			25.9	15.3	24	mg/L	kg			
c. Total Suspended Solids (TSS)	<100	<125			<100	<61	0	mg/L	kg			
d. Total Dissolved Solids (TDS)	225	282			171	101	24	mg/L	kg			
e. Oil & Grease	<10	<12.5			<10	<7.6	0	mg/L	kg			
f. Chlorine, Total Residual (TRC)	0	0			0	0	0	mg/L	kg			
g. Total Organic Nitrogen (TON)	1.1	1.4			0.32	0.38	24	mg/L	kg			
h. Ammonia (as N)	0.17	0.21			0.12	0.07	24	mg/L	kg			
i. Flow	Value 0.33		Value		Value 0.16		1	MGD	MGD	Value		
j. Temperature, winter	Value 11.5 degC		Value		Value 10.8 degC		24			Value		
k. Temperature, summer	Value 11.5 degC		Value		Value 10.8 degC		24			Value		
l. pH	Minimum 7.76	Maximum 8.05	Minimum	Maximum			24			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

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

Facility Name: Carroll Landfill	SPDES No.:
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Outfall No.: 007

3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you know or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a on the preceding page.

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall.

Page 1 of 2

Pollutant and CAS Number	Effluent data							Units		Intake data (optional)		Believed present, no sampling results available	
	a. Maximum daily value		b. Maximum 30 day value (if available)		c. Long term average value (if available)		d. Number of analyses	a. Concentration	b. Mass	a. Long term average value			d. Number of analyses
	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass				(1)Concentration	(2) Mass		
Aluminum, Total CAS Number: 07439-90-5	18.7	23.4			6.4	3.8	24	mg/L	kg				
Barium, Total CAS Number: 07440-42-8	0.14	0.18			0.13	0.07	24	mg/L	kg				
Boron, Total CAS Number: 07440-42-8	0.09	0.11			0.05	0.03	24	mg/L	kg				
Chloride, Total CAS Number: 24959-67-9	5.8	7.2			4.6	2.7	24	mg/L	kg				
Chromium, Total CAS Number: 07440-47-3	0.02	0.03			0.01	0.005	24	mg/L	kg				
Copper, Total CAS Number: 07440-50-8	0.02	0.03			0.01	0.005	24	mg/L	kg				
Iron, Total CAS Number: 07439-89-6	27.2	34.0			9.4	5.4	24	mg/L	kg				
Magnesium, Total CAS Number: 07439-95-4	11.5	14.4			9.2	5.4	24	mg/L	kg				
Manganese, Total CAS Number: 07439-96-5	0.21	0.27			0.15	0.09	24	mg/L	kg				
Nickel, Total CAS Number: 07440-02-0	0.02	0.03			0.01	0.005	24	mg/L	kg				
Sodium, Total CAS Number: 07440-23-5	21.9	27.4			9.9	5.8	24	mg/L	kg				
Sulfate, Total CAS Number: 14808-79-8	15.0	18.8			13.6	8.1	24	mg/L	kg				
Vanadium, Total CAS Number: 07440-62-2	0.03	0.03			0.01	0.006	24	mg/L	kg				

