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)

Facility Name: Carroll Landfill SPDES			SPDES Number:		
15. Facility Ownership: Corporate X Sole Prop	(Place an "X" in the appropria prietorship Partnersh	ite box) nip Municipal	State	Federal	Other
Are any of the discharges applie	d for in this application on Ind	ian lands?	Yes	NoX	
16. List information on ar	y other environmenta	permits for this facility:			
Issuing Agency	Permit Type	Permit Number		Permit Status	
		n fin i stat settin i gran p	Active	Applied for	Inactive
NYSDEC	Air State Fa	cility Permit		Х	
NYSDEC	Part 360 Soli	d Waste Permit		Х	
NYSDEC	Water Quality	Certification		Х	
NYSDEC	Protection of	Waters		Х	
NYSDEC	Petroleum Bull	k Storage Certif:	icate	Х	
US. Army Corps	Section 404 F	reshwater Wetlar	nds	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?

X YES - Complete the following table.

NO - Go to Item 18 below.

Name of laboratory or consulting firm	Address	Telephone Pollutants analyzed	
		(area code and number)	
TestAmerica, Inc	10 Hazelwood Dr	(716)691-2600	pH, Temp, Turbidity,
	Amherst, NY 14228		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: (CH X A NEW proposed discharge A MODIFICATION of the existing p	Interview Image: An EBPS INFORMATION REQUEST response A RENEWAL of an existing SPDES permit Image: An EXISTING discharge currently without permit Existing SPDES permit
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 14738-0	497
Town Carroll		County Cha	autauqua	
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 Dr	ive		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 Dr.	ive		P.O. Box
City or Village Rush		State NY	ZIP Code 14543
Telephone (585)359-9242	FAX	E-Mail or mternet	>
Name and Title of person responsible for signin Daniel Bree, Owner	g DMRs	Signature Sc	

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 Channe	el Groundwater
003	Sandberg Rd Roadside Channe	el Stormwater
004	Onsite Intermittent Stream	Stormwater
04A & 04B	Onsite Surface Water Channe	el Groundwater
005	Dodge Rd Roadside Channel	Groundwater
006	Ground surface/groundwater	Groundwater
007	Onsite Intermittent Stream	Groundwater
*Outfalls 001 simultaneousl	and 002 service the same drainage a v. Outfall 002 is used when the sand	rea. The outfalls will likely not operate filter 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.

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?

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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?

X

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 $\ensuremath{\textbf{YES}}\xspace$ - 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
NO - Go to Item 15 on the following page.

Phase 4/future permit modification figure

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



Facility Name: Carroll Landfill

SPDES Number:

19. Industrial Chemical Survey (ICS)

Complete all information for those substances your facility has used, produced, stored, distributed, or otherwise disposed of in the past five (5) years at or above the threshold values listed in the instructions. Include substances manufactured at your facility, as well as any substances that you have reason to know or believe present in materials used or manufactured at your facility. Do not include chemicals used only in analytical laboratory work, or small quantities of routine household cleaning chemicals. Enter the name and CAS number for each of the chemicals listed in Tables 6-10 of the instructions, and the table number which lists the chemical. You may use ranges (e.g. 10-100 lbs., 100-1000 lbs., 1000-10000 lbs., etc.) to describe the quantities used on an annual basis as well as for the amount presently on hand. For those chemicals listed in Tables 6, 7, or 8 which are indicated as being potentially present in the discharge from one or more outfalls at the facility, indicate which outfalls may be affected in the appropriate column below, and include sampling results in Section III of this application for each of the potentially affected outfalls. Make additional copies of this sheet if necessary.

Name of Substance	Table	CAS Number	Average Annual	Amount Now On	Units (gallons,	Purpose of Use (see codes in Table 2 of	Present in Discharge?
Cambon Digulfida	0	00000 15 0	Osage	Hand	ibs, etc)		
Carbon Disullide	8	00086-15-0	0	0	_	OTH	007 & 01/027
							UI/UZA
-2 sampling events	were	e conducted	of th	e exist	ing wa	ter quality :	in
2011 and 2013. Carb	on Di	isulfide was	dete	cted di	iring t	hese events.	
-Carbon Disulfide i	s not	t known to k	e use	d or st	ored a	at the facili	ty.

This completes Section I of the SPDES Industrial Application Form NY-2C. Section II, which requires specific information for each of the outfalls at 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.

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.:	001								
Latitude 4.2	• 00	• 44	"	Longitude - 7 9	o	05	' 03	"	Receiving Water Storehouse Run

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

			Units	S				Unit	s
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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 pred	cipitati	on d	epen	dent
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. 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		1	Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	_	
d. Name of the process contributing to the discharge]		Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	

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

a. Total Annual Discharge b. Daily Minimum Flow		c. Daily Average Flow	d. Daily Maximu	um Flow	e. Maximum Design flow rate					
24.9 MG	0	MGD	0.068 MGD	0.19	MGD	27.5	MGD			

Page 2

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.

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U	nits (check on	e)
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:	Х			
In the stream:				
Within a lake or ponde	d water:			
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ES	STUARIES.
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
B. If located in a stream, ap	pproximately what percer 25%	ntage of stream width from sho	re is the discharge point located? N/A	
C. If located in a stream, de	escribe the stream geom	netry in the general vicinity of th	e discharge point, under low flow conditions: $ \mathrm{N}/\mathrm{A}_{-}$	
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?	YES
Feet	Feet	Feet/Sec		NO

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

	Outfall No.: 001
Facility Name: Carroll Landfill	SPDES Number:

8. Thermal Discharge Criteria

NO - Go to Item 10, below

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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. X NO - Go to Item 9. below.						Information on the intake and discharge configuration of this outfall is attached.						
Discharge Temperature, deg. F Duration o					ion of	Dates of maximum						
	Average change in	Maximum change in		maximum tempe	discharge rature	disch tempe	discharge temperature		Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)			
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD				

9. Are any water treament 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.

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 Start	date(s) Finish	Submitted? (Date)

Outfall No 1

Outfall No.:

Facility Name: Carroll Landfill SPDES Number:

001

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.

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	Treatment		Design Flow Rate
Treatment process	Code(s)	Treatment used for the removal of:	(include units)
		-	
		-	
		-	
		-	
		_	
		-	
		1	

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.

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NO - Go to Section III on the following page.

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

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.												
			Ei	ffluent data				Units		Intal	ke data (optio	nal)
Pollutant	a. Maximum	daily value	b. Maximum 30) day value	c. Long ter	m average	d. Number of	a. Concentration b. Mass		a. Long term average value		b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.1	9	Value		Value 0.	068	1	MGD	MGD	Value		
j. Temperature, winter	Value 12 d	egC	Value		Value 11.2	Value 11.2 degC				Value		
k. Temperature, summer	^{Value} 29.4	degC	Value		^{Value} 24.4	24.4 degC				Value		
I. pH	Minimum 7.61	Maximum 9.47	Minimum N	laximum			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?	Х	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?	X	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
		Х	No

Section III - Sampling Information

Facility Name: Carroll Landfill SPDES No .:

Outfall No.: 001

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 Tables 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.										of 1			
Pollutant and CAS Number	·			Effluent data	а			Units Intake data (option				ional)	Believed
	a. Maximur	n daily value	b. Maximum 30 day value (if c. Long term av			verage value (if	d. Number of	a. Concen- b. Mass		a. Long term a	verage value	d. Number of	present, no sampling
	(1)Concon	(2) Maga	avai	lable)	avai	ilable)	analyses	tration		(1)Concon	(2) Maga	analyses	results
	tration	(2) Wass	tration	(2) Mass	tration	(2) Wass				tration	(2) Wass		available
CAS Number:													
CAS Number:													
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CAS Number:]								

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 001

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many copies of this table as necessary for each outfall. You can list the results from 24 sampling dates on each copy of this page.		Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:
Page	Of	CAS Number:	CAS Number:	CAS Number: CAS Number:		CAS Number:	CAS Number:	CAS Number:
	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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 4.2	• 00 •	42"	Longitude -79	o	05	' 05	"	Receiving Water Storehouse	Run

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

			Units	3				Units	5
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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 pre-	cipitati	on d	eper	ldent
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. 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			
Describe the contributing process	Category		Units of measure
	Subcategory		
b. Name of the process contributing to the discharge	<u> </u>		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:

	<u>-</u>						
a. Total Annual Discharge	b. Daily Minimum Flow		c. Daily Average Flow	d. Daily Maximum Flow		e. Maximum Design flow rate	
24.9 MG	0	MGD	0.068 MGD	0.19	MGD	27.5	MGD

Page 2

Outfall No.:

002

Facility Name: Carroll Landfill

SPDES Number:

5. Is this a seasonal discharge?

YES - Complete the following table.

NO - Go to Item 6 below.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U	nits (check on	e)
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?

10%	25%	50% Other:	be discharge point under low flow conditions: N/A	
D. II IOCALEU III a Suddill, ap			No is the discharge point located: N/A	
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUA	RIES.
Within a lake or pondeo	d water:			
In the stream:				

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

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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?

[X NO -	- Complete the Go to Item 9. I	e following table below.	€.		Informat attached	ion on the	intake and o	discharge configuration of this outfall is
	Discharge Temperature, deg. F Duration of				ion of	Dates of	maximum		
	Average change in	Maximum change in		maximum tempe	discharge rature	disch tempe	narge erature	Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

9. Are any water treament 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.

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 Start	date(s) Finish	Submitted? (Date)

Outfall No 1

Outfall No.:

Facility Name: Carroll Landfill SPDES Number:

002

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.

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

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?

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

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 TI	HE UNSHADED	O AREAS ON	LY. You may rep	oort some or	all of this infor	mation on se	parate sheets	s (using the sam	(Using the same format) instead of completing this pag). nol)
Pollutant	o Movimum	daily value			a Long tor		d Number of	UIII	h Mass			h Number of
i ondant			D. Waximum St		C. Long ten	2 Maaa	analyses	a. Concentration	D. Mass	a. Long term		analyses
a. Biochemical Oxygen Demand, 5 day (BOD)	21.3	15.3		Z. Mass	5.9	1.5	24	mg/L	kg	T. Concentration	2. 101855	
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 0.1	9	Value		Value 0.	068	1	MGD	MGD	Value		
j. Temperature, winter	Value 12 d	egC	Value		Value 11.2	degC	5			Value		
k. Temperature, summer	Value 29.4	degC	Value		^{Value} 24.4	degC	19			Value		
I. pH	Minimum 7.61	Maximum 9.47	Minimum N	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.
		Х	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?	X	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		Yes - Source or reason for presence in discharge attached
	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 - Quantitative or qualitative data attached
		Х	No

Section III - Sampling Information

Facility Name: Carroll Landfill SPDES No .:

Outfall No.: 002

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 pol or 8, provide the results of at least one analy 9, or any other toxic pollutant not listed in Tal as many copies of this table as necessary for	llutant that y sis for that p bles 6-10, yc or each outfa	ou know or h ollutant, and ou must prov II.	nave reason determine th ide concentra	to believe is ne mass disc ation and ma	present in th harge based ass data (if a	ne discharge I on the flow i vailable) and	from this ou ate reported /or an explai	tfall. For ea I in Item 1.i. nation for the	ch pollutant l For each poll eir presence i	isted from Ta lutant listed f n the dischar	ables 6, 7, rom Table rge. Make	Page 1	of 1
Pollutant and CAS Number	·			Effluent data	а			U	nits	Intal	ke data (opti	ional)	Believed
	a. Maximur	n daily value	b. Maximum 3	30 day value (if	c. Long term a	verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term a	verage value	d. Number of	present, no sampling
	(1)Concon	(2) Maga	avai	lable)	avai	ilable)	analyses	tration		(1)Concon	(2) Maga	analyses	results
	tration	(2) Wass	tration	(2) Mass	tration	(2) Wass				tration	(2) Wass		available
CAS Number:													
CAS Number:													
CAS Number													
CAS Number.													
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CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:]								

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 002

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many c necessary for ea list the results fro on each copy of	opies of this table as ch outfall. You can om 24 sampling dates this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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	• 00 4 4.2"	Longitude	Receiving Water
4.2		-79 ° 05 '8.7"	Onsite Surface Water Channel

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

			Units	6				Unit	S
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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):	groundw	ater	poi	rewate	er drain	11		Х	
I. 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		1	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:

					anam				
a. Total Annual Disc	charge	b. Daily Minin	num Flow	c. Daily Averag	e Flow	d. Daily Maxim	um Flow	e. Maximum Design	flow rate
5.8	MG	0	MGD	0.016	MGD	0.029	MGD	0.029	MGD

Page 2

Outfall No.:

. 01/02A

```
Facility Name: Carroll Landfill
```

SPDES Number:

5. Is this a seasonal discharge?

YES - Complete the following table.

NO - Go to Item 6 below.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	Ui	nits (check on	ie)
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?

Within a lake or pondeo	I water:			
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARI	ES.
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
B. If located in a stream, ap 10%	proximately what percer 25% escribe the stream geom	tage of stream width from sho 50% Other: etry in the general vicinity of th	pre is the discharge point located? N/A ne discharge point, under low flow conditions: N/A	
 B. If located in a stream, ap 10% C. If located in a stream, de Stream width 	proximately what percer 25% escribe the stream geom Stream depth	ntage of stream width from sho 50% Other: etry in the general vicinity of th Stream velocity	The discharge point located? N/A the discharge point, under low flow conditions: N/A Are the results of a mixing/diffusion study attached?	YES

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

Χ

Х

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. X NO - Go to Item 9. below.					Informat attached	ion on the	intake and o	discharge configuration of this outfall is
	Discharge Temperature, deg. F Duration of			ion of	Dates of maximum				
	Average change in	Maximum change in		maximum tempe	discharge rature	disch tempe	discharge temperature		Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

9. Are any water treament 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.

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 Start	date(s) Finish	Submitted? (Date)

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.

Х

	Treatment		Design Flow Rate
Treatment process	Code(s)	Treatment used for the removal of:	(include units)
		-	
		-	
		-	
		-	
		_	
		-	
		1	

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?

Х

YES - Complete the following table.

 $\ensuremath{\text{NO}}$ - Go to Section III on the following page.

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

Facility Name: Carroll Landfill

SPDES No.:

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.												
			E	Effluent data				Un	its	Intak	e data (optio	nal)
Pollutant	a. Maximum	n daily value	b. Maximum	30 day value	c. Long ter	m average	d. Number of	a. Concentration	b. Mass	a. Long term a	average value	b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.0	29	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		
I. 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?	X	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?	X	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
		Х	No

Section III - Sampling Information

SPDES No .:

Facility Name: Carroll Landfill

Outfall No.: 01/02A

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.

Pollutant and CAS Number	Effluent data						Units		Intake data (optional)		Believed		
	a. Maximum daily value b. Maximum 30 day value (if			c. Long term	average value (if	d. Number of	a. Concen-	b. Mass	a. Long term a	verage value	d. Number of	sampling	
	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	analyses	tration		(1)Concen-	(2) Mass	analyses	results available
Aluminum, Total	tration		tration		tration					tration			
CAS Number: 0.7.120 0.0 E	18.7	2.0			6.4	0.4	24	mg/L	kg				
Barium, iotar	0.14	0.02			0.13	0.008	24	mg/L	kg				
CAS Number: $()7440 - 42 - 8$								_					
Boron, Iotal	0.09	0.01			0.05	0.003	24	mq/L	ka				
CAS Number: 07440-42-8													
Chloride, Total	5 77	0 63			4 62	0 28	24	mar/T.	ka				
CAS Number: 24959-67-9	5.77	0.05			1.02	0.20	21	шg/ц	129				
Chromium, Total	0 02	0 002			0 01	0 0005	24	mor/T.	ka				
CAS Number: 07440-47-3	0.02	0.002			0.01	0.0005	21	шулы	кд				
Copper, Total	0 00	0 000			0 01		0.4	/ T	1				
CAS Number: 07440-50-8	0.02	0.003			0.01	0.0005	24	тд/Г	кg				
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	0 01	0 000			0 1 5	0 000	0.4	/ -	-				
CAS Number: $07439 - 96 - 5$	0.21	0.023			0.15	0.009	24	mg/L	кg				
Nickel, Total	0 0 0	0 000			0 01		2.4	m er / T	1				
CAS Number: $0.7440 - 0.2 - 0$	0.02	0.002			0.01	0.0005	24	шg / L	кg				
Sodium, Total													
CAS Number: 0.7440 - 23 - 5	21.9	2.4			9.9	0.6	24	mg/L	kg				
Sulfate, Total	1 -	1.0			10 5	0.00	0.4	/-	-				
CAS Number: 14808 - 79 - 8	15	1.6			13.6	0.82	24	mg/L	kg				
Vanadium, Total													
	0.03	0.003			0.01	0.0006	24	mg/L	kg				
CAS Number: $07440 - 62 - 2$												1	

Section III - Sampling Information

SPDES No .:

Facility Name: Carroll Landfill

Outfall No.:

itfall No.: 01/02A

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.

Pollutant and CAS Number	Effluent data								Units		Intake data (optional)		
	a. Maximu	. Maximum daily value b. Maximum 30 day value (<i>if</i> c. Long term average value (<i>if</i> available)			d. Number of	a. Concen- b. Mass		a. Long term average value d. Number of			sampling		
	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	analyses	tration		(1)Concen-	(2) Mass	analyses	results available
Carbon Disulfide	tration		tration		tration					tration			
	0.01	0.0001			0.002	0.0001	24	mg/L	kg				
CAS Number: 00075-15-0													
Acetone	0.02	0.002			0.009	0.0005	24	mg/L	kg				
CAS Number: 00067-64-1													
Color	515	_			176		2.4	CU	_				
CAS Number: 24959-67-9	010				- / 0			00					
Arsenic, Total	0 02	0 002			0 01	0 0006	24	ma/T.	ka				
CAS Number: 07440-38-2	0.02	0.002			0.01	0.0000	21	шg/ш	129				
Beryllium, Total	0 0 0 1	0 0 0 0 1			0 0 0 1	о г	0.4	/ +	1				
CAS Number $0.7440 - 41 - 7$	0.001	0.0001			0.001	3e-5	24	mg/L	кg				
Cobalt, Total													
CAS Number: 07440-48-4	0.009	0.001			0.003	0.0002	24	mg/L	kg				
Chromium, Hexavalent	0 03	0 003			0 01		24	ma/T.	ka				
CAS Number: 07440-47-3	0.05	0.005			0.01	0.0000	21	шул	129				
Lead, Total	0 01	0 0 0 1			0 01	0 0000	0.4	m er / T	1				
CAS Number: 07439-92-1	0.01	0.001			0.01	0.0008	24	шg/L	кg				
Phenols, Total	0.006	0.0003			0.006	0.0003	24	ma/T,	ka				
CAS Number: 00057-12-5													
Zinc, Total	0 06	0 003			0 02	0 001	24	ma /T	ka				
CAS Number: $07440 - 66 - 6$	0.00	0.003			0.02	0.001	27	шg/ш	ку				
CAS Number:													
CAS Number													
CAS Number:													

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 01/02A

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many on necessary for earlist the results fro on each copy of	ny copies of this table as reach outfall. You can s from 24 sampling dates v of this page. Parameter name: Par		Parameter name:	Parameter name:	Parameter name:	Parameter name:		
Page	Of	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:
	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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 4.2	• 00 ·	40"	Longitude - 7 9	0	05	• 21	"	Receiving Water Sandberg Road Roadside Channel

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

			Units	6				Units	6
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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 pre-	cipitati	on d	eper	ldent
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. 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		Units of measure
	Subcategory		
b. Name of the process contributing to the discharge	<u> </u>		Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	
c. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	_	
d. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	

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

a. Total Annual Discharge	b. Daily Minimum Flow		c. Daily Averag	e Flow	d. Daily Maxim	um Flow	e. Maximum Design flow rate		
50.3 MG	0	MGD	0.14	MGD	1.3	MGD	12	23	MGD

Page 2

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.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U	nits (check on	e)
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?

Within a lake or pondeo	I water:			
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARI	ES.
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
B. If located in a stream, ap 10% C. If located in a stream, de	proximately what percer 25% escribe the stream geom	tage of stream width from sho 50% Other: etry in the general vicinity of th	pre is the discharge point located? N/A ne discharge point, under low flow conditions: N/A	
 B. If located in a stream, ap 10% C. If located in a stream, de Stream width 	proximately what percer 25% escribe the stream geom Stream depth	ntage of stream width from sho 50% Other: etry in the general vicinity of th Stream velocity	The discharge point located? N/A the discharge point, under low flow conditions: N/A Are the results of a mixing/diffusion study attached?	YES

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

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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. X NO - Go to Item 9. below.				Informat attached	ion on the	intake and o	discharge configuration of this outfall is		
	Discharg	ge Temperature	e, deg. F	Durat	ion of	Dates of	maximum			
	Average change in	Average Maximum discharge change in change in temperature			discharge rature	disch tempe	discharge temperature		Discharge configuration (e.g. subsurface, surface effluent diffuser, diffusion well, etc.)	
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD		

9. Are any water treament 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.

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 Start	date(s) Finish	Submitted? (Date)

Outfall No 1

Outfall No.:

Facility Name: Carroll Landfill

SPDES Number:

003

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.

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

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

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.												
	Effluent data							Un	its	Intake data (optional)		
Pollutant	a. Maximum daily value		b. Maximum 30 day value		c. Long term average		d. Number of	a. Concentration	b. Mass	a. Long term average value		b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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		
I. pH	Minimum 7.8	Maximum 8.1	Minimum	Maximum			6			Minimum	Maximum	

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

		X	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?	X	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?	v	Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached				

Section III - Sampling Information

Facility Name: Carroll Landfill SPDES No .:

Outfall No.: 003

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				ional)	Believed	
	a. Maximur	n daily value	b. Maximum 30 day value (if c. Long term average value (if d. Num				d. Number of	a. Concen-	b. Mass	a. Long term average value d. Number of		d. Number of	present, no sampling
	(1)Concon	(2) Maga	avai	lable)	avai	ilable)	analyses	tration		(1)Concon	(2) Maga	analyses	results
	tration	(2) Wass	tration	(2) Mass	tration	(2) Wass				tration	(2) Wass		available
CAS Number:													
CAS Number:													
CAS Number													
CAS Number.													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS NUMBER:													
CAS Number:													
CAS Number:													
Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 003

4. Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for e list the results fi on each copy or	copies of this table as ach outfall. You can rom 24 sampling dates f this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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	• 00 4 8.9"	Longitude	Receiving Water
42		-79 ° 05 '8.5"	Onsite Intermittent Channel

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

			Units	3				Units	5
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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 pre-	cipitati	on d	eper	ldent
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. 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					
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory				
b. Name of the process contributing to the discharge	<u> </u>		Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			
c. Name of the process contributing to the discharge	1		Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
d. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			

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

a. Total Annual Discharge	b. Daily Minim	um Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Design flow	rate							
24.9 MG	0	MGD	0.068 MGD	0.19 MGD	27.5	MGD							

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	00 4 8.9"	Longitude	Receiving Water
42		-79 ° 05 '8.5"	Onsite Intermittent Channel

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

			Units	3				Units	5
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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 pre-	cipitati	on d	eper	ldent
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):									
I. 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					
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory				
b. Name of the process contributing to the discharge	<u> </u>		Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			
c. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	_			
d. Name of the process contributing to the discharge			Process SIC code:		
Describe the contributing process	Category	Quantity per day	Units of measure		
	Subcategory	-			

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

a. Total Annual Discharge	b. Daily Minimum Flow		c. Daily Average Flow		d. Daily Maximum Flow		e. Maximum Design flow rate							
30.4 MG	0	MGD	0.083	MGD	0.16	MGD	36.3	MGD						

Page 2

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.

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

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?

Feet	Feet	Feet/Sec	NO
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?
0			
C. If located in a stream. de	scribe the stream geom	etry in the general vicinity of th	e discharge point, under low flow conditions; N/A
10%	25%	50% Other:	
B. If located in a stream, ap	proximately what percer	ntage of stream width from sho	re is the discharge point located? ${ m N}/{ m A}$
Discharge is equipped v	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.
Within a lake or ponded	water:		
In the stream:			
In the streambank:	Х		

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

	Outfall No.:	004
Facility Name: Carroll Landfill	SPDES Number:	

8. Thermal Discharge Criteria

NO - Go to Item 10, below

Χ

Х

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. X NO - Go to Item 9. below.						Informat attached	ion on the	intake and o	discharge configuration of this outfall is
Discharge Temperature, deg. F Duration of				ion of	Dates of	maximum			
	Average change in	Maximum change in		maximum tempe	discharge rature	 discharge temperature 		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

9. Are any water treament 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.

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) Start Finish		Submitted? (Date)

Outfall No 1

Outfall No.:

Facility Name: Carroll Landfill SPDES Number:

004

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.

Х

	Treatment		Design Flow Rate
Treatment process	Code(s)	Treatment used for the removal of:	(include units)
		-	
		_	
		-	
		_	
		-	
		-	
		-	
		-	
		-	
		4	
	1		

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?

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

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.												
				Effluent data				Un	its	Intake data (optional)		
Pollutant	a. Maximum	n daily value	b. Maximum	30 day value	c. Long ter	m average	d. Number of	a. Concentration	b. Mass	a. Long term average value		b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.1	9	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		
I. 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?	X	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?	X	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
		Х	No

Section III - Sampling Information

Facility Name: Carroll Landfill SPDES No .:

Outfall No.: 004

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 Tables 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	а			U	nits	Intal	ke data (opti	ional)	Believed
	a. Maximur	n daily value	b. Maximum 3	30 day value (if	c. Long term a	verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term average value d. Number of			present, no sampling
	(1)Concon	(2) Maga	avai	lable)	avai	ilable)	analyses	tration		(1)Concon	(2) Maga	analyses	results
	tration	(2) Wass	tration	(2) Mass	tration	(2) Wass				tration	(2) Wass		available
CAS Number:													
CAS Number:													
CAS Number													
CAS Number.													
CAS Number:													
CAS Number:													
CAS Number:													
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CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:]								

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 004

4. Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for e list the results f on each copy o	copies of this table as ach outfall. You can rom 24 sampling dates f this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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.:	04A			
Latitude 42	• 00 4 8.1"	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)

			Units	6				Unit	S
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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):	k. Other discharge (specify): groundwater drain							Х	
I. 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							
Describe the contributing process	Category		Units of measure				
	Subcategory	_					
b. Name of the process contributing to the discharge	J		Process SIC code:				
Describe the contributing process	Category	Quantity per day	Units of measure				
	Subcategory	-					
c. Name of the process contributing to the discharge		1	Process SIC code:				
Describe the contributing process	Category	Quantity per day	Units of measure				
	Subcategory	-					
d. Name of the process contributing to the discharge							
Describe the contributing process	Category	Quantity per day	Units of measure				
	Subcategory	-					

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

a. Total Annual Discharge		b. Daily Minimum Flow		c. Daily Average Flow	d. Daily Maxim	num Flow	e. Maximum Design flow rate							
0.3	MG	0	MGD	8.6e-4 MGD	0.23	MGD	0.23	MGD						

Page 2

Outfall No.: 04A

Facility Name: Carroll Landfill

SPDES Number:

5. Is this a seasonal discharge?

YES - Complete the following table.

NO - Go to Item 6 below.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U	e)	
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?

Feet	Feet	Feet/Sec	NO
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?
0			
C. If located in a stream. de	scribe the stream geom	etry in the general vicinity of th	e discharge point, under low flow conditions; N/A
10%	25%	50% Other:	
B. If located in a stream, ap	proximately what percer	ntage of stream width from sho	re is the discharge point located? ${ m N}/{ m A}$
Discharge is equipped v	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.
Within a lake or ponded	water:		
In the stream:			
In the streambank:	Х		

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

Χ

Х

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. X NO - Go to Item 9. below.						Informat attached	ion on the	intake and o	discharge configuration of this outfall is		
Discharge Temperature, deg. F Duration o			ion of	Dates of	maximum						
	Average change in	Maximum change in		maximum discharge temperature		maximum discharge temperature		discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD			

9. Are any water treament 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.

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	Subject species	Testing	date(s)	Submitted?
			of Acute?		Start	Finish	(Date)

Outfall No.:

SPDES Number:

04A

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.

Х

	Treatment		Design Flow Rate
Treatment process	Code(s)	Treatment used for the removal of:	(include units)
		-	
		-	
		-	
		-	
		-	
		_	
		-	
		1	

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?

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

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 TH	HE UNSHADE	D AREAS ON	LY. You may re	port some or	all of this infor	mation on sep	arate sheets	(using the sam	e format) ins	stead of comple	ting this page	Э.
			E	Effluent data				Uni	ts	Intal	ke data (optio	nal)
Pollutant	a. Maximun	n daily value	b. Maximum 3	0 day value	c. Long ter	m average	d. Number of	a. Concentration	b. Mass	a. Long term	average value	b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.2	3	Value		Value 8.	бе-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		
I. 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.
		Х	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?	X	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?	X	Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached No

Section III - Sampling Information

Facility Name: Carroll Landfill SPDES No .:

Outfall No.: 04A

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.										of 1			
Pollutant and CAS Number	·			Effluent data	а			U	nits	Intal	ke data (opti	ional)	Believed
	a. Maximur	n daily value	b. Maximum 3	30 day value (if	c. Long term a	verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term average value d. Number of		present, no sampling	
	(1)Concon	(2) Maga	avai	lable)	avai	ilable)	analyses	tration		(1)Concon	(2) Maga	analyses	results
	tration	(2) Wass	tration	(2) Mass	tration	(2) Wass				tration	(2) Wass		available
CAS Number:													
CAS Number:													
CAS Number													
CAS Number.													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:]								

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 04A

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for e list the results f on each copy o	copies of this table as ach outfall. You can rom 24 sampling dates f this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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.:	04B								
Latitude 42 °	00 47.4"	Longitude - 7 9	• (05 '19 . 3	Receiving Water Onsite	Surface	Water	Channel	

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

			Units	6				Unit	S
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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		Х	
I. 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	<u> </u>		Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	
c. Name of the process contributing to the discharge	<u> </u>		Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	_	
d. Name of the process contributing to the discharge	<u> </u>		Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	_	

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

a. Total Annual Discharge b.		b. Daily Minir	num Flow	c. Daily Average Flow	d. Daily Maxin	num Flow	e. Maximum Design flow rate					
0.3	MG	0	MGD	8.6e-4 MGD	0.56	MGD	0.56	MGD				

Page 2

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.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	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?

10%	25%	50% Other:	be discharge point under low flow conditions: N/A	
D. II IOCALEU III a Suddill, ap			No is the discharge point located: N/A	
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUA	RIES.
Within a lake or pondeo	d water:			
In the stream:				

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

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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. X NO - Go to Item 9. below.						Informat attached	ion on the	intake and o	discharge configuration of this outfall is
	Discharge Temperature, deg. F Duration of				ion of	Dates of	maximum		
	Average change in	Maximum change in		maximum tempe	discharge rature	e discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

9. Are any water treament 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.

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	Subject species	Testing	date(s)	Submitted?	
			of Acute?		Start	Finish	(Date)	

Outfall No.:

04B

Facility Name: Carroll Landfill

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.

Х

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

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?

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

Facility Name: Carroll Landfill

SPDES No.:

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.			
Dollutont				Effluent data			T	Uni	ts	Intak	ke data (optio	nai)
Foliutant	a. Maximur	n daily value	b. Maximum 30 day value		c. Long ter	rm average	d. Number of	a. Concentration	b. Mass	a. Long term	average value	b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.5	56	Value		Value 8.	бе-4	1	MGD	MGD	Value		
j. Temperature, winter	Value 11.() degC	Value		Value 9.5	degC	2			Value		
k. Temperature, summer	Value 11.() degC	Value		Value 9.5	degC	2			Value		
I. 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.		
		Х	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?	X	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 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		

Section III - Sampling Information

Facility Name: Carroll Landfill

1010

1

SPDES No .:

Outfall No.: 04B

0 7 D

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.

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.									or 1				
Pollutant and CAS Number				Effluent data			U	nits	Intal	ke data (opt	ional)	Believed	
	a. Maximur	n daily value	b. Maximum 3	0 day value (if	c. Long term a	verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term average value		d. Number of	present, no sampling
	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	analyses	tration		(1)Concen-	(2) Mass	analyses	results
	tration		tration		tration					tration			available
CAS Number:													
CAS Number:													
CAS Number:													
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CAS Number:													
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CAS Number:													
CAS Number:													
CAS Number:	_												
CAS Number:													

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 04B

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for list the results on each copy of	copies of this table as each outfall. You can from 24 sampling dates of this page.	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	Parameter name:	
Page	Of CAS Number: CAS Number:		CAS Number:	CAS Number: CAS Number:		CAS Number: CAS Number:		CAS Number:	
	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:	

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.:	005		
Latitude	• 00 5 2.4"	Longitude	Receiving Water
42		-79 ° 05 '11.8'	Dodge Road Roadside Channel

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

			Units				Units			
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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		Х		
I. 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						
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	-				
		1	1			

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

a. Total Annual Discharge		b. Daily Minir	num Flow	c. Daily Average Flow	d. Daily Maxin	num Flow	e. Maximum Design	flow rate						
0.3	0.3 MG 0 MC		MGD	8.6e-4 MGD	0.56	MGD	0.56	MGD						

Page 2

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.

Х

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

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:	Х		
In the stream:			
Within a lake or ponded	l water:		
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.
Discharge is equipped v	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.
B. If located in a stream, ap	proximately what perce 25%	ntage of stream width from sho	re is the discharge point located? N/A
C. If located in a stream, de	escribe the stream geom	netry in the general vicinity of th	e discharge point, under low flow conditions: $ \mathrm{N/A}_{} $
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?
Feet Feet		Feet/Sec	NO

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

Χ

Х

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. X NO - Go to Item 9. below.						Informat attached	ion on the	intake and o	discharge configuration of this outfall is
Discharge Temperature, deg. F Duration of			ion of	Dates of	maximum				
	Average change in	Maximum change in		maximum discharge temperature		discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From	То	MGD	

9. Are any water treament 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.

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	Subject species	Testing date(s)		Submitted?	
			or Acute?		Start	Finish	(Date)	

Outfall No 1

Outfall No.:

Facility Name: Carroll Landfill SPDES Number:

005

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.

Х

	Treatment		Design Flow Rate
Treatment process	Code(s)	Treatment used for the removal of:	(include units)
		-	
		_	
		-	
		-	
	1		

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?

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

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.												
			E	ffluent data				Uni	ts	Intal	ke data (optio	nal)
Pollutant	a. Maximun	n daily value	b. Maximum 3	0 day value	c. Long ter	rm average	d. Number of	a. Concentration	b. Mass	a. Long term	a. Long term average value	
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.5	6	Value		Value 8.	бе-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		
I. 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?	X	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?	X	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
	substances not noted in rables o ro, are present in the discharge notif this outdat:	Х	Νο

Section III - Sampling Information

Facility Name: Carroll Landfill SPDES No .:

Outfall No.: 005

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 Tables 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.											of 1		
Pollutant and CAS Number	·			Effluent data	а			U	nits	Intal	ke data (opti	ional)	Believed
	a. Maximur	n daily value	b. Maximum 30 day value (if c. Long term average			verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term a	verage value	d. Number of	present, no sampling
	(1)Concon	(2) Maga	avai	lable)	avai	ilable)	analyses	tration		(1)Concon	(2) Maga	analyses	results
	tration	(2) Wass	tration	(2) Mass	tration	(2) Wass				tration	(2) Wass		available
CAS Number:													
CAS Number:													
CAS Number													
CAS Number.													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:]								

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 005

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many copies of this table as necessary for each outfall. You can list the results from 24 sampling dates on each copy of this page.		Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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.:	006		
Latitude	° 00 47.7"	Longitude	Receiving Water
42		-79 ° 05 '6.0&	Onsite Intermittent Channel

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

			Units	6				Unit	S
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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		Х	
I. 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		1	Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	
c. Name of the process contributing to the discharge		1	Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory	-	
d. Name of the process contributing to the discharge		1	Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		

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

a. Total Annual Discharge		b. Daily Minimu	um Flow	c. Daily Averag	je Flow	d. Daily Maxim	um Flow	e. Maximum Design flow rate				
0.3	MG	0	MGD	8.6e-4	MGD	0.23	MGD	0.23	MGD			

Outfall No.:

Page 2

Facility Name: Carroll Landfill

SPDES Number:

006

5. Is this a seasonal discharge?

YES - Complete the following table.

NO - Go to Item 6 below.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	Uı	nits (check on	eck 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 stream.				
Within a lake or ponde	d water:			
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES	3.
Discharge is equipped	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.	
B. If located in a stream, a	pproximately what perce	ntage of stream width from sho	ore is the discharge point located? ${ m N}/{ m A}$	
10%	25%	50% Other:	ne discharge point, under low flow conditions: ${ m N}/{ m A}$	
10% C. If located in a stream, do Stream width	25% escribe the stream geom Stream depth	50% Other:	ne discharge point, under low flow conditions: N/A Are the results of a mixing/diffusion study attached?	ES

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

Χ

Х

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. X NO - Go to Item 9. below.						Informati attached	ion on the	intake and o	discharge configuration of this outfall is
	Discharge Temperature, deg. F Durati Average Maximum maximum change in change in femperature				ion of discharge rature	Dates of i disch tempe	maximum harge erature	Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	re Maximum temperature day year		days per year	From To		MGD	

9. Are any water treament 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.

WTC trade name	Manufacturer	WTC trade name
	WTC trade name	WTC trade name Manufacturer

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 Start	date(s) Finish	Submitted? (Date)

Outfall No 1

Outfall No.:

SPDES Number:

006

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.

Х

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

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

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

Facility Name: Carroll Landfill

SPDES No.:

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.									Э.			
			E	ffluent data				Uni	ts	Intal	ke data (optio	nal)
Pollutant	a. Maximum	n daily value	b. Maximum 3	0 day value	c. Long ter	m average	d. Number of	a. Concentration	b. Mass	a. Long term	average value	b. Number of
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.2	3	Value		Value 8.60	<u>e-4</u>	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		
I. 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?	Х	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?	X	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?	X	Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached No

Section III - Sampling Information

SPDES No .:

Facility Name: Carroll Landfill

07440-66-6

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 4, or 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.

Pollutant and CAS Number	Effluent d				a			Units		Intal	Believed		
	a. Maximur	m daily value	b. Maximum 30 day value (if available)		c. Long term a	iverage value (if	d. Number of analyses	a. Concen- tration	b. Mass	a. Long term a	average value	d. Number of analyses	sampling
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	unuijooo			(1)Concen- tration	(2) Mass		results available
Aluminum, Total	0.00		uddon		0 1 0		<u>^</u>	<i>.</i>					
CAS Number: 07439-90-5	0.23	0.20			0.13	0.0005	2	mg/L	кg				
Barium, Total	0 1 0	0 1 0			0 1 1	0 0004	0		1				
CAS Number: () 7 4 4 () – 4 2 – 8	0.12	0.10			0.11	0.0004	2	mg/L	кg				
Boron, Total	0 33	0 28			0 28		2	ma /T.	ka				
CAS Number: 07440-42-8	0.55	0.20			0.20	0.0009	2	шg/ш	ку				
Chloride, Total	57	4 9			48	0 02	2	ma/T.	ka				
CAS Number: 24959-67-9	5.7	1.7			1.0	0.02		шg/ш	11.9				
Chromium, Total	0.002	0.002			0.002	5.2e-6	2	mq/L	kq				
CAS Number: 07440-47-3								<u> </u>	5				
Copper, Total	0.002	0.002			0.002	5.2e-6	2	mg/L	kq				
CAS Number: 07440-50-8													
Iron, Total	37	32			2.0	0 007	2	ma/T.	ka				
CAS Number: 07439-89-6	5.7	5.2			2.0	0.007	4		119				
Magnesium, Total	22.0	18.9			21.6	0.07	2	ma/T	ka				
CAS Number: 07439-95-4	22.0	10.12			22.0	0.07	-						
Manganese, Total	0.6	0.5			0.6	0.002	2	mq/L	kq				
CAS Number: 07439-96-5													
Nickel, Total	0.002	0.001			0.002	3.7e-6	2	mq/L	ka				
CAS Number: 07440-02-0									5				
Sodium, Total	7.3	6.3			6.9	0.02	2	mg/L	ka				
CAS Number: 07440-23-5									5				
Sullate, Total	55.9	48.0			41.5	0.14	2	mg/L	kg				
CAS Number: 14808-79-8													
Trichlorofluoromethane	0.004	0.003			0.002	7.3e-6	52	ma/L	ka				
CAS Number: 00075-69-4	0.001				0.002								
Zinc, Total	0.006	0.005			0.004	1.2e-5	5 2	mg/L	kg				
Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 006

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for list the results on each copy	copies of this table as each outfall. You can from 24 sampling dates of this page.	Parameter name:						
Page	Of	CAS Number:						
	Flow rate	Concentration						
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:

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.:	007			
Latitude 4.2	° 00 47.7"	Longitude -79 •	05'6.0 0	Receiving Water Onsite Intermittent Channel

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

			Units	6				Unit	S
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	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):	groundw	ater	tre	ench d	rain	230		Х	
I. 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							
Describe the contributing process	Category		Units of measure				
	Subcategory	_					
b. Name of the process contributing to the discharge			Process SIC code:				
Describe the contributing process	Category	Quantity per day	Units of measure				
	Subcategory	_					
c. Name of the process contributing to the discharge			Process SIC code:				
Describe the contributing process	Category	Quantity per day	Units of measure				
	Subcategory	_					
d. Name of the process contributing to the discharge			Process SIC code:				
Describe the contributing process	Category	Quantity per day	Units of measure				
	Subcategory	_					

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

······································											
a. Total Annual Discharge		b. Daily Minimum Flow		c. Daily Average Flow	d. Daily Maximu	m Flow	e. Maximum Design flow rate				
168.9	MG	0	MGD	0.16 MGD	0.33	MGD	0.43	MGD			

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

Page 2

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.

Х

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

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	U	nits (check on	e)
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?

Feet	Feet	Feet/Sec	NO
Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached?
0			
C. If located in a stream. de	scribe the stream geom	etry in the general vicinity of th	e discharge point, under low flow conditions; N/A
10%	25%	50% Other:	
B. If located in a stream, ap	proximately what percer	ntage of stream width from sho	re is the discharge point located? ${ m N}/{ m A}$
Discharge is equipped v	with diffuser:	Attach description, including	configuration and plan drawing of diffuser, if used.
Within an estuary:		Attach Supplement C, MIXIN	G ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.
Within a lake or ponded	water:		
In the stream:			
In the streambank:	Х		

INDUSTRIAL APPLICATION FORM NY-2C

Section II - Outfall Information

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

8. Thermal Discharge Criteria

NO - Go to Item 10, below

Χ

Х

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. X NO - Go to Item 9. below.					Informat attached	ion on the	intake and o	discharge configuration of this outfall is
	Discharge Temperature, deg. F Duration c			ion of	Dates of	maximum			
	Average change in	Maximum change in		maximum tempe	discharge rature	disch tempe	narge erature	Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
	temperature (delta T)	temperature (delta T)	Maximum temperature	hours per day	days per year	From To		MGD	

9. Are any water treament 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.

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) Start Finish		Submitted? (Date)

Outfall No 1

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

Outfall No.:

Facility Name: Carroll Landfill SPDES Number:

007

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.

Х

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

Х

YES - Complete the following table.

 ${\bf NO}$ - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in	Change due to	Completion Date(s)		
	existing permit or consent order? (List)	production increase?	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.											e. nal)	
Pollutant	a. Maximum	daily value	b. Maximum 3	Maximum 30 day value c. Long term average d. Number of a.		a. Concentration b. Mass		a. Long term	b. Number of			
	1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration	2. Mass	analyses			1. Concentration	2. Mass	analyses
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 0.3	3	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		
I. 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?	X	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?	X	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?	V	Yes - Source or reason for presence in discharge attached Yes - Quantitative or qualitative data attached
		X	No

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

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.

Pollutant and CAS Number	Effluent data						Units		Intake data (optional)			Believed				
	a. Maximum daily value		m daily value b. Maximum 30 day value (if c. Long term average value (if available) available)			d. Number of	a. Concen- tration		a. Long term a	average value	d. Number of analyses	sampling				
	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	(1)Concen- tration	(2) Mass	unuiyooo	liculon		(1)Concen- tration	(2) Mass	_ unaryooo	results available			
Aluminum, Total	10 7	22.4			<i>c</i> 1	2 0	0.4	/ T	1							
CAS Number: 07439-90-5	18./	23.4			6.4	3.8	24	тд/Г	кg							
Barium, Total	0 1 4	0 1 0			0 1 2	0 07	24	ma /T	lra							
CAS Number: 07440-42-8	0.14	0.10			0.13	0.07	24	шg/L	кg							
Boron, Total	0 09	0 1 1			0 05	0 03	24	ma/T.	ka							
CAS Number: 07440-42-8	0.05	0.11			0.05	0.05	21	шg/ш	кд							
Chloride, Total	58	72			46	27	24	ma/T.	ka							
CAS Number: 24959-67-9	5.0	/•2			1.0	2.,	<u> </u>	ш9/ш	119							
Chromium, Total	0.02	0.03			0.01	0.005	2.4	ma/T	ka							
CAS Number: 07440-47-3	0.02	0.03			0.01	0.005										
Copper, Total	0 02	0 03			0 01	0 005	24	ma/T.	ka							
CAS Number: 07440-50-8		0.02	0.02		0.05			0.01	0.005	21		119				
Iron, Total	27.2	27 2	27 2	34 0			qд	54	24	ma /T.	ka					
CAS Number: 07439-89-6		51.0			<i>J</i> .1	5.1	21	шg/ш	лд							
Magnesium, Total	11 5	1//			a 2	5 /	24	ma / T	ka							
CAS Number: 07439-95-4	11.5	11.1			9.2	J.1	27	шg/ш	ку							
Manganese, Total	0.21	0.27			0.15	0.09	24	ma/T	ka							
CAS Number: 07439-96-5									5							
Nickel, Total	0.02	0.03			0.01	0.005	24	mg/L	kg							
CAS Number: 07440-02-0								-								
Sodium, Total	21 9	274			99	58	24	ma / T	ka							
CAS Number: 07440-23-5	21.7	27.1				5.0	21									
Sullate, Total	15.0	18.8			13.6	8.1	24	mg/L	kg							
CAS Number: 14808-79-8																
Vanadium, Total	0.03	0.03			0.01	0.006	24	mq/L	kq							
CAS Number: 07440-62-2								<u> </u>	2							

Section III - Sampling Information

SPDES No .:

Facility Name: Carroll Landfill

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.

Pollutant and CAS Number			Effluent data				Units		Intake data (optional)			Believed	
	a. Maximur	a. Maximum daily value b. Maximum 30 day value (<i>if</i> c. Long term average available)			verage value (if	d. Number of	a. Concen-	b. Mass	a. Long term a	average value	d. Number of	sampling	
	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	(1)Concen-	(2) Mass	analyses	uauon		(1)Concen-	(2) Mass	analyses	results available
Carbon Disulfide	tration		tration		tration					tration			
CAS Number: 00075-15-0	0.01	0.009			0.002	0.001	24	mg/L	kg				
Acetone	0.02	0.02			0.009	0.005	24	mg/L	kg				
CAS Number: 00067-64-1													
Color	515	_			176	_	24	CII	_				
CAS Number: 24959-67-9	515				170		21						
Arsenic, Total	0.02	0.02			0.01	0.006	24	ma/T	ka				
CAS Number: 07440-38-2		=			•••=								
Beryllium, Total	0.001	0.001			0.001	0.0003	3 24	mq/L	ka				
CAS Number: 07440-41-7								<u> </u>	5				
Cobalt, Total	0.009	0.01			0.003	0.002	24	mg/L	kq				
CAS Number: $07440 - 48 - 4$								2	5				
Chromium, Hexavalent	0.03	0.03			0.01	0.005	24	ma/T	ka				
CAS Number: 07440-47-3													
Lead, Total	0.01	0.01			0.01	0.003	24	mq/L	kq				
CAS Number: 07439-92-1									2				
Phenols, Total	0.006	0.008			0.006	0.003	24	mq/L	kq				
CAS Number: 00057-12-5									5				
Zinc, Total	0.06	0.08			0.02	0.01	24	mg/L	ka				
CAS Number: 07440-66-6								,					
CAS Number:													
CAS Number:													
CAS Number:													

Section III - Sampling Information

Facility Name: Carroll Landfill

SPDES No.:

Outfall No.: 007

4.

Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many necessary for e list the results f on each copy o	ake as many copies of this table as cessary for each outfall. You can the results from 24 sampling dates each copy of this page. Parameter name: Parameter name: Parameter name: Parameter name: Parameter name:		Parameter name:					
Page	Of	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:	CAS Number:
	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration
Date	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units: