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**SECTION 3. INFORMATION ON EFFLUENT DISCHARGES (40 CFR 122.21(j)(3) to (5))**

<b>Description of Outfalls</b>	3.1	Provide the following information for each outfall. (Attach additional sheets if you have more than three outfalls.)		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	State			
	County			
	City or town			
	Distance from shore	ft.	ft.	ft.
	Depth below surface	ft.	ft.	ft.
	Average daily flow rate	MGD	MGD	MGD
	Latitude	° ' "	° ' "	° ' "
	Longitude	° ' "	° ' "	° ' "
<b>Seasonal or Periodic Discharge Data</b>	3.2	Do any of the outfalls described under Item 3.1 have seasonal or periodic discharges? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.4.		
	3.3	If so, provide the following information for each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Number of times per year discharge occurs			
	Average duration of each discharge (specify units)			
	Average flow of each discharge	MGD	MGD	MGD
Months in which discharge occurs				
<b>Diffuser Type</b>	3.4	Are any of the outfalls listed under Item 3.1 equipped with a diffuser? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.6.		
	3.5	Briefly describe the diffuser type at each applicable outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
<b>Mixing Zone Form</b>	3.6	Has a Mixing Zone Analysis Form been completed and attached? All applicants must complete at least the Simple form for each wastewater outfall to surface waters. Indicate which form was completed and is attached to this application. <input type="checkbox"/> Yes → Simple Form <input type="checkbox"/> Yes → Detailed Form		
	3.7	Does the treatment works utilize or plan to utilize any water treatment chemicals that may be discharged from one or more outfalls? <input type="checkbox"/> Yes → Complete Table F <input type="checkbox"/> No		
<b>WTCs</b>				

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<b>Receiving Water Description</b>	3.8	Provide the receiving water and related information (if known) for each outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	Receiving water name			
	Water Index Number (WIN)			
	Waterbody Inventory/ Priority Waterbodies List (WI/PWL) segment			
	Water Classification			
	Regulatory Basin Commission (if applicable)			
	USGS 8-digit hydrologic unit code (HUC8)			
	Critical low flow (acute)	CFS	CFS	CFS
	Critical low flow (chronic)	CFS	CFS	CFS
Total hardness at critical low flow	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	mg/L of CaCO <sub>3</sub>	
<b>Treatment Description</b>	3.9	Provide the following information describing the treatment provided for discharges from each outfall.		
		<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____
	<b>Highest Level of Treatment</b> (check all that apply per outfall)	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input type="checkbox"/> Secondary <input type="checkbox"/> Advanced <input type="checkbox"/> Other (specify) _____
	<b>Design Removal Rates by Outfall</b>			
	BOD <sub>5</sub> or CBOD <sub>5</sub>	%	%	%
	TSS	%	%	%
	Phosphorus	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
	Nitrogen	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %
Other (specify) _____	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	<input type="checkbox"/> Not applicable %	

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<b>Treatment Description Continued</b>	3.10	Describe the type of disinfection used for the effluent from each outfall in the table below. If disinfection varies by season, describe below.					
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	
		Disinfection type					
		Seasons used					
		Dechlorination used?	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Effluent Testing Data</b>	3.11	Have you completed monitoring for all Table A parameters and attached the results to the application package? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	3.12	Have you conducted any WET tests during the 4.5 years prior to the date of the application on any of the facility's discharges or on any receiving water near the discharge points? Yes <input type="checkbox"/> No <input type="checkbox"/> No → SKIP to Item 3.14.					
	3.13	Indicate the number of acute and chronic WET tests conducted since the last permit reissuance of the facility's discharges by outfall number or of the receiving water near the discharge points.					
			<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	<b>Outfall Number</b> _____	
			<b>Acute</b>	<b>Chronic</b>	<b>Acute</b>	<b>Chronic</b>	
		Number of tests of discharge water					
		Number of tests of receiving water					
	3.14	Does the treatment works have a design flow greater than or equal to 0.1 MGD or is a groundwater discharge >30,000 GPD? <input type="checkbox"/> Yes <input type="checkbox"/> No → SKIP to Item 3.17.					
	3.15	Does the POTW use chlorine for disinfection, use chlorine elsewhere in the treatment process, or otherwise have reasonable potential to discharge chlorine in its effluent? <input type="checkbox"/> Yes → Complete Table B, including chlorine. <input type="checkbox"/> No → Complete Table B, omitting chlorine.					
3.16	Have you completed monitoring for all applicable Table B pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3.17	Does one or more of the following conditions apply? <ul style="list-style-type: none"> <li>The facility has a design flow greater than or equal to 1 MGD.</li> <li>The POTW has an approved pretreatment program or is required to develop such a program.</li> <li>NYSDEC has informed the POTW that it must sample for the parameters in Table C, must sample for the parameters in Table D, must sample for other additional parameters (Table D), or submit the results of WET tests for acute or chronic toxicity for each of its discharge outfalls (Table E).</li> </ul> Yes <input type="checkbox"/> No → SKIP to Section 4.						
3.18	Have you completed monitoring for all applicable Table C pollutants and attached the results to this application package? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3.19	Have you completed monitoring for all applicable Table D pollutants required by NYSDEC and attached the results to this application package? Yes <input type="checkbox"/> No <input type="checkbox"/>						