

WESTON & SAMPSON ENGINEERS, INC.
712 Brook Street, Suite 103
Rocky Hill, CT 06067
tel: 860.513.1473

Permit Application For Wastewater Discharges From Domestic Sewage Treatment Works (To Surface Waters)

February 12, 2024

CITY OF DERBY

Water Pollution Control Facility

Derby, CT

DRAFT COPY – 02/12/2024

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City of Derby WPCF - Derby, CT NPDES Permit Renewal March 2024

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Connecticut Department of
Energy & Environmental Protection

CPPU USE ONLY

App #: _____

Doc #: _____

Check #: _____

Permit Application Transmittal Form

Please complete this transmittal form in accordance with the instructions in order to ensure the proper handling of your application(s) and the associated fee(s). Print legibly or type.

Part I: Applicant Information:

- *If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, applicant's name shall be stated **exactly** as it is registered with the Secretary of State.
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).

Applicant: **City of Derby Water Pollution Control Authority**

Mailing Address: **City Hall - 1 Elizabeth Street**

City/Town: **Derby**

State: **CT**

Zip Code: **06418**

Business Phone: **203-736-1450**

ext.:

Contact Person: **Edward R. Abel**

Phone: **203-736-1475** ext.

E-Mail: **eabel@derbyct.gov**

Applicant (check one): ☐ individual ☐ *business entity ☐ federal agency ☐ state agency ☒ municipality ☐ tribal

*If a business entity, list type (e.g., corporation, limited partnership, etc.):

☐ Check if any co-applicants. If so, attach additional sheet(s) with the required information as supplied above.

Please provide the following information to be used for *billing purposes only*, if different:

Company/Individual Name:

Mailing Address:

City/Town:

State:

Zip Code:

Contact Person:

Phone:

ext.

Part II: Project Information

Brief Description of Project: (Example: Development of a 50 slip marina on Long Island Sound)

City of Derby Water Pollution Control Facility NPDES permit renewal (No. CT0100161)

Location (City/Town): **Derby**

Other Project Related Permits (*not* included with this form):

| Permit Description | Issuing Authority | Submittal Date | Issuance Date | Denial Date | Permit # |
|--------------------|-------------------|----------------|---------------|-------------|----------|
| | | | | | |
| | | | | | |

Part III: Individual Permit Application and Fee Information

| New, Mod. or Renew | Individual Permit Applications | Initial Fees | No. of Permits Applied For | Total Initial Fees | Original + Required Copies |
|---|---|----------------------------|----------------------------------|--------------------|----------------------------------|
| | AIR EMISSIONS | | | | |
| | New Source Review | \$940.00 | | | 1 + 0 |
| | <input type="checkbox"/> Revision <input type="checkbox"/> minor mod | | | | |
| | Title V Operating Permits | none | | | 1 + 0 |
| | <input type="checkbox"/> Revision <input type="checkbox"/> minor mod <input type="checkbox"/> non-minor mod | | | | |
| | Title IV | none | | | 1 + 0 |
| | Clean Air Interstate Rule (CAIR) | none | | | 1 + 0 |
| | WATER DISCHARGES | | | | |
| | To Groundwater | \$1300.00 | | | 1 + 1 |
| | To Sanitary Sewer (POTW) | \$1300.00 | | | 1 + 1 |
| Renew | To Surface Water (NPDES) | \$1300.00 | 1 | \$1,300.00 | 1 + 1 |
| | WATER PLANNING AND MANAGEMENT | | | | |
| | Dam Safety | none | | | 1 + 2 |
| | Domestic Sewage Treatment Works (For municipal and private sewage treatment facilities discharging to surface waters) | \$1300.00/ Mod = \$940 | | | 1 + 1 |
| | Water Diversion (consumptive) and Registrations | ★ | | | 1 + 5 |
| | LAND AND WATER RESOURCES | | | | |
| | Flood Management Certification | none | | | 1 + 1 |
| | Flood Management Certification Exemption | none | | | 1 + 1 |
| | Inland Wetlands and Watercourses (State Agencies Only) | none | | | 1 + 5 |
| | Inland 401 Water Quality Certification | none | | | 1 + 5 |
| | FERC- Hydropower Projects- 401 Water Quality Certification | none | | | |
| | Water Diversion (non-consumptive) | ★ | | | 1 + 5 |
| | Certificate of Permission | \$375.00 | | | 1 + 2 |
| | Coastal 401 Water Quality Certification | none | | | 1 + 2 |
| | Structures and Dredging/and Fill/Tidal Wetlands | \$660.00 | | | 1 + 2 |
| | WASTE MANAGEMENT | | | | |
| | Aerial Pesticide Application | ★ | | | 1 + 2 |
| | Aquatic Pesticide Application | \$200.00 | | | 1 + 0 |
| | CGS Section 22a-454 Waste Facilities | ★ | | | 1 + 1 |
| | Disruption of a Solid Waste Disposal Area | \$0 | | | 1 + 1 |
| | Hazardous Waste Treatment, Storage and Disposal Facilities | ★ | | | 1 + 1 |
| | Marine Terminal License | \$100.00 | | | 1 + 0 |
| | Stewardship | \$4000.00 | | | 1 + 1 |
| | Solid Waste Facilities | ★ | | | 1 + 1 |
| | Waste Transportation | ★ | | | 1 + 0 |
| | | Subtotal ➡ | 1 | \$1,300.00 | |
| GENERAL PERMITS and AUTHORIZATIONS | | Subtotals Page 3 & 4 ➡ | | | |
| Enter subtotals from Part IV, pages 3 - 6 of this form | | Subtotals Page 5 ➡ | | | |
| | | Subtotals Page 6 ➡ | | | |
| | | TOTAL ➡ | 1 | \$1,300.00 | |
| | | | | \$650.00 | |
| | | | | \$650.00 | |
| <input checked="" type="checkbox"/> Indicate whether municipal discount or state waiver applies. PROVIDE CHECK/CHECK # FOR INCLUSION IN PACKAGE | | Less Applicable Discount ➡ | | | |
| Check # ➡ | | AMOUNT REMITTED ➡ | | | |
| Check or money order should be made payable to: "Department of Energy and Environmental Protection" | | | | | |

★ See fee schedule on individual application.

Part IV: General Permit Registrations and Requests for Other Authorizations
Application and Fee Information

| ✓ | General Permits and Other Authorizations | Initial Fees | No. of Permits Applied For | Total Initial Fees | Original + Required Copies |
|--|---|----------------------|----------------------------|--------------------|----------------------------|
| AIR EMISSIONS | | | | | |
| <input type="checkbox"/> | Limit Potential to Emit from Major Stationary Sources of Air Pollution | \$2760.00 | | | 1 + 0 |
| <input type="checkbox"/> | Diagnostic and Therapeutic X-Ray Devices (Medical X-Ray) Registration | \$190.00/Xray device | | | 1 + 0 |
| <input type="checkbox"/> | Radioactive Materials and Industrial Device Registration (Ionizing Radiation) | \$200.00 | | | 1 + 0 |
| <input type="checkbox"/> | Emergency/Temporary Authorization | ★ ★ | | | ★ ★ |
| <input type="checkbox"/> | License Revocation Request | \$0 | | | ★ ★ |
| <input type="checkbox"/> | Other, (please specify): | | | | |
| WATER DISCHARGES | | | | | |
| Categorical Industry User to a POTW | | | | | |
| <input type="checkbox"/> | Discharges ≥ 10,000 gpd | \$6250.00 | | | 1 + 0 |
| <input type="checkbox"/> | Discharges < 10,000 gpd | \$3125.00 | | | |
| Comprehensive Discharges to Surface Water and Groundwater | | | | | |
| <input type="checkbox"/> | Registration Only | \$625.00 | | | 1 + 0 |
| <input type="checkbox"/> | Approval of Registration by DEEP | \$1250.00 | | | |
| <input type="checkbox"/> | Domestic Sewage | \$625.00 | | | 1 + 0 |
| <input type="checkbox"/> | Food Service Establishment Wastewater | No Registration | | | |
| Groundwater Remediation Wastewater | | | | | |
| <input type="checkbox"/> | Registration Only | \$625.00 | | | 1 + 0 |
| <input type="checkbox"/> | Approval of Registration by DEEP | \$1250.00 | | | |
| Miscellaneous Discharges of Sewer Compatible Wastewater | | | | | |
| <input type="checkbox"/> | Registration Only | \$500.00 | | | 1 + 0 |
| <input type="checkbox"/> | Approval of Registration by DEEP | \$1000.00 | | | |
| <input type="checkbox"/> | Nitrogen Discharges | No Registration | | | |
| <input type="checkbox"/> | Point Source Discharges from Application of Pesticides | \$200.00 | | | 1 + 0 |
| <input type="checkbox"/> | Stormwater Associated with Commercial Activities | \$300.00 | | | 1 + 0 |
| Stormwater Associated with Industrial Activities | | | | | |
| <input type="checkbox"/> | No Exposure Certification | \$250.00 | | | 1 + 0 |
| <input type="checkbox"/> | <50 employees—see general permit for additional requirements | \$500.00 | | | |
| <input type="checkbox"/> | >50 employees—see general permit for additional requirements | \$1000.00 | | | |
| <input type="checkbox"/> | Stormwater & Dewatering Wastewaters-Construction Activities | ★ | | | 1 + 0 |
| <input type="checkbox"/> | Stormwater from Small Municipal Separate Storm Sewer Systems (MS4) | \$625.00 | | | 1 + 0 |
| <input type="checkbox"/> | Stormwater from DOT Separate Storm Sewer Systems (DOT MS4) | \$0 | | | 1 + 0 |
| <input type="checkbox"/> | Subsurface Sewage Disposal Systems Serving Existing Facilities | ★ ★ | | | 1 + 0 |
| <input type="checkbox"/> | Swimming Pool Wastewater - Public Pools and Contractors | \$500.00 | | | 1 + 0 |
| Vehicle Maintenance Wastewater | | | | | |
| <input type="checkbox"/> | Registration Only | \$625.00 | | | 1 + 0 |
| <input type="checkbox"/> | Approval of Registration by DEEP | \$1250.00 | | | |
| <input type="checkbox"/> | Emergency/Temporary Authorization - Discharge to POTW | \$1500.00 | | | 1 + 0 |
| <input type="checkbox"/> | Emergency/Temporary Authorization - Discharge to Surface Water | \$1500.00 | | | 1 + 0 |
| <input type="checkbox"/> | Emergency/Temporary Authorization - Discharge to Groundwater | \$1500.00 | | | 1 + 0 |
| <input type="checkbox"/> | Other, (please specify): | | | | |
| Note: Carry subtotals over to Part III, page 2 of this form. | | Subtotal ➡ | | | |

★ See fee schedule on registration/application.

★★ Contact the specific permit program for this information.
 (Contact numbers are provided in the instructions)

Part IV: General Permit Registrations and Requests for Other Authorizations (continued)

| ✓ General Permits and Other Authorizations | Initial Fees | No. of Permits Applied For | Total Initial Fee | Original + Required Copies |
|--|-----------------|----------------------------|-------------------|----------------------------|
| AQUIFER PROTECTION PROGRAM | | | | |
| <input type="checkbox"/> Registration for Regulated Activities | \$625.00 | | | 1 + 0 |
| <input type="checkbox"/> Permit Application to Add a Regulated Activity | \$1250.00 | | | 1 + 0 |
| <input type="checkbox"/> Exemption Application from Registration | \$1250.00 | | | 1 + 0 |
| WATER PLANNING AND MANAGEMENT | | | | |
| <input type="checkbox"/> Dam Safety Repair and Alteration: Non Filing | No Registration | | | |
| <input type="checkbox"/> Dam Safety Repair and Alteration: Filing – No PE | \$100.00 | | | 1 + 0 |
| <input type="checkbox"/> Dam Safety Repair and Alteration: Filing – PE | \$200.00 | | | 1 + 0 |
| <input type="checkbox"/> Dam Safety Repair and Alteration: Approval of Filing | \$250.00 | | | 1 + 0 |
| <input type="checkbox"/> Diversion of Remediation Groundwater | No Registration | | | |
| <input type="checkbox"/> Diversion of Water for Consumptive Use: Reauthorization Categories | \$2500.00 | | | 1 + 0 |
| <input type="checkbox"/> Diversion of Water for Consumptive Use: Authorization Required | \$2500.00 | | | 1 + 4 |
| <input type="checkbox"/> Diversion of Water for Consumptive Use: Filing Only | \$1500.00 | | | 1 + 1 |
| <input type="checkbox"/> Water Resource Construction Activities | ★ | | | 1 + 0 |
| <input type="checkbox"/> Emergency/Temporary Authorization | ★★ | | | ★★ |
| <input type="checkbox"/> Notice of High Hazard Dam or a Significant Hazard Dam | \$0 | | | 1 + 0 |
| <input type="checkbox"/> Other, (please specify): | | | | |
| LAND AND WATER RESOURCES | | | | |
| Minor Coastal Structures | | | | |
| <input type="checkbox"/> 4/40 Docks/Access Stairs | \$700.00 | | | 1 + 1 |
| <input type="checkbox"/> Beach Grading | No Registration | | | |
| <input type="checkbox"/> Buoys or Markers | No Registration | | | |
| <input type="checkbox"/> Experimental Activities/Scientific Monitoring Devices | No Registration | | | |
| <input type="checkbox"/> Harbor Moorings | No Registration | | | |
| <input type="checkbox"/> Non-harbor Moorings | \$250.00 | | | 1 + 1 |
| <input type="checkbox"/> Osprey Platforms and Perch Poles | No Registration | | | |
| <input type="checkbox"/> Pump-out Facilities | No Registration | | | |
| <input type="checkbox"/> Swim Floats | No Registration | | | |
| Coastal Maintenance | | | | |
| <input type="checkbox"/> Backflow Prevention Structure | No Registration | | | |
| <input type="checkbox"/> Beach Grading/Raking | No Registration | | | |
| <input type="checkbox"/> Catch Basin Cleaning | No Registration | | | |
| <input type="checkbox"/> Coastal Remedial Activities Required by Order | \$700.00 | | | 1 + 1 |
| <input type="checkbox"/> Coastal Restoration | No Registration | | | |
| <input type="checkbox"/> DEEP Boat Launch Infrastructures | No Registration | | | |
| <input type="checkbox"/> DOT Infrastructures | No Registration | | | |
| <input type="checkbox"/> Marina and Mooring Field Reconfiguration | \$700.00 | | | 1 + 1 |
| <input type="checkbox"/> Minor Seawall Repair | No Registration | | | |
| <input type="checkbox"/> Placement of Cultch | No Registration | | | |
| <input type="checkbox"/> Reconstruction of Legally Existing Structure/Obstruction/Encroachment | \$300.00 | | | 1 + 1 |
| <input type="checkbox"/> Removal of Derelict Structures | No Registration | | | |
| <input type="checkbox"/> Residential Flood Hazard Mitigation | \$100.00 | | | 1 + 1 |
| <input type="checkbox"/> Temporary Access of Construction Vehicles/Equipment | No Registration | | | |
| <input type="checkbox"/> Programmatic General Permit | ★ | | | 1 + 1 |
| <input type="checkbox"/> Emergency/Temporary Authorization | | | | |
| <input type="checkbox"/> Other, (please specify): | | | | |
| Note: Carry subtotals over to Part III, page 2 of this form. | | Subtotal ➡ | | |

★ See fee schedule on registration/application.

★★ Contact the specific permit program for this information.
(Contact numbers are provided in the instructions)

Part IV: General Permit Registrations and Requests for Other Authorizations (continued)

| ✓ General Permits and Other Authorizations | Initial Fees | No. of Permits Applied For | Total Initial Fee | Original + Required Copies |
|---|-------------------|----------------------------|-------------------|----------------------------|
| WASTE MANAGEMENT | | | | |
| <input type="checkbox"/> Addition of Grass Clippings at Registered Leaf Composting Facilities | \$500.00 | | | 1 + 0 |
| <input type="checkbox"/> Beneficial Use Determination | ★ | | | 1 + 0 |
| <input type="checkbox"/> Collection and Storage of Post Consumer Paint | \$0 | | | 1 + 0 |
| <input type="checkbox"/> Connecticut Solid Waste Demonstration Project | \$1000.00 | | | 1 + 0 |
| Construct and Operate a Commercial Facility for the Management of Recyclable Materials and Certain Solid Wastes (Commercial GP) | Initial/Mod Fee | | | |
| <input type="checkbox"/> Asbestos Containing Materials | \$1,250.00/\$ 625 | | | 1 + 0 |
| <input type="checkbox"/> Ash Residue | \$1,250.00/\$ 625 | | | 1 + 0 |
| <input type="checkbox"/> Clean Wood: Tier III | \$500.00/\$250 | | | 1 + 0 |
| <input type="checkbox"/> Clean Wood: Tier II | \$250.00/\$125 | | | 1 + 0 |
| <input type="checkbox"/> Construction and Demolition Waste: Tier III | \$1,250.00/\$625 | | | 1 + 0 |
| <input type="checkbox"/> Construction and Demolition Waste: Tier II | \$500.00/\$250 | | | 1 + 0 |
| <input type="checkbox"/> Non-RCRA Hazardous Waste/Compatible Solid Wastes | \$1,250.00/\$625 | | | 1 + 0 |
| <input type="checkbox"/> Recyclables | \$500.00/\$250 | | | 1 + 0 |
| <input type="checkbox"/> Universal Wastes/Compatible Solid Wastes | \$1,250.00/\$625 | | | 1 + 0 |
| Contaminated Soil and/or Staging Management (Staging/Transfer) | | | | |
| <input type="checkbox"/> New Registrations | \$250.00 | | | 1 + 0 |
| <input type="checkbox"/> New Approval of Registrations | \$1500.00 | | | 1 + 0 |
| <input type="checkbox"/> Renewal of Registrations | \$250.00 | | | 1 + 0 |
| <input type="checkbox"/> Renewal of Approval of Registrations | \$750.00 | | | 1 + 0 |
| <input type="checkbox"/> Disassembling Used Electronics | \$2000.00 | | | 1 + 0 |
| <input type="checkbox"/> Leaf Composting Facility | \$0 | | | 1 + 1 |
| <input type="checkbox"/> Municipal Transfer Station | \$800.00 | | | 1 + 1 |
| <input type="checkbox"/> One Day Collection of Certain Wastes and Household Hazardous Waste | \$1000.00 | | | 1 + 0 |
| <input type="checkbox"/> Sheet Leaf Composting Notification | \$0 | | | ★★ |
| Special Waste Authorization | | | | |
| <input type="checkbox"/> Landfill or RRF Disposal | \$660.00 | | | |
| <input type="checkbox"/> Asbestos Disposal | \$300.00 | | | 1 + 0 |
| <input type="checkbox"/> homeowner | \$0 | | | |
| <input type="checkbox"/> Storage and Processing of Asphalt Roofing Shingle Waste | \$2500.00 | | | 1 + 0 |
| <input type="checkbox"/> Storage and Processing of Scrap Tires for Beneficial Use | \$1250.00 | | | 1 + 0 |
| <input type="checkbox"/> Emergency/Temporary Authorization | ★★ | | | ★★ |
| <input type="checkbox"/> Other, (please specify): | | | | |
| REMEDIATION | | | | |
| <input type="checkbox"/> In Situ Groundwater Remediation: Enhance Aerobic Biodegradation | ★ | | | 1 + 2 |
| <input type="checkbox"/> In Situ Groundwater Remediation: Chemical Oxidation | \$500.00 | | | 1 + 0 |
| <input type="checkbox"/> Emergency/Temporary Authorization | ★ | | | ★★ |
| Note: Carry subtotals over to Part III, page 2 of this form. Subtotal ➡ | | | | |

★ See fee schedule on registration/application.

★★ Contact the specific permit program for this information.
(Contact numbers are provided in the instructions)

Affirmative Action, Equal Employment Opportunity and Americans with Disabilities

The Connecticut Department of Energy and Environmental Protection is an Affirmative Action/Equal Opportunity Employer that is committed to complying with the requirements of the Americans with Disabilities Act (ADA). Please contact us at (860) 418-5910 or deep.accommodations@ct.gov if you: have a disability and need a communication aid or service; have limited proficiency in English and may need information in another language; or if you wish to file an ADA or Title VI discrimination complaint.

Permit Application for Wastewater Discharges from Domestic Sewage
Treatment Works (to Surface Waters)
(DEEP-WPMD-APP-300)

City of Derby WPCF – Derby, CT
NPDES Permit Renewal
March 2024



Connecticut Department of
Energy & Environmental Protection
Bureau of Water Protection & Land Reuse
Water Planning & Management Division

Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters)

| CPPU USE ONLY | |
|---|--|
| App #: | |
| Doc #: | |
| Check #: | |
| PROGRAM: Municipal NPDES Permits | |

Please complete this form in accordance with CGS section 22a-430 and RCSA sections 22a-430-3, 4, 6 and 7 and the [instructions](#) (DEEP-WPMD-INST-300) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee, a copy of the published notice of permit application and the completed [Certification of Notice Form](#) along with this form.

Part I: Application Type and Description

Check the appropriate box identifying the application type.

| | |
|---|--|
| <p>This application is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> permit</p> <p><input checked="" type="checkbox"/> A <i>renewal</i> of an existing permit</p> <p><input type="checkbox"/> A <i>modification</i> of an existing permit</p> | <p>For renewals or modifications:</p> <p>1. Existing permit or authorization number: CT0100161</p> <p>2. Expiration Date: 08/31/2024</p> |
| <p>Town where site is located: <u>Derby, CT</u></p> <p>Facility Name: <u>City of Derby Water Pollution Control Facility</u></p> | |

Part II: Fee Information

| |
|---|
| <p>1. The initial fee of \$1,300.00 [#1818] is to be submitted with <i>each</i> application for a new permit or a renewal of an existing permit. The initial fee of \$940.00 [#1815] is to be submitted with <i>each</i> application for a modification of an existing permit. The fee for municipalities is 50% of the above listed rate. The application will not be processed without the initial fee. An invoice will be sent for the remaining application processing fee as listed in RCSA section 22a-430-6. The fee shall be <i>non-refundable</i> and shall be paid by check or money order to the Department of Energy and Environmental Protection.</p> <p>2. The public notice of application must be published prior to submitting an application, as required in CGS section 22a-6g. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will not be processed if Attachment AA is not included.</p> <p>Date of publication: <u>INCLUDE DATE NOTICE APPEARS IN LOCAL PAPER</u></p> |
|---|

Part III: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database. ([CONCORD](#)).
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the [Request to Change Company/Individual Information](#) to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For further information concerning facility modifications, please contact Water Protection & Land Reuse (WPLR) at 860-424-3704.

1. Applicant Name: City of Derby Water Pollution Control Authority

Mailing Address: **City Hall - 1 Elizabeth Street**

City/Town: **Derby**

State: **CT**

Zip Code: **06418**

Business Phone: **203-736-1450**

ext.:

Contact Person: **Edward R. Abel**

Phone: **203-736-1475** ext.

*E-mail: **eabel@derbyct.gov**

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

a) Applicant Type (check one):

☒ municipality ☐ federal agency ☐ state agency ☐ individual ☐ tribal

☐ *business entity (*If a business entity complete i through iii):

i) check type: ☐ corporation ☐ limited liability company ☐ limited partnership

☐ limited liability partnership ☐ statutory trust ☐ Other: _____

ii) provide Secretary of the State business ID #: _____ This information can be accessed at the Secretary of State's database. ([CONCORD](#)).

iii) ☐ Check here if your business is **NOT** registered with the Secretary of State's office.

b) Applicant's interest in property at which the proposed activity is to be located:

☒ site owner ☐ option holder ☐ lessee

☐ easement holder ☒ operator ☐ other (specify): _____

☐ Check if any co-applicants. If so, attach additional sheet(s) with the required information as requested above.

2. Billing contact, if different than the applicant.

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Applicant Information (continued)

3. Primary contact for departmental correspondence and inquiries, if different than the applicant.

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

*E-mail:

*By providing this e-mail address you are agreeing to receive official correspondence from DEEP, at this electronic address, concerning the subject application. Please remember to check your security settings to be sure you can receive e-mails from "ct.gov" addresses. Also, please notify DEEP if your e-mail address changes.

4. List attorney or other representative, if applicable:

Firm Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Attorney:

Phone:

ext.

*E-mail:

5. Wastewater Treatment Contract Operator, if different than the applicant:

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

6. Property Owner, if different than the applicant:

Name: **N/A**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Part III: Applicant Information (continued)

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.

Name: **Weston & Sampson**

Mailing Address: **712 Brook Street Suite 103**

City/Town: **Rocky Hill**

State: **CT**

Zip Code: **06067**

Business Phone: **860-513-1473**

ext.:

Contact Person: **Robert Tedeschi, P.E., BCEE**

Phone: **860-616-6611** ext.

E-mail: **TedeschiR@wseinc.com**

Service Provided: **Permit Application Preparation**

☒ Check here if additional sheets are necessary. Label and attach the sheets to this page.

Part IV: Pre-Application Meeting

If a pre-application meeting was held, provide the following:

DEEP Staff Name: _____

Pre-Application Meeting Date: _____

Part V: Site Information

1. SITE NAME AND LOCATION

Name of Site : **City of Derby Water Pollution Control Facility**

Street Address or Location Description: **1 Caroline Street**

City/Town: **Derby**

State: **CT**

Zip Code: **06418**

2. **INDIAN LANDS:** Is or will the facility be located on federally recognized Indian lands? ☐ Yes ☒ No

Does the facility discharge to a receiving water that flows through Indian Country? ☐ Yes ☒ No

3. **COASTAL BOUNDARY:** Is this an application for a new permit or a modification of an existing permit where the physical footprint of the subject activity is modified? ☐ Yes ☒ No

If yes, **and** if the activity which is the subject of this application is located within the coastal boundary as delineated on DEEP approved coastal boundary maps, you must complete and submit a [Coastal Consistency Review Form](#) (DEEP-APP-004) with your application as Attachment E.

Information on the coastal boundary is available at www.cteco.uconn.edu/map_catalog.asp (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).

Part V: Site Information (continued)

4. **NATURAL DIVERSITY DATA BASE (NDDDB) - ENDANGERED OR THREATENED SPECIES:** Is the discharge in an area mapped by the [NDDDB Freshwater Mussel Map](#), with the exception of the Connecticut River?

☐ Yes ☒ No Date of Map Review: 01/08/2024

If No, or the discharge is directly to the Connecticut River, no further NDDDB review is required.

If Yes, complete and submit a [Request for NDDDB State Listed Species Review Form](#) (DEEP-APP-007) to the address specified on the form, **prior** to submitting this application. Please note NDDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDDB Determination response letter that has not expired **must** be submitted with this completed application as Attachment F. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Be aware that you must renew your NDDDB Determination if it expires before project work commences.

For more information visit the DEEP website at [Endangered-Species-ReviewData-Requests](#) or call the NDDDB at 860-424-3011.

5. **AQUIFER PROTECTION AREAS:** Is the site located within a mapped Level A or Level B [Aquifer Protection Area](#), as defined in CGS section 22a-354a through 22a-354bb?

☐ Yes ☒ No If **yes**, check one: ☐ Level A or ☐ Level B

If **Level A**, are any of the [regulated activities](#), as defined in RCSA section 22a-354i-1(34), conducted on this site? ☐ Yes ☐ No

If **yes**, and your business is **not** already registered with the Aquifer Protection Program, contact the [local aquifer protection agent](#) or DEEP to take appropriate actions.

For more information on the Aquifer Protection Area Program visit the DEEP website at [Aquifer Protection](#) or contact the program at 860-424-3019.

6. **CONSERVATION OR PRESERVATION RESTRICTION:** Is the property subject to a conservation or preservation restriction? ☐ Yes ☒ No

If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment G.

7. **ENVIRONMENTAL JUSTICE COMMUNITY:** Is this an application for a new or expanded permit for a sewage treatment plant with a design flow greater than 50 MGD? ☐ Yes ☒ No

If yes is answered for the question above **and** the sewage treatment plant is located within an Environmental Justice Community, as defined in the [Environmental Justice Public Participation Guidelines](#) at: [DEEP-Environmental-Justice](#), you must prepare an Environmental Justice Public Participation Plan (DEEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan **prior** to submitting this application. Once you have received written approval for your Environmental Justice Public Participation Plan from the DEEP, submit this completed application with a copy of the Plan approval as Attachment J.

Part VI: Facility or Activity Information

| <p>1. Provide a brief description of the facility or activity generating the discharge (including products produced or services provided, if applicable).</p> <p>The WPCF provides primary and secondary treatment of the wastewater discharged into the wastewater collection system by the residents and local businesses via a Modified Ludzak-Ettinger process. Treated wastewater flows to the Houstonian River.</p> | | | |
|--|---|--|-------------------------|
| <p>2. SIC Codes: Primary: 4 9 5 2 Additional: N/A</p> | | | |
| <p>3. In the table below, identify wastes or wastewaters licensed by another permit or general permit (such as grit, screenings, sludge etc.)</p> | | | |
| Type | Quantity (mass per unit time) | Method of disposal (incineration, waste hauler, etc.) | |
| Screenings | 26 Cubic Yards/Year | Waste Hauler | |
| Grit | 60 Cubic Yards/Year | Waste Hauler | |
| Primary/Secondary Sludge Cake | 1,650 WT | Incineration | |
| <p>4. Inventory of toxic and hazardous substances and oil or petroleum liquids (please see instructions)</p> <p><input checked="" type="checkbox"/> Check here if additional sheets are necessary. If so, please reproduce this sheet and attach copies to this sheet.</p> | | | |
| Name of toxic or hazardous substance or oil | Use of toxic or hazardous substance and maximum quantity used per day | If stored on-site, indicate maximum quantity of stored substance | TRI pollutant yes or no |
| Sodium Hypochlorite | Disinfection / 60 Gallons | 3,500 Gallons | No |
| Sodium Bisulfite | Dechlorination / 5 Gallons | 300 Gallons | No |
| Diesel Day Tank | Generator / Exercise or Emergency Use Only | 275 Gallons | No |
| <p>5. For outstanding requirements or compliance schedules which are related to the discharges that are the subject of this application, provide the following:</p> | | | |
| Identification of Requirement (federal, state or local) | Brief Description of Project and Status | Final Compliance Date (Indicate whether required or projected) | |
| | | | |
| | | | |
| | | | |

| | | |
|--|--|--|
| | | |
| | | |

Part VI: Facility or Activity Information (continued)

6. Indicate below any existing environmental permits. (Check all that apply and provide the corresponding permit number for each.)

| | | |
|---|--|---|
| <input checked="" type="checkbox"/> NPDES (discharges to surface water) Permit #: CT0100161 | <input type="checkbox"/> RCRA (hazardous waste) Permit #: | <input type="checkbox"/> UIC (underground injection control) Permit #: |
| <input type="checkbox"/> PSD (air emissions) Permit #: | <input type="checkbox"/> Nonattainment program (CAA) Permit #: | <input type="checkbox"/> NESHAPs (CAA) Permit #: |
| <input type="checkbox"/> Ocean dumping (MPRSA) Permit #: | <input type="checkbox"/> Dredge or fill (CWA Section 404) Permit #: | <input type="checkbox"/> Other (specify): Permit #: |

7. Provide the collection system information requested below for the treatment works.

☐ Check here if additional sheets are necessary. If so, please reproduce this sheet and attach copies to this sheet.

| Municipality Served | Population Served | Collection System Type | Ownership Status |
|--|-------------------|---|--|
| City of Derby | 12,212 | <u>100</u> % separate sanitary sewer | <input checked="" type="checkbox"/> Own <input checked="" type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own <input type="checkbox"/> Maintain |
| Total Population Served | 12,212 | Separate Collection System | Combined Collection System |
| Total miles of each type of sewer line | | <u>40</u> miles | _____ miles |

Part VI: Facility or Activity Information (continued)

| | | | | |
|---|---|-------------------------------------|--|--|
| 8. Provide design <i>and</i> actual flow rates in the designated spaces. | | Design Flow Rate | | |
| | | <u>3.5</u> MGD | | |
| Annual Average Flow Rates (Actual) | | | | |
| Two Years Ago | Last | This Year | | |
| <u>1.21</u> MGD | <u>1.03</u> MGD | <u>1.56</u> MGD | | |
| Maximum Daily Flow Rates (Actual) | | | | |
| Two Years Ago | Last | This Year | | |
| <u>2.08</u> MGD | <u>1.44</u> MGD | <u>2.81</u> MGD | | |
| 9. Provide the total number of POTW effluent discharge points to waters of the United States by type. | | | | |
| Treated Effluent | Untreated Effluent | Combined Sewer Overflows | Bypasses | Constructed Emergency Overflows |
| <u>1</u> | _____ | _____ | _____ | _____ |
| 10. Does the POTW discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the United States? | | | | |
| <input type="checkbox"/> Yes – provide the location of each surface impoundment and associated information below: <input checked="" type="checkbox"/> No SKIP to Item 11 | | | | |
| Location | Average Daily Volume Discharged to Surface Impoundment | | Continuous or Intermittent (check one) | |
| N/A | gpd | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |
| | gpd | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |
| | gpd | | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |
| 11. Is POTW effluent applied to land? | | | | |
| <input type="checkbox"/> Yes – provide the land application site and discharge data in the table below: <input checked="" type="checkbox"/> No - SKIP to Item 12 | | | | |
| Location | Size | Average Daily Volume Applied | Continuous or Intermittent (check one) | |
| N/A | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |
| | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |
| | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent | |

Part VI: Facility or Activity Information (continued)

| 12. Is POTW effluent transported to another facility for treatment prior to discharge? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - SKIP to Item 15 | | | | |
|--|---------------------------|---------------------------------------|---------------------------------------|--|
| Describe the means by which POTW effluent is transported (e.g., tank truck, pipe). N/A | | | | |
| 13. Is the POTW effluent transported by a party other than the applicant? <input type="checkbox"/> Yes – provide information on the transporter below: <input checked="" type="checkbox"/> No - SKIP to Item 14 | | | | |
| Entity name: N/A | | Mailing address (street or P.O. box): | | |
| City or town: | | State: | ZIP code: | |
| Contact name (first and last): | | Title: | | |
| Phone number: | | Email address: | | |
| 14. In the table below, indicate the name, address, contact information, NPDES number, and average daily flow rate of the receiving facility in Item 12. | | | | |
| Facility name: N/A | | Mailing address (street or P.O. box): | | |
| City or town: | | State: | ZIP code: | |
| Contact name (first and last): | | Title: | | |
| Phone number: | | Email address: | | |
| NPDES number of receiving facility (if any): <input type="checkbox"/> None | | Average daily flow rate: mgd | | |
| 15. Is the POTW effluent disposed of in a manner other than those already mentioned in Items 9 through 14 that do not have outlets to waters of the United States (e.g., underground percolation, underground injection)? <input type="checkbox"/> Yes – provide information on other disposal methods below: <input checked="" type="checkbox"/> No - SKIP to Item 16 | | | | |
| Disposal Method Description | Location of Disposal Site | Size of Disposal Site | Annual Average Daily Discharge Volume | Continuous or Intermittent (check one) |
| N/A | | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |
| | | acres | gpd | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent |

Part VI: Facility or Activity Information (continued)

| | | | | | |
|--|---|--|---|--|--|
| 16. Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? <input type="checkbox"/> Yes – provide information for each contractor below: <input checked="" type="checkbox"/> No - SKIP to Item 17 | | | | | |
| | Contractor 1 | Contractor 2 | Contractor 3 | | |
| Contractor name (company name) | N/A | | | | |
| Mailing address (street or P.O. box) | | | | | |
| City, state, and ZIP code | | | | | |
| Contact name (first and last) | | | | | |
| Phone number | | | | | |
| Email address | | | | | |
| Operational and maintenance responsibilities of contractor | | | | | |
| 17. Provide the treatment works' current average daily volume of inflow and infiltration. | | Average Daily Volume of Inflow and Infiltration | | | |
| | | 555,000 gpd | | | |
| Indicate the steps the facility is taking to minimize inflow and infiltration: The WPCA developed an I&I Control Plan, which was implemented through a series of construction projects that took place between 2019 and 2023. Broken in five phases, work included the removal and replacement of sanitary sewer lines, installation of cured-in-place pipe, manhole repairs, and lateral lining/repairs to reduce known sources of inflow and infiltration. | | | | | |
| 18. Are improvements to the facility scheduled? <input type="checkbox"/> Yes - Briefly list and describe the scheduled improvements. <input checked="" type="checkbox"/> No - SKIP to Item 19 | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Provide scheduled or actual dates of completion for improvements. | | | | | |
| Scheduled Improvement (from above) | Affected Outfalls (list outfall number) | Begin Construction (MM/DD/YYYY) | End Construction (MM/DD/YYYY) | Begin Discharge (MM/DD/YYYY) | Attainment of Operational Level (MM/DD/YYYY) |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

Part VI: Facility or Activity Information (continued)

18. (continued) Have appropriate permits/clearances concerning other federal/state requirements been obtained? Briefly explain your response.

☐ Yes

☐ No

☒ None required or applicable

Explanation:

19. Provide the following information for each POTW outfall. (Attach additional sheets if you have more than three outfalls.)

| | Outfall Number <u>001-1</u> | Outfall Number _____ | Outfall Number _____ |
|-------------------------|-----------------------------|----------------------|----------------------|
| State | CT | | |
| County | New Haven | | |
| City or town | Derby | | |
| Distance from shore | 225 ft. | ft | ft |
| Depth below surface | Unknown ft | ft | ft |
| Average daily flow rate | 1.30 mgd | mgd | mgd |
| Latitude | ° 41 ' 31 " 6809 | ° ' " | ° ' " |
| Longitude | ° -73 ' 08 " 7749' | ° ' " | ° ' " |

20. Do any of the POTW outfalls described under Item 19 have seasonal or periodic discharges?

☐ Yes – provide information below for each outfall:

☒ No - SKIP to Item 21

| | Outfall Number <u>N/A</u> | Outfall Number _____ | Outfall Number _____ |
|--|---------------------------|----------------------|----------------------|
| Number of times per year discharge occurs | N/A | | |
| Average duration of each discharge (specify units) | | | |
| Average flow of each discharge | MGD | MGD | MGD |
| Months in which discharge occurs | | | |

21. Are any of the POTW outfalls listed under Item 20 equipped with a diffuser?

☐ Yes - Briefly describe the diffuser type at each applicable outfall.

☒ No - SKIP to Item 22

| | Outfall Number <u>N/A</u> | Outfall Number _____ | Outfall Number _____ |
|--|---------------------------|----------------------|----------------------|
| | N/A | | |

Part VI: Facility or Activity Information (continued)

| | | | |
|---|---|--|--|
| 22. Does the treatment works discharge or plan to discharge effluent to waters of the United States from one or more discharge points? <input checked="" type="checkbox"/> Yes - Provide the receiving water and related information (if known) for each POTW outfall <input type="checkbox"/> No - SKIP to Part VII | | | |
| | Outfall Number 001-1 | Outfall Number _____ | Outfall Number _____ |
| Receiving water name | Housatonic River | | |
| Name of watershed, river, or stream system | Housatonic River | | |
| U.S. Soil Conservation Service 14-digit watershed code | HUC 12-011000051003 | | |
| Name of state management/river basin | Naugatuck River Basin | | |
| U.S. Geological Survey 8-digit hydrologic cataloging unit code | 01100005 | | |
| Critical low flow (acute) | Unknown cfs | cfs | cfs |
| Critical low flow (chronic) | Unknown cfs | cfs | cfs |
| Total hardness at critical low flow | Unknown mg/L of CaCO ₃ | mg/L of CaCO ₃ | mg/L of CaCO ₃ |
| 23. Provide the following information describing the treatment provided for discharges from each POTW outfall listed in Item 22. | | | |
| | Outfall Number 001-1 | Outfall Number _____ | Outfall Number _____ |
| Highest Level of Treatment (check all that apply per outfall) | <input type="checkbox"/> Primary <input type="checkbox"/> Equivalent to secondary <input checked="" 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): |
| Provide Design Removal Rates by Outfall | | | |
| BOD ₅ or CBOD ₅ | % | % | % |
| 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 % |

Part VI: Facility or Activity Information (continued)

| | | | | | | |
|---|---|---------------------------|--|----------------|--|----------------|
| 24. Describe the type of disinfection used for the effluent from each POTW outfall listed in the table below. If disinfection varies by season, describe below. | | | | | | |
| | Outfall Number 001-1 | | Outfall Number _____ | | Outfall Number _____ | |
| Disinfection type | Chlorination | | | | | |
| Seasons used | May Through September | | | | | |
| Dechlorination used? | <input type="checkbox"/> Not applicable <input checked="" 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 | |
| 25. Indicate the number of acute and chronic WET tests conducted since the last permit reissuance on any of the facility's discharges or on any receiving water near the discharge points. | | | | | | |
| | Outfall Number 001-1 | | Outfall Number _____ | | Outfall Number _____ | |
| | Acute | Chronic | Acute | Chronic | Acute | Chronic |
| Number of tests of POTW effluent | 18 | 5 | | | | |
| Number of tests of receiving water | 0 | 5 | | | | |
| 26. Indicate the dates the WET data were submitted to your NPDES permitting authority and provide a summary of the results. | | | | | | |
| Date(s) Submitted (MM/DD/YYYY) | | Summary of Results | | | | |
| Chronic - 11/26/2019 - 11/13/2020 - 11/29/2021 - 12/01/2022 - 12/11/2023 | | Pass All | | | | |
| ATMR - 01/27/2020 - 04/23/2020 - 07/31/2020 - | | Pass All | | | | |
| ATMR - 01/02/2021 - 05/10/2021 - 07/27/2021 - | | Pass All | | | | |
| ATMR - 02/01/2022 - 05/10/2022 - 07/15/2022 - | | Pass All | | | | |
| ATMR - 01/30/2023 - 04/27/2023 - 08/14/2023 - | | Pass All | | | | |
| ATMR - 01/18/2024 | | Pass All | | | | |
| 27. Regardless of how you provided your WET testing data to the NPDES permitting authority, did any of the tests result in toxicity? | | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - SKIP to Item 29 | | | | | | |
| Describe the cause(s) of the toxicity: | | | | | | |
| N/A | | | | | | |
| 28. Has the treatment works conducted a toxicity reduction evaluation? | | | | | | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No - SKIP to Item 29 | | | | | | |

Provide details of any toxicity reduction evaluations conducted.

N/A

Part VI: Facility or Activity Information (continued)

29. Does the POTW receive discharges from Significant Industrial Users (SIUs) or Non-Significant Categorical Industrial Users (NSCIUs)?

☐ Yes

☒ No - SKIP to Item 34

30. Indicate the number of SIUs and NSCIUs that discharge to the POTW.

| Number of SIUs | Number of NSCIUs |
|----------------|------------------|
| N/A | N/A |

31. Does the POTW have an approved pretreatment program?

☐ Yes

☒ No

32. Have you submitted either of the following to the NPDES permitting: (1) a pretreatment program annual report or (2) a pretreatment program?

☐ Yes – Identify the title and date below and then SKIP to Item 34

☒ No – SKIP to Item 33

Identify the title and date of the annual report or pretreatment program:

N/A

Part VI: Facility or Activity Information (continued)

33. Response space is provided for three SIUs. Copy the table to report information for additional SIUs.

| | SIU ____ | SIU ____ | SIU ____ |
|---|--|--|--|
| Name of SIU | | | |
| Mailing address (street or P.O. box) | | | |
| City, state, and ZIP code | | | |
| Description of all industrial processes that affect or contribute to the discharge. | | | |
| List the principal products and raw materials that affect or contribute to the SIU's discharge. | | | |
| Indicate the average daily volume of wastewater discharged by the SIU. | gpd | gpd | gpd |
| How much of the average daily volume is attributable to process flow? | gpd | gpd | gpd |
| How much of the average daily volume is attributable to non-process flow? | gpd | gpd | gpd |
| Is the SIU subject to local limits? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is the SIU subject to categorical standards? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

33 Is continued below

Part VI: Facility or Activity Information (continued)

| Continuation of 33 - Response space is provided for three SIUs. Copy the table to report information for additional SIUs. | | | |
|--|--|--|--|
| | SIU ____ | SIU ____ | SIU ____ |
| Under what categories and subcategories is the SIU subject? | | | |
| Has the POTW experienced problems (e.g., upsets, pass-through interferences) in the past 4.5 years that are attributable to the SIU? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe. | | | |

Part VI: Facility or Activity Information (continued)

34. Does the POTW receive, or has it been notified that it will receive, by truck, rail, or dedicated pipe, any wastes that are regulated as RCRA hazardous wastes pursuant to 40 CFR 261?

☐ Yes – provide the following information below: ☒ No - SKIP to Item 35

| Hazardous Waste Number | Waste Transport Method (check all that apply) | Annual Amount of Waste Received | Units |
|------------------------|---|---------------------------------|-------|
| | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify): | | |
| | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify): | | |
| | <input type="checkbox"/> Truck <input type="checkbox"/> Rail <input type="checkbox"/> Dedicated pipe <input type="checkbox"/> Other (specify): | | |

35. Does the POTW receive, or has it been notified that it will receive, wastewaters that originate from remedial activities, including those undertaken pursuant to CERCLA and Sections 3004(7) or 3008(h) of RCRA?

☐ Yes ☒ No

36. Does the POTW receive (or expect to receive) less than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e)?

☒ Yes - SKIP to Item 37 ☐ No - Provide the following information:

Provide as Attachment Z, identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW.

37. Does the treatment works have a combined sewer system?

☐ Yes – provide the information below: ☒ No - SKIP to Part VII

Provide the collection system information requested below for the treatment works:

| Municipality Served | Population Served | Collection System Type (indicate percentage) | Ownership Status | |
|---------------------|-------------------|---|------------------------------|-----------------------------------|
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % separate sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | _____ % combined storm and sanitary sewer | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |
| | | <input type="checkbox"/> Unknown | <input type="checkbox"/> Own | <input type="checkbox"/> Maintain |

Part VI: Facility or Activity Information (continued)

| | | | |
|---|--|--|--|
| 37. (continued) | | | |
| Provide the collection system information requested below for the treatment works: | | | |
| Total Population Served | Separate Sanitary Sewer System | | Combined Storm and Sanitary Sewer |
| Total miles of each type of sewer line | miles | | miles |
| For each CSO outfall, provide the following information (Attach additional sheets as necessary): | | | |
| | CSO Outfall Number _____ | CSO Outfall Number _____ | CSO Outfall Number _____ |
| City or town | | | |
| State and ZIP code | | | |
| County | | | |
| Latitude | ° ' " ' | ° ' " " | ° ' " " |
| Longitude | ° ' " ' | ° ' " " | ° ' " " |
| Distance from shore | ft. | ft. | ft. |
| Depth below surface | ft. | ft. | ft. |
| Provide data (if available) for the past year for all CSO outfalls (Attach additional sheets as necessary) : | | | |
| | CSO Outfall Number _____ | CSO Outfall Number _____ | CSO Outfall Number _____ |
| Rainfall | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSO flow volume | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSO pollutant concentrations | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Receiving water quality | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| CSO frequency | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of storm events | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Part VI: Facility or Activity Information (continued)

| Provide the following information (if available) for each of your CSO outfalls (Attach additional sheets as necessary) : | | | |
|--|--|--|--|
| | CSO Outfall Number _____ | CSO Outfall Number _____ | CSO Outfall Number _____ |
| Number of CSO events in the past year | _____ events | _____ events | _____ events |
| Average duration per event | _____ hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | _____ hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | _____ hours <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| Average volume per event | _____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | _____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | _____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| Minimum rainfall causing a CSO event in last year | _____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | _____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated | _____ million gallons <input type="checkbox"/> Actual or <input type="checkbox"/> Estimated |
| Provide the information in the table below for each of your CSO outfalls (Attach additional sheets as necessary) : | | | |
| | CSO Outfall Number _____ | CSO Outfall Number _____ | CSO Outfall Number _____ |
| Receiving water name | | | |
| Name of watershed/ stream system | | | |
| U.S. Soil Conservation Service 14-digit watershed code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| Name of state management/river basin | | | |
| U.S. Geological Survey 8-Digit Hydrologic Unit Code (if known) | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |
| Description of known water quality impacts on receiving stream by CSO (see instructions for examples) | | | |

Part VII: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

- | | | |
|-------------------------------------|-----------------|--|
| <input checked="" type="checkbox"/> | Attachment AA: | a copy of the published notice of permit application, as described in the instructions, attached to a completed Certification of Notice Form (DEEP-APP-005A) |
| <input checked="" type="checkbox"/> | Attachment A: | Executive Summary (DEEP-WPED-APP-101) |
| <input checked="" type="checkbox"/> | Attachment B: | Applicant Background Information Form (DEEP-APP-008); if applicable |
| <input checked="" type="checkbox"/> | Attachment C: | Applicant Compliance Information Form (DEEP-APP-002); if applicable |
| <input checked="" type="checkbox"/> | Attachment D: | A USGS Quadrangle Map indicating the exact location of the facility or site and Latitude and Longitude Form (DEEP-APP-003) |
| <input type="checkbox"/> | Attachment E: | Coastal Consistency Review Form (DEEP-APP-004); if applicable |
| <input type="checkbox"/> | Attachment F: | A copy of the NDDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDDB. Do <i>not</i> submit any NDDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDDB Determination if it expires before project work commences. |
| <input type="checkbox"/> | Attachment G: | Conservation or Preservation Restriction Information; if applicable. |
| <input type="checkbox"/> | Attachment H: | Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable. (Also, a final report documenting the implementation of the Environmental Justice Public Participation Plan is to be prepared and submitted before the Department issues a Notice of Tentative Determination.) |
| <input checked="" type="checkbox"/> | Attachment I-1: | Site Plans |
| <input type="checkbox"/> | Attachment I: | Operation and Maintenance for Collection and Treatment Systems: General Description, Plan Checklist and Certification (DEEP-WPED-APP-103). For renewals, refer to Attachment X. |
| <input type="checkbox"/> | Attachment M | Line Drawing and Process Flow Diagram |
| <input type="checkbox"/> | Attachment N: | Description and Plans and Specifications of Collection, Treatment and Disposal Systems (submit for new construction only). For renewals, refer to Attachment X. |
| <input checked="" type="checkbox"/> | Attachment P: | Sewage Sludge Information (DEEP-WPED-APP-108) |
| <input checked="" type="checkbox"/> | Attachment W: | For Renewal of an Existing Permit and Other Discharges Previously Licensed by DEEP , (DEEP-WPED-APP-102) |
| <input checked="" type="checkbox"/> | Attachment X: | Certification Regarding Submittal of Previously Approved Documents , (DEEP-WPMD-APP-302); if applicable |
| <input checked="" type="checkbox"/> | Attachment Y: | Discharge Information (DEEP-WPMD-APP-301) |
| <input type="checkbox"/> | Attachment Z: | If the POTW receives (or expects to receive) equal to or greater than 15 kilograms per month of non-acute hazardous wastes as specified in 40 CFR 261.30(d) and 261.33(e), then provide identification and description of the site(s) or facility(ies) at which the wastewater originates; the identities of the wastewater's hazardous constituents as listed in Appendix VII of 40 CFR 261, if known; and the extent of treatment, if any, the wastewater receives or will receive before entering the POTW. |

Part VIII: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.

I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute.

I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text.

I certify that I have complied with all notice requirements as listed in section 22a-6g of the General Statutes."

DERBY SIGN & DATE

Signature of Applicant

Date

Edward R. Abel

Superintendent

Name of Applicant (print or type)

Title (if applicable)

W&S SIGN & DATE

Signature of Preparer (if different than above)

Date

Robert G. Tedeschi

Professional Engineer

Name of Preparer (print or type)

Title (if applicable)

☒ Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: Please submit this completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT
DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION
79 ELM STREET
HARTFORD, CT 06106-5127

Please remember to publish notice of the permit application **prior** to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEEP with a copy of the published notice, as described in the instructions, attached to a completed [Certification of Notice Form](#) (DEEP-APP-005A) as Attachment AA to this application.

Permit Application for Wastewater Discharges from Domestic Sewage
Treatment Works (to Surface Waters) (Continued)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024

Part III: Applicant Information (continued)

7. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.

| NAME / ADDRESS | BUSINESS PHONE NUMBER | EMAIL |
|--|--------------------------------|----------------------|
| John Ruvo Project Engineer 712 Brook Street Suite 103 Rocky Hill, CT 06067 | 860-956-6913 | ruvo.john@wseinc.com |
| Service Provided: | Permit Application Preparation | |

DEEP-WPMD-APP-300

Part VI: Facility or Activity Information

4. Inventory of Toxic and Hazardous Substances and Oil or Petroleum Liquids (Continued)

City of Derby WPCF - Derby, CT NPDES Permit Renewal March 2024

| Name of Toxic or Hazardous Substance or Oil | Use of Toxic or Hazardous Substance and Maximum Quantity Used Per Day | If Stored On-Site, Indicate Maximum Quantity of Stored Substance | TRI Pollutant (Yes or No) |
|---|---|--|---------------------------|
| Diesel Tank | Generator / Exercise or Emergency Use Only | 500 Gallons | No |
| Diesel Tank | Generator / Exercise or Emergency Use Only | 800 Gallons | No |
| Waste Oil | 0 Gallons | <55 Gallons | No |
| Endimal | Odor Control / 2 Gallons | 220 Gallons | No |

Attachment AA
Certification of Notice Form – Notice of Application
(DEEP-APP-005A)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024



Connecticut Department of
Energy & Environmental Protection

Certification of Notice Form - Notice of Application

DEEP USE ONLY

Division

Application No.

I, Edward R. Abel, certify that
(Name of Applicant)

the attached notice represents a true copy of the notice that appeared in the Connecticut Post
(Name of Newspaper)

on INSERT DATE NOTICE WAS PUBLISHED
(Date)

I also certify that I have provided a copy of said notice to the chief elected municipal official listed below as required by section 22a-6g CGS.

Joseph L. DiMartino

Mayor

Name of Official

Title of Official

City Hall - 1 Elizabeth Street

Address

Derby

CT

06418

City/Town

State

Zip Code

SIGN & DATE

Signature of Applicant

Date

Edward R. Abel

Superintendent

Name of Applicant (print or type)

Title (if applicable)

Notice of Permit Application

Town(s):

City of Derby

Notice is hereby given that the City of Derby (the "applicant") of 1 Elizabeth Street, Derby, CT 06418 will submit to the Department of Energy and Environmental Protection an application under section 22a-430 of the Connecticut General Statutes for a permit to initiate, create, originate, or maintain a discharge of water, substance or material to the waters of the state.

Specifically, the applicant proposes to renew its existing Municipal NPDES Permit No. CT0100161 to discharge 3.5 million gallons per day of treated domestic sewage. The proposed activity will take place at the Derby Water Pollution Control Facility, 1 Caroline Street, Derby, CT 06418. The proposed activity will potentially affect: Housatonic River and the Long Island Sound.

Interested persons may obtain copies of the application from Mr. Edward R. Abel, Superintendent, City Hall, 1 Elizabeth Street, Derby, CT 06418, (203)-736-1475.

The application will be available for inspection at the Department of Energy and Environmental Protection, Bureau of Water Protection and Land Reuse, Water Planning and Management Division, Municipal Wastewater Section, 79 Elm Street, Hartford, CT 06106-5127; 860-424-3704 from 8:30 to 4:30 Monday through Friday. Please call in advance to schedule review of the application.

NOTICE BODY TO BE PUBLISHED IN LOCAL PAPER

**THIS PAGE TO BE REPLACED WITH
SCANNED PUBLISHED COPY AND RECEIPT**

February 29th, 2024

Mr. Joseph L. DiMartino
Mayor - City of Derby
City Hall
1 Elizabeth Street
Derby, CT 06418

SENT TO CITY BY W&S ON BEHALF OF DEPT

Re: **Wastewater Discharge Permit Renewal (Permit #CT0100161)**
City of Derby Water Pollution Control Facility
1 Caroline Street
Derby, CT 06418

Dear Mr. DiMartino,

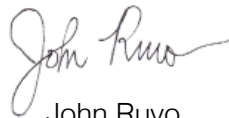
On behalf of the City of Derby's WPCA, Weston & Sampson Engineers, Inc. has submitted a renewal wastewater discharge permit application to the Connecticut Department of Energy & Environmental Protection. The renewed permit will allow for the continued discharge of treated effluent from the City of Derby Water Pollution Control Facility.

A legal notice has been sent to the Connecticut Post for publication in the next few days. This notice comprises a general notification of the renewal application submittal. Please feel free to reach out to either myself (TedeschiR@wseinc.com), John Ruvo (Ruvo.John@wseinc.com), or Edward R. Abel, Superintendent of the Plant (eabel@derbyct.gov / 203-736-1475) if you have any questions.

Sincerely,



Robert Tedeschi, P.E., BCEE
Senior Team Leader
Weston & Sampson Engineers, Inc.



John Ruvo
Project Engineer
Weston & Sampson Engineers, Inc.

Attachments (1): **CERT NOTICE/NOTICE BODY** **ATTACH SCANNED COPY OF PUBLISHED NOTICE**

Cc: Edward R. Abel – Plant Superintendent

Attachment A
Executive Summary
(DEEP-WPED-APP-101)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024

Attachment A: Executive Summary

Applicant Name: **City of Derby Water Pollution Control Authority**
(as indicated on the *Application Form*)

Location of Facility or Activity:

City of Derby Water Pollution Control Facility
1 Caroline Street, Derby CT 06418

Contact Person: **Edward R. Abel**

Phone: **203-736-1475**

For renewals or modifications of an existing permit, provide the Facility I.D. No.: **037-001**

In the table below list *each* discharge that is the subject of this application. For renewals of existing permits, label each discharge by the same discharge serial number stated in the previous permit and provide the existing permit number. For new permits, label each discharge to a surface water consecutively starting with serial number 101; for discharges to a POTW label each discharge consecutively starting with 201; and for discharges to ground water label each discharge consecutively starting with 301.

| Discharge Serial Number/ Permit Number | Maximum Flow (gallons per day) | Category of Discharge Source | Name of discharge location (Name of POTW; Name of surface water; For groundwater, name of surface watershed area) | Geographical description of location of discharge point (e.g., 20 feet north from Bear Bridge) |
|---|-----------------------------------|------------------------------|---|--|
| CT0100161 | 3,590,000 | Domestic Sewage | Housatonic River | 1/4 mile north of Route 8 overpass / 200' south of RR tracks on Derby |
| | | | | |
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| | | | | |

Attachment A: Executive Summary (continued)

Provide a brief general description of the nature of the business or activity and of each existing or proposed activity or process generating each discharge. For new discharges, provide a timeline for initiation of the discharges as well as a brief summary of the environmental impact of the proposed discharges.

The existing facility is a domestic sewage treatment plant that receives and treats wastewater from the City of Derby as well as 142 housing units in the Town of Orange. The facility provides primary and secondary treatment via a Modified Ludzak-Ettinger process with continuous discharge of treated wastewater to the Housatonic River via an unnamed watercourse approximately 200' south of where the railroad tracks meet the Derby Greenway. The effluent is disinfected in the summer months using Sodium Hypochlorite which is subsequently dechlorinated with Sodium Bisulfate.

The WPCF is permitted for a design flow rate of 3.5 million gallons per day (MGD). The average daily total effluent flow from the WPCF in 2021, 2022, and 2023 was 1.21, 1.03, and 1.56 MGD, respectively.

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Provide a table of contents of the application which includes the permit application form, and a list of titles of all plans, drawings, reports, studies, or other supporting documentation which are attached as part of the application, along with the corresponding attachment label and the number of pages (i.e., Executive Summary - Attachment A - 4 pages).

Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) (DEEP-WPMD-APP-300) - X page.

Executive Summary (DEEP-WPED-APP-101) - Attachment A - X page.

Certification of Notice Form (DEEP-WPED-APP-005A) - Attachment AA - X page.

Applicant Background Information Form (DEEP-APP-008) - Attachment B - X page.

Applicant Compliance Information Form (DEEP-APP-002) - Attachment C - X page.

USGS Quadrangle Map and Latitude and Longitude Form (DEEP-APP-003) - Attachment D - X pages.

Sewage Sludge Information (DEEP-WPED-APP-108) - Attachment P - X page.

For Renewal of an Existing Permit and Other Discharges Previously Licensed by DEEP (DEEP-WPED-APP-102) - Attachment W - X page.

Certification Regarding Submittal of Previously Approved Documents (DEEP-WPED-APP-102A) - Attachment X - X page.

Discharge Information - Attachment Y - X page.

UPDATE NUMBER OF PAGES ONCE ALL INFORMATION HAS BEEN INPUTTED

Attachment B
Applicant Background Information
(DEEP-APP-008)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024



Connecticut Department of
Energy & Environmental Protection

Applicant Background Information

Check the box by the entity which best describes the applicant and complete the requested information. **You must choose one of the following:** corporation, limited liability company, limited partnership, general partnership, voluntary association and individual or business type. Be sure to include the signatory authority or authorized representative certifying the application.

☒ **Corporation**

☒ Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. Parent Corporation

Name: **City of Derby Water Pollution Control Authority**

Mailing Address: City Hall - 1 Elizabeth Street

City/Town: Derby

State: CT

Zip Code: 06418

Business Phone: 203-736-1450

ext.:

Contact Person: Edward R. Abel

Phone: 203-736-1475

ext.

E-mail: eabel@derbyct.gov

2. Subsidiary Corporation:

Name:

Mailing Address:

City/Town:

State: CT

Zip Code:

Business Phone:

ext.:

Contact Person: Phone:

ext.

E-mail:

3. Directors:

Name: **Edward R. Abel (WPCA Superintendent)**

Mailing Address: City Hall - 1 Elizabeth Street

City/Town: Derby

State: CT

Zip Code: 06418

Business Phone: 203-736-1475

ext.:

E-mail: eabel@derbyct.gov

4. Officers:

Name: **See Attached Table**

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Applicant Background Information (continued)

☐ **Limited Liability Company**

☐ Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. List each member.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

2. List any manager(s) who, through the articles of organization, are vested the management of the business, property and affairs of the limited liability company.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Applicant Background Information (continued)

☐ **Limited Partnership**

☐ Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

2. Limited Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Applicant Background Information (continued)

☐ **General Partnership**

☐ Check the box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. General Partners:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

Contact Person:

Phone:

ext.

E-mail:

Applicant Background Information (continued)

☐ **Voluntary Association**

☐ Check box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. List authorized persons of association or list all members of association.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

☐ **Individual or Other Business Type**

☐ Check the box, if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1. Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.:

E-mail:

2. State other names by which the applicant is known, including business names.

Name:

Attachment B
Applicant Background Information (Continued)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024

City of Derby WPCA Officers

| NAME / ADDRESS | BUSINESS PHONE NUMBER | EMAIL |
|--|-----------------------|----------------------------|
| Jack Walsh Chairman 1 Elizabeth Street Derby, CT 06418 | 203-736-1450 | johnwalshderby@comcast.net |
| Kelly Curtis Member 1 Elizabeth Street Derby, CT 06418 | 203-736-1450 | xchief9596@aol.com |
| Robert Miani Member 1 Elizabeth Street Derby, CT 06418 | 203-736-1450 | bob_miani@yahoo.com |

Attachment C
Applicant Compliance Information
(DEEP-APP-002)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024



**Connecticut Department of
Energy & Environmental Protection**

Applicant Compliance Information

DEEP ONLY

App. No. _____

Co./Ind. No. _____

Applicant Name: City of Derby Water Pollution Control Authority

Mailing Address: **City Hall - 1 Elizabeth Street**

City/Town: **Derby**

State: **CT**

Zip Code: **06418**

Business Phone: **203-736-1450**

ext.:

Contact Person: **Edward R. Abel**

Phone: **203-736-1475** ext.

*E-mail: **eabel@derbyct.gov**

If you answer yes to any of the questions below, you must complete the Table of Enforcement Actions on the reverse side of this sheet as directed in the instructions for your permit application.

- A. During the five years immediately preceding submission of this application, has the applicant been convicted in any jurisdiction of a criminal violation of any environmental law?

☐ Yes ☒ No

- B. During the five years immediately preceding submission of this application, has a civil penalty been imposed upon the applicant in any state, including Connecticut, or federal judicial proceeding for any violation of an environmental law?

☐ Yes ☒ No

- C. During the five years immediately preceding submission of this application, has a civil penalty exceeding five thousand dollars been imposed on the applicant in any state, including Connecticut, or federal administrative proceeding for any violation of an environmental law?

☐ Yes ☒ No

- D. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal court issued any order or entered any judgement to the applicant concerning a violation of any environmental law?

☐ Yes ☒ No

- E. During the five years immediately preceding submission of this application, has any state, including Connecticut, or federal administrative agency issued any order to the applicant concerning a violation of any environmental law?

☐ Yes ☒ No

Table of Enforcement Actions

| (1) Type of Action | (2a) Date Commenced | (2b) Date Terminated | (3) Jurisdiction | (4) Case/Docket/ Order No. | (5) Description of Violation |
|-----------------------|---------------------------|----------------------------|---------------------|----------------------------------|---------------------------------|
| N/A | N/A | N/A | N/A | N/A | N/A |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

☐ Check the box if additional sheets are attached. Copies of this form may be duplicated for additional space.

Attachment D
Latitude & Longitude / USGS Quadrangle Map
(DEEP-APP-003)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024



**Connecticut Department of
Energy & Environmental Protection**

Latitude and Longitude

Applicant Name: City of Derby Water Pollution Control Authority

Method of latitude and longitude determination (check one):

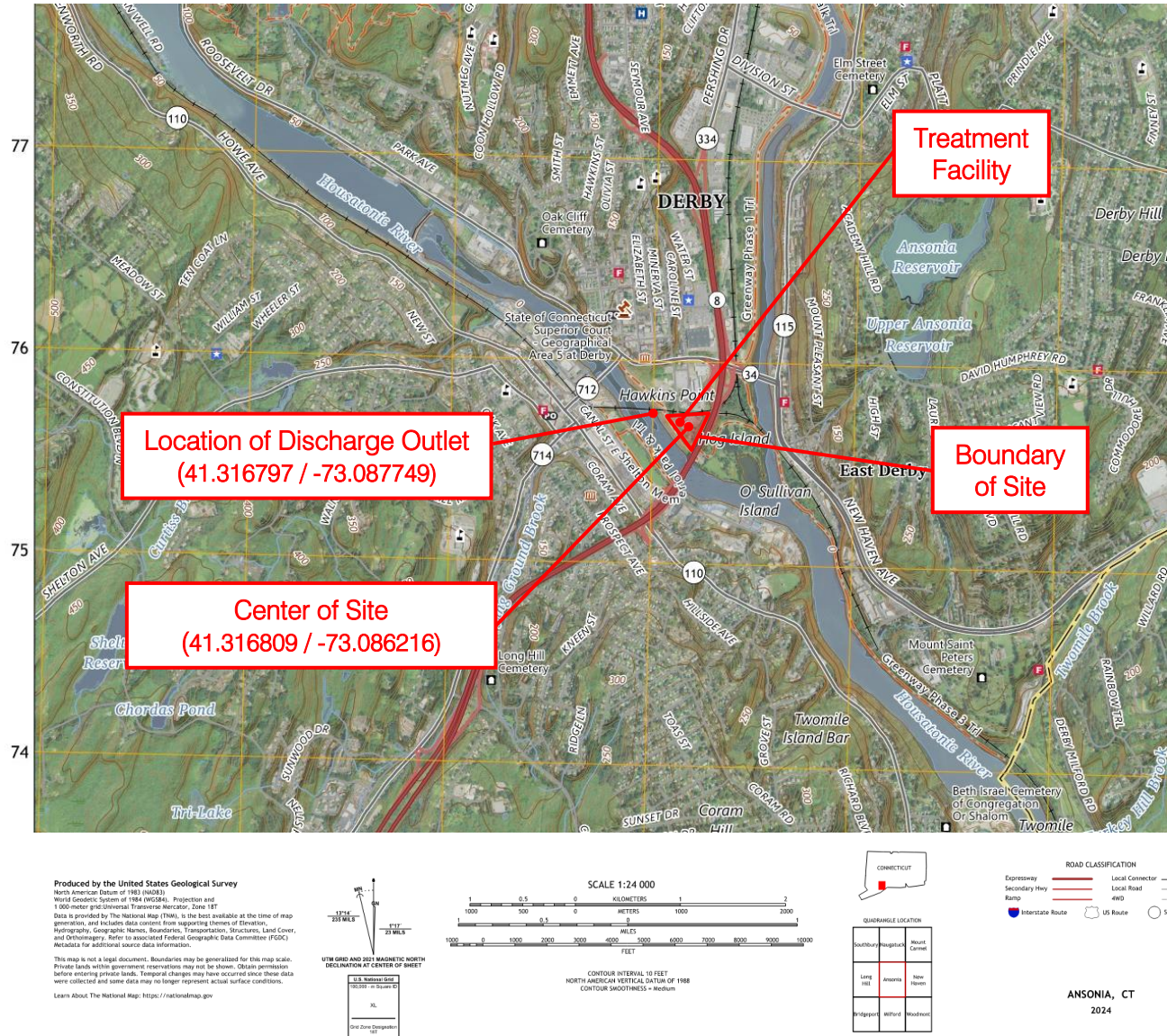
☐ Global Positioning System (GPS) ☒ USGS Map ☐ Other (please specify)

In the table below, label each point for which latitude and longitude were measured, being consistent with identification numbers assigned throughout the application (e.g., 100, 101, etc.). For renewals or modifications of existing permits, please provide the existing permit number. Also provide: a brief description of the point (e.g., monitoring well, pipe outlet, air stack, etc.); latitude and longitude in degrees, minutes and seconds (e.g., 41E 16' 29"); and the name of the USGS quadrangle map(s) the points described are located on.

| ID Number | Permit Number | Description | Latitude | Longitude | Quad Map Name | For DEEP Use Only: GIS ID |
|-----------|---------------|-------------------------------|-----------|------------|---------------|---------------------------|
| DSN001-1 | CT0100161 | Center of Site | 41.316809 | -73.086216 | Ansonia | |
| DSN001-1 | CT0100161 | Discharge to Housatonic River | 41.316797 | -73.087749 | Ansonia | |
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Attachment D Latitude & Longitude (Continued) USGS Quadrangle Map – Ansonia 2024

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024



Attachment P
Sewage Sludge Information
(DEEP-WPED-APP-108)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024

Attachment P: Sewage Sludge Information

Applicant Name: **City of Derby Water Pollution Control Authority**
(as indicated on the main application form)

Existing Permit Number (if applicable): **CT0100161**

| Treatment Facility Information |
|--|
| Facility Name (if different than the applicant): City of Derby Water Pollution Control Facility |
| Provide a brief description of the treatment and collection systems: The collection system is a network of gravity sewers flowing to four pump stations which are used to collect and pump wastewater to the treatment plant. The wastewater is treated at the plant to meet all current NPDES permit parameters before being discharged to the Housatonic River. |
| Septage Information |
| 1. Does the facility accept septage? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, does the facility have a septage receiving facility? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <ul style="list-style-type: none">If yes, is the septage receiving facility located within the wastewater treatment plant site? <input type="checkbox"/> Yes <input type="checkbox"/> No<ul style="list-style-type: none">If no, explain how septage is accepted at the facility: |
| 2. Is access to the septage discharge point restricted or otherwise monitored? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Sewage Sludge Information |
| 1. For discharges previously authorized by DEEP, provide the average mass (dry tons) of sludge generated by the facility annually: 290 |
| 2. For all applications, estimate the mass (dry tons) of sludge expected to be generated by the facility during the next five years: 1650 |
| 3. Provide a brief description of existing sludge disposal/utilization practices at the facility (including ash disposal if appropriate): Secondary sludge is wasted to an aerobic digester. This digester is decanted weekly to reduce volume. Secondary sludge from the aerobic digester is mixed with raw primary sludge in a holding tank. The blended sludge is pumped onto a belt press and thickened to approximately 15-20% solids. The cake is subsequently trucked off site for incineration. |
| 4. Provide a brief description of the proposed measures to be taken to dispose of sludge in the event the existing sludge disposal/utilization practice becomes unavailable due to unforeseen circumstances: An attempt would be made to find and contract with other sludge haulers if the currently contracted hauler was unable to perform their duties. If dewatering or thickening equipment fails, liquid tankers would be used to haul waste off site. It is possible that a shortage of sludge haulers could occur when trying to keep up with demand. |

Sewage Sludge Information (continued)

The following analyses must be performed on a grab sample of sludge within one year preceding the date this application is submitted and the results of such analyses must be submitted with this application as part of Attachment P.

Sludge Analysis

1. For POTWs with a design flow of equal to or greater than 1 MGD, attach the results of a Priority Pollutants Scan. The Priority Pollutant Scan shall include the following:

PCBs and the following Heavy Metals:

| | | | |
|-----------------|------|---------|------|
| Arsenic | (As) | Mercury | (Hg) |
| Beryllium | (Be) | Nickel | (Ni) |
| Cadmium | (Cd) | Zinc | (Zn) |
| Chromium, Total | (Cr) | | |
| Copper | (Cu) | | |
| Lead | (Pb) | | |

2. For POTWs with a design flow of less than 1 MGD, attach the results of a heavy metals analysis on a dry weight basis. This analysis shall include the following heavy metals:

| | | | |
|----------|------|--------|------|
| Copper | (Cu) | Lead | (Pb) |
| Cadmium | (Cd) | Nickel | (Ni) |
| Chromium | (Cr) | Zinc | (Zn) |

The percent (%) solids of the sample should also be submitted.

Sewage Sludge Information (continued)

Summary Sheet of Industrial and Commercial Non-Hazardous Waste Hauled to Water Pollution Control Facilities

Please complete this form by providing the information requested for the previous five years.

POTW Name: **City of Derby Water Pollution Control Authority**

Name of Person Completing Form: **Edward R. Abel**

Date: **01/30/2024**

| Name of Facility Generating Waste | Location Address of Generating Facility | Nature of Waste | Volume and Frequency of Waste Received |
|--------------------------------------|--|-----------------|---|
| N/A | N/A | N/A | N/A |
| | | | |
| | | | |
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☐ Check here if additional sheets are necessary, please label and attach them to this sheet.

ANALYTICAL CONSULTING TECHNOLOGY, INC

Certified Laboratory

US EPA CT-021
CT PH-0518

168 Railroad Hill St., Waterbury, CT 06708 • 203.757.3960 • csr@actlabsct.com

Derby WPCF
Anthony Lanzaro
1 Caroline Street

Derby, CT 06418

Report Date: 10/23/2023


| | | |
|-------------------------------|-------------------------|---------------------------|
| ACT Number: 2023100026 - 1 | Sample Date: 10/04/2023 | Date Received: 10/04/2023 |
| Sample Type: Grab | Sample Time: 08:35:00 | Project number Quarterly |
| Collected by: Client | | Sample Matrix: Sludge |
| Location/ID: Dewatered Sludge | | |
| Description: | | |

| Laboratory Test | Result | Units | Method | Analysis Date | Analyst |
|------------------|--------|-----------|-------------|------------------------|---------|
| <i>Inorganic</i> | | | | | |
| Fixed Solids | 16.28 | % | SM2540-G | 10/06/2012 04:30:00 AM | HAC |
| Total Solids | 15.38 | % | SM2540B | 10/06/2012 04:30:00 AM | HAC |
| Volatile Solids | 83.72 | % | EPA 160.4 | 10/06/2012 04:30:00 AM | HAC |
| <i>Metals</i> | | | | | |
| Arsenic, Total | 3.98 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Beryllium, Total | <1.0 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Cadmium, Total | <10.0 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Chromium, Total | 6.7 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Copper, Total | 463.0 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Lead, Total | 27.1 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Mercury, Total | <0.25 | mg/Kg Dry | SW846-7470 | 10/20/2023 01:00:00 PM | TU |
| Nickel, Total | 10.6 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| Zinc, Total | 600.0 | mg/Kg Dry | SW846-6010D | 10/10/2023 05:30:00 PM | TU |
| <i>PCB's</i> | | | | | |
| Arochlor 1016 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |
| Arochlor 1221 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |
| Arochlor 1232 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |
| Arochlor 1242 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |
| Arochlor 1248 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |
| Arochlor 1254 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |
| Arochlor 1260 | <1 | mg/Kg Dry | SW846-8082A | 10/13/2023 08:48:00 PM | SD |

ANALYTICAL
CONSULTING
TECHNOLOGY, INC

168 Railroad Hill St., Waterbury, CT 06708 • 203.757.3960 • csr@actlabsct.com

For Analytical Consulting Technology, Inc.


Laboratory Director

2023100026

Quarterly Sludge
Jan April July Oct

Analytical Consulting Technology, Inc.

168 Railroad Hill Street, Waterbury, CT 06708 (203)757-3960

Jan April July Oct

ACT #:

WW SW GW DW S OIL MAT STORM
Turn around Time: 24Hrs 48Hrs 72Hrs
Standard

Client Name:

Derby WPCA

Client Email: WPCALab@Derby.ct.gov

Client Contact
Anthony Lanzaro

Account Number:

Client Phone: 203-736-1475

Client Address: 1 Caroline St. Derby, CT 06418

Purchase Order #:

Revised: 2/15/2019

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Attachment W
Renewal Of Existing Permit Previously Licensed By DEEP
(DEEP-WPED-APP-102)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024

Attachment W: For Renewal of an Existing Permit and Other Discharges Previously Licensed by the Department of Energy and Environmental Protection

Applicant Name: **City of Derby Water Pollution Control Authority**
(as indicated on the permit application form)

- Complete the following table with a summary of discharge quality data from the previous two years. To complete the table for renewals, refer to your existing permit; for other discharges previously licensed by DEEP, refer to your previous authorization or permit. See instructions for further guidance on how to fill in this table. Reproduce this sheet for each discharge serial number. Use the same discharge serial numbers as indicated on your previous permit and provide the existing permit number. Reproduce and complete this form for each permit that you are proposing to renew.

| Summary of Discharge Analyses | | | | | |
|-----------------------------------|-----------------------|-----------------------|--------------------|-----------------------|-----------------|
| Discharge Serial Number: 001-1 | | | | | |
| Permit Number: CT0100161 | | | | | |
| Name of Permit Parameter | Average Concentration | Maximum Concentration | Number of Analyses | Number of Exceedances | CV (NPDES only) |
| Alkalinity | 106mg/L | 160mg/L | 24 | 0 | 0.17 |
| Biochemical Oxygen Demand (5 Day) | 6.24mg/L | 38.5mg/L | 312 | 0 | 0.50 |
| Chlorine (Total Residual) | 0.09mg/L | 0.71mg/L | 1056 | 0 | 0.97 |
| Enterococci (colonies/100mL) | 3.7 | 206.4 | 144 | 0 | 0.44 |
| Flow | 1.26MGD | 3.42MGD | 730 | 0 | 0.33 |
| Nitrogen, Ammonia (Total as N) | 0.89mg/L | 8.54mg/L | 96 | NA | 1.09 |
| Nitrogen, Nitrate (Total as N) | 0.21mg/L | 0.5mg/L | 96 | NA | 2.22 |
| Nitrogen, Nitrite (Total as N) | 2.39mg/L | 4.1mg/L | 96 | NA | 0.26 |
| Nitrogen, Total Kjeldahl | 2.73mg/L | 21.4mg/L | 96 | NA | 0.45 |
| Nitrogen, Total (mg/L) | 5.18mg/L | 21.8mg/L | 96 | NA | 0.23 |
| Nitrogen, Total (lbs/d) | 56.63lbs/d | 262lbs/d | 96 | NA | 0.40 |
| Oxygen, Dissolved | 4.58mg/L | 6.8mg/L | 520 | NA | 0.06 |
| pH | 6.6 S.U. | 7.2 S.U. | 520 | 0 | 0.02 |
| Phosphate, Ortho | 1.95mg/L | 3.5mg/L | 96 | NA | 0.47 |
| Phosphorus, Total | 1.74mg/L | 3.68mg/L | 96 | NA | 0.46 |

Attachment W: For Renewal of an Existing Permit and Other Discharges Previously Licensed by the Department of Energy and Environmental Protection

Applicant Name: **City of Derby Water Pollution Control Authority**
(as indicated on the permit application form)

1. Complete the following table with a summary of discharge quality data from the previous two years. To complete the table for renewals, refer to your existing permit; for other discharges previously licensed by DEEP, refer to your previous authorization or permit. See instructions for further guidance on how to fill in this table. Reproduce this sheet for each discharge serial number. Use the same discharge serial numbers as indicated on your previous permit and provide the existing permit number. Reproduce and complete this form for each permit that you are proposing to renew.

[illegible]

2. Provide a brief narrative describing any changes in the processes or activities generating or treating the discharge(s) which are proposed and/or have occurred since the date of the last permit application. For example, such information should include the addition, substitution, or elimination of processes, modifications of treatment systems or chemicals added to treat the discharge, pollution prevention measures; and any other changes which may affect the quality or quantity of the discharge(s).

No major changes to the processes involved in the generation of treatment of the discharge have taken place since the last permit renewal. Likewise, no major changes have been proposed for implementation in the immediate future.

Work since the last permit renewal has been limited to general repairs, pump replacement at the influent pump station, and replacement of the belt filter press for solids handling.

3. If in the table in question 1, you indicated that any permit parameter was exceeded, and any exceedances were by more than twice the permit limit or occurred more than three times, describe the steps taken to correct the problem.

N/A

Attachment X
Certification Regarding Submittal Of Previously Approved Documents
(DEEP-WPMD-APP-302)

City of Derby WPCF - Derby, CT
NPDES Permit Renewal
March 2024

Attachment X: Certification Regarding Submittal of Previously Approved Documents

1. If your application concerns a discharge previously licensed by DEEP, you may incorporate any of the documents listed below by reference into your application. To incorporate a document by reference, the document must have been submitted to DEEP previously and you must complete the following certification indicating that such documents accurately represent the facility and its operations as of the date of this application. You are not required to resubmit such documents unless requested by DEEP. However, please provide a general description of all collection and treatment facilities previously approved on the back of this sheet. Please check the appropriate box(es) to indicate which documents you are incorporating by reference.

I have examined the documents identified by checking the applicable box(es) below, which were previously submitted for permit issuance to the Department of Energy and Environmental Protection for the discharge(s) which are the subject of this application, and certify that to the best of my knowledge and belief, such documents accurately represent the facility and its operations as of the date of this application.

I further certify that I will submit such documents to the Department of Energy and Environmental Protection upon request.

Please check the appropriate boxes indicating which documents you are proposing to incorporate into this application by reference. *Please provide each document's final revision date.*

| | | |
|--|----------------|-------------------------------|
| <input checked="" type="checkbox"/> Site Plan | Revision Date: | CONFIRM REVISION DATES |
| <input checked="" type="checkbox"/> Floor Plan | Revision Date: | |

Pollution Prevention Plans

| | | |
|--|----------------|--|
| <input checked="" type="checkbox"/> Operation and Maintenance Plan | Revision Date: | 2001 CONFIRM REVISION DATE |
| <input type="checkbox"/> Solvent Management Plan | Revision Date: | |
| <input type="checkbox"/> Spill Prevention and Control Plan | Revision Date: | |
| <input type="checkbox"/> Resource Conservation Strategies | Revision Date: | |

| | |
|--|----------------|
| <input type="checkbox"/> CSO system map | Revision Date: |
| <input type="checkbox"/> CSO system diagram | Revision Date: |
| <input checked="" type="checkbox"/> Collection, Treatment and Disposal System Plans and Specifications | Revision Date: |

SIGN & DATE

CONFIRM REVISION DATE

Signature of Applicant

Date

Edward R. Abel

Superintendent

Name of Applicant (print or type)

Title (if applicable)

Permit Number: **CT0100161**

**Attachment X: Certification Regarding Submittal of Previously Approved Documents
(continued)**

Permit Number: CT0100161

2. Provide a brief general description of all systems to collect and treat the discharge(s) which are the subject of this application and for which plans and specifications have been previously approved by DEEP.

The wastewater collection system consists of approximately 40 miles of separate sanitary sewer lines and includes four pump stations owned and operated by the City (administered through the WPCA). All wastewater flows are directed to the main treatment facility at located at 1 Caroline Street.

The WPCF provides primary and secondary treatment of this wastewater via a Modified Ludzak-Ettinger process. Treated wastewater is subsequently discharged to the Houstanic River under the plant's existing NPDES permit (CT0100161).

The subject permit application requests re-issuance of a NPDES permit for the discharge of wastewater from the Derby WPCF with no significant changes in the treatment processes or infrastructure planned.

Attachment Y
Discharge Information – SN 001-1
(DEEP-WPMD-APP-301)

Derby WPCF, Derby, CT
NPDES Permit Renewal
February 2024

Attachment Y: Discharge Information

(must be completed and submitted for each discharge)

Applicant Name: City of Derby Water Pollution Control Authority
(as indicated on the permit application form)

Existing Permit Number (if applicable): **CT0100161**

Complete this attachment for *each* discharge and label each discharge consecutively starting with serial number 001-1.

Part A: General Discharge Information

Discharge Serial Number: 001-1

1. For discharges to a surface water only:
 - a. The discharge enters the surface water (check one):
☐ directly
☒ through a storm sewer
☐ through other systems (e.g., swale,) Please specify below:
 - b. Name of surface water body the discharge first enters: **Housatonic River**
 - c. Surface water classification goal of the above listed water body: **SB**
 - d. Latitude/Longitude, in degrees/minutes/seconds, of actual discharge location **Latitude 41.316797**
Longitude 73.087749
2. For discharges to ground water only:
 - a. Groundwater classification goal of the site: **N/A**
 - b. Name of surface water body in watershed area: **N/A**
Surface water classification goal of the above listed water body: **N/A**
 - c. Latitude/Longitude, in degrees/minutes/seconds, of actual discharge location **N/A**
3.
 - a. Average Daily Flow (gpd) last 24 months: **1,300,000**
 - b. Maximum Daily Flow (gpd) last 24 months: **2,125,000**
 - c. Average Annual Design Flow (gpd): **3,500,000**
 - d. Date discharge began or will begin: **1964**
4. Is the discharge continuous? ☒ Yes ☐ No
5. For other than a continuous discharge (e.g., batch, intermittent, or seasonal discharges), indicate:
 - a. Average number of hours per event of the discharge: **N/A**
 - b. Maximum number of hours per event of the discharge: **N/A**
 - c. The duration and frequency of the discharge: **N/A**

Part A: General Discharge Information (continued)

| 6. Process and/or Treatment Substances | | Discharge Serial Number: 001-1 |
|--|--|--|
| Describe each specific activity or each process that utilizes substances and/or chemicals for treatment and identification of all types of all substances/chemicals used by each process. (e.g., phosphorus removal with alum or ferric chloride, nitrogen removal with methanol or glycerin, disinfection with calcium hypochlorite and sodium metabisulfite, sludge settling or processing with polymers). | | |
| Name of substances used in generating the wastewater | List of toxic or hazardous substances contained in process and/or treatment substance | List any available aquatic toxicity test results for process and/or treatment substance |
| | INFORMATION PENDING | |
| | | |
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Part A: General Discharge Information (continued)

7. Plant, pump station and collection system overflows/bypasses

Describe each bypass or overflow structure and whether or not there is a gate with a DEEP seal or not.

| List name of bypass/overflow location (primary effluent, Oak Street Pump Station, CSO 6, etc.) | List latitude/longitude for overflow/bypass <i>discharge</i> location | List average annual frequency of use |
|--|---|--------------------------------------|
| | | INFORMATION PENDING |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Attachment Y: Discharge Information (continued)

Part B: Discharge Analysis

All applicants **must** complete Part B, Table 1 for each discharge. Be sure to review the instructions before completing this part. In addition, please note that for existing discharges previously licensed by DEEP, identify the substances that were monitored in the existing permit by placing "PP" in the "Daily Composite or Grab Sample Results" column by the substance. For such substances, you need not repeat the analytical results in Tables 1 through 4, as long as such results are provided in Attachment W of the application.

Please indicate whether the discharge analysis was based on (check one):

☐ Projection ☒ Actual wastewater ☐ Wastewater from other similar discharge

| All applicants must provide analysis results in column 1 for <i>all</i> the substances listed in Table 1 and other information needed to complete columns 2 and 3, for each discharge. | | | |
|--|--|---------------------------------------|----------------------|
| INFORMATION PENDING Table 1 | | | |
| Date Sampled: | | Discharge Serial Number: 001-1 | |
| GENERAL | 1 Daily Composite or Grab Sample* Results | 2 Number of Analyses | 3 EPA** Method |
| 1. Biochemical Oxygen Demand (5Day) | | | |
| 2. Chemical Oxygen Demand | | | |
| 3. Oil and Grease, Total* | | | |
| 4. Oil and Grease, Hydrocarbon Fraction* | | | |
| 5. Total Suspended Solids | | | |
| 6. Ammonia (as Nitrogen) | | | |
| 7. Phosphorus (Total) | | | |
| 8. Nitrate | | | |
| 9. Nitrite | | | |
| 10. Total Kjeldahl Nitrogen | | | |
| 11. Total Residual Chlorine* | | | |
| 12. Temperature (Winter and Summer)* | | | |
| 13. pH (minimum and maximum)* | | | |
| 14. Copper, Total | | | |
| 15. Lead, Total | | | |
| 16. Zinc, Total | | | |

* Check the instructions under this part for the required method of sample collection.

** For surface water discharges only, check the instructions for *required* EPA methods of analyses.

Part B: Discharge Analysis (continued)

All applicants **must** provide analysis results for each substance listed in Table 2 under Base Neutrals Compounds and Pesticides. Provide analysis results in column 4 and other information needed to complete columns 5 and 6 for that substance.

For all other substances listed in Table 2: Toxic Metals, Cyanides and Phenols, Volatiles, and Acids, provide analysis for substances which are known or suspected or can reasonably be ascertained to be present in the discharge. Place an "X" in column 2 or 3. If column 2 is marked for any substance, you *must* provide analysis results in column 4 for that substance and other information needed to complete columns 5 and 6 for that substance.

| Table 2 | | | | | | |
|---|--------------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | Discharge Serial Number: 001-1 | | | | | |
| INFORMATION PENDING BASE NEUTRAL COMPOUNDS | 1 Analysis Required | 2 Known or Suspected Present | 3 Believed Absent | 4 Daily Composite or Grab Sample Results* | 5 Number of Analyses | 6 EPA** Method |
| 1. Acenaphthene | X | | | | | |
| 2. Acenaphthylene | X | | | | | |
| 3. Anthracene | X | | | | | |
| 4. Benzidine | X | | | | | |
| 5. Benzo(a)anthracene | X | | | | | |
| 6. Benzo(a)pyrene | X | | | | | |
| 7. 3, 4-Benzo-fluoranthene | X | | | | | |
| 8. Benzo(ghi)perylene | X | | | | | |
| 9. Benzo(k) fluoranthene | X | | | | | |
| 10. Bis(2-Chloroethoxy) Methane | X | | | | | |
| 11. Bis(2-Chloroethyl) Ether | X | | | | | |
| 12. Bis(2-Chloroisopropyl) Ether | X | | | | | |
| 13. Bis(2-Ethylhexyl) Phthalate | X | | | | | |
| 14. 4-Bromophenylphenyl Ether | X | | | | | |
| 15. Butylbenzyl Phthalate | X | | | | | |
| 16. 2-Chloronaphthalene | X | | | | | |
| 17. 4-Cholorophenylphenyl Ether | X | | | | | |
| 18. Chrysene | X | | | | | |
| 19. Dibenzo(a, H)anthracene | X | | | | | |
| 20. 1, 2-Dichlorobenzene | X | | | | | |
| 21. 1, 3-Dichlorobenzene | X | | | | | |
| 22. 1, 4-Dichlorobenzene | X | | | | | |

Part B: Discharge Analysis (continued)

| Table 2 (continued) | | | | | | |
|---|---------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | | |
| BASE NEUTRAL COMPOUNDS | 1 Analysis Required | 2 Known or Suspected Present | 3 Believed Absent | 4 Daily Composite or Grab Sample Results* | 5 Number of Analyses | 6 EPA** Method |
| 23. 3, 3-Dichlorobenzidine | X | | | | | |
| 24. Diethyl phthalate | X | | | | | |
| 25. Dimethyl phthalate | X | | | | | |
| 26. Di-n-butyl phthalate | X | | | | | |
| 27. 2, 4-Dinitrotoluene | X | | | | | |
| 28. 2, 6-Dinitrotoluene | X | | | | | |
| 29. Di-n-octyl phthalate | X | | | | | |
| 30. 1, 2-Diphenylhydrazine (as Azobenzene) | X | | | | | |
| 31. Fluoranthene | X | | | | | |
| 32. Fluorene | X | | | | | |
| 33. Hexachlorobenzene | X | | | | | |
| 34. Hexachlorobutadiene | X | | | | | |
| 35. Hexachlorocyclopentadiene | X | | | | | |
| 36. Hexachloroethane | X | | | | | |
| 37. Indeno(1,2,3-cd) Pyrene | X | | | | | |
| 38. Isophorone | X | | | | | |
| 39. Naphthalene | X | | | | | |
| 40. Nitrobenzene | X | | | | | |
| 41. N-nitroso dimethylamine | X | | | | | |
| 42. N-Nitrosodi-n-Propylamine | X | | | | | |
| 43. N-Nitrosodiphenylamine | X | | | | | |
| 44. Phenanthrene | X | | | | | |
| 45. Pyrene | X | | | | | |
| 46. 1, 2,4-Trichlorobenzene | X | | | | | |

Part B: Discharge Analysis (continued)

| Table 2 (continued) | | | | | | |
|------------------------|--------------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | Discharge Serial Number: 001-1 | | | | | |
| PESTICIDES | 1 Analysis Required | 2 Known or Suspected Present | 3 Believed Absent | 4 Daily Composite or Grab Sample Results* | 5 Number of Analyses | 6 EPA** Method |
| 1. Aldrin | X | | | | | |
| 2. Alpha - BHC | X | | | | | |
| 3. Beta - BHC | X | | | | | |
| 4. Gamma-BHC | X | | | | | |
| 5. Delta-BHC | X | | | | | |
| 6. Chlordane | X | | | | | |
| 7. 4, 4-DDT | X | | | | | |
| 8. 4, 4-DDE | X | | | | | |
| 9. 4, 4-DDD | X | | | | | |
| 10. Dieldrin | X | | | | | |
| 11. Alpha-Endosulfan | X | | | | | |
| 12. Beta-Endosulfan | X | | | | | |
| 13. Endosulfan Sulfate | X | | | | | |
| 14. Endrin | X | | | | | |
| 15. Endrin Aldehyde | X | | | | | |
| 16. Heptachlor | X | | | | | |
| 17. Heptachlor Epoxide | X | | | | | |
| 18. PCB-1242 | X | | | | | |
| 19. PCB-1254 | X | | | | | |
| 20. PCB-1221 | X | | | | | |
| 21. PCB-1232 | X | | | | | |
| 22. PCB-1248 | X | | | | | |
| 23. PCB-1260 | X | | | | | |
| 24. PCB-1016 | X | | | | | |
| 25. Toxaphene | X | | | | | |

Part B: Discharge Analysis (continued)

For all other substances listed in Table 2: Toxic Metals, Cyanides and Phenols, Volatiles, and Acids, provide analysis for substances which are known or suspected or can reasonably be ascertained to be present in the discharge. Place an "X" in column 2 or 3. If column 2 is marked for any substance, you *must* provide analysis results in column 4 for that substance and other information needed to complete columns 5 and 6 for that substance.

| Table 2 (continued) | | | | | | |
|------------------------------------|--------------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | Discharge Serial Number: 001-1 | | | | | |
| TOXIC METALS, CYANIDES, PHENOLS | 1 Analysis Required | 2 Known or Suspected Present | 3 Believed Absent | 4 Daily Composite or Grab Sample Results* | 5 Number of Analyses | 6 EPA** Method |
| 1. Antimony, Total | | | | | | |
| 2. Arsenic, Total | | | | | | |
| 3. Beryllium, Total | | | | | | |
| 4. Cadmium, Total | | | | | | |
| 5. Chromium, Total | | | | | | |
| 6. Chromium, | | | | | | |
| 7. Mercury, Total | | | | | | |
| 8. Nickel, Total | | | | | | |
| 9. Selenium, Total | | | | | | |
| 10. Silver, Total | | | | | | |
| 11. Thallium, Total | | | | | | |
| 12. Cyanide, Total* | | | | | | |
| 13. Cyanide, | | | | | | |
| 14. Phenols, Total* | | | | | | |

Part B: Discharge Analysis (continued)

| Table 2 (continued) | | | | | | |
|-----------------------------------|---------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | | |
| VOLATILES* | 1 Analysis Required | 2 Known or Suspected Present | 3 Believed Absent | 4 Daily Composite or Grab Sample Results* | 5 Number of Analyses | 6 EPA** Method |
| 1. Acrolein | | | | | | |
| 2. Acrylonitrile | | | | | | |
| 3. Benzene | | | | | | |
| 4. Bromoform | | | | | | |
| 5. Carbon Tetrachloride | | | | | | |
| 6. Chlorobenzene | | | | | | |
| 7. Chlorodibromomethane | | | | | | |
| 8. Chloroethane | | | | | | |
| 9. 2-Chloroethylvinyl Ether | | | | | | |
| 10. Chloroform | | | | | | |
| 11. Dichlorobromomethane | | | | | | |
| 12. 1, 1-Dichloroethane | | | | | | |
| 13. 1, 2-Dichloroethane | | | | | | |
| 14. 1, 1-Dichloroethylene | | | | | | |
| 15. 1, 2-Dichloropropane | | | | | | |
| 16. 1, 3-Dichloropropylene | | | | | | |
| 17. Ethylbenzene | | | | | | |
| 18. Methylbromide | | | | | | |
| 19. Methylchloride | | | | | | |
| 20. Methylene Chloride | | | | | | |
| 21. 1, 1, 2, 2,-Tetrachloroethane | | | | | | |
| 22. Tetrachloroethylene | | | | | | |
| 23. Toluene | | | | | | |
| 24. 1, 2-Trans-Dichloroethylene | | | | | | |

Part B: Discharge Analysis (continued)

| Table 2 (continued) | | | | | | |
|--------------------------------------|---------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | | |
| VOLATILES* | 1 Analysis Required | 2 Known or Suspected Present | 3 Believed Absent | 4 Daily Composite or Grab Sample Results* | 5 Number of Analyses | 6 EPA** Method |
| 25. 1, 1, 1-Trichloroethane | | | | | | |
| 26. 1, 1, 2- Trichloroethane | | | | | | |
| 27. Trichloroethylene | | | | | | |
| 28. Vinyl Chloride | | | | | | |
| GC/MS FRACTION ACID COMPOUNDS | | | | | | |
| 1. 2-Chlorophenol | | | | | | |
| 2. 2, 4-Dichlorophenol | | | | | | |
| 3. 2, 4-Dimethylphenol | | | | | | |
| 4. 4, 6-Dinitro-O-Cresol | | | | | | |
| 5. 2, 4-Dinitrophenol | | | | | | |
| 6. 2-Nitrophenol | | | | | | |
| 7. 4-Nitrophenol | | | | | | |
| 8. P-Chloro-M-Cresol | | | | | | |
| 9. Pentachlorophenol | | | | | | |
| 10. Phenol | | | | | | |
| 11. 2, 4, 6- Trichlorophenol | | | | | | |

Part B: Discharge Analysis (continued)

All applicants must complete Table 3 for each discharge by placing an "X" in either column 1 or 2. If column 1 is marked for any substance, you *must* provide analysis results for that substance in column 3 and other information needed to complete columns 4 and 5 for that substance.

| Table 3 | | | | | |
|----------------------------|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | Discharge Serial Number: 001-1 | | | | |
| OTHER SUBSTANCES | 1 Known or Suspected Present | 2 Believed Absent | 3 Daily Composite or Grab Sample Results* | 4 Number of Analyses | 5 EPA** Method |
| 1. Bromide | | | | | |
| 2. Color | | | | | |
| 3. E. Coli | | | | | |
| 4. Enterococci | | | | | |
| 5. Fecal Coliform* | | | | | |
| 6. Fluoride | | | | | |
| 7. Nitrogen, Total Organic | | | | | |
| 8. Radioactivity | | | | | |
| a. Alpha, Total | | | | | |
| b. Beta, Total | | | | | |
| c. Radium, Total | | | | | |
| d. Radium, 226 Total | | | | | |
| 9. Sulfate | | | | | |
| 10. Sulfide* | | | | | |
| 11. Sulfite | | | | | |
| 12. Surfactants | | | | | |
| 13. Aluminum, Total | | | | | |
| 14. Barium, Total | | | | | |
| 15. Boron, Total | | | | | |
| 16. Cobalt, Total | | | | | |
| 17. Iron, Total | | | | | |
| 18. Magnesium, Total | | | | | |

Part B: Discharge Analysis (continued)

| Table 3 (continued) | | | | | |
|---|---------------------------------------|--------------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | |
| OTHER SUBSTANCES | 1 Known or Suspected Present | 2 Believed Absent | 3 Daily Composite or Grab Sample Results* | 4 Number of Analyses | 5 EPA** Method |
| 19. Molybdenum, Total | | | | | |
| 20. Manganese, Total | | | | | |
| 21. Tin, Total | | | | | |
| 22. Titanium, Total | | | | | |
| OTHER TOXIC AND HAZARDOUS SUBSTANCES | | | | | |
| 1. Asbestos | | | | | |
| 2. Acetaldehyde | | | | | |
| 3. Allyl alcohol | | | | | |
| 4. Allyl chloride | | | | | |
| 5. Amyl acetate | | | | | |
| 6. Aniline | | | | | |
| 7. Benzonitrile | | | | | |
| 8. Benzyl chloride | | | | | |
| 9. Butyl acetate | | | | | |
| 10. Butylamine | | | | | |
| 11. Captan | | | | | |
| 12. Carbaryl | | | | | |
| 13. Carbofuran | | | | | |
| 14. Carbon disulfide | | | | | |
| 15. Chlorpyrifos | | | | | |
| 16. Coumaphos | | | | | |
| 17. Cresol | | | | | |
| 18. Crotonaldehyde | | | | | |
| 19. Cyclohexane | | | | | |

Part B: Discharge Analysis (continued)

| Table 3 (continued) | | | | | |
|--|---------------------------------------|--------------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | |
| OTHER TOXIC AND HAZARDOUS SUBSTANCES | 1 Known or Suspected Present | 2 Believed Absent | 3 Daily Composite or Grab Sample Results* | 4 Number of Analyses | 5 EPA** Method |
| 20. 2,4-Dichlorophenoxy (acetic acid) | | | | | |
| 21. Diazinon | | | | | |
| 22. Dicamba | | | | | |
| 23. Dichlobenil | | | | | |
| 24. Dichlone | | | | | |
| 25. 2,2-Dichloro- propionic acid | | | | | |
| 26. Dichlorvos | | | | | |
| 27. Diethyl amine | | | | | |
| 28. Dimethyl amine | | | | | |
| 29. Dinitrobenzene | | | | | |
| 30. Diquat | | | | | |
| 31. Disulfoton | | | | | |
| 32. Diuron | | | | | |
| 33. Epichlorohydrin | | | | | |
| 34. Ethanolamine | | | | | |
| 35. Ethion | | | | | |
| 36. Ethylene diamine | | | | | |
| 37. Ethylene dibromide | | | | | |
| 38. Formaldehyde | | | | | |
| 39. Furfural | | | | | |
| 40. Guthion | | | | | |
| 41. Isoprene | | | | | |
| 42. Isopropanolamine | | | | | |
| 43. Kelthane | | | | | |

Part B: Discharge Analysis (continued)

| Table 3 (continued) | | | | | |
|--|---------------------------------------|--------------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | |
| OTHER TOXIC AND HAZARDOUS SUBSTANCES | 1 Known or Suspected Present | 2 Believed Absent | 3 Daily Composite or Grab Sample Results* | 4 Number of Analyses | 5 EPA** Method |
| 44. Kepone | | | | | |
| 45. Malathion | | | | | |
| 46. Mercaptodimethur | | | | | |
| 47. Methoxychlor | | | | | |
| 48. Methyl mercaptan | | | | | |
| 49. Methyl methacrylate | | | | | |
| 50. Methyl parathion | | | | | |
| 51. Mevinphos | | | | | |
| 52. Mexacarbate | | | | | |
| 53. Monoethyl amine | | | | | |
| 54. Monomethyl amine | | | | | |
| 55. Naled | | | | | |
| 56. Napthenic acid | | | | | |
| 57. Nitrotoluene | | | | | |
| 58. Parathion | | | | | |
| 59. Phenolsulfanate | | | | | |
| 60. Phosgene | | | | | |
| 61. Propargite | | | | | |
| 62. Propylene oxide | | | | | |
| 63. Pyrethrins | | | | | |
| 64. Quinoline | | | | | |
| 65. Resorcinol | | | | | |
| 66. Strontium | | | | | |
| 67. Strychnine | | | | | |

Part B: Discharge Analysis (continued)

| Table 3 (continued) | | | | | |
|---|---------------------------------------|-------------------------|--|-------------------------------|----------------------|
| Date Sampled: | | | Discharge Serial Number: 001-1 | | |
| OTHER TOXIC AND HAZARDOUS SUBSTANCES | 1 Known or Suspected Present | 2 Believed Absent | 3 Daily Composite or Grab Sample Results* | 4 Number of Analyses | 5 EPA** Method |
| 68. Styrene | | | | | |
| 69. 2, 4, 5-T (2, 4, 5- Trichlorophenoxy acetic acid) | | | | | |
| 70. TDE (Tetrachloro- diphenylethane) | | | | | |
| 71. 2, 4, 5-TP[2-(2, 4,5- Trichlorophenoxy) propanoic acid] | | | | | |
| 72. Trichlorofan | | | | | |
| 73. Triethylamine | | | | | |
| 74. Trimethylamine | | | | | |
| 75. Uranium | | | | | |
| 76. Vanadium | | | | | |
| 77. Vinyl acetate | | | | | |
| 78. Xylene | | | | | |
| 79. Xylenol | | | | | |
| 80. Zirconium | | | | | |

Part B: Discharge Analysis (continued)

All applicants must complete Table 4 for each discharge, by placing an "X" in either column 1 or 2 for the substances numbered 1-6. If column 1 is marked for any substance, you *must* provide analysis results for that substance and any other information needed to complete columns 3 through 5 for that substance.

| Table 4 | | | | | |
|--|---------------------------------------|--------------------------------|---|-------------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | | | |
| SUBSTANCES | 1 Known or Suspected Present | 2 Believed Absent | 3 Daily Composite or Grab Sample Results* | 4 Daily Number of Analyses | 5 EPA** Method |
| 1. 2, 4,5-trichlorophenoxy acetic acid (2, 4, 5,-T) | | | | | |
| 2. 2-(2, 4, 5-trichlorophenoxy) propanoic acid (Silvex, 2, 4, 5,-TP) | | | | | |
| 3. 2-(2, 4, 5-trichlorophenoxy) ethyl, 2, 2-dichloropropionate (Erbon) | | | | | |
| 4. 0, 0-dimethyl-0-(2, 4, 5-trichlorophenyl) phosphorothioate (Ronnel) | | | | | |
| 5. 2, 4, 5-trichlorophenol (TCP) | | | | | |
| 6. hexachlorophene (HCP) | | | | | |

In addition, *if*:

- 1) your facility uses or manufactures one of the substances listed above as items 1-6 or knows or has reason to believe or can reasonably ascertain that one of those substances may be present in the discharge; or
- 2) your facility has a discharge resulting from a process regulated under 40 CFR Part 430 - Pulp, Paper, and Paperboard Point Source Category; or
- 3) you know or have reason to believe or can reasonably ascertain that 2,3,7,8 - Tetrachlorodibenzo-p-dioxin (TCDD) may be present in the discharge;

you must also provide the analysis results for the dioxin and furan substances numbered 7 through 27, on the following page, using "EPA Method 1613: Tetra- through Octa- Chlorinated Dioxins and Furans by Isotope Dilution HRGC/HRMS".

Part B: Discharge Analysis (continued)

| Table 4 (continued) | | | |
|--|---|--------------------------------|----------------------|
| Date Sampled: | | Discharge Serial Number: 001-1 | |
| SUBSTANCES | 1 Daily Composite Sample Results* | 2 Number of Analyses | 3 EPA** Method |
| 7. 2,3,7,8-TCDD (Tetrachlorodibenzo-p-dioxin) | | | |
| 8. Total - TCDD | | | |
| 9. 2,3,7,8-TCDF (Tetrachlorodibenzofuran) | | | |
| 10. Total - TCDF | | | |
| 11. 1,2,3,7,8-PeCDD (Pentachlorodibenzo-p-dioxin) | | | |
| 12. Total - PeCDD | | | |
| 13. 1,2,3,7,8-PeCDF (Pentachlorodibenzofuran) | | | |
| 14. 2,3,4,7,8-PeCDF | | | |
| 15. Total - PeCDF | | | |
| 16. 1,2,3,4,7,8-HxCDD (Hexachlorodibenzo-p-dioxin) | | | |
| 17. 1,2,3,6,7,8-HxCDD | | | |
| 18. 1,2,3,7,8,9-HxCDD | | | |
| 19. Total - HxCDD | | | |
| 20. 1,2,3,6,7,8-HxCDF (Hexachlorodibenzofuran) | | | |
| 21. 1,2,3,7,8,9-HxCDF | | | |
| 22. Total - HxCDF | | | |
| 23. 1,2,3,4,6,7,8-HpCDF (Heptachlorodibenzofuran) | | | |
| 24. 1,2,3,4,7,8,9-HpCDF | | | |
| 25. Total - HpCDF | | | |
| 26. OCDD (Octachlorodibenzo-p-dioxin) | | | |
| 27. OCDF (Hexachlorodibenzofuran) | | | |

Part B: Discharge Analysis (continued)

If any of the analyses reported in Tables 1 through 4 of this application were performed by a contract laboratory or consulting firm, list the name, address and telephone number of the laboratory or firm and the type of analyses performed.

| Table 5: Contract Laboratory Identification | | | All Discharges |
|---|---------|--------------------------------|-------------------------------|
| Name | Address | Telephone (Area Code & No.) | Substances Analyzed (List) |
| | | | |
| | | | |
| | | | |
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