FOR DEC USE ONLY	
APPLICATION NO. NY–	
EFFECTIVE DATE	EXPIRATION DATE
PAGE OF	

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

APPLICATION FORM ''D'' FOR A STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT

Continuation Sheet for Multiple Outfalls

(PLEASE PRINT OR TYPE)

OWNER'S NAME (Corporate, Partnership or Individual)	IF RENEWAL OR MODIFICATION, GIVE PREVIOUS NO. NY –

FACILITY NAME	CITY, TOWN OR VILLAGE	COUNTY

DISCHARGE DATA (Use additional forms, if necessary) (See Instructions)

OUTFALL NO.	☐ Proposed ☐ Existing ☐ Replacement ☐ Expansion	TYPE OF WASTE	TYPE OF TREATMENT	DESIGN FLOW Gal/Day
SURFACE DISCHARGE ☐ Yes ☐ No	If "Yes", Name of Receiving Waters	Classification	Waters Index No.	
SUBSURFACE DISCHARGE ☐ Yes ☐ No	If "Yes", Name of nearest Surface Water	Distance Ft.	SOIL TYPE	Depth to Water Table
OUTFALL NO.	☐ Proposed ☐ Existing ☐ Replacement ☐ Expansion	TYPE OF WASTE	TYPE OF TREATMENT	DESIGN FLOW Gal/Day
SURFACE DISCHARGE ☐ Yes ☐ No	If "Yes", Name of Receiving Waters	Classification	Waters Index No.	
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Use Additional Continuation Sheets if Necessary