



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
DISCHARGE PERMIT

Industrial Code:	4952	SPDES Number:	NY- 002 5585
Discharge Class (CL):	07	DEC Number:	7-5028-00005/000
Toxic Class (TX):		Effective Date (EDP):	March 3, 2009
Major Drainage Basin:	07	Expiration Date (ExDP):	February 28, 2014
Sub Drainage Basin:	06	Modification Dates:(EDPM)	
Water Index Number:	Ont. 66-12 43-P 212-28		
Compact Area:		Attachments:	Industrial Pretreatment

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 U.S.C. §1251 et.seq.)(hereinafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS

Name:	Village of Groton	Attention:	Dennis Toolan, Mayor
Street:	108 East Cortland Street		
City:	Groton	State:	NY
		Zip Code:	13073

is authorized to discharge from the facility described below:

FACILITY NAME AND ADDRESS

Name:	Village of Groton Sewage Treatment Plant		
Location (C,T,V):	(V) Groton	County:	Tompkins
Facility Address:	205 Cayuga Street		
City:	Groton	State:	NY
NYTM -E:	387.468	NYTM - N:	4716.863
From Outfall No.:	001	at Latitude:	42 ° 35 ' 45 " & Longitude: 76 ° 22 ' 19 "
into receiving waters known as:	Owasco Inlet		Class: C (t)

and; (list other Outfalls, Receiving Waters & Water Classifications)

in accordance with: effluent limitations; monitoring and reporting requirements; other provisions and conditions set forth this permit; and 6 NYCRR Part 750-1.2(a) and 750-2.

DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

Mailing Name:	Village of Groton S.T.P.		
Street:	108 East Cortland Street		
City:	Groton	State:	NY
Responsible Official or Agent:	Alan Morehouse	Zip Code:	13073
		Phone:	(607) 898-5185

This permit and the authorization to discharge shall expire on midnight of the expiration date shown above and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date, the permittee shall apply for permit renewal not less than 180 days prior to the expiration date shown above.

DISTRIBUTION:

CO BWP - Permit Coordinator
 RWE
 RPA
 EPA Region II - Jeffrey Gratz
 NYSEFC

Permit Administrator:	
Address:	
Signature:	Date: / /

PERMIT LIMITS, LEVELS AND MONITORING DEFINITIONS

OUTFALL	WASTEWATER TYPE	RECEIVING WATER	EFFECTIVE	EXPIRING		
001	This cell describes the type of wastewater authorized for discharge. Examples include process or sanitary wastewater, storm water, non-contact cooling water.	This cell lists classified waters of the state to which the listed outfall discharges.	The date this page starts in effect. (e.g. EDP or EDPM)	The date this page is no longer in effect. (e.g. ExDP)		
PARAMETER	MINIMUM	MAXIMUM	UNITS	SAMPLE FREQ.	SAMPLE TYPE	
e.g. pH, TRC, Temperature, D.O.	The minimum level that must be maintained at all instants in time.	The maximum level that may not be exceeded at any instant in time.	SU, °F, mg/l, etc.			
PARA-METER	EFFLUENT LIMIT	PRACTICAL QUANTITATION LIMIT (PQL)	ACTION LEVEL	UNITS	SAMPLE FREQUENCY	SAMPLE TYPE
	Limit types are defined below in Note 1. The effluent limit is developed based on the more stringent of technology-based standards, required under the Clean Water Act, or New York State water quality standards. The limit has been derived based on existing assumptions and rules. These assumptions include receiving water hardness, pH and temperature; rates of this and other discharges to the receiving stream; etc. If assumptions or rules change the limit may, after due process and modification of this permit, change.	For the purposes of compliance assessment, the analytical method specified in the permit shall be used to monitor the amount of the pollutant in the outfall to this level, provided that the laboratory analyst has complied with the specified quality assurance/quality control procedures in the relevant method. Monitoring results that are lower than this level must be reported, but shall not be used to determine compliance with the calculated limit. This PQL can be neither lowered nor raised without a modification of this permit.	Type I or Type II Action Levels are monitoring requirements, as defined below in Note 2, that trigger additional monitoring and permit review when exceeded.	This can include units of flow, pH, mass, Temperature, concentration. Examples include µg/l, lbs/d, etc.	Examples include Daily, 3/week, weekly, 2/month, monthly, quarterly, 2/yr and yearly.	Examples include grab, 24 hour composite and 3 grab samples collected over a 6 hour period.

Note 1: DAILY DISCHARGE: The discharge of a pollutant measured during a calendar day or any 24-hour period that reasonably represents the calendar day for the purposes of sampling. For pollutants expressed in units of mass, the ‘daily discharge’ is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the ‘daily discharge’ is calculated as the average measurement of the pollutant over the day. **DAILY MAX:** The highest allowable daily discharge. **DAILY MIN:** The lowest allowable daily discharge. **MONTHLY AVG (daily avg):** The highest allowable average of daily discharges over a calendar month, calculated as the sum of each of the daily discharges measured during a calendar month divided by the number of daily discharges measured during that month. **RANGE:** The minimum and maximum instantaneous measurements for the reporting period must remain between the two values shown. **7 DAY ARITHMETIC MEAN (7 day average):** The highest allowable average of daily discharges over a calendar week. **12 MRA (twelve month rolling avg):** The average of the most recent twelve month’s monthly averages. **30 DAY GEOMETRIC MEAN (30 d geo mean):** The highest allowable geometric mean of daily discharges over a calendar month, calculated as the antilog of : the sum of the log of each of the daily discharges measured during a calendar month divided by the number of daily discharges measured during that month. **7 DAY GEOMETRIC MEAN (7 d geo mean):** The highest allowable geometric mean of daily discharges over a calendar week.

Note 2: ACTION LEVELS: Routine Action Level monitoring results, if not provided for on the Discharge Monitoring Report (DMR) form, shall be appended to the DMR for the period during which the sampling was conducted. If the additional monitoring requirement is triggered as noted below, the permittee shall undertake a short-term, high-intensity monitoring program for the parameter(s). Samples identical to those required for routine monitoring purposes shall be taken on each of at least three consecutive operating and discharging days and analyzed. Results shall be expressed in terms of both concentration and mass, and shall be submitted no later than the end of the third month following the month when the additional monitoring requirement was triggered. Results may be appended to the DMR or transmitted under separate cover to the same address. If levels higher than the Action Levels are confirmed, the permit may be reopened by the Department for consideration of revised Action Levels or effluent limits. The permittee is not authorized to discharge any of the listed parameters at levels which may cause or contribute to a violation of water quality standards. **TYPE I:** The additional monitoring requirement is triggered upon receipt by the permittee of any monitoring results in excess of the stated Action Level. **TYPE II:** The additional monitoring requirement is triggered upon receipt by the permittee of any monitoring results that show the stated action level exceeded for four of six consecutive samples, or for two of six consecutive samples by 20 % or more, or for any one sample by 50 % or more.

INTERIM PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	Seasonal from November 1 to May 31	Owasco Inlet	EDPM	End of Construction + 2 Months

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Influent	Effluent	
Flow	30 Day Avg.	0.35	MGD			Continuous	N/A		X	
BOD ₅	30 Day Avg.	30	mg/l	88	lbs/d	1/month	6 hr comp	X	X	(1)
BOD ₅	7 day avg	45	mg/l	132	lbs/d	1/month	6 hr comp	X	X	(1)
UOD			mg/l		lbs/d					(2)
Solids, Suspended	30 Day Avg.	30	mg/l	88	lbs/d	1/month	6 hr comp	X	X	(1)
Solids, Suspended	7 Day Avg.	45	mg/l	132	lbs/d	1/month	6 hr comp	X	X	(1)
Solids, Settleable	7 Day Avg.	0.3	ml/l		lbs/d	1/day	Grab	X	X	
pH	Range	6.0 - 9.0	SU			1/day	Grab	X	X	
Nitrogen, Ammonia (as N)		Monitor	mg/l		lbs/d	1/month	6 hr comp	X	X	
Nitrogen, TKN (as N)		Monitor	mg/l		lbs/d	1/month	6 hr comp	X	X	
Phosphorus, Total (as P)	Monthly Avg.	1.0	mg/l	4.0	lbs/d	1/month	6 hr comp	X	X	
Temperature		Monitor	Deg_F			1/day	Grab	X	X	
Effluent Disinfection required: [] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml							
Coliform, Fecal	7 day geometric mean	400	No./100 ml							
Chlorine, Total Residual	Daily max	0.1	mg/l							

FOOTNOTES: (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows: UOD = 1.5 X CBOD₅ + 4.5 X TKN (Total Kjeldahl Nitrogen)

INTERIM PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	Seasonal from June 1 to October 31	Owasco Inlet	EDPM	End of Construction + 2 Months

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Influent	Effluent	
Flow	30 Day Avg.	0.35	MGD			Continuous	N/A		X	
BOD ₅	30 Day Avg.	Monitor	mg/l		lbs/d	1/month	6 hr comp	X	X	(1)
BOD ₅	7 day avg	Monitor	mg/l		lbs/d	1/month	6 hr comp	X	X	(1)
UOD	30 Day Avg.	51.4	mg/l	150	lbs/d	1/month	6 hr comp		X	(2)
Solids, Suspended	30 Day Avg.	30	mg/l	88	lbs/d	1/month	6 hr comp	X	X	(1)
Solids, Suspended	7 Day Avg.	45	mg/l	132	lbs/d	1/month	6 hr comp	X	X	(1)
Solids, Settleable	7 Day Avg.	0.3	ml/l		lbs/d	1/day	Grab	X	X	
pH	Range	6.0 - 9.0	SU			1/day	Grab	X	X	
Nitrogen, Ammonia (as N)	30 Day Avg.	4.0	mg/l		lbs/d	1/month	6 hr comp	X	X	
Nitrogen, TKN (as N)	30 Day Avg.	Monitor	mg/l		lbs/d	1/month	6 hr comp	X	X	
Phosphorus, Total (as P)	Monthly Avg.	1.0	mg/l	4.0	lbs/d	1/month	6 hr comp	X	X	
Temperature		Monitor	Deg F			1/day	Grab	X	X	
Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml			1/month	Grab		X	
Coliform, Fecal	7 day geometric mean	400	No./100 ml			1/month	Grab		X	
Chlorine, Total Residual	Daily max	0.1	mg/l			1/day	Grab		X	

FOOTNOTES: (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows: UOD = 1.5 X CBOD₅ + 4.5 X TKN (Total Kjeldahl Nitrogen)

FINAL PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	Seasonal from November 1 to May 31	Owasco Inlet	End of Construction + 2 Months	End of Construction +2 Mos + 1 Year

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Influent	Effluent	
Flow	30 Day Avg.	0.50	MGD			Continuous	N/A		X	
BOD ₅	30 Day Avg.	30	mg/l	125	lbs/d	1/week	6 hr comp	X	X	(1)
BOD ₅	7 day avg	45	mg/l	188	lbs/d	1/week	6 hr comp	X	X	(1)
UOD			mg/l		lbs/d					(2)
Solids, Suspended	30 Day Avg.	30	mg/l	125	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Suspended	7 Day Avg.	45	mg/l	188	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Settleable	7 Day Avg.	0.3	ml/l		lbs/d	1/day	Grab	X	X	
pH	Range	6.0 - 9.0	SU			1/day	Grab	X	X	
Nitrogen, Ammonia (as N)	30 Day Avg.	9.6	mg/l		lbs/d	1/week	6 hr comp	X	X	
Nitrogen, TKN (as N)	30 Day Avg.	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	
Phosphorus, Total (as P)	Monthly Avg.	0.75	mg/l	3.1	lbs/d	1/week	6 hr comp	X	X	
Temperature		Monitor	Deg F			1/day	Grab	X	X	
Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml			1/month	Grab		X	
Coliform, Fecal	7 day geometric mean	400	No./100 ml			1/month	Grab		X	
Chlorine, Total Residual	Daily max	0.1	mg/l			1/day	Grab		X	

FOOTNOTES: (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows: UOD = 1.5 X CBOD₅ + 4.5 X TKN (Total Kjeldahl Nitrogen)

FINAL PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	Seasonal from June 1 to October 31	Owasco Inlet	End of Construction + 2 Months	End of Construction +2 Mos + 1 Year

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Influent	Effluent	
Flow	30 Day Avg.	0.50	MGD			Continuous	N/A		X	
BOD ₅	30 Day Avg.	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	(1)
BOD ₅	7 day avg	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	(1)
UOD	30 Day Avg.	40	mg/l	167	lbs/d	1/week	6 hr comp		X	(2)
Solids, Suspended	30 Day Avg.	30	mg/l	125	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Suspended	7 Day Avg.	45	mg/l	188	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Settleable	7 Day Avg.	0.3	ml/l		lbs/d	1/day	Grab	X	X	
pH	Range	6.0 - 9.0	SU			1/day	Grab	X	X	
Nitrogen, Ammonia (as N)	30 Day Avg.	2.7	mg/l		lbs/d	1/week	6 hr comp	X	X	
Nitrogen, TKN (as N)	30 Day Avg.	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	
Phosphorus, Total (as P)	Monthly Avg.	0.75	mg/l	3.1	lbs/d	1/week	6 hr comp	X	X	
Phosphorus, SRP	Monthly Avg.	Monitor	mg/l			1/week	6 hr comp		X	
Temperature		Monitor	Deg F			1/day	Grab	X	X	
Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml			1/month	Grab		X	
Coliform, Fecal	7 day geometric mean	400	No./100 ml			1/month	Grab		X	
Chlorine, Total Residual	Daily max	0.1	mg/l			1/day	Grab		X	

FOOTNOTES: (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows: UOD = 1.5 X CBOD₅ + 4.5 X TKN (Total Kjeldahl Nitrogen)

FINAL PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	Seasonal from November 1 to May 31	Owasco Inlet	End of Construction + 2 Mos + 1 Year	EXDP

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Influent	Effluent	
Flow	30 Day Avg.	0.50	MGD			Continuous	N/A		X	
BOD ₅	30 Day Avg.	30	mg/l	125	lbs/d	1/week	6 hr comp	X	X	(1)
BOD ₅	7 day avg	45	mg/l	188	lbs/d	1/week	6 hr comp	X	X	(1)
UOD			mg/l		lbs/d					(2)
Solids, Suspended	30 Day Avg.	30	mg/l	125	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Suspended	7 Day Avg.	45	mg/l	188	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Settleable	7 Day Avg.	0.3	ml/l		lbs/d	1/day	Grab	X	X	
pH	Range	6.0 - 9.0	SU			1/day	Grab	X	X	
Nitrogen, Ammonia (as N)	30 Day Avg.	9.6	mg/l		lbs/d	1/week	6 hr comp	X	X	
Nitrogen, TKN (as N)	30 Day Avg.	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	
Phosphorus, Total (as P)	Monthly avg	0.5	mg/l	2.1	lbs/d	1/week	6 hr comp	X	X	(3)
Temperature		Monitor	Deg F			1/day	Grab	X	X	
Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml			1/month	Grab		X	
Coliform, Fecal	7 day geometric mean	400	No./100 ml			1/month	Grab		X	
Chlorine, Total Residual	Daily max	0.1	mg/l			1/day	Grab		X	

FOOTNOTES: (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows: UOD = 1.5 X CBOD₅ + 4.5 X TKN (Total Kjeldahl Nitrogen)
 (3) Upon completion of a TMDL for Owasco Inlet and Owasco Lake, the Department may reopen the permit to implement any applicable phosphorus wasteload allocation.

FINAL PERMIT LIMITS, LEVELS AND MONITORING

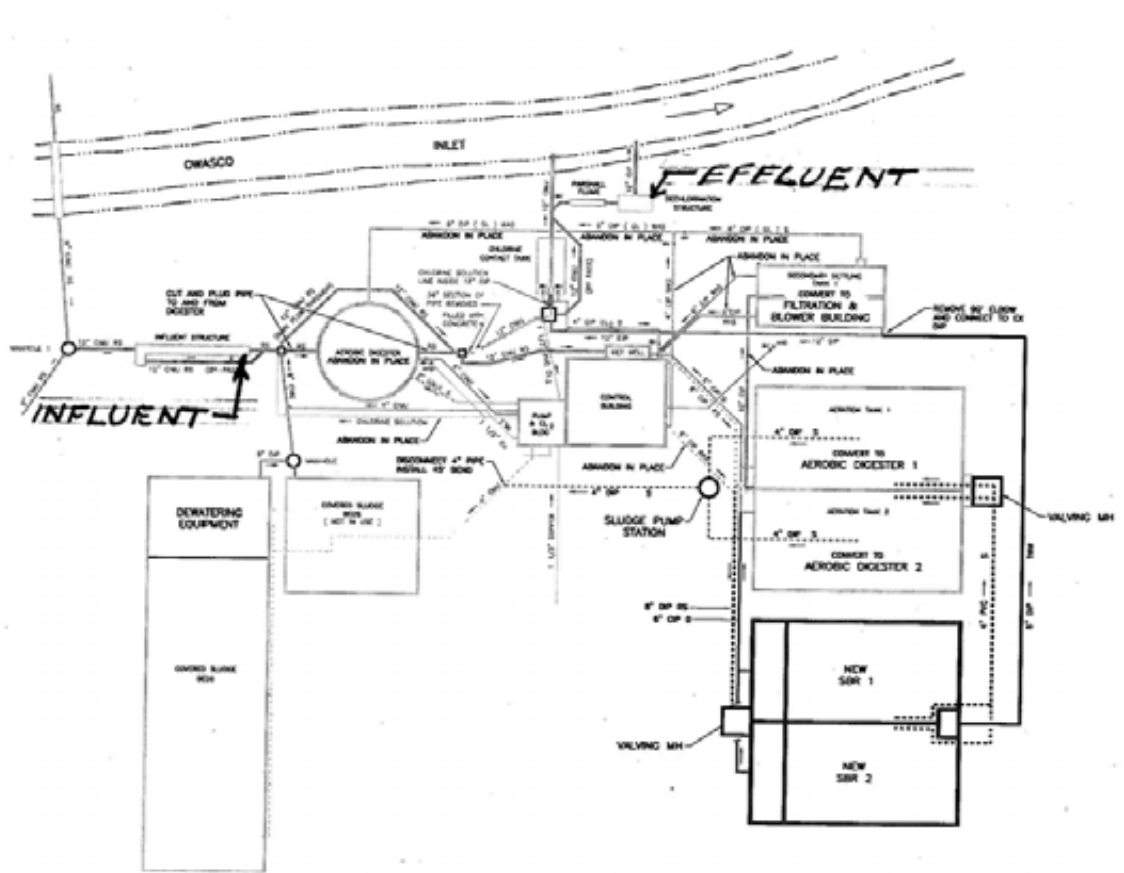
OUTFALL No.	LIMITATIONS APPLY:	RECEIVING WATER	EFFECTIVE	EXPIRING
001	Seasonal from June 1 to October 31	Owasco Inlet	End of Construction + 2 Mos + 1Year	EXDP

PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	Type	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location		
								Influent	Effluent	
Flow	30 Day Avg.	0.50	MGD			Continuous	N/A		X	
BOD ₅	30 Day Avg.	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	(1)
BOD ₅	7 day avg	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	(1)
UOD	30 Day Avg.	40	mg/l	167	lbs/d	1/week	6 hr comp		X	(2)
Solids, Suspended	30 Day Avg.	30	mg/l	125	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Suspended	7 Day Avg.	45	mg/l	188	lbs/d	1/week	6 hr comp	X	X	(1)
Solids, Settleable	7 Day Avg.	0.3	ml/l		lbs/d	1/day	Grab	X	X	
pH	Range	6.0 - 9.0	SU			1/day	Grab	X	X	
Nitrogen, Ammonia (as N)	30 Day Avg.	2.7	mg/l		lbs/d	1/week	6 hr comp	X	X	
Nitrogen, TKN (as N)	30 Day Avg.	Monitor	mg/l		lbs/d	1/week	6 hr comp	X	X	
Phosphorus, Total (as P)	Monthly Avg.	0.5	mg/l	2.1	lbs/d	1/week	6 hr comp	X	X	(3)
Phosphorus, SRP	Monthly Avg.	Monitor	mg/l			2/month	6 hr comp		X	
Temperature		Monitor	Deg F			1/day	Grab	X	X	
Effluent Disinfection required: [X] All Year [] Seasonal from _____ to _____										
Coliform, Fecal	30 day geometric mean	200	No./100 ml			1/month	Grab		X	
Coliform, Fecal	7 day geometric mean	400	No./100 ml			1/month	Grab		X	
Chlorine, Total Residual	Daily max	0.1	mg/l			1/day	Grab		X	

FOOTNOTES: (1) and effluent shall not exceed 15 % and 15 % of influent concentration values for BOD₅ & TSS respectively.
 (2) Ultimate Oxygen Demand shall be computed as follows: UOD = 1.5 X CBOD₅ + 4.5 X TKN (Total Kjeldahl Nitrogen)
 (3) Upon completion of a TMDL for Owasco Inlet and Owasco Lake, the Department may reopen the permit to implement any applicable phosphorus wasteload allocation.

MONITORING LOCATIONS

The permittee shall take samples and measurements, to comply with the monitoring requirements specified in this permit, at the location(s) specified below:



PRETREATMENT MINI SCHEDULE

There are Significant Industrial Users of the permittee's municipal sewerage system. Therefore the permittee shall comply with the following schedule:

Industrial Survey

Within two months of the effective date of this permit, the permittee shall submit the results of an industrial survey performed in accordance with the document entitled Guidance for Identification of Significant Industrial Users, NYSDEC 1989. The survey results shall include a final culled list of users, one Fast Report On Significant Industries (FROSI) completed through question 7 A including proposed industrial monitoring for each potential significant industrial user, all submitted Industrial Chemical Survey forms and proposed Sewage Treatment Plant (STP) monitoring. Fingerlakes Aquaculture, Inc. is a Significant Industrial User of the permittee's municipal sewerage system. During the Industrial Survey period two effluent sampling rounds shall be conducted at the Fingerlakes Aquaculture facility. Sampling parameters shall include flow, BOD, TSS, ammonia, phosphorus (TP) and nitrogen (TKN).

Develop Procedures

Within one month of the submission of industrial survey results, the permittee shall submit documentation of procedures for obtaining and ensuring compliance with applicable standards. Such procedures shall include requirements and schedules for discharge permits, industrial self-monitoring, compliance monitoring of industries by the permittee, on going STP monitoring and an enforcement program. Such procedures shall be equivalent to procedures described or referenced in the document entitled Introduction to the National Pretreatment Program, USEPA, February, 1999 (www.epa.gov/npdes/pubs/final99.pdf).

Local Sewer Use Law

Within one month of the submission of Industrial Survey and STP/industrial monitoring results, the permittee shall submit a draft local sewer use law equivalent to the DEC Model Sewer Use Law. Local limits for substance capable of causing SPDES permit violations, endangering municipal employees or limiting sludge disposal options must be included in the local law. Such limits shall be developed in accordance with document entitled Guidance Manual on the Development and Implementation of Local Discharge Limitations Under the Pretreatment Program USEPA November, 1987.

Within one month of approval by this Department, the permittee shall submit a copy of the enacted Law accompanied by proof of enactment.

Credit for Work Already Completed

Any of the above required tasks already completed by the permittee need not be repeated. If the permittee believes that a task or task(s) have been satisfactorily completed, documentation of the completed tasks should be submitted to NYSDEC for approval.

Implement Procedures

Within 2 months of enactment of its sewer use law, the permittee shall implement the procedures proposed under this schedule and approved by NYSDEC. At a minimum, the following activities shall be undertaken by the permittee:

1. Issue permits including limitations, monitoring requirements, and reporting requirements to its significant industrial users.
2. Enforce categorical pretreatment standards promulgated by the USEPA pursuant to Section 307 (b) and (c) of the Act and the local limits set forth in the POTW local sewer use law.
3. Carry out inspections and monitoring of significant industrial users to determine compliance with categorical standards and local limits.
4. Undertake enforcement actions in accordance with NYSDEC approved procedures.

Reporting Requirements

On July 28th of each year, the permittee shall submit completed FROSI's for each SIU to NYSDEC. Every third year, the permittee shall submit ICS forms completed by all SIUs to NYSDEC. At the same time the permittee shall notify the NYSDEC of any proposed significant changes to its implementing procedures or local sewer use law.

All pretreatment reports shall be submitted to the offices listed on the monitoring, recording and reporting page of this permit.

Compliance actions required by the pretreatment mini schedule are one time requirements. The permittee shall comply with the compliance actions to the Department's satisfaction once. When this permit is administratively renewed by NYSDEC letter entitled "SPDES NOTICE/RENEWAL APPLICATION/PERMIT", the permittee is not required to repeat the submissions. The due dates are independent from the effective date of the permit stated in the letter of "SPDES NOTICE/RENEWAL

Compliance Schedule

The wastewater treatment plant upgrade is controlled by the Compliance Schedule contained in the Order on Consent R7-20060515-35, dated August 1, 2006. The final effluent limit for phosphorus after completion of the plant upgrade is 0.5 mg/l. Construction for the wastewater treatment plant upgrade shall proceed pursuant to the following schedule:

- 02/27/2009 - Submit project engineering report /construction schedule
- 03/27/2009 - Submit plans and specifications
- 06/30/2009 - Start construction
- 06/30/2010 - Anticipated end of construction

When the upgrade is complete and if the 0.5 mg/l phosphorus limit cannot be consistently attained in the one year period following plant start up, then the permittee shall submit an engineering report with additional analyses of treatment methods to attain the final limit.

RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

a)The permittee shall also refer to 6 NYCRR Part 750-1.2(a) and 750-2 for additional information concerning monitoring and reporting requirements and conditions.

b)The monitoring information required by this permit shall be summarized, signed and retained for a period of three years from the date of the sampling for subsequent inspection by the Department or its designated agent. **Also, monitoring information required by this permit shall be summarized and reported by submitting;**

(if box is checked) completed and signed Discharge Monitoring Report (DMR) forms for each 1 month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28th day of the month following the end of each reporting period.

(if box is checked) an annual report to the Regional Water Engineer at the address specified below. The annual report is due by February 1 and must summarize information for January to December of the previous year in a format acceptable to the Department.

(if box is checked) a monthly "Wastewater Facility Operation Report..." (form 92-15-7) to the:
 Regional Water Engineer and/or County Health Department or Environmental Control Agency specified below

Send the **original** (top sheet) of each DMR page to:

Department of Environmental Conservation
 Division of Water
 Bureau of Watershed Compliance Programs
 625 Broadway
 Albany, New York 12233-3506

Phone: (518) 402-8177

Send an **additional copy** of each DMR page to:

Cayuga County Health Department
 160 Genesee Street
 PO Box 219
 Auburn, NY 13021

Send the **first copy** (second sheet) of each DMR page to:

Department of Environmental Conservation
 Regional Water Engineer
 615 Erie Blvd. West
 Syracuse, NY 13204-2400

Phone: (315) 426-7500

Tompkins County Health Department
 401 Harris B. Dates Drive
 Ithaca, NY 14850-1386

c) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed in 6 NYCRR Part 750-1.2(a) and 750-2.

- d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- e) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.
- f) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- g) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon _____ measurements and sampling carried out during the most recently completed reporting period.
- h) Any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been issued a certificate of approval. Inquiries regarding laboratory certification should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences , The Nelson A. Rockefeller Empire State Plaza, Albany, New York 12201.