

FOR BUFFALO SEWER AUTHORITY USE ONLY  
Date Application Received: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Industrial Waste Investigator: \_\_\_\_\_

**BUFFALO SEWER AUTHORITY  
TEMPORARY DISCHARGE PERMIT APPLICATION**

**GENERAL INFORMATION**

A 1. Applicant Business Name: MARK CERRONE, Inc

A. 2a. Business address:

2368 MARYLAND Niagara Falls NY 14304  
Street City State Zip

A 2b. Mailing Address (if different than above):

\_\_\_\_\_  
Street City State Zip

A 3. Chief Business Official:

George Churakos Vice President  
Name Title

A 4. Person to be contacted about this application:

Raj Chopra  
Name Title  
716-480-2125 716-282-5245 rchopraemarkcerrone.com  
Phone Fax E-Mail

A 5. Person to be contacted in case of emergency:

RAJ CHOPRA manager  
Name Title  
716-480-2125 \_\_\_\_\_  
Day phone After hours phone  
716-480-2125  
Cell phone

A 6. Insurance Agent(s) of responsible party: Lawley Insurance

**Certificate of Insurance for responsible party must be attached.**

**WASTESTREAM**

B 1. Location of Wastestream:

Harbour Center  
Name  
75 Main St. Buffalo NY  
Street City State Zip

B 2. Source of Wastestream: Excavation of soils for new building

B 3. Volume of Wastestream: UNK average flow (gals/day); UNK peak flow (gals/sec)

B 4. Duration of Discharge: 30-60 DAYS

B 5. Variability of Wastestream Volume: Yes X No \_\_\_\_\_

If yes, explain Will depend on depth of Excavation

B 6. Attach analytical data (if available)

C 1. Map must be attached detailing source of wastestream, proposed pretreatment equipment and discharge location.

I have personally examined, and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information.

\_\_\_\_\_  
Date Signature of Official



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: MJ

DATE (MM/DD/YYYY)

09/28/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

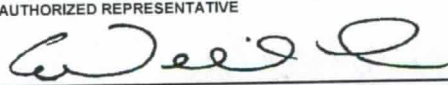
|  |              |   |                |
|--|--------------|---|----------------|
| PRODUCER<br><b>Lawley Construction Solutions</b><br>361 Delaware Avenue<br>Buffalo, NY 14202           | 716-849-8618 | CONTACT NAME:                                   |                |
|  | 716-849-8291 | PHONE (A/C, No, Ext):                           | FAX (A/C, No): |
|  |              | E-MAIL ADDRESS:                                 |                |
|  |              | PRODUCER CUSTOMER ID #: <b>MARK-50</b>          |                |
|  |              | INSURER(S) AFFORDING COVERAGE                   | NAIC #         |
| INSURED<br><b>Buffalo Sewer Authority &amp; City of Buffalo</b><br>1038 City Hall<br>Buffalo, NY 14202 |              | INSURER A : <b>Zurich American Insurance Co</b> | <b>379</b>     |
|  |              | INSURER B :                                     |                |
|  |              | INSURER C :                                     |                |
|  |              | INSURER D :                                     |                |
|  |              | INSURER E :                                     |                |
|  |              | INSURER F :                                     |                |

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE  | ADDL INSR | SUBR WVD | POLICY NUMBER        | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |                     |
|----------|--|-----------|----------|----------------------|-------------------------|-------------------------|---|---------------------|
| A        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> Owner/Cont Prot.<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | <b>OCP4503590-00</b> | <b>09/30/12</b>         | <b>09/30/13</b>         | EACH OCCURRENCE   | \$ <b>3,000,000</b> |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS   |           |          |                      |                         |                         | COMBINED SINGLE LIMIT (Ea accident)   | \$                  |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br><br>DEDUCTIBLE<br>RETENTION \$   |           |          |                      |                         |                         | EACH OCCURRENCE   | \$                  |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |                      |                         |                         | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$ |                     |

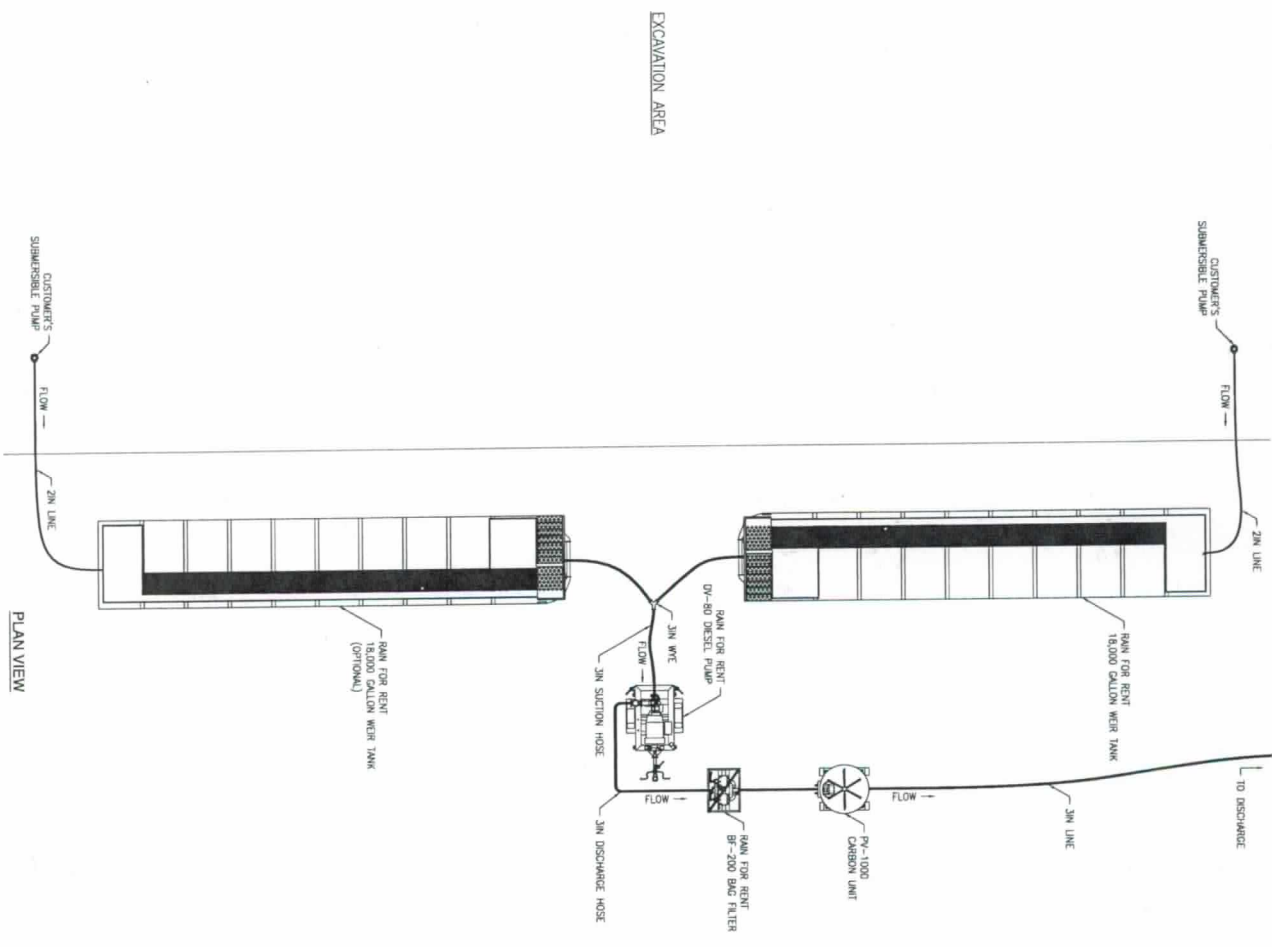
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Project: Combined Sewer Overflow - Green Infrastructure**  
**Contractor: Mark Cerrone Inc**

|  |                |   |
|--|----------------|---|
| <b>CERTIFICATE HOLDER</b><br><br><b>Buffalo Sewer Authority &amp; City of Buffalo</b><br>1038 City Hall<br>Buffalo, NY 14202 | <b>BUFF-01</b> | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|  |                | AUTHORIZED REPRESENTATIVE<br>   |

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| REVNO | DESCRIPTION | PREPARED DWG | BY | DATE |
|-------|-------------|--------------|----|------|
|       |             |              |    |      |

| ITEM | QTY | REF | DESCRIPTION |
|------|-----|-----|-------------|
|      |     |     |             |



PLAN VIEW

SCALE: 1\"/>

ALL INFORMATION CONTAINED IN OR REFERRED TO BY THIS DOCUMENT IS CONSIDERED CONFIDENTIAL AND PROPRIETARY TO RAIN FOR RENT. ALL DISCLOSURES OF ANY INFORMATION IN THIS DOCUMENT TO ANY OTHER PARTY WITHOUT THE WRITTEN CONSENT OF RAIN FOR RENT SHALL BE PROHIBITED. ANY SUCH DISCLOSURE SHALL BE CONSIDERED A BREACH OF THIS AGREEMENT AND WILL BE SUBJECT TO LEGAL ACTION. RAIN FOR RENT SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE INFORMATION TO WHICH IT RELATES. RAIN FOR RENT SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE INFORMATION TO WHICH IT RELATES. RAIN FOR RENT SHALL BE RESPONSIBLE FOR THE PROTECTION OF THE INFORMATION TO WHICH IT RELATES.

RAIN FOR RENT (ENGINEERING DOCUMENT & DRAWING NUMBER)  
01-7374-02-01



**Rain for Rent**  
Engineering

3404 STATE ROAD, P.O. BOX 2248 BAKERSFIELD, CA 93303

HARBOR CENTER  
MARK CERRONE INC.

# FILTRATION LAYOUT

|              |                 |
|--------------|-----------------|
| DATE:        | 04/02/13        |
| SCALE:       | NOT TO SCALE    |
| DRAWN BY:    | N. THOMASHEFSKI |
| CHECKED BY:  | M. GRUNDVIG     |
| APPROVED BY: | I. DANQUE       |