



**Department of  
Environmental  
Conservation**

**CONDITIONAL EXCLUSION CERTIFICATION  
for Exclusion from Mercury Permit Limitations**

Instructions: Complete this Conditional Exclusion Certification.

Submit completed form to  
the Regional Water Engineer and DOWmercury@dec.ny.gov.

**I. Permittee/Facility Information**

Permittee/Facility Name:			
Mailing Address:		City/State/Zip:	
Contact Name:		Phone No.:	
Facility Name:			
Street Address:		City/State/Zip:	
County:	Latitude:	Longitude:	SIC Code:
Is there a Conditional Exclusion Certification currently on file with the Department?		Enter SPDES ID #: NY _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>			

**II. Exclusion Checklist**

Does the facility have any of the following mercury sources? Please check either "Yes" or "No" in the appropriate box. If you answer "Yes" to any of these questions (1) through (8), you are not eligible for the conditional exclusion.		YES	NO
1	The facility is or receives discharge from 1) individually permitted combined sewer overflow (CSOs) communities and/or 2) Type II sanitary sewer overflow (SSO) facilities		
2	One or more effluent samples which exceed 12 ng/L, including samples taken as a result of the SPDES application process		
3	1) Internal or tributary waste stream samples exceed the GLCA effluent limitation AND 2) the final effluent samples are less than the GLCA due primarily to dilution by uncontaminated or less contaminated waste streams. Both components of this criterion may include samples taken as a result of the SPDES application process		
4	A permit application or other information indicates that mercury is handled on site and could be discharged through outfalls		
5	Outfalls which contain legacy mercury contamination		
6	The facility's collection system receives discharges from a dental and/or categorical industrial user (CIU) that may discharge mercury		
7	The facility accepts hauled wastes		
8	The facility is defined as a categorical industry that may discharge mercury. This may also include dentists, universities, hospitals, or laboratories which have their own SPDES permit		

**III. Certification**

I certify under penalty of law that I have read and understand the eligibility requirements for claiming a condition of "exclusion" and obtaining an exclusion from mercury permit limitations. I certify under penalty of law that there are no mercury sources at and/or discharging to the facility. I understand that I am obligated to submit a conditional exclusion certification form once every five years to the SPDES permitting authority. I understand that I must allow the SPDES permitting authority to perform inspections to confirm the condition of exclusion and to make such inspection reports publicly available upon request.

Printed Name:	Title/Position:
Signature:	Date: