

Appendix K –Notice of Intent as Submitted to NYSDEC, Application for Coverage under a NYSDEC SPDES Individual Permit and NYSDEC Acknowledgement Letter

NYSDEC INDIVIDUAL SPEDES PERMIT APPLICATION

State Pollutant Discharge Elimination System (SPDES)
INDUSTRIAL APPLICATION FORM NY-2C
 For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water
Section I - Permittee and Facility Information

Please type or print the requested information.

1. Current Permit Information (leave blank if for new discharge)

SPDES Number:	DEC Number:
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2. Permit Action Requested: (Check applicable box)

<input checked="" type="checkbox"/> A NEW proposed discharge	<input type="checkbox"/> An EBPS INFORMATION REQUEST response	<input type="checkbox"/> A RENEWAL of an existing SPDES permit
<input type="checkbox"/> A MODIFICATION of the existing permit	<input type="checkbox"/> An EXISTING discharge currently without permit	

Does this request include an increase in the quantity of water discharged from your facility to the waters of the State?

<input type="checkbox"/> YES - Describe the increase:	
<input checked="" type="checkbox"/> NO - Go to Item 3. below.	

3. Permittee Name and Address

Name NEW YORK POWER AUTHORITY		Attention JOHN JOYCE	
Street Address 123 MAIN STREET			
City or Village WHITE PLAINS		State NY	ZIP Code 10601

4. Facility Name, Address and Location

Name NYPA's MARCY SOUTH SERIES COMPENSATION PROJECT			
Street Address 1068 HAMDEN HILL ROAD SPUR			P.O. Box
City or Village		State NY	ZIP Code 13753
Town DELHI		County DELAWARE	
Telephone	FAX	NYTM - E	NYTM - N
Tax Map Info (New York City, Nassau County and Suffolk County only)			
Section 191	Block 2	Subblock	Lot 1

5. Facility Contact Person

Name UNKNOWN AT THIS TIME; USE PERMITEE CONTACT INFORMATION ABOVE		Title	
Street Address			P.O. Box
City or Village		State	ZIP Code
Telephone	FAX	E-Mail or Internet	

6. Discharge Monitoring Report (DMR) Mailing Address

Mailing Name N/A			
Street Address			P.O. Box
City or Village		State	ZIP Code
Telephone	FAX	E-Mail or Internet	
Name and Title of person responsible for signing DMRs			Signature

**INDUSTRIAL APPLICATION FORM NY-2C
Section I - Permittee and Facility Information**

Facility Name:	SPDES Number:
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15. Facility Ownership: (Place an "X" in the appropriate box)

Corporate Sole Proprietorship Partnership Municipal State Federal Other

Are any of the discharges applied for in this application on Indian lands? Yes No

16. List information on any other environmental permits for this facility:

Issuing Agency	Permit Type	Permit Number	Permit Status		
			Active	Applied for	Inactive

17. Laboratory Certification:

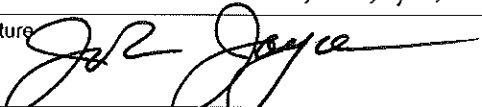
Were any of the analyses reported in Section III of this application performed by a contract laboratory or a consulting firm?

YES - Complete the following table.
 NO - Go to Item 18 below.

Name of laboratory or consulting firm	Address	Telephone (area code and number)	Pollutants analyzed

18. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title (type or print) John Joyce, VP Project & Business Development		Date signed May 20, 2015
Signature 	Telephone number 914-287-3238	FAX number

GP-0-15-002 NOTICE OF INTENT FORM

NOTICE OF INTENT



New York State Department of Environmental Conservation

Division of Water

625 Broadway, 4th Floor

Albany, New York 12233-3505

NYR
(for DEC use only)

Stormwater Discharges Associated with Construction Activity Under State Pollutant Discharge Elimination System (SPDES) General Permit # GP-0-15-002

All sections must be completed unless otherwise noted. Failure to complete all items may result in this form being returned to you, thereby delaying your coverage under this General Permit. Applicants must read and understand the conditions of the permit and prepare a Stormwater Pollution Prevention Plan prior to submitting this NOI. Applicants are responsible for identifying and obtaining other DEC permits that may be required.

-IMPORTANT-

RETURN THIS FORM TO THE ADDRESS ABOVE

OWNER/OPERATOR MUST SIGN FORM

Owner/Operator Information

Owner/Operator (Company Name/Private Owner Name/Municipality Name)

New York Power Authority

Owner/Operator Contact Person Last Name (NOT CONSULTANT)

Joyce

Owner/Operator Contact Person First Name

John

Owner/Operator Mailing Address

123 Main Street

City

White Plains

State

NY

Zip

10601 -

Phone (Owner/Operator)

914 - 287 - 3238

Fax (Owner/Operator)

- -

Email (Owner/Operator)

John.Joyce@nypa.gov

FED TAX ID

13 - 1850882 (not required for individuals)

Project Site Information

Project/Site Name

N Y P A ' s M a r c y S o u t h S e r i e s C o m p e n s t a t i o n

Street Address (NOT P.O. BOX)

1 0 6 8 H a m d e n H i l l R o a d S p u r

Side of Street

North South East West

City/Town/Village (THAT ISSUES BUILDING PERMIT)

T o w n o f D e l h i

State Zip

N Y 1 3 7 5 3 -

County

D e l a w a r e

DEC Region

4

Name of Nearest Cross Street

H a m d e n H i l l R o a d

Distance to Nearest Cross Street (Feet)

5 6 0 0

Project In Relation to Cross Street

North South East West

Tax Map Numbers
Section-Block-Parcel

1 9 1 . - 2

Tax Map Numbers

1

1. Provide the Geographic Coordinates for the project site in NYTM Units. To do this you must go to the NYSDEC Stormwater Interactive Map on the DEC website at:

www.dec.ny.gov/imsmaps/stormwater/viewer.htm

Zoom into your Project Location such that you can accurately click on the centroid of your site. Once you have located your project site, go to the tool boxes on the top and choose "i"(identify). Then click on the center of your site and a new window containing the X, Y coordinates in UTM will pop up. Transcribe these coordinates into the boxes below. For problems with the interactive map use the help function.

X Coordinates (Easting)

5 0 0 2 0 3

Y Coordinates (Northing)

4 6 7 8 3 5 0

2. What is the nature of this construction project?

- New Construction
- Redevelopment with increase in impervious area
- Redevelopment with no increase in impervious area

Post-construction Stormwater Management Practice (SMP) Requirements

Important: Completion of Questions 27-39 is not required if response to Question 22 is No.

27. Identify all site planning practices that were used to prepare the final site plan/layout for the project.

- Preservation of Undisturbed Areas
- Preservation of Buffers
- Reduction of Clearing and Grading
- Locating Development in Less Sensitive Areas
- Roadway Reduction
- Sidewalk Reduction
- Driveway Reduction
- Cul-de-sac Reduction
- Building Footprint Reduction
- Parking Reduction

27a. Indicate which of the following soil restoration criteria was used to address the requirements in Section 5.1.6("Soil Restoration") of the Design Manual (2010 version).

- All disturbed areas will be restored in accordance with the Soil Restoration requirements in Table 5.3 of the Design Manual (see page 5-22).
- Compacted areas were considered as impervious cover when calculating the **WQv Required**, and the compacted areas were assigned a post-construction Hydrologic Soil Group (HSG) designation that is one level less permeable than existing conditions for the hydrology analysis.

28. Provide the total Water Quality Volume (WQv) required for this project (based on final site plan/layout).

Total WQv Required

. acre-feet

29. Identify the RR techniques (Area Reduction), RR techniques (Volume Reduction) and Standard SMPs with RRv Capacity in Table 1 (See Page 9) that were used to reduce the Total WQv Required (#28).

Also, provide in Table 1 the total impervious area that contributes runoff to each technique/practice selected. For the Area Reduction Techniques, provide the total contributing area (includes pervious area) and, if applicable, the total impervious area that contributes runoff to the technique/practice.

Note: Redevelopment projects shall use Tables 1 and 2 to identify the SMPs used to treat and/or reduce the WQv required. If runoff reduction techniques will not be used to reduce the required WQv, skip to question 33a after identifying the SMPs.

Table 1 - Runoff Reduction (RR) Techniques and Standard Stormwater Management Practices (SMPs)

<u>RR Techniques (Area Reduction)</u>	<u>Total Contributing Area (acres)</u>		<u>Total Contributing Impervious Area (acres)</u>	
<input type="radio"/> Conservation of Natural Areas (RR-1) ...	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/> <input type="text"/>
<input type="radio"/> Sheetflow to Riparian Buffers/Filters Strips (RR-2)	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/> <input type="text"/>
<input type="radio"/> Tree Planting/Tree Pit (RR-3)	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/> <input type="text"/>
<input type="radio"/> Disconnection of Rooftop Runoff (RR-4) ..	<input type="text"/>	<input type="text"/>	and/or	<input type="text"/> <input type="text"/>
<u>RR Techniques (Volume Reduction)</u>				
<input checked="" type="radio"/> Vegetated Swale (RR-5)				<input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 8
<input type="radio"/> Rain Garden (RR-6)				<input type="text"/>
<input type="radio"/> Stormwater Planter (RR-7)				<input type="text"/>
<input type="radio"/> Rain Barrel/Cistern (RR-8)				<input type="text"/>
<input type="radio"/> Porous Pavement (RR-9)				<input type="text"/>
<input type="radio"/> Green Roof (RR-10)				<input type="text"/>
<u>Standard SMPs with RRv Capacity</u>				
<input type="radio"/> Infiltration Trench (I-1)				<input type="text"/>
<input checked="" type="radio"/> Infiltration Basin (I-2)				<input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 8
<input type="radio"/> Dry Well (I-3)				<input type="text"/>
<input type="radio"/> Underground Infiltration System (I-4)				<input type="text"/>
<input type="radio"/> Bioretention (F-5)				<input type="text"/>
<input type="radio"/> Dry Swale (O-1)				<input type="text"/>
<u>Standard SMPs</u>				
<input type="radio"/> Micropool Extended Detention (P-1)				<input type="text"/>
<input type="radio"/> Wet Pond (P-2)				<input type="text"/>
<input type="radio"/> Wet Extended Detention (P-3)				<input type="text"/>
<input type="radio"/> Multiple Pond System (P-4)				<input type="text"/>
<input type="radio"/> Pocket Pond (P-5)				<input type="text"/>
<input type="radio"/> Surface Sand Filter (F-1)				<input type="text"/>
<input type="radio"/> Underground Sand Filter (F-2)				<input type="text"/>
<input type="radio"/> Perimeter Sand Filter (F-3)				<input type="text"/>
<input type="radio"/> Organic Filter (F-4)				<input type="text"/>
<input type="radio"/> Shallow Wetland (W-1)				<input type="text"/>
<input type="radio"/> Extended Detention Wetland (W-2)				<input type="text"/>
<input type="radio"/> Pond/Wetland System (W-3)				<input type="text"/>
<input type="radio"/> Pocket Wetland (W-4)				<input type="text"/>
<input type="radio"/> Wet Swale (O-2)				<input type="text"/>

33. Identify the Standard SMPs in Table 1 and, if applicable, the Alternative SMPs in Table 2 that were used to treat the remaining total WQv(=Total WQv Required in 28 - Total RRv Provided in 30).

Also, provide in Table 1 and 2 the total impervious area that contributes runoff to each practice selected.

Note: Use Tables 1 and 2 to identify the SMPs used on Redevelopment projects.

33a. Indicate the Total WQv provided (i.e. WQv treated) by the SMPs identified in question #33 and Standard SMPs with RRv Capacity identified in question 29.

WQv Provided

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 acre-feet

Note: For the standard SMPs with RRv capacity, the WQv provided by each practice = the WQv calculated using the contributing drainage area to the practice - RRv provided by the practice. (See Table 3.5 in Design Manual)

34. Provide the sum of the Total RRv provided (#30) and the WQv provided (#33a).

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35. Is the sum of the RRv provided (#30) and the WQv provided (#33a) greater than or equal to the total WQv required (#28)? Yes No

If Yes, go to question 36.
 If No, sizing criteria has not been met, so NOI can not be processed. SWPPP preparer must modify design to meet sizing criteria.

36. Provide the total Channel Protection Storage Volume (CPv) required and provided or select waiver (36a), if applicable.

CPv Required

		0	.	4	3	2
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 acre-feet

CPv Provided

		0	.	5	9	7
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 acre-feet

36a. The need to provide channel protection has been waived because:

- Site discharges directly to tidal waters or a fifth order or larger stream.
- Reduction of the total CPv is achieved on site through runoff reduction techniques or infiltration systems.

37. Provide the Overbank Flood (Qp) and Extreme Flood (Qf) control criteria or select waiver (37a), if applicable.

Total Overbank Flood Control Criteria (Qp)

Pre-Development

	3	3	.	0	6	
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 CFS

Post-development

	2	9	.	1	0	
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 CFS

Total Extreme Flood Control Criteria (Qf)

Pre-Development

	7	5	.	9	6	
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 CFS

Post-development

	7	5	.	5	0	
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 CFS

Owner/Operator Certification

I have read or been advised of the permit conditions and believe that I understand them. I also understand that, under the terms of the permit, there may be reporting requirements. I hereby certify that this document and the corresponding documents were prepared under my direction or supervision. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further understand that coverage under the general permit will be identified in the acknowledgment that I will receive as a result of submitting this NOI and can be as long as sixty (60) business days as provided for in the general permit. I also understand that, by submitting this NOI, I am acknowledging that the SWPPP has been developed and will be implemented as the first element of construction, and agreeing to comply with all the terms and conditions of the general permit for which this NOI is being submitted.

Print First Name

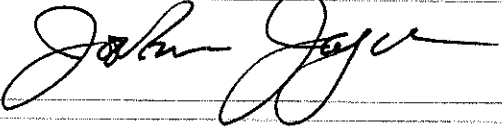
J o h n

MI

Print Last Name

J o y c e

Owner/Operator Signature



Date

05/20/2015