

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 type="checkbox"/> NO - Go to Item 3. below.	

3. Permittee Name and Address

Name BOP 2401 Third Avenue LLC		Attention Dan Berger	
Street Address 250 Vesey St 15th Floor			
City or Village New York	State NY	ZIP Code 10281	


4. Facility Name, Address and Location

Name 2401 Third Avenue			
Street Address 2401 Third Avenue		P.O. Box N/A	
City or Village New York	State NY	ZIP Code 10451	
Town N/A	County Bronx		
Telephone 212-417-7000	FAX N/A	NYTM - E Lat 40°48'29"	NYTM - N Long 73°55'52"
Tax Map Info (New York City, Nassau County and Suffolk County only)			
Section N/A	Block 2319	Subblock N/A	Lot 2

5. Facility Contact Person

Name Dan Berger		Title Senior Vice President	
Street Address 250 Vesey St 15th Floor		P.O. Box N/A	
City or Village New York	State NY	ZIP Code 10281	
Telephone 212-417-7000	FAX N/A	E-Mail or Internet dan.berger@brookfieldproperties.com	

6. Discharge Monitoring Report (DMR) Mailing Address

Mailing Name Earth Construction Services, LLC			
Street Address 35 Kisona Rd		P.O. Box N/A	
City or Village Mt Kisco	State NY	ZIP Code 10549	
Telephone 845-598-5018	FAX N/A	E-Mail or Internet permits@earthcs.com	
Name and Title of person responsible for signing DMRs Matthew Cichetti : Principal		Signature 	

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Facility Name: 2401 Third Avenue	SPDES Number:
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7. Summarize the outfalls present at the facility:

Outfall Number	Receiving Water	Type of discharge
WI-066	Harlem River	Temporary Groundwater Discharge

8. Map of Facility and Discharge Locations:

Provide a detailed map showing the location of the facility, all buildings or structures present, wastewater discharge systems, outfall locations into receiving waters, nearby surface water bodies, water supply wells, and groundwater monitoring wells, and attach it to this application. Also submit proof, either by indication on the map or other documentation, that a right of way for the discharges exists from the facility property to a public right of way.

9. Water Flow Diagram:

<p>See Enclosed Diagram</p>

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Facility Name: 2401 Third Avenue	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
NYCDEP	BWSO	N/A		X	
NYSDEC	Water Withdrawal	N/A		X	

17. Laboratory Certification:

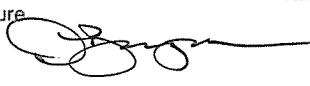
Were any of the analyses reported in Section III of this application performed by a contract laboratory or a consulting firm?

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
Phoenix Environmental Laboratories Inc.	587 East Middle Turnpike PO Box 370 Manchester, CT	860-645-1102	See enclosed lab report

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) Dan Berger Senior Vice President		Date signed 12.18.18
Signature 	Telephone number 212-417-7000	FAX number N/A

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

Facility Name: 2401 Third Avenue	SPDES Number:
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19. Industrial Chemical Survey (ICS)

N/A

Complete all information for those substances your facility has used, produced, stored, distributed, or otherwise disposed of in the past five (5) years at or above the threshold values listed in the instructions. Include substances manufactured at your facility, as well as any substances that you have reason to know or believe present in materials used or manufactured at your facility. Do not include chemicals used only in analytical laboratory work, or small quantities of routine household cleaning chemicals. Enter the name and CAS number for each of the chemicals listed in Tables 6-10 of the instructions, and the table number which lists the chemical. You may use ranges (e.g. 10-100 lbs., 100-1000 lbs., 1000-10000 lbs., etc.) to describe the quantities used on an annual basis as well as for the amount presently on hand. For those chemicals listed in Tables 6, 7, or 8 which are indicated as being potentially present in the discharge from one or more outfalls at the facility, indicate which outfalls may be affected in the appropriate column below, and include sampling results in Section III of this application for each of the potentially affected outfalls. Make additional copies of this sheet if necessary.

Name of Substance	Table	CAS Number	Average Annual Usage	Amount Now On Hand	Units (gallons, lbs, etc)	Purpose of Use (see codes in Table 2 of instructions)	Present in Discharge? (Outfall(s)?)

This completes Section I of the SPDES Industrial Application Form NY-2C. Section II, which requires specific information for each of the outfalls at your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this 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 II - Outfall Information

Please type or print the requested information.

Facility Name: 2401 Third Avenue	SPDES Number:
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1. Outfall Number and Location

Outfall No.: WI-066			
Latitude 40 ° 48 ' 29 "	Longitude 73 ° 55 ' 52 "	Receiving Water Harlem River	

2. Type of Discharge and Discharge Rate (List all information applicable to this outfall)

	Volume/Flow	Units				Volume/Flow	Units		
		MGD	GPM	Other (specify)			MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):	Temporary Groundwater Discharge					400		X	
l. Other discharge (specify):									

3. List process information for the Process Wastewater streams identified in 2.a-d above: N/A

a. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		
b. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		
c. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		
d. Name of the process contributing to the discharge			Process SIC code:
Describe the contributing process	Category	Quantity per day	Units of measure
	Subcategory		

4. Expected or Proposed Discharge Flow Rates for this outfall:

a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Average Flow	d. Daily Maximum Flow	e. Maximum Design flow rate
MG	0.0720 MGD	0.360 MGD	0.57 MGD	0.576 MGD

**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

Facility Name: 2401 Third Avenue	Outfall No.: WI-066 SPDES Number:
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5. Is this a seasonal discharge?

YES - Complete the following table.
 NO - Go to Item 6 below.

Operations contributing flow (list)	Discharge frequency		Flow				
	Batches per year	Duration per batch	Flow rate per day		Total volume per discharge	Units	Duration (Days)
			LTA	Daily Max			

6. Water Supply Source (indicate all that apply)

	Name or owner of water supply source	Volume or flow rate	Units (check one)		
Municipal Supply			<input type="checkbox"/> MGD	<input type="checkbox"/> GPD	<input type="checkbox"/> GPM
Private Surface Water Source			<input type="checkbox"/> MGD	<input type="checkbox"/> GPD	<input type="checkbox"/> GPM
Private Supply Well			MGD	GPD	GPM
Other (specify)	Temporary Groundwater Discharge	400	<input type="checkbox"/> MGD	<input type="checkbox"/> GPD	<input checked="" type="checkbox"/> GPM

7. Outfall configuration: (Surface water discharges only)

A. Where is the discharge point located with respect to the receiving water?

In the streambank: Existing 4' x 2' 8" Combined Sewer Overflow Pipe
 In the stream:
 Within a lake or ponded water:
 Within an estuary: Attach Supplement C, MIXING ZONE REQUIREMENTS FOR DISCHARGES TO ESTUARIES.
 Discharge is equipped with diffuser: Attach description, including configuration and plan drawing of diffuser, if used.

B. If located in a stream, approximately what percentage of stream width from shore is the discharge point located?

10% 25% 50% Other:

C. If located in a stream, describe the stream geometry in the general vicinity of the discharge point, under low flow conditions:

Stream width	Stream depth	Stream velocity	Are the results of a mixing/diffusion study attached? <input type="checkbox"/> YES <input type="checkbox"/> NO
Feet	Feet	Feet/Sec	

Section II - Outfall Information

Facility Name: 2401 Third Avenue	Outfall No.: WI-066 SPDES Number:
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8. Thermal Discharge Criteria

Is your facility one of the applicable types of facilities listed in the instructions, and does the temperature of this discharge exceed the receiving water temperature by greater than three (3) degrees Fahrenheit?

YES - Complete the following table.
 Information on the intake and discharge configuration of this outfall is attached.

NO - Go to Item 9. below.

Discharge Temperature, deg. F			Duration of maximum discharge temperature		Dates of maximum discharge temperature		Maximum flow rate	Discharge configuration (e.g. subsurface, surface, effluent diffuser, diffusion well, etc.)
Average change in temperature (delta T)	Maximum change in temperature (delta T)	Maximum temperature	hours per day	days per year	From	To		
							MGD	

9. Are any water treatment chemicals or additives that are used by your facility subsequently discharged through this outfall?

YES - Complete the following table and complete pages 1 of 3 and 2 of 3 of Form WTCFX for each water treatment chemical listed.

NO - Go to Item 10. below.

Manufacturer	WTC trade name	Manufacturer	WTC trade name

10. Has any biological test for acute or chronic toxicity been performed on this outfall or on the receiving water in relation to this outfall in the past three (3) years?

YES - Complete the following table.

NO - Go to Item 11. on the following page.

Water tested	Purpose of test	Type of test	Chronic or Acute?	Subject species	Testing date(s)		Submitted? (Date)
					Start	Finish	

**INDUSTRIAL APPLICATION FORM NY-2C
Section II - Outfall Information**

Facility Name: 2401 Third Avenue	Outfall No.: WI-066 SPDES Number:
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11. Is the discharge from this outfall treated to remove process wastes, water treatment additives, or other pollutants?

- YES** - Complete the following table. Treatment codes are listed in Table 4.
- NO** - Go to Item 12 below.

Treatment process	Treatment Code(s)	Treatment used for the removal of:	Design Flow Rate (include units)
Settling Tank	I-U	Total Suspended Solids, Total Solids	400 GPM
	2-D		
	I-G		
Bag Filter Housings	I-Q	Total suspended Solids, Total Solids, Metals	400 GPM
Carbon Units	2-A	Metals, VOC's, SVOC's	400 GPM

12. Does this facility have either a compliance agreement with a regulating agency, or have planned changes in production, which will materially alter the quantity and/or quality of the discharge from this outfall?

- YES** - Complete the following table.
- NO** - Go to Section III on the following page.

Description of project	Subject to Condition or Agreement in existing permit or consent order? (List)	Change due to production increase?	Completion Date(s)	
			Required	Projected

This completes Section II of the SPDES Industrial Application Form NY-2C. Section I, which requires general information regarding your facility, and Section III, which requires sampling information for each of the outfalls at your facility, must also be completed and submitted with this application.

INDUSTRIAL APPLICATION FORM NY-2C
Section III - Sampling Information

Facility Name:
2401 Third Avenue

SPDES No.:

Outfall No.:
WI-066

1. Sampling Information - Conventional Parameters

Provide the analytical results of at least one analysis for every pollutant in this table. If this outfall is subject to a waiver as listed in Table 5 of the instructions for one or more of the parameters listed below, provide the results for those parameters which are required for this type of outfall.

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (using the same format) instead of completing this page.

Pollutant	Effluent data				Units		Intake data (optional)			
	a. Maximum daily value		b. Maximum 30 day value		d. Number of analyses	a. Concentration	b. Mass	a. Long term average value		b. Number of analyses
1. Concentration	2. Mass	1. Concentration	2. Mass	1. Concentration				2. Mass	1. Concentration	
a. Biochemical Oxygen Demand, 5 day (BOD)										
b. Chemical Oxygen Demand (COD)										
c. Total Suspended Solids (TSS)										
d. Total Dissolved Solids (TDS)										
e. Oil & Grease										
f. Chlorine, Total Residual (TRC)										
g. Total Organic Nitrogen (TON)										
h. Ammonia (as N)										
i. Flow	Value		Value			Value		Value		
j. Temperature, winter	Value		Value			Value		Value		
k. Temperature, summer	Value		Value			Value		Value		
l. pH	Minimum	Maximum	Minimum	Maximum		Minimum	Maximum	Minimum	Maximum	

See Attached Lab Reports

2. Sampling Information - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

a. Primary Industries: i. Does the discharge from this outfall contain process wastewater?

Yes - Go to Item ii. below.

No - Go to Item b. below.

ii. Indicate which GC/MS fractions have been tested for:

Volatiles:

Acid:

Base/Neutral:

Pesticide:

i. Do you know or have reason to believe that any of the pollutants listed in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?

Yes - Concentration and mass data attached.

No - Go to Item ii. below.

ii. Do you know or have reason to believe that any of the pollutants listed in Table 9 or Table 10 of the instructions, or any other toxic, harmful, or injurious chemical substances not listed in Tables 6-10, are present in the discharge from this outfall?

Yes - Source or reason for presence in discharge attached

Yes - Quantitative or qualitative data attached

No

(See Attached Lab Reports)

INDUSTRIAL APPLICATION FORM NY-2C
Section III - Sampling Information

Facility Name: **2401 Third Avenue**

SPDES No.:

Outfall No.: **WI-066**

3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

Provide analytical results of at least one analysis for each pollutant that you know or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a on the preceding page.

List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, 9, or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall.

Pollutant and CAS Number	Effluent data				Units		Intake data (optional)		Believed present, no sampling results available		
	a. Maximum daily value (1) Concentration	(2) Mass	b. Maximum 30 day value (if available) (1) Concentration	(2) Mass	c. Long term average value (if available) (1) Concentration	(2) Mass	d. Number of analyses	a. Long term average value (1) Concentration		(2) Mass	d. Number of analyses
CAS Number:											
CAS Number:											
CAS Number:											
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See Attached Lab Reports

INDUSTRIAL APPLICATION FORM NY-2C
Section III - Sampling Information

Facility Name: **2401 Third Avenue**

SPDES No.:

Outfall No.: **W1-066**

4. Existing Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances

N/A

Provide analytical results for the last three (3) years for each pollutant that you know or have reason to believe present in this discharge from this outfall, as well as for any GC/MS fractions and metals required to be sampled from Section III Forms, Item 2.a for this discharge.

Make as many copies of this table as necessary for each outfall. You can list the results from 24 sampling dates on each copy of this page.

Page	Of	Parameter name:		Parameter name:		Parameter name:		Parameter name:		Parameter name:	
		CAS Number:	Units:	CAS Number:	Units:	CAS Number:	Units:	CAS Number:	Units:	CAS Number:	Units:
Date	Flow rate	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration	Concentration
	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units:	Units: