

Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters)

Greater New Haven Water Pollution Control Authority – Renewal Application for Municipal NPDES Permit ID: CT 01000366

GNHWPCA 260 East Street New Haven, CT 06511

DATE OF PUBLICATION: AUGUST 4, 2020



**Connecticut Department of Energy & Environmental Protection** Bureau of Water Protection & Land Reuse Water Planning & Management Division

## Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters)

CPPU USE ONLY
Арр #:
Doc #:
Check #:
PROGRAM: Municipal NPDES Permits

Please complete this form in accordance with CGS section 22a-

430 and RCSA sections 22a-430-3, 4, 6 and 7 and the <u>instructions</u> (DEEP-WPMD-INST-300) to ensure the proper handling of your application. Print or type unless otherwise noted. You must submit the initial fee, a copy of the published notice of permit application and the completed <u>Certification of Notice Form</u> along with this form.

### Part I: Application Type and Description

Check the appropriate box identifying the application type.

<ul> <li>This application is for (check one):</li> <li>A new permit</li> <li>A renewal of an existing permit</li> <li>A modification of an existing permit</li> </ul>	<ol> <li>For renewals or modifications:</li> <li>Existing permit or authorization number: CT0100366</li> <li>Expiration Date: February 08, 2021</li> </ol>					
Town where site is located: <u>New Haven</u> Facility Name: Greater New Haven WWTP						

### Part II: Fee Information

- 1. The initial fee of \$1,300.00 [#1818] is to be submitted with each application for a new permit or a renewal of an existing permit. The initial fee of \$940.00 [#1815] is to be submitted with each application for a modification of an existing permit. The fee for municipalities is 50% of the above listed rate. The application will not be processed without the initial fee. An invoice will be sent for the remaining application processing fee as listed in RCSA section 22a-430-6. The fee shall be non-refundable and shall be paid by check or money order to the Department of Energy and Environmental Protection.
- The public notice of application must be published *prior* to submitting an application, as required in CGS section 22a-6g. A copy of the published notice of application and the completed Certification of Notice Form must be included as Attachment AA to this application. Your application will **not** be processed if Attachment AA is not included.

Date of publication: August 4, 2020

### Part III: Applicant Information

- If an applicant is a corporation, limited liability company, limited partnership, limited liability partnership, or a statutory trust, it must be registered with the Secretary of State. If applicable, the applicant's name shall be stated **exactly** as it is registered with the Secretary of State. Please note, for those entities registered with the Secretary of State, the registered name will be the name used by DEEP. This information can be accessed at the Secretary of State's database. (CONCORD).
- If an applicant is an individual, provide the legal name (include suffix) in the following format: First Name; Middle Initial; Last Name; Suffix (Jr, Sr., II, III, etc.).
- If there are any changes or corrections to your company/facility or individual mailing or billing address or contact information, please complete and submit the <u>Request to Change Company/Individual Information</u> to the address indicated on the form. If there is a change in name of the entity holding a DEEP license or a change in ownership, contact the Office of Planning and Program Development (OPPD) at 860-424-3003. For further information concerning facility modifications, please contact WPLR at 860-424-3704.

1.	Applicant Name: Greater New Haven Water Pollution Control Authority							
	Mailing Address: 260 East St							
	City/Town: New Haven	State: CT	Zip Code: 06511-5839					
	Business Phone: (203) 466-5280	ext.:						
	Contact Person: Gary Zrelak	Phone: (203) 466-5280 ext. 222						
	*E-mail: gzrelak@gnhwpca.com							
	*By providing this e-mail address you are agreeing to receive official address, concerning the subject application. Please remember to c receive e-mails from "ct.gov" addresses. Also, please notify DEEP	al correspondence heck your security if your e-mail add	e from DEEP, at this electronic y settings to be sure you can ress changes.					
a)	Applicant Type (check one):							
	☐ municipality ☐ federal agency ☐ state agency	jency 🗌	individual 🗌 tribal					
b)	<ul> <li>*business entity (*If a business entity complete i through iii):</li> <li>i) check type: corporation limited liability company limited partnership</li> <li>limited liability partnership statutory trust Other:</li></ul>							
_		peeny)						
	Check if any co-applicants. If so, attach additional sheet(s) with the	required informat	tion as requested above.					
2.	Billing contact, if different than the applicant.							
	Name:							
	Mailing Address:							
	City/Town:	State:	Zip Code:					
	Business Phone:	ext.:						
	Contact Person:	Phone:	ext.					
	E-mail:							

## Part III: Applicant Information (continued)

3.	Primary contact for departmental correspondence and inquiries, if different than the applicant.					
	Name: Greater New Haven Water Pollution Control Authority					
	Mailing Address: 345 East Shore Pkwy					
	City/Town: New Haven	State: CT	Zip Code	06512		
	Business Phone: (203) 466-5280	ext.:				
	Contact Person: John Torre	Phone: (203)	466-5280	ext. 276		
	*E-mail: jtorre@gnhwpca.com					
	*By providing this e-mail address you are agreeing to receiv electronic address, concerning the subject application. Pleas to be sure you can receive e-mails from "ct.gov" addresses. address changes.	e official corresp se remember to Also, please no	oondence fr check your tify DEEP it	om DEEP, at this security settings your e-mail		
4.	List attorney or other representative, if applicable:					
	Firm Name: Robinson & Cole LLP					
	Mailing Address: 280 Trumbull Street					
	City/Town: Hartford	State: CT	Zip Code	06103		
	Business Phone: (800) 826-3579	ext.:				
	Attorney: Glenn A. Santoro	Phone: (860)	275-8322	ext.		
	*E-mail: gsantoro@rc.com					
5.	Wastewater Treatment Contract Operator, if different that	an the applican	it:			
	Name: Not Applicable					
	Mailing Address:					
	City/Town:	State:	Zip Code	:		
	Business Phone:	ext.:				
	Contact Person:	Phone:		ext.		
	E-mail:					
6.	Property Owner, if different than the applicant:					
	Name: Same as applicant					
	Mailing Address:					
	City/Town:	State:	Zip Code	:		
	Business Phone:	ext.:				
	Contact Person:	Phone:		ext.		
	E-mail:					

## Part III: Applicant Information (continued)

7.	List any engineer(s) or other consultant(s) employed or retained to assist in preparing the application or in designing or constructing the facility.				
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Business Phone:	ext.:			
	Contact Person:	Phone:	ext.		
	E-mail:				
	Service Provided:				
	Check here if additional sheets are necessary. Label and attach the sheets to this page.				

## Part IV: Pre-Application Meeting

If a pre-application meeting was held, provide the fo	llowing:
DEEP Staff Name:	Pre-Application Meeting Date:

## Part V: Site Information

1.	SITE NAME AND LOCATION					
	Name of Site : East Shore Water Pollution Abatement Facility					
	Street Address or Location Description: 345 East Shore Pkwy					
	City/Town: New Haven State: CT Zip Code: 06512					
2.	INDIAN LANDS: Is or will the facility be located on federally recognized Indian lands?					
3.	<b>COASTAL BOUNDARY:</b> Is this an application for a new permit or a modification of an existing permit where the physical footprint of the subject activity is modified? Yes No					
	If yes, <b>and</b> if the activity which is the subject of this application is located within the coastal boundary as delineated on DEEP approved coastal boundary maps, you must complete and submit a <u>Coastal</u> <u>Consistency Review Form</u> (DEEP-APP-004) with your application as Attachment E.					
	Information on the coastal boundary is available at <a href="www.cteco.uconn.edu/map_catalog.asp">www.cteco.uconn.edu/map_catalog.asp</a> (Select the town and then select coastal boundary. If the town is not within the coastal boundary you will not be able to select the coastal boundary map.) or the local town hall or on the "Coastal Boundary Map" available at DEEP Maps and Publications (860-424-3555).					

## Part V: Site Information (continued)

4.	<b>NATURAL DIVERSITY DATA BASE (NDDB) - ENDANGERED OR THREATENED SPECIES:</b> According to the most current "Natural Diversity Data Base Areas Maps", will the activity which is the subject of this application, including all impacted areas, be located within an area identified as, or otherwise known to be, a habitat for state listed endangered, threatened or special concern species?
	Yes No Date of Map:
	If yes, complete and submit a <u>Request for NDDB State Listed Species Review Form</u> (DEEP-APP-007) to the address specified on the form, <b>prior</b> to submitting this application. Please note NDDB review generally takes 4 to 6 weeks and may require the applicant to produce additional documentation, such as ecological surveys, which must be completed prior to submitting this permit application. A copy of the NDDB Determination response letter that has not expired <b>must</b> be submitted with this completed application as Attachment F. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Be aware that you must renew your NDDB Determination if it expires before project work commences.
	For more information visit the DEEP website at <a href="http://www.ct.gov/deep/nddbrequest">www.ct.gov/deep/nddbrequest</a> or call the NDDB at 860-424-3011.
5.	AQUIFER PROTECTION AREAS: Is the site located within a mapped Level A or Level B Aquifer Protection Area, as defined in CGS section 22a-354a through 22a-354bb?
	Yes No If yes, check one: Level A or Level B
	If <b>Level A</b> , are any of the <u>regulated activities</u> , as defined in RCSA section 22a-354i-1(34), conducted on this site? Yes No
	If <b>yes</b> , and your business is <b>not</b> already registered with the Aquifer Protection Program, contact the <u>local</u> aquifer protection agent or DEEP to take appropriate actions.
	For more information on the Aquifer Protection Area Program visit the DEEP website at <a href="http://www.ct.gov/deep/aquiferprotection">www.ct.gov/deep/aquiferprotection</a> or contact the program at 860-424-3019.
6.	CONSERVATION OR PRESERVATION RESTRICTION: Is the property subject to a conservation or preservation restriction?
	If Yes, proof of written notice of this application to the holder of such restriction or a letter from the holder of such restriction verifying that this application is in compliance with the terms of the restriction, must be submitted as Attachment G.
7.	<b>ENVIRONMENTAL JUSTICE COMMUNITY:</b> Is this an application for a new or expanded permit for a sewage treatment plant with a design flow greater than <b>50</b> MGD? $\Box$ Yes $\boxtimes$ No
	If yes is answered for the question above <b>and</b> the sewage treatment plant is located within an Environmental Justice Community, as defined in the Environmental Justice Public Participation Guidelines at: <u>www.ct.gov/deep/environmentaljustice</u> , you must prepare an Environmental Justice Public Participation Plan (DEEP-EJ-PLAN-001) in accordance with the Guidelines and submit such plan <i>prior</i> to submitting this application. Once you have received written approval for your Environmental Justice Public Public Participation Plan from the DEEP, submit this completed application with a copy of the Plan approval as Attachment J.

## Part VI: Facility or Activity Information

<ol> <li>Provide a brief description of the facility or activity generating the discharge (including products produced or services provided, if applicable).</li> </ol>					
Conveyance and treatment of municipal wastewater					
2. SIC Codes: Primary: 4	952	Additiona	al:		
<ol> <li>In the table below, idea grit, screenings, sludge</li> </ol>	ntify waste e etc.)	es or wastewaters I	icensed by another	permit or	general permit (such as
Туре		Quantity (mass	s per unit time)	l (incine)	Method of disposal ration, waste hauler, etc.)
Grit		550 wet tons / ye	ear	Waste I Was	Hauler - All American ste
Screenings		550 wet tons / ye	ear	Waste I Was	Hauler - All American ste
Sludge		22.6 dry tons / d	ау	Onsite	Incinerator
4. Inventory of toxic and	hazardous	s substances and o	il or petroleum liqui	ds (pleas	e see instructions)
Check here if addi this sheet.	tional she	ets are necessary.	If so, please reproc	duce this s	sheet and attach copies to
Name of toxic or hazardous substance or oil	Use hazard ane quanti	e of toxic or lous substance d maximum ty used per day	If stored on-s indicate maxi quantity of st substance	site, mum ored e	TRI pollutant yes or no
No. 2 Fuel Oil	Auxil. f inciner genera gal/day	uel (heating, ation, tor fuel) - 2,345	46,000 gallons		No
Sodium Hypochlorite Odor Control & 5.147 gal/day		ontrol & infection - 47 gal/day	21,400 gallons		No
Sodium Hydroxide	Odor C gal	ontrol - 2,240 /day	8,000 gallons		Νο
5. For outstanding requirements or compliance schedules which are related to the discharges that are the subject of this application, provide the following:					
Identification of Requirement (federal, state or local)Brief Description of Project and StatusFinal Compliance Date (Indicate whether required or projected)					nal Compliance Date ate whether required or projected)
CTDEEP CSO LTCP Updates, Facility Plan and Progress Reports Ongoing			ng		
EPA CMOM, Collection System Op. and Maint. Program Ongoing				ng	

## Part VI: Facility or Activity Information

<ol> <li>Provide a brief description of the facility or activity generating the discharge (including products produced or services provided, if applicable).</li> </ol>						
2. SIC Codes: Primary: 4	952	Additiona	al:			
<ol> <li>In the table below, ider grit, screenings, sludge</li> </ol>	ntify waste e etc.)	es or wastewaters I	icensed by another	permit or	general permit (such as	
Туре		Quantity (mass	s per unit time)	l (incine)	Method of disposal ration, waste hauler, etc.)	
Nitrogen		1,568 lbs/day		Biologi	cal Nutrient Removal	
<ul> <li>Inventory of toxic and I</li> <li>Check here if addirthis sheet.</li> </ul>	nazardou: tional she	s substances and o ets are necessary.	il or petroleum liqui If so, please reproc	ds (pleas duce this s	e see instructions) sheet and attach copies to	
Name of toxic or hazardous substance or oil	Us hazaro an quanti	e of toxic or lous substance d maximum ty used per day	If stored on-s indicate maxi quantity of st substance	site, mum ored e	TRI pollutant yes or no	
Muriatic Acid	Odor C Scrubb 110 gal	Control per cleaning - I/day	4 - 55 gal drums = 220 gallons		Νο	
Methanol	Carbor gal	n Addition - 0 /day	12,000 gallons		Yes	
<ul> <li>For outstanding requirements or compliance schedules which are related to the discharges that are the subject of this application, provide the following:</li> </ul>						
Identification of Require (federal, state or loc	ement al)	Brief Description of Project and Status		Fii (Indic	nal Compliance Date ate whether required or projected)	

### Part VII: Supporting Documents

Check the applicable box below for each attachment being submitted with this application form. When submitting any supporting documents, please label the documents as indicated in this part (e.g., Attachment A, etc.) and be sure to include the applicant's name as indicated on this application form.

$\square$	Attachment AA:	a copy of the published notice of permit application, as described in the instructions, attached to a completed "Certification of Notice Form (DEEP-APP-005A
$\boxtimes$	Attachment A:	Executive Summary (DEEP-WPED-APP-101)
$\boxtimes$	Attachment B:	Applicant Background Information Form (DEEP-APP-008); if applicable
$\boxtimes$	Attachment C:	Applicant Compliance Information Form (DEEP-APP-002); if applicable
$\boxtimes$	Attachment D:	A USGS Quadrangle Map indicating the exact location of the facility or site and Latitude and Longitude Form (DEEP-APP-003)
	Attachment E:	Coastal Consistency Review Form (DEEP-APP-004); if applicable
	Attachment F:	A copy of the NDDB Determination response letter that has not expired, if applicable. Include a copy of any mitigation measures developed for this activity and approved by NDDB. Do <i>not</i> submit any NDDB Preliminary Site Assessments with your application. Be aware that you must renew your NDDB Determination if it expires before project work commences.
	Attachment G:	Conservation or Preservation Restriction Information; if applicable.
	Attachment H:	Copy of the Written Environmental Justice Public Participation Plan Approval Letter, if applicable. (Also, a final report documenting the implementation of the Environmental Justice Public Participation Plan is to be prepared and submitted before the Department issues a Notice of Tentative Determination.)
$\boxtimes$	Attachment I-1:	Site Plans
	Attachment I:	Operation and Maintenance for Collection and Treatment Systems: <u>General Description, Plan Checklist and Certification</u> (DEEP-WPED-APP-103). For renewals, refer to Attachment X.
$\boxtimes$	Attachment M	Line Drawing and Process Flow Diagram
	Attachment N:	Description and Plans and Specifications of Collection, Treatment and Disposal Systems (submit for new construction only). For renewals, refer to Attachment X.
$\boxtimes$	Attachment P:	Sewage Sludge Information (DEEP-WPED-APP-108)
$\boxtimes$	Attachment W:	<u>For Renewal of an Existing Permit and Other Discharges Previously Licensed by</u> <u>DEEP</u> , (DEEP-WPED-APP-102)
$\square$	Attachment X:	<u>Certification Regarding Submittal of Previously Approved Documents</u> , (DEEP-WPED-APP-102A); if applicable
$\boxtimes$	Attachment Y:	Discharge Information (DEEP-WPMD-APP-301)

### Part VIII: Applicant Certification

The applicant *and* the individual(s) responsible for actually preparing the application must sign this part. An application will be considered incomplete unless all required signatures are provided. If the applicant is the preparer, please mark N/A in the spaces provided for the preparer.

"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that a false statement in the submitted information may be punishable as a criminal offense, in accordance with section 22a-6 of the General Statutes, pursuant to section 53a-157b of the General Statutes, and in accordance with any other applicable statute. I certify that this application is on complete and accurate forms as prescribed by the commissioner without alteration of the text. I certify have complied with all notice requirements as listed in section 22a-6g of the General Statutes." Signature of Applicant Sidney J. Holbrook **Executive Director** Name of Applicant (print or type) Title (if applicable) 2020 Signature of Preparer (if different than above) Date **Gary Zrelak Director of Operations** Name of Preparer (print or type) Title (if applicable) Check here if additional signatures are required. If so, please reproduce this sheet and attach signed copies to this sheet. You must include signatures of any person preparing any report or parts thereof required in this application (i.e., professional engineers, surveyors, soil scientists, consultants, etc.)

Note: Please submit this completed Application Form, Fee, and all Supporting Documents to:

CENTRAL PERMIT PROCESSING UNIT DEPARTMENT OF ENERGY AND ENVIRONMENTAL PROTECTION 79 ELM STREET HARTFORD, CT 06106-5127

Please remember to publish notice of the permit application **prior** to submitting your completed application to DEEP. Send a copy of the published notice to the chief elected official of the municipality in which the regulated activity is proposed, and provide DEEP with a copy of the published notice, as described in the instructions, attached to a completed <u>Certification of Notice Form</u> (DEEP-APP-005A) as Attachment AA to this application.

# Attachment A

### Attachment A: Executive Summary

Applicant Name: Greater New Haven Water Pollution Control Authority (as indicated on the Application Form) Location of Facility or Activity: 345 East Shore Parkway, New Haven, CT 06512 Contact Person: John Torre Phone: (203) 466-5280, extension 276 For renewals or modifications of an existing permit, provide the Facility I.D. No.: 093-001 In the table below list *each* discharge that is the subject of this application. For renewals of existing permits, label each discharge by the same discharge serial number stated in the previous permit and provide the existing permit number. For new permits, label each discharge to a surface water consecutively starting with serial number 101; for discharges to a POTW label each discharge consecutively starting with 201; and for discharges to ground water label each discharge consecutively starting with 301. Discharge Maximum Category of Name of discharge Geographical description Serial Flow location (Name of POTW; of location of discharge Discharge Number/ Source Name of surface water; point (e.g., 20 feet north (gallons from Bear Bridge) Permit For groundwater, name of per day) Number surface watershed area) From Treatment Plant at ESWPAF; New Haven 001-1/ **Treatment Plant** 60 MGD 345 East Shore Parkway CT0100366 Effluent Harbor to East side of Harbor From Treatment Plant at 001-1(B)/ Treatment Plant **ESWPAF**; New Haven 100 MGD 345 East Shore Parkway CT0100366 Effluen Harbo to East side of Harbor See attached Table for **CSOs** 

Provide a brief general description of the nature of the business or activity and of each existing or proposed activity or process generating each discharge. For new discharges, provide a timeline for initiation of the discharges as well as a brief summary of the environmental impact of the proposed discharges.

The Greater New Haven Water Pollution Control Authority provides regional municipal wastewater collection and treatment services on a retail basis to approximately 44,000 customers in the City of New Haven and the Towns of Hamden, East Haven, and Woodbridge. The collection system includes 30 pumping stations and approximately 550 miles of sanitary / combined sewers. The treatment plant is a 40 MGD advanced secondary treatment facility. The combined sewer system brings flows of up to 100 MGD to the treatment facility during wet weather events and causes discharges at the 11 combined sewer overflows.

Check here if additional sheets are necessary, and label and attach them to this sheet.

Provide a table of contents of the application which includes the permit application form, and a list of titles of all plans, drawings, reports, studies, or other supporting documentation which are attached as part of the application, along with the corresponding attachment label and the number of pages (i.e., Executive Summary - Attachment A - 4 pages).

Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) (DEEP-WP&S-APP-300) - 9 pages.

Executive Summary (DEEP-WPED-APP-101) - Attachment A - 3 pages.

Certification of Notice Form (DEEP-WPED-APP-005A) - Attachment AA - 6 pages.

Applicant Background Information Form (DEEP-APP-008) - Attachment B - 7 pages.

Applicant Compliance Information Form (DEEP-APP-002) - Attachment C - 2 pages.

USGS Quadrangle Map and Latitude and Longitude Form (DEEP-APP-003) - Attachment D - 3 pages. Site Plans - Attachment I-1 - 1 page.

O&M for Collection and Treatment Systems: General Description, Plan Checklist and Certification (DEEP-WPED-APP-103) - Attachment I - 5 pages.

Line Drawing and Process Flow Diagram - Attachment M - 1 page.

Sewage Sludge Information (DEEP-WPED-APP-108) - Attachment P - 5 pages.

For Renewal of an Existing Permit and Other Discharges Previously Licensed by DEEP (DEEP-WPED-APP-102) - Attachment W - 5 pages.

Certification Regarding Submittal of Previously Approved Documents (DEEP-WPED-APP-102A) - Attachment X - 3 pages.

Discharge Information - Attachment Y - 43 pages.

Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment A

Discharge Serial No./Permit No.	Category of Discharge Source	Name of Discharge Location	Geographical Description of Location of Discharge Point
003 CT0100366	Combined Sewer Overflow	West River	Weir in Manhole at Intersection of Orange Ave., and E.T. Grasso Blvd.
004 CT0100366	Combined Sewer Overflow	West River	Weir in Manhole at Intersection of Legion Ave, and E.T. Grasso Blvd.
005 CT0100366	Combined Sewer Overflow	West River	Overflow Line in Sewer at Intersection of Derby Ave. and E.T. Grasso Blvd.
006 CT0100366	Combined Sewer Overflow	West River	Twim Overflow lines from Sewer at Intersection of Whalley Ave. and Fitch St.
009 CT0100366	Combined Sewer Overflow	Mill River	Weir in Sewer at Intersection of Grand Ave. and James St.
011 CT0100366	Combined Sewer Overflow	Mill River	Weir in Manhole at Humphrey St. at 1-91 Crossing
015 CT0100366	Combined Sewer Overflow	Quinnipiac River	Weir in Manhole at James St. Siphon
016 CT0100366	Combined Sewer Overflow	Quinnipiac River	Weir in Sewer at Intersection of Poplar St. and River St.
021 CT0100366	Combined Sewer Overflow	New Haven Harbor	Weir at Inlet Works to the East St. Pump Station
024 CT0100366	Combined Sewer Overflow	New Haven Harbor	Weir in Inlet Structure to Boulevard Pump Station
025 CT0100366	Combined Sewer Overflow	New Haven Harbor	Weir in Manhole at Intersection of Union Ave. and State St.

## Attachment A - Executive Summary Combined Sewer Overflow Discharges<sup>1</sup>

Notes:

1. NPDES CSO# 010(A), 012, 019, 020, 026, 028, and 034 in the existing permit have been eliminated.

# Attachment AA



Connecticut Department of Energy & Environmental Protection

	DEEP	USE	ONLY
Division			
Application No	•		

I, <u>Greater New Haven Water Pollution Control Authority</u> , certify that (Name of Applicant)				
the attached notice represents a true copy of the notice that ap	peared in <u>The</u> (N	e New Haven Register lame of Newspaper)		
on <u>August 4</u> , 2020 (Date)				
I also certify that I have provided a copy of said notice to the ch required by section 22a-6g CGS.	nief elected mui	nicipal official listed below as		
Joseph Carfora	Mayor			
Name of Official	Title of Offici	ial		
Town Hall - 250 Main Street				
Address				
East Haven	СТ	06512-3004		
City/Town	State	Zip Code		
Roke	8/s/1			
Signature of Applicant	Date			
Sidney J. Holbrook Executive Director				
Name of Applicant (print or type)	Title (if appli	cable)		



Connecticut Department of Energy & Environmental Protection

	DEEP	USE	ONLY
Division			
Application No	•		

I, Greater New Haven Water Pollution Control Authority, certify that				
the attached notice represents a true copy of the notice that app	peared in <u>The I</u>	New Haven Register		
on <u>AUGUST 4</u> , 2020 (Date)	(,			
I also certify that I have provided a copy of said notice to the ch required by section 22a-6g CGS.	ief elected muni	cipal official listed below as		
Curt Balzano Leng	Mayor			
Name of Official Title of Official				
Hamden Government Center - 2750 Dixwell Avenue				
Address				
Hamden	ст	06518		
City/Town	State	Zip Code		
Signature of Apprendix	Bi Si C	6		
Signature of Applicant	Dale			
Sidney J. Holbrook	Executive Dir	ector		
Name of Applicant (print or type)	Title (if applica	able)		



F

Connecticut Department of Energy & Environmental Protection

	DEEP	USE	ONLY
Division			
Application No	).		

I, <u>Greater New Haven Water Pollution Control Authority</u> , certify that (Name of Applicant)					
the attached notice represents a true copy of the notice that appeared in (Name of Newspaper)					
on <u>AllGUST 4</u> , 2020 (Date)					
I also certify that I have provided a copy of said notice to the chief elected municipal official listed below as required by section 22a-6g CGS.					
Justin Elicker Mayor					
Name of Official	Title of Official	I			
165 Church Street					
Address					
New Haven	ст	06510			
City/Town	State	Zip Code			
Stalle	8.5.	LO			
Signature of Applicant	Date				
Sidney J. Holbrook Executive Director					
Name of Applicant (print or type)	Title (if applica	able)			



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Connecticut Department of Energy & Environmental Protection

	DEEP	USE	ONLY
Division			
Application No			

I, <u>Greater New Haven Water Pollution Control Authority</u> , certify that (Name of Applicant)				
the attached notice represents a true copy of the notice that appeared in (Name of Newspaper)				
on <u>AUGUST H</u> , 2020 (Date)				
I also certify that I have provided a copy of said notice to the chief elected municipal official listed below as required by section 22a-6g CGS.				
Beth Heller	First Selectm	an		
Name of Official Title of Official				
Town Hall - 11 Meetinghouse Lane				
Address				
Woodbridge	ст	06525		
City/Town	State	Zip Code		
	8.5.1	10		
Signature of Applicant	Date			
Sidney J. Holbrook	Executive Dir	rector		
Name of Applicant (print or type)	Title (if applica	ible)		

#### Tuesday, August 4, 2020 | New Haven Register |

#### **PUBLIC NOTICES**

BID # PVBRDG-DPW-2020

#### **Town of Clinton, Connecticut** Legal Notice **Replacement of the Pleasant Valley Road Bridge** over the Menunketesuck River

**Request for Proposals** 

The Town of Clinton is seeking proposals for the Replacement of the Pleasant Valley Road Bridge over the Menunketesuck River. SEALED BIDS will be received until 11:00 a.m. on August 26, 2020, at the Town Manager's Office, Andrews Memorial Town Hall, 54 East Main Street, Clinton, Conn. 06413 at which time they will be opened and recorded. Any bids received after the above date and time will be rejected. Bid documents are available for downloaded at the Town of Clinton website at www.clintonct.org under "Bid Opportunities".

This project is funded in part by the State of Connecticut Department of Transportation through its Local Bridge Program (50% State Funded). Therefore; this contract is subject to state contract compliance requirements, including non-discrimination statutes and set-aside requirements. State law requires a minimum of twenty-five (25%) percent of the state-funded portion of the contract be set aside for award to subcontractors holding current certification from the Connecticut Department of Administrative Services. The contractor must demonstrate good faith effort to meet the 25% set-aside goals.

This is a prevailing wage job. All questions are to be submitted by E-Mail to Todd Hajek at thajek@clintonct.net and Graham Curtis at Graham.Curtis@teamdtc.com.

The Town Manager reserves the right to reject any, or any part of, or all proposals; to waive informalities and technicalities and to accept the Bid which the Town deems to be in the best interest of the Town, whether or not it is the lowest dollar amount.

Karl F. Kilduff Town Manager

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#### **CITY OF WEST HAVEN** DEPARTMENT OF FINANCE

355 MAIN ST WEST HAVEN, CT 06516 (203)937-3620

RFQ/RFP

NOTICE IS HEREBY GIVEN THAT SEALED BIDS ON THE FOLLOWING WILL BE RECEIVED AT THE DEPARTMENT OF FINANCE UNTIL: 2:30 PM, AUGUST 13, 2020

ARCHITECTURAL DESIGN SERVICES

#### BID # 2020-18

AT THE FOLLOWING TIME THEY WILL BE PUBLICLY OPENED AND READ. THE CITY OF WEST HAVEN RESERVES THE RIGHT TO ACCEPT ANY OR ALL THE OPTIONS, BIDS OR PROPOSALS; TO WAIVE AN) (ECHNICALITY IN A BID OR PART THEREOF SUBMITTED, AND TO ACCEPT THE BID DEEMED TO BE IN THE BEST INTEREST OF THE CITY OF WEST HAVEN

COMPLETE INSTRUCTIONS MAY BE OBTAINED BY EMAIL TO:

RSANDELLA@WESTHAVEN-CT.GOV

### INVITATION TO BID

Sealed bids for North Haven Public Schools printing needs for the 2019-2020 school year will be received at the North Haven Public Schools' Central Office, 5 Linsley Street, North Haven, Connecticut until 1:00 P.M. on Friday, August 14, 2020, at which time they will be opened and publicly read.

Samples of all certificates, forms, envelopes and letterhead may be viewed at the Business Office by calling 203-239-2581 during regular business hours (8a.m. to 2 p.m.). Bid instructions can be found on the District website: http://www.north-haven.k12.ct.us.



### **PUBLIC NOTICES**

#### Legal Notice

CITY OF MILFORD Office of the Purchasing Agent 70 West River Street - Milford, CT 06460

FOR SALE

Notice is hereby given that sealed bids by which the City intends to sell a 2000 Sutphen 75' Quint Fire Engine to the highest bidder will be received in the Purchasing Office until 3:00 p.m., Monday, August 17, 2020 when they will be opened and recorded.

Specifications are available in the Purchasing Office or may be downloaded at www.ci.milford.ct.us .

Click on "Services", select "Departments", then "Purchasing Department" then "Current Bids".

The Purchasing Agent reserves the right to reject any or all bidsand to accept any proposal deemed to be in the City's best interests.

> Fred Bialka **Purchasing Agent**

### Legal Notice

Notification is hereby given that JPMorgan Chase Bank, N.A., 1111 Polaris Parkway, Columbus, Ohio 43240 has filed an application with the Office of the Comptroller of the Currency (the "OCC") on or about August 4, 2020, as specified in 12 CFR Part 5, for permission to establish a domestic branch at the southeast corner of the intersection of Boston Post Road (aka US Route 1) and Meigs Avenue, Madison, New Haven County, CT 06443. Any person wishing to comment on this application may file comments in writing with the Licensing Manager, Large Banks Licensing Operations, 400 7th Street, SW, Washington, D.C. 20219 within 30 days of the date of this publication. The public portion of the filing is available upon request from the OCC. The public may find information about the filing (including the closing date of the comment period) in the OCC's Weekly Bulletin available at www.occ.gov.

#### LEGAL NOTICE CONNECTICUT LOTTERY CORPORATION NOTICE OF EXPIRING CASH5 PRIZE

The Connecticut Lottery Corporation ("CLC") hereby gives notice that Thursday, August 13, 2020, is the last day to claim the \$100,000 prize drawn in the February 15, 2020 Cash5 drawing. The winning Cash5 numbers drawn on February 15, 2020 were 7 - 14 - 22 - 25 - 27. The winning ticket was sold at Alltown Market, 520 Middlebury Rd, Middlebury, CT. To timely claim the prize(s), on or before Thursday, August 13, 2020, go to a CT Lottery Retailer or CT Lottery Headquarters, 777 Brook St, Rocky Hill, CT. A CT Lottery Retailer or CT Lottery Headquarters will validate your ticket through their terminal. To claim the prize, contact CT Lottery Headquarters at (860) 713-2680 for an appointment.

#### Notice of Permit Application

Town(s): City of New haven Town of East Haven Town of Hamden Town of Woodbridge

Notice is herby given that the Greater New Haven Water Pollution Control Authority (the "applicant") of 260 East Street, New Haven, CT will submit to the Department of Energy and Environmental Protection an application under Section 22a-430 of the Connecticut General Statues for a permit to initiate, create, originate or maintain a discharge of water, substance or material to the waters of the state.

Specifically, the applicant proposes to renew its existing Municipal NPDES Permit No. CT0100366 to discharge 40,000,000 gallons per ay of treated domestic sewage. The proposed activity place at the East Shore Water Pollution Abatement Facility, 345 East Shore Parkway, New Haven, CT. The proposed activity will potentially affect: New Haven Harbor and Long Island Sound.

#### **PUBLIC NOTICES**

## NOTICE OF DISSOLUTION AND NOTICE TO CREDITORS OF WOLFSKI'S, LLC

Notice is hereby given, pursuant to the provisions of Connect cut General Statute Section 34-267d, that **WOLFSKI'S**, LLC, Connecticut Limited Liability Company having its principal plac of business in the Town of Meriden, County of New Haven an State of Connecticut, has filed a Certificate of Dissolution wit the Connecticut Secretary of State on May 13, 2020.

All creditors, if, any, should present their claims against sai Company on or before one hundred twenty (120) days after receipt of this Notice or thereafter be barred as provided for b Connecticut General Statutes Section 34-267d.

All creditors, if any, are warned and hereby given notice to pres ent their claims to:

#### Anthony R. DeChello, Esq. **DeChello Law Firm LLC** 110 Washington Avenue North Haven, CT 06473

and provide the following in writing:

- Name of claimant; Address and telephone number of claimant; Nature/account number of claim;
- Date or dates and nature of the claim;
- 5. Amount of claim.

Said claims shall be barred unless the proceeding to enforc each claim is commenced within three (3) years after the date ( publication of this Notice.

Dated this 3rd day of August, 2020.

WOLFSKI'S, LLI

BY: Anthony R. DeChello, Its Attorney DeChello Law Firm LLC 110 Washington Avenue North Haven, CT 06473 Telephone: 203-234-2225

### State of Connecticut

of

claim.

Court of Probate, New Haven Regional Children's Probate Court District

NOTICE TO Djafar Issa Mouhamed and Rabbi Djo Ouro Sala mi, whose last known address is unknown to the court.

Pursuant to an order of Hon. Mark J. DeGennaro, Judge, a hearing will be held at New Haven Regional Children's Probate Court, 873 State Street, New Haven Regional Children's Probate Court, 873 State Street, New Haven, CT 06511-3923 on August 18, 2020 at 1:30 PM on a petition for Removal of Guardian of the Person concerning MUBARAK I., a minor child born to **Djafar Issa Mouhamed and Rabbi Djo Ouro Salami** on January 28, 2004 . The court's decision will affect your interest, if any, as in the petition on file more fully appears.

RIGHT TO COUNSEL: If the above-named person wishes to have an attorney, but is unable to pay for one, the court will provide an attorney upon proof of inability to pay. Any such request should be made immediately by contacting the court office where the hearing is to be held.

#### Denise L. Ciccarelli, Assistant Clerk By Order of the Court

PROBATE NOTICES	LIQUOR PERI
NOTICE TO CREDITORS	LIQUOR PERM
ESTATE OF Brittany Dobbin, Late of Seymour	Notice of Applica
in said district deceased (20-00282)	This is to give notic YI QUN CHE
The Hon. Clifford P. Hoyle,	8 DAHLIA LN SEYMOUR, CT 064
Judge of the Court of Probate, District of Derby	Have filed an appli placarded 08/04/2020
Probate Court, by decree dated July 29, 2020, ordered	Department of Consun tion
that all claims must be presented to the fiduciary at	for a RESTAURANT PERMIT for the sa
the address below. Failure to promptly present any such	at 1 KLARIDES VILLA
claim may result in the loss	SEYMOUR CT 0648

Kay Jeanette, Chief Clerk

The fiduciary is: Andrew Stever c/o DAVID S GOLUB, SILVER GOLUB & TEITELL LLP, 184 ATLANTIC STREET, STAMFORD, CT 06901 THE SECRET'S OUT **CLASSIFIED WORKS Call Classified at** 

203-850-6628

M-F, 8:30 a.m. to 5:00 p.m.

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LIQUOR ale of premise

AGE DR 83-2737

business will be owned by KARAKU OF CT LLC Entertainment will consist of No Live Entertainment

> Objections must be filed by: 09-15-2020

> > YI QUN CHEN

Notice is given that the Audit ed Financial Statements and Required Supplementary In formation and the Federal Single Audit and State Single Audit Reports of the City of Derby for the fiscal year ended June 30, 2019 were received in this office on August 3, 2020 and are on file for public inspection and can be viewed at www.derbyct.gov/audits. Marc J. Garofalo, MPA,

CCTC

Town / City Clerk



Declutter

Have a tag sale and advertise it here. 203-850-6628

Interested persons may obtain copies of the application from Mr. John Torre, Operations Manager, 345 East Shore Parkway, New Haven, CT 06512, (203) 466-5280, extension 276.

The application will be available for inspection at the Department of Energy and Environmental Protection, Bureau of Water Protection and Land Reuse, Planning and Standards Division, Municipal Facilities Group, 79 Elm Street, Hartford, CT 06106-5127, (860) 424-3704 from 8:30 to 4:30. Monday through Friday. Please call in advance to schedule review of this application.

FIND YOUR NEXT BEST FRIEND HFRFI

# Attachment B



Connecticut Department of Energy & Environmental Protection

## **Applicant Background Information**

Check the box by the entity which best describes the applicant and complete the requested information. You must choose one of the following: corporation, limited liability company, limited partnership, general partnership, voluntary association and individual or business type. Be sure to include the signatory authority or authorized representative certifying the application.

$\boxtimes$	Corpo	oration
	001 pu	

1.	Parent Corporation				
	Name: Greater New Haven Water Pollution Control Authority				
	Mailing Address: 260 East Street				
	City/Town: New Haven	State: CT	Zip Code:	06511-5839	
	Business Phone: (203) 466-5280	ext.: 222			
	Contact Person: Gary Zrelak	Phone: (203) 46	6-5280	ext. 299	
	E-mail: gzrelak@gnhwpca.com				
2.	Subsidiary Corporation:				
	Name:				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Business Phone:	ext.:			
	Contact Person: Phone:	ext.			
	E-mail:				
3.	Directors:				
	Name: See attached table.				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Business Phone:	ext.:			
	E-mail:				
4.	Officers:				
	Name: See attached table.				
	Mailing Address:				
	City/Town:	State:	Zip Code:		
	Business Phone:	ext.:			
	E-mail:				



## Limited Liability Company

1.	List each member.		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Nama		
	Name:		
		Otatas	Zin Onder
		State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
_			
2.	List any manager(s) who, through the articles of organization property and affairs of the limited liability company.	n, are vested the	management of the business,
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		

## 🗌 Li

## Limited Partnership

1.	General Partners:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
2.	Limited Partners:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		

## 

## **General Partnership**

1.	General Partners:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Mailing Address:		
	City/ I own:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		
	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	Contact Person:	Phone:	ext.
	E-mail:		

### **Voluntary Association**

Check box if additional sheets are necessary. If so, label and attach additional sheet(s) to this sheet with the required information.

1.	List authorized persons of association or list all members of association.					
	Name:					
	Mailing Address:					
	City/Town:	State:	Zip Code:			
	Business Phone:	ext.:				
	E-mail:					
	All second					
	Mailing Address:					
	City/Town:	State:	Zip Code:			
	Business Phone:	ext.:				
	E-mail:					
	All second					
	Name:					
	Mailing Address:					
	City/Town:	State:	Zip Code:			
	Business Phone:	ext.:				
	E-mail:					
	Name					
	Mailing Address:	_				
	City/Town:	State:	Zip Code:			
	Business Phone:	ext.:				
	E-mail:					

_	_	

### Individual or Other Business Type

1.	Name:		
	Mailing Address:		
	City/Town:	State:	Zip Code:
	Business Phone:	ext.:	
	E-mail:		
2.	State other names by which the applicant is known, including	g business name	es.
	Name:		

### **GNHWPCA Board of Directors**

NAME	PHONE NUMBER	CELL PHONE	E-MAIL
Joyce Alton 13 Lombard Street New Haven, CT 06513-2115 For USPS mail to: P.O. Box 8355 New Haven, CT 06530	203-777-1121 home	203-651-9712	joyceharned@hotmail.com
Russel N. Cyr 381 West Woods Road Hamden, CT 06518-1916	203-281-4813 home	203-314-7462	rcypre@sbcglobal.net
Alderman Salvatore E. DeCola 120 Townsend Avenue New Haven, CT 06512		203-641-1857	salido57@comcast.net
Robert Falcigno 29 William Street East Haven, CT 06512	203-467-0087 home		No E-Mail Address
Michael Fimiani 555 Townsend Avenue New Haven, CT 06512	203-467-9690 home	203-627-9216	fimtrav@yahoo.com
Jeffrey D. Ginzberg, Esq. 85 Center Road Woodbridge, CT 06525	203-605-6204 home 203-888-2501 work	203-605-6204	jdg@ppg-law.com
Stephen A. Mongillo 54 Filbert Street Hamden, CT 06517-1312	203-281-6143 home	203-710-2101	smongillo3@comcast.net
Raymond Pompano, Sr. 105 Sorrento Avenue East Haven, CT 06512		203-500-6256	raypompano@comcast.net
Clayton M. Williams 249 Kneeland Road New Haven, CT 06512	203-466-6400 home 203-946-7093 work		clayton.m.williamsjr@gmail.com

### **GNHWPCA Officers**

NAME / ADRESS	BUSINESS PHONE NUMBER	E-MAIL
Sidney J. Holbrook Executive Director 260 East Street New Haven, CT 06511-5839	203-466-5280 x326	sholbrook@gnhwpca.com
Gabriel Varca Director of Finance and Administration 260 East Street New Haven, CT 06511-5839	203-466-5280 x334	gvarca@gnhwpca.com
Thomas Sgroi Director of Engineering 260 East Street New Haven, CT 06511-5839	203-466-5280 x328	tsgroi@gnhwpca.com
Gary Zrelak Director of Operations 260 East Street New Haven, CT 06511-5839	203-466-5280 x222	gzrelak@gnhwpca.com

# Attachment C



Connecticut Department of Energy & Environmental Protection

## **Applicant Compliance Information**

DEEP ONLY

App. No. \_\_\_\_ Co./Ind. No.

Applicant Name: Gre	eater New Have	n Water P	ollution Control Au	Ithority
Mailing Address: 260	East Street			
City/Town: New Have	n		State: CT	Zip Code: <b>06511</b>
Business Phone: 203-	466-5280		ext.:	
Contact Person: Gary	Contact Person: Gary Zrelak			66-5280 ext. 222
*E-mail: gzrelak@gnl	nwpca.com			
If you answer yes to a the reverse side of thi	ny of the questic s sheet as direct	ons below, ed in the i	you must complete	the Table of Enforcement Actions on permit application.
A. During the five years i convicted in any jurisc	mmediately prec diction of a crimir	ceding sub nal violatio	mission of this appli n of any environmer	cation, has the applicant been tal law?
	Yes	$\boxtimes$	No	
B. During the five years i imposed upon the app violation of an environ	mmediately preco blicant in any sta Imental law?	ceding sub te, includir	mission of this appli ng Connecticut, or fe	cation, has a civil penalty been ederal judicial proceeding for any
	🛛 Yes		No	
C. During the five years i five thousand dollars I administrative proceer	mmediately prec been imposed or ding for any viola	ceding sub n the appli- ation of an	mission of this appli cant in any state, inc environmental law?	cation, has a civil penalty exceeding cluding Connecticut, or federal
	🛛 Yes		No	
D. During the five years i Connecticut, or federa violation of any enviro	mmediately prec al court issued ar nmental law?	ceding sub ny order or	mission of this appli entered any judgen	cation, has any state, including nent to the applicant concerning a
	🛛 Yes		No	
E. During the five years i Connecticut, or federa any environmental lav	mmediately prec al administrative v?	ceding sub agency iss	mission of this appli sued any order to the	cation, has any state, including e applicant concerning a violation of
	🛛 Yes		No	

## **Table of Enforcement Actions**

(1) Type of Action	(2a) Date Commenced	(2b) Date Terminated	(3) Jurisdiction	(4) Case/Docket/ Order No.	(5) Description of Violation
Administrative Order	3-27-2000	Ongoing	CT DEEP	WC 5299	Requirement to reduce Infiltration and Inflow in the Sewerage System in Hamden.
Consent Order	07-01-2009	Ongoing	CT DEEP Water Management	WC 5509	CSO LTCP updates, Facility Plan and Progress Reports
CMOM Administrative Order on Consent	8-19-2015	Ongoing	EPA	CWA-01-15- 004	Violations of Section 301 of Clean Water Act for Capacity Management, Operation, and Maintenance Program
NOV	7-25-2016	7-1-2018	EPA	CAA-01-2018- 0010	Violations of 40 CFR Part 62, Subpart LLL requirements for sewage sludge incinerators as noted in EPA NOV on 7-22-2016
Field NOV	1-25-2019	Ongoing	CT DEEP OLISP	LIS-19 No 40352	Violation of CGS 22a-32 and CGS 22a-361 staging equipment and materials waterward of the CJL and within tidal wetlands.

Check the box if additional sheets are attached. Copies of this form may be duplicated for additional space.

# Attachment D



### Connecticut Department of Energy & Environmental Protection

## Latitude and Longitude

### Applicant Name: Greater New Haven Water Pollution Control Authority

Method of latitude and longitude determination (check one):

Global Positioning System (GPS)

🛛 USGS Map

Other (please specify)

In the table below, label each point for which latitude and longitude were measured, being consistent with identification numbers assigned throughout the application (e.g., 100, 101, etc.). For renewals or modifications of existing permits, please provide the existing permit number. Also provide: a brief description of the point (e.g., monitoring well, pipe outlet, air stack, etc.); latitude and longitude in degrees, minutes and seconds (e.g., 41E 16' 29"); and the name of the USGS quadrangle map(s) the points described are located on.

ID Number	Permit Number	Description	Latitude	Longitude	Quad Map Name	For DEEP Use Only: GIS ID
001-01	СТ0100366	Treatment Plant Effluent	41N 16' 52"	-72W 54' 35"	New Haven	
001-01(B)	СТ0100366	Treatment Plant Effluent	41N 16' 52"	-72W 54' 35"	New Haven	
See Attached Table for	СТ0100366	See Attached Table	See Attached Table	See Attached Table	New Haven	
CSO's						

Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment D: Latitude and Longitude

## **Combined Sewer Overflow Discharges**

			<b>Receiving</b> W	Vater Location				
NPDES CSO #	NPDES REGULATOR LOCATION	NPDES CSO RECEIVING WATER	<u>Latitude</u>	<u>Longitude</u>	<u>CSO #</u>	<u>REG #</u>	CSO STATUS	
#003	E.T. Grasso Boulevard @ Orange Av	West River	41°17'50" N	72° 57' 2" W	#003	#003	Active	
#004	E.T. Grasso Boulevard @ Legion Av	West River	41°18'20" N	72°57'14" W	#004	#004	Active	
#005	E.t. Grasso Boulevard @ Derby Av	West River	41°18'37" N	72°57'22" W	#005	#005	Active	
#006	Whalley Av @ Fitch Street	West River	41°19'30" N	72°57'26" W	#006	#006	Active	
#009	Grande Av @ James St	Mill River	41°18'31" N	72°54'21" W	#009	#009	Active	
#011	Humphrey St @ I-91	Mill River	41°18'48" N	72°54'26" W	#011	#011	Active	
#015	James St Siphon	Quinnipiac River	41°18' 3" N	72°54' 8" W	#015	#015	Active	
#016	Poplar St @ River St	Quinnipiac River	41°18' 6" N	72°53'46" W	#016	#016	Active	
#021	East St Pump Station	New Haven Harbor	41°17'49" N	72°54'39" W	#021	#021	Active	
#024	Boulevard Pump Station (Sea St)	New Haven Harbor	41°16'58" N	72°55'31" W	#024	#024	Active	
#025	Union Pump Station (Union & State St)	New Haven Harbor	41°17'45" N	72°54'58" W	#025	#025	Active	



Greater New Haven Water Pollution Control Authority

Active Combined Sewer Overflows (CSO) and Regulators (Reg) - New Haven, CT - June 2020

# Attachment I
### Attachment I: Operation and Maintenance of the Collection and Treatment Systems General Description, Plan Checklist and Certification

Reproduce and complete this entire form for	or eac	h permit that you a	are app	olying for.	
Type of receiving water (check one):	$\boxtimes$	Surface Water		POTW	Ground Water

#### Part A: General Description

Please provide a general description of the methods and provisions for the operation and maintenance of the collection and treatment systems, specifically addressing Plan Elements No. 1, 6, and 9 outlined in Part B: Plan Checklist. Be sure to label this description by identifying it as "Attachment I - Part A" and attach the description to this Plan Checklist.

#### Part B: Plan Checklist

Review the following plan elements to ensure that each element is included and adequately addressed in your Operation and Maintenance Plan. A copy of this plan must be maintained on-site at all times. Certify that the plan is adequate with respect to each element by inserting your initials in the space provided. For elements which are determined to be not applicable to the collection and treatment systems, please indicate "N/A" next to the element and provide a brief explanation.

	Plan Elements	Initial/Not Applicable
1.	A detailed description of all wastewater treatment equipment on site including:	-62
	<ul> <li>A description of treatment unit sizes, their operating capacities, retention times, manufacturers and models.</li> </ul>	
	<ul> <li>A functional description of each treatment system and subsystem including a discussion of how each item functions and variables that might affect performance.</li> </ul>	
2.	A detailed description of collection and treatment system operation, start-up, shut-down and power outage procedures, including the positions of all switches, valves, instrument settings and precautions. For batch systems, include operating instructions describing testing procedures to be performed for each batch, when different treatments are to be used and instructions for operating the different types of treatments.	-62
`3.	A list of instrument calibration and alarm testing frequencies. This should include but not be limited to the frequency that the pH meters and alarms, flow meters, and level alarms are tested or calibrated.	-62
4.	An inventory of all spare parts and equipment kept at the facility for the wastewater treatment system.	-62
5.	A list of all treatment chemicals, quantities stored at the facility and dosage rates.	-62

## Part B: Plan Checklist (continued)

	Plan Elements	Initial/Not Applicable
6.	A maintenance plan for the collection and treatment system, both preventive and corrective, with proposed daily, weekly, monthly, semi-annual and annual inspections and procedures.	-62
7.	The number of full or part time waste water treatment system operators needed to properly run the system and a detailed description of any training the operators have had in the proper operation of the treatment system. For domestic sewage treatment facilities, the plan must include documentation of operator certification as required by RCSA Sections 22a-416-1 through 22a-416-10.	-62
8.	A description of the log(s) to be kept near the treatment system, or readily accessible, for operational monitoring and inspections. All entries must show time, date and be initialed. These log books must be bound, pre-numbered and contain the following information, as applicable: a. for batch treatment systems:	-62
	<ol> <li>number of gallons of each batch discharged</li> <li>treatment chemicals added to each batch</li> <li>the results of any chemical analysis done on each batch</li> <li>what the wastewater of each batch consisted of (what processes contributed to the batch)</li> <li>the pH of each batch at time of discharge</li> <li>when meters and probes were calibrated and/or replaced</li> <li>any maintenance performed on the system</li> <li>any observations the operator may have noticed about the discharge (clarity, foam, etc.)</li> </ol>	

Part B	: Plan	Checklist	(continued

	Plan Elements	Initial/Not Applicable
8.	<ul> <li>b. for flow through systems:</li> <li>(1) total daily/shift flow</li> <li>(2) treatment chemical dosage rates</li> <li>(3) daily/shift treatment chemical tank levels</li> <li>(4) the results of any chemical analysis performed on the discharge</li> <li>(5) the range of pH during the day/shift</li> <li>(6) when meters and probes were calibrated and/or replaced</li> <li>(7) any maintenance performed on the system</li> <li>(8) the reason for any upsets that may have occurred</li> <li>(9) any observations the operator may have noticed about the discharge (clarity, foam, etc.)</li> </ul>	
9.	A description of any security measures to prevent vandalism of the collection and treatment systems.	
10.	A flow diagram of the treatment system generating the discharge. The diagram must show all incoming waste streams, treatment units and their sizes, treatment chemical additions, all pumps and valves, electrical equipment (pH sensors and controllers, high level sensors and alarms, etc.) and connections between electrical units. Average, maximum, and design flow rates of incoming waste streams between treatment units and from discharge points and pumps must be indicated.	

#### Applicant Certification of an Operation and Maintenance Plan Checklist

Applicant Name: Greater New Haven Water Pollution Control Authority (as indicated on the *Application Form*)

Application Number (if known):

Facility I.D. Number (renewals only): 093-001

Permit Number (renewals only): CT0100366

I have personally examined and am familiar with the information contained in the Operation and Maintenance Plan required for this application, and I certify that based on reasonable investigation, including my inquiry of the individuals responsible for preparing the Operation and Maintenance Plan, such plan contains all applicable information listed in the Operation and Maintenance Plan Checklist. I further certify that I will submit this plan to the Department of Energy and Environmental Protection (DEEP) upon request.

delan Applicant Signature

5/2020

In the space below, please provide the names of the persons who prepared the Operation and Maintenance Plan and a brief description of the qualifications of each preparer, (i.e., professional certifications, education background, related work experience, etc.).

Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment I

## Attachment I

### **Operation and Maintenance of the Collection and Treatment System**

### **Part A: General Description**

The Greater New Haven Water Pollution Control Authority's (GNHWPCA) wastewater collection and treatment system consists of 550 miles of sanitary/combined sewers, 30 pumping stations, and the 40 mgd advanced secondary East Shore Water Pollution Abatement Facility (ESWPAF). Detailed description of the pumping and treatment equipment, operating capacities, unit sizes, and startup, shutdown and process controls procedures are contained in the facility O&M manuals. The O&M manual for the East Shore WPAF was initially written in March 1979 and was upgraded in April 1993, June 1997, February 2000, and May 2017. The O&M manuals for the two largest pumping stations (East Street and Boulevard) were written in September 1990 and April 1993, respectively. These manuals are supplemented by collection system and treatment plant SOP's.

Extensive operating logs are kept. Monthly operations data is summarized and submitted monthly in a Discharge Monitoring Report (DMR) and a Monthly Operations Report (MOR) to the Connecticut DEEP. The GNHWPCA maintains a quality assurance/quality control (QA/QC) program for its operations. The plan includes laboratory QA/QC procedures and guidelines. In addition to daily work sheets and computerized data logs, the laboratory records include an instruments calibration log. Inventory of chemicals and their dosage rate are monitored by the SCADA system and operator logs. An inventory of GNHWPCA assets, collection system, pump stations and treatment plant, reside in the Computerized Maintenance Management System (CMMS) along with spare parts and instrument calibration and testing schedules. The collection system has a CMOM Plan that contains a preventative maintenance plan, and overflow emergency response plan and SSO response procedures. Collection system preventative and corrective work orders are also maintained in the CMMS. An emergency response plan (including security measures) and a safety plan for the system are present. A staffing plan for the system, which lists all employees and their certifications exists at the facility. A training plan is also developed for each department.

Process flow diagrams and site location information are included in this NPDES renewal permit application. The Authority also keeps a customer service plan on file. The plan includes information and procedures to help ensure that all customer complaints and requests for information are handled promptly and efficiently.

## Attachment I-1



Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment I-1: Site Plan

## Attachment M



Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment M: Process Flow Diagram



Force Main - Major Pump Stations with Local Preliminary Treatment

**Process Flow Diagram** 

East Shore Water Pollution Control Facility 2020

## Attachment P

## Attachment P: Sewage Sludge Information

Applicant Name: **Greater New Haven Water Pollution Control Authority** (as indicated on the main application form)

### Existing Permit Number (if applicable): CT0100366

Treatment Facility Information
Facility Name (if different than the applicant):
East Shore Water Pollution Abatement Facility
Provide a brief description of the treatment and collection systems:
The GNHWPCA provides regional municipal waterwater collection and treatment services to approximately 44,000 customers in the City of New Haven and the towns of Hamden, East Haven, and Woodbridge. The Collection System includes 30 pumping stations and approximately 550 miles of sanitary/combined sewers. The treatment plant is a 40 MGD advanced secondary treatment facility.
Septage Information
1. Does the facility accept septage? 🛛 🛛 Yes 🗌 No
If yes, does the facility have a septage receiving facility? 🛛 Yes 🗌 No
<ul> <li>If yes, is the septage receiving facility located within the wastewater treatment plant site?</li> </ul>
🛛 Yes 🗌 No
If no, explain how septage is accepted at the facility:
2. Is access to the septage discharge point restricted or otherwise monitored? Xes No
Sewage Sludge Information
<ol> <li>For discharges previously authorized by DEEP, provide the average mass (dry tons) of sludge generated by the facility annually: 7,995 dry tons per year (2015-2019 avg.)</li> </ol>
<ol> <li>For all applications, estimate the mass (dry tons) of sludge expected to be generated by the facility during the next five years: 7,000 to 9,000 dry tons per year</li> </ol>
<ol> <li>Provide a brief description of existing sludge disposal/utilization practices at the facility (including ash disposal if appropriate):</li> </ol>
The Sludge is incinerated onsite under long term agreement with a private contractor to operate the GNHWPCA's multiple hearth incinerator. The contractor is responsible for ash disposal and is currently disposing of the ash at the Waste management landfill in Chicopee, Massachusetts. The facility is a regional sludge processing facility, which accepts sludge from other POTWs.
<ol> <li>Provide a brief description of the proposed measures to be taken to dispose of sludge in the event the existing sludge disposal/utilization practice becomes unavailable due to unforeseen circumstances:</li> </ol>
Under the long term agreement for sludge disposal, the contractor is responsible for alternative offsite disposal should the need arise, and has arrangements with alternative sites for this purpose.

## Sewage Sludge Information (continued)

The following analyses must be performed on a grab sample of sludge within one year preceding the date this application is submitted and the results of such analyses must be submitted with this application as part of Attachment P.

		Sludge Analys	sis		
1.	For POTWs with a design flow of equal to or greater than 1 MGD, attach the results of a Priority Pollutants Scan. The Priority Pollutant Scan shall include the following:				
	PCBs and the following Heavy Me	tals:			
2.	Arsenic(As)Beryllium(Be)Cadmium(Cd)Chromium, Total(Cr)Copper(Cu)Lead(Pb)For POTWs with a design flow of leading weight basis. This analysis shares	Mercury Nickel Zinc ess than 1 MGD, attach all include the following	(Hg) (Ni) (Zn) n the results of a heavy metals analysis on a heavy metals:		
	Copper (Cu)	Lood (	(Ph)		
	Copper (Cd) Cadmium (Cd)	Nickel (	(FB) (Ni)		
	Chromium (Cr)	Zinc (A	(Zn)		
	The percent (%) solids of the samp	ble should also be subm	nitted.		

## Summary Sheet of Industrial and Commercial Non-Hazardous Waste Hauled to Water Pollution Control Facilities

Please complete this form by providing the information requested for the previous five years.

#### POTW Name: East Shore Water Pollution Abatement facility

Name of Person Completing Form: Gary Zrelak

Date: July 1, 2020

Name of Facility Generating Waste	Location Address of Generating Facility	Nature of Waste	Volume and Frequency of Waste Received
See Attached Table			

Check here if additional sheets are necessary, please label and attach them to this sheet.

## Summary Sheet of Industrial and Commercial Non-Hazardous Waste Hauled to Water Pollution Control Facilities

Name of Facility Generating Waste	Location Address of Generating Facility	Nature of Waste	Volume and Frequency of Waste Received
UI-Stratford	Metro North Line 411 Barnum ave cut-off	Groundwater (Frac tank wastewater)	84,000 gallons total -24 loads received 3/30/20 to 5/29/20
Woodbridge Public works	Woodbridge, CT Fire House(s)	Fire House Holding Tanks (VM Wastewater)	147,300 gallons total - 32 Loads received over the course of 37 months (2/16/17 to 3/20/20)
United Illuminating (Union Station)	New Haven, CT (Under Union Station)	Groundwater (Flooded UI Utility Vaults)	12,100 gallons total - 5 loads - 12/17/2018 (4) and 5/20/2019 (1)
State of CT- Landfill (operated by CRRA)	Ellington, CT Landfill	Groundwater (methane collection grid)	3,500 gallons - 1 load -3/11/19
Hartford State Armory	360 Broad Street, Hartford, CT	Groundwater	7,000 gallons total - 2 loads - 11/6/2017
Wilbur Cross HS	181 Mitchell Drive, New Haven, CT	Groundwater	4,000 gallons - 1 Load - 6/27/2017
Holyoke Mall	50 Holyoak St., MA	Groundwater (methane collection grid)	12,000 gallons total, 3 loads 8/22/2016 to 6/26/2017
West Hills School	511 Chapel Street, New Haven, CT	Groundwater (Flooded Basement/utility area)	3,000 gallons total - 1 load- 6/16/2017
Town of Hamden, CT	1650 Dixwell Avenue, Hamden, CT	Groundwater	10,000 gallons total - 2 loads - 1/5/2017 - 1/6/2017

Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment P

Parameter	Sample Result (mg/kg)
Metals:	
Arsenic	3.290
Beryllium	< 0.43
Cadmium	2.64
Chromium, Total	11.8
Copper	246
Lead	36.8
Mercury	0.580
Nickel	8.1
Zinc	441
Polychlorinated Biphenyls:	
PCBs - Total	< 0.21

## **Sludge Analysis**

Notes:

1. mg/kg = milligrams per kilogram

2. ND = Non-Detect

3. Results from 3/22/2020 sample

## Attachment W

## Attachment W: For Renewal of an Existing Permit and Other Discharges Previously Licensed by the Department of Energy and Environmental Protection

### Applicant Name: Greater New Haven Water Pollution Control Authority

(as indicated on the permit application form)

F

 Complete the following table with a summary of discharge quality data from the previous two years. To complete the table for renewals, refer to your existing permit; for other discharges previously licensed by DEEP, refer to your previous authorization or permit. See instructions for further guidance on how to fill in this table. Reproduce this sheet for each discharge serial number. Use the same discharge serial numbers as indicated on your previous permit and provide the existing permit number. Reproduce and complete this form for each permit that you are proposing to renew.

Summary of Discharge Analyses						
Discharge Serial Number: 001-1 (Final Effluent) Data is for the period 1/1/18 through 12/31/19 Permit Number: CT0100366						
Name of Permit Parameter	Average Concentration	Maximum Concentration	Number of Analyses	Number of Exceedances	CV (NPDES only)	
Alkalinity	91.0 mg/l	127 mg/l	24	NA	0.2	
Biochemical Oxygen Demand (5 day)	18.9 mg/l	160.2 mg/l	396	1	0.8	
Chlorine, Total Residual	1.0 mg/l	2.6 mg/l	2010	2	0.13	
Enterococci (colonies/100ml)	153	14000	394	NA	5.9	
Fecal Coliform (colonies/100ml)	5.0	420	395	NA	2.5	
Flow, Average Daily	30.1 mgd	79.3 mgd	730	NA	0.25	
Nitrogen, Ammonia (total as N)	4.1 mg/l	24.1 mg/l	105	NA	0.9	
Nitrogen, Nitrate (total as N)	0.6 mg/l	1.5 mgl	24	NA	0.7	
Nitrogen, Nitrite (total as N)	0.2 mg/l	1.5 mg/l	24	NA	1.8	
Nitrogen, Total Kjeldahl	6.1 mg/l	31.1 mg/l	410	NA	0.9	
Nitrogen, Total	6.8 mg/l	31.5 mg/l	410	NA	0.8	
Oxygen, Dissolved	6.9 mg/l	8.6 mg/l	500	NA	0.14	
рН	6.9 S.U.	7.2 S.U.	500	0	0.01	
Phosphate, Ortho	2.6 mg/l	10.7 mg/l	28	NA	1.0	
Phosphorus, Total	3.9 mg/l	12.3 mg/l	28	NA	0.9	

## Attachment W: For Renewal of an Existing Permit and Other Discharges Previously Licensed by the Department of Energy and Environmental Protection

### Applicant Name: Greater New Haven Water Pollution Control Authority

(as indicated on the permit application form)

 Complete the following table with a summary of discharge quality data from the previous two years. To complete the table for renewals, refer to your existing permit; for other discharges previously licensed by DEEP, refer to your previous authorization or permit. See instructions for further guidance on how to fill in this table. Reproduce this sheet for each discharge serial number. Use the same discharge serial numbers as indicated on your previous permit and provide the existing permit number. Reproduce and complete this form for each permit that you are proposing to renew.

Summary of Discharge Analyses					
Discharge Serial Number: 001-1 (Final Effluent) Data is for the period 1/1/18 through 12/31/19 Permit Number: CT0100366					
Name of Permit Parameter	Average Concentration	Maximum Concentration	Number of Analyses	Number of Exceedances	CV (NPDES only)
Solids, Settleable	0.1 ml/L	26 ml/L	500	NA	10.9
Solids, Total Suspended	16.2mg/l	336.5 mg/l	639	11	1.8
Temperature	68 deg. F	92 deg. F	500	NA	0.13
Turbidity	5 NTU	104 NTU	500	NA	1.6

2.	Provide a brief narrative describing any changes in the processes or activities generating or treating the discharge(s) which are proposed and/or have occurred since the date of the last permit application. For example, such information should include the addition, substitution, or elimination of processes, modifications of treatment systems or chemicals added to treat the discharge, pollution prevention measures; and any other changes which may affect the quality or quantity of the discharge(s).
	See Attached
3.	If in the table in question 1, you indicated that any permit parameter was exceeded, and any exceedances were by more than twice the permit limit or occurred more than three times, describe the steps taken to
	See Attached

## **2020** Permit Application Attachment W page 2 section 2

The East Shore Water Pollution Abatement Facility has completed a major construction project to add capacity for wet weather flows and reduce nitrogen discharges. This project includes a new second anoxic zone and a supplemental carbon facility, new emergency generators for full plant operation during a power loss, all electrical gear has been replaced, a new solids storage tank along with two new rehabilitated gravity thickeners allowing handling of increased loading during wet weather events and a new odor control system to handle the entire plant.

## 2020 Permit Application Attachment W page 2 section 3

In the preceding table "Summary of Discharge Quality" 3 parameters had exceedances; Biochemical Oxygen Demand (BOD), Total Residual Chlorine (TRC) and Total Suspended Solids (TSS). For the two years analyzed there was 1 BOD exceedance, 2 Total Chlorine Residual exceedances and 11 Total Suspended Solids exceedances. Below are the dates, flows and the reason for the exceedance.

The two TSS exceedances listed below can be attributed to multiple high flow rain events and bulking sludge in the secondary clarifiers causing solids loss from the secondary clarifiers

On April 18, 2019 an effluent TSS of 59.3 mg/l was obtained. The maximum flow for April 18<sup>th</sup> was 36.4 MGD with a total flow of 24.9 million gallons for the day.

On April 21, 2019 an effluent TSS of 51.5 mg/l was obtained. The maximum flow for April 21<sup>st</sup> was 47.3 MGD with a total flow of 32.7 million gallons for the day.

During the months of May and June 2019, nine TSS and one BOD exceedances occurred. It was observed that the secondary aeration basin dissolved oxygen demand rose abnormally, secondary clarifier solids settled rapidly causing dispersed floc overflow in the secondary clarifiers. There appeared to be some type of inhibition of the biomass since very little growth was also observed.

On May 1, 2019 an effluent TSS of 56.4 mg/l was obtained. The maximum flow for May 1<sup>st</sup> was 44.1 MGD with a total flow of 36.4 million gallons for the day.

On May 22, 2019 an effluent TSS of 51.6 mg/l was obtained. The maximum flow for May  $22^{nd}$  was 33.0 MGD with a total flow of 28.8 million gallons for the day.

On May 23, 2019 an effluent TSS of 56.0 mg/l was obtained. The maximum flow for May 23<sup>rd</sup> was 40.7 MGD with a total flow of 29.8 million gallons for the day.

On May 24, 2019 an effluent TSS of 63.4 mg/l was obtained. The maximum flow for May 24<sup>th</sup> was 34.0 MGD with a total flow of 28.0 million gallons for the day.

On May 27, 2019 an effluent TSS of 60.6 mg/l was obtained. The maximum flow for May 27<sup>th</sup> was 31.7 MGD with a total flow of 26.1 million gallons for the day.

On June 5, 2019 an effluent TSS of 53.7 mg/l was obtained. The maximum flow for June 5<sup>th</sup> was 33.8 MGD with a total flow of 28.2 million gallons for the day.

On June 6, 2019 an effluent TSS of 65.2 mg/l was obtained. The maximum flow for June 6<sup>th</sup> was 34.3 MGD with a total flow of 27.1 million gallons for the day.

On June 7, 2019 an effluent TSS of 64.5 mg/l was obtained. The maximum flow for June 7<sup>th</sup> was 31.1 MGD with a total flow of 27.0 million gallons for the day.

On June 12, 2019 an effluent TSS of 57.7 mg/l and effluent BOD of 50.6 mg/l was obtained. The maximum flow for June 12<sup>th</sup> was 31.9 MGD with a total flow of 24.9 million gallons for the day.

We investigated possible causes of this condition, utilizing our IPP Department reviewing industrial discharges a possible source discharge from a local biodiesel plant process may have contributed to this inhibition. An NoV was issued to this biodiesel plant on July 11, 2019 and this discharge from this source has been curtailed. We have also hired an outside consultant, Woodard & Curran, to review previous data and provide training.

Maximum effluent chlorine residual limit was exceeded on two occasions as described below.

On November 13, 2019 an effluent chlorine residual of 2.6 mg/l was obtained. The plant flow at the time of sampling was 26.7 MGD.

On November 21, 2019 an effluent chlorine residual of 1.6 mg/l was obtained. The plant flow at the time of sampling was 24.4 MGD.

Investigation of the above excursions found no apparent cause. Resampling approximately thirteen minutes later in both instances resulted in compliance. At no time did the plant SCADA indicate any high residuals being trended. It is believed sample bottle contamination may have contributed to the above excursions.

In the preceding table "Summary of Discharge Quality" three parameters, Biochemical Oxygen Demand, Total Suspended Solids and Enterococci, were more than twice the permitted value. All three instances occurred during high flow conditions and are "NA not applicable" as stated in Table A-1 "final effluent during secondary treatment bypass events".

NPDES Permit Table A, Footnote 1 states: "the Maximum Daily Limit of 50.0 mg/l BOD and 50.0 mg/l Total Suspended Solids is waived during periods when the facility is treating dilute influent due to storm runoff collected by the Combined Sewer System causing influent flows to exceed 60 MGD.".

There was a total of 50 waived events that occurred during the two-year period.

## Attachment X

### Attachment X: Certification Regarding Submittal of Previously Approved Documents

1. If your application concerns a discharge previously licensed by DEEP, you may incorporate any of the documents listed below by reference into your application. To incorporate a document by reference, the document must have been submitted to DEEP previously and you must complete the following certification indicating that such documents accurately represent the facility and its operations as of the date of this application. You are not required to resubmit such documents unless requested by DEEP. However, please provide a general description of all collection and treatment facilities previously approved on the back of this sheet. Please check the appropriate box(es) to indicate which documents you are incorporating by reference.

I have examined the documents identified by checking the applicable box(es) below, which were previously submitted for permit issuance to the Department of Energy and Environmental Protection for the discharge(s) which are the subject of this application, and certify that to the best of my knowledge and belief, such documents accurately represent the facility and its operations as of the date of this application.							
I further certify that I will submit such documents to the Department of Energy and Environmental Protection upon request.							
Please check the appropriate boxes indicating which documents you are proposing to incorporate into this application by reference. <i>Please provide each document's final revision date.</i>							
Site Plan Revision Date:							
Floor Plan Revision Date:							
Pollution Prevention Plans	Pollution Prevention Plans						
Operation and Maintenance Plan Revision Date: May 2017							
Solvent Management Plan Revision Date:							
Spill Prevention and Control Plan Revision Date: Currently Revising							
Resource Conservation Strategies Revision Date:							
Collection, Treatment and Disposal System Plans and Specifications Revision Date:							
0 10							
8:5:20							
Signature of Applicant Date	_						
Sidney J. Holbrook Executive Director							
Name of Applicant (print or type) Title (if applicable)							
Permit Number: CT0100366							

### Attachment X: Certification Regarding Submittal of Previously Approved Documents (continued) Permit Number: <u>CT0100366</u>

2.	Provide a brief general description of all systems to collect and treat the discharge(s) which are the subject of this application and for which plans and specifications have been previously approved by DEEP.
	See attached.

Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment X: Certification Regarding Submittal of Previously Approved Documents

### Attachment X

#### Certification Regarding Submittal of Previously Approved Documents.

Question 2.

General Description of All Systems to Collect and Treat the Discharge.

The Greater New Haven Water Pollution Control Authority's (GNHWPCA) wastewater collection and treatment system consists of 550 miles of sanitary/combined sewers, 30 pumping stations, and the 40 mgd advanced secondary East Shore Water Pollution Abatement Facility (ESWPAF). Detailed description of the pumping and treatment equipment, operating capacities, unit sizes, and startup, shutdown and process controls procedures are contained in the facility O&M manuals. The O&M manual for the East Shore WPAF was initially written in March 1979 and was revised in April 1993, June 1997, February 2000 and May 2017. The O&M manuals for the two largest pumping stations (East Street and Boulevard) were written in September 1990 and April 1993 respectively. These manuals are supplemented by collection system and treatment plant SOP's.

Extensive operating logs are kept. Monthly operations data is summarized and submitted monthly in a Discharge Monitoring Report (DMR) and a Monthly Operations Report (MOR) to the Connecticut DEEP. The GNHWPCA maintains a quality assurance/quality control (QA/QC) program for its operations. The plan includes laboratory QA/QC procedures and guidelines. In addition to daily work sheets and computerized data logs, the laboratory records include an instruments calibration log. Inventory of chemicals and their dosage rate are monitored by the SCADA system and operator logs. An inventory of GNHWPCA assets, collection system, pump stations and treatment plant, reside in the Computerized Maintenance Management System (CMMS) along with spare parts and instrument calibration and testing schedules. The collection system has a CMOM Plan that contains a preventative maintenance plan, and overflow emergency response plan and SSO response procedures. Collection system preventative and corrective work orders are also maintained in the CMMS. An emergency response plan (including security measures) and a safety plan for the system are present. A staffing plan for the system, which lists all employees and their certifications exists at the facility. A training plan is also developed for each department.

Process flow diagrams and site location information are included in this NPDES renewal permit application. The Authority also keeps a customer service plan on file. The plan includes information and procedures to help ensure that all customer complaints and requests for information are handled promptly and efficiently.

Attachment Y

Discharge Serial Number: 001-1

## **Attachment Y: Discharge Information**

(must be completed and submitted for each discharge)

Applicant Name: Greater New Haven Water Pollution Control Authority

(as indicated on the permit application form)

Exist	ing Permit Number (if applicable): CT0100366
Com 001-	plete this attachment for <i>each</i> discharge and label each discharge consecutively starting with serial number 1.
Part	t A: General Discharge Information
Dis	scharge Serial Number: 001-1
1.	For discharges to a surface water only:
	a. The discharge enters the surface water (check one):
	⊠ directly
	through a storm sewer
	through other systems (e.g., swale,) Please specify below:
	b. Name of surface water body the discharge first enters: New Haven Harbor
	b. Name of surface water body the discharge first effers. New naveli harbon
	d   atitude/l ongitude in degress/minutes/seconds of actual discharge location 41N 16' 52" -72W 54'
35	
2.	For discharges to ground water only:
	a. Groundwater classification goal of the site:
	b. Name of surface water body in watershed area:
	Surface water classification goal of the above listed water body:
3.	<ul> <li>c. Latitude/Longitude, in degress/minutes/seconds, of actual discharge location</li> <li>a. Average Daily Flow (gpd) last 24 months: 28,100,000</li> </ul>
	b. Maximum Daily Flow (gpd) last 24 months: 50,000,000
	c. Average Annual Design Flow (gpd): 40,000,000
	d. Date discharge began or will begin: <b>1973</b>
4.	Is the discharge continuous? 🛛 Yes 🗌 No
5.	For other than a continuous discharge (e.g., batch, intermittent, or seasonal discharges), indicate:
	a. Average number of hours per event of the discharge:
	b. Maximum number of hours per event of the discharge:
	c. The duration and frequency of the discharge:
L	

## Part A: General Discharge Information (continued)

6. Process and/or Treatment S Describe each specific activit identification of all types of all with alum or ferric chloride, n hypochlorite and sodium met	6. Process and/or Treatment Substances Discharge Serial Number: 001-1 Describe each specific activity or each process that utilizes substances and/or chemicals for treatment and identification of all types of all substances/chemicals used by each process. (e.g., phosphorus removal with alum or ferric chloride, nitrogen removal with methanol or glycerin, disinfection with calcium hypochlorite and sodium metabisulfite, sludge settling or processing with polymers).								
Name of substances used in generating the wastewater	List of toxic or hazardous substances contained in process and/or treatment substance	List any available aquatic toxicity test results for process and/or treatment substance							
Wastewater	15% Sodium Hypochlorite								
Polymer	Mannic Polymer								

## Part A: General Discharge Information (continued)

# 7. Plant, pump station and collection system overflows/bypasses Describe each bypass or overflow structure and whether or not there is a gate with a DEEP seal or not. List name of List latitude/longitude for List average annual frequency of use bypass/overflow location overflow/bypass discharge (primary effluent, Oak Street location Pump Station, CSO 6, etc.) High Flow Diversion of 41N 16' 52" -72W 54' 35" 60 Times per Year Primary Effluent See Table for CSOs

## Attachment Y: Discharge Information (continued)

## Part B: Discharge Analysis

All applicants **must** complete Part B, Table 1 for each discharge. Be sure to review the instructions before completing this part. In addition, please note that for existing discharges previously licensed by DEEP, identify the substances that were monitored in the existing permit by placing "PP" in the " Daily Composite or Grab Sample Results" column by the substance. For such substances, you need not repeat the analytical results in Tables 1 through 4, as long as such results are provided in Attachment W of the application.

 $\square$ 

#### Please indicate whether the discharge analysis was based on (check one):

Projection

Actual wastewater

 $\boxtimes$ 

Wastewater from other similar discharge

All applicants must provide analysis results in column 1 for *all* the substances listed in Table 1 and other information needed to complete columns 2 and 3, for each discharge.

Dat	Table 1           Date Sampled: Various Dates in Last 2 Years         Discharge Serial Number: 001-1							
	GENERAL	1 Daily Composite or Grab Sample* Results	3 EPA** Method					
1.	Biochemical Oxygen Demand (5Day)	15.2	326	SM 5210 B				
2.	Chemical Oxygen Demand	NA						
3.	Oil and Grease, Total*	NA						
4.	Oil and Grease, Hydrocarbon Fraction*	NA						
5.	Total Suspended Solids	10.6	512	SM 2540 D				
6.	Ammonia (as Nitrogen)	4.9	64	ASTM D6919-03				
7.	Phosphorus (Total)	3.0	20	200.7				
8.	Nitrate	0.6	20	300.0				
9.	Nitrite	0.2	20	300.0				
10.	Total Kjeldahl Nitrogen	5.6	342	4500NorgC				
11.	Total Residual Chlorine*	1.0	1,657	SM 4500 CI-G				
12.	Temperature (Winter and Summer)*	68.2	414	SM 2550 B				
13.	pH (minimum and maximum)*	6.5-7.2	414	SM 4500 H+B				
14.	Copper, Total	0.011	6	200.8				
15.	Lead, Total	0.005	6	200.8				
16.	Zinc, Total	0.067	6	200.8				

\* Check the instructions under this part for the required method of sample collection.

\*\* For surface water discharges only, check the instructions for required EPA methods of analyses.

All applicants **must** provide analysis results for each substance listed in Table 2 under Base Neutrals Compounds and Pesticides. Provide analysis results in column 4 and other information needed to complete columns 5 and 6 for that substance.

For all other substances listed in Table 2: Toxic Metals, Cyanides and Phenols, Volatiles, and Acids, provide analysis for substances which are known or suspected or can reasonably be ascertained to be present in the discharge. Place an "X" in column 2 or 3. If column 2 is marked for any substance, you *must* provide analysis results in column 4 for that substance and other information needed to complete columns 5 and 6 for that substance.

Data	Table 2							
Date	Sampled: 6/30/2020							
	BASE NEUTRAL COMPOUNDS	Analysis Required	Z Known or Suspected Present	3 Believed Absent	4 Daily Composite or Grab Sample Results*	o Number of Analyses	ہ EPA** Method	
1.	Acenaphthene	x			1.1	1	625.1	
2.	Acenaphthylene	Х			0.32	1	625.1	
3.	Anthracene	X			1.1	1	625.1	
4.	Benzidine	X			79	1	625.1	
5.	Benzo(a)anthracene	Х			0.063	1	625.1	
6.	Benzo(a)pyrene	Х			0.21	1	625.1	
7.	3, 4-Benzo-fluoranthene	X			0.084	1	625.1	
8.	Benzo(ghi)perylene	Х			0.42	1	625.1	
9.	Benzo(k) fluoranthene	Х			0.32	1	625.1	
10.	Bis(2-Chloroethoxy) Methane	X			21	1	625.1	
11.	Bis(2-Chloroethyl) Ether	X			11	1	625.1	
12.	Bis(2-Chloroisopropyl) Ether	X			11	1	625.1	
13.	Bis(2-Ethylhexyl) Phthalate	X			2.1	1	625.1	
14.	4-Bromophenylphenyl Ether	X			21	1	625.1	
15.	Butylbenzyl Phthalate	Х			21	1	625.1	
16.	2-Chloronaphthalene	Х			21	1	625.1	
17.	4-Cholorophenylphenyl Ether	Х			21	1	625.1	
18.	Chrysene	Х			0.53	1	625.1	
19.	Dibenzo(a, H)anthracene	Х			0.21	1	625.1	
20.	1, 2-Dichlorobenzene	X			5.3	1	625.1	
21.	1, 3-Dichlorobenzene	X			5.3	1	625.1	
22.	1, 4-Dichlorobenzene	X			5.3	1	625.1	

	Table 2 (continued)								
Date	Sampled: 6/30/2020			Dis	charge Seri	al Number	: 001-1		
		1	2	3	4 Daily	5	6		
	BASE NEUTRAL COMPOUNDS	Analysis Required	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method		
23.	3, 3-Dichlorobenzidine	Х			79	1	625.1		
24.	Diethyl phthalate	X			7.4	1	625.1		
25.	Dimethyl phthalate	X			7.4	1	625.1		
26.	Di-n-butyl phthalate	X			7.4	1	625.1		
27.	2, 4-Dinitrotoluene	X			79	1	625.1		
28.	2, 6-Dinitrotoluene	X			79	1	625.1		
29.	Di-n-octyl phthalate	Х			21	1	625.1		
30.	1, 2-Diphenylhydrazine (as Azobenzene)	X			21	1	625.1		
31.	Fluoranthene	x			1.1	1	625.1		
32.	Fluorene	X			1.1	1	625.1		
33.	Hexachlorobenzene	X			0.081	1	625.1		
34.	Hexachlorobutadiene	X			21	1	625.1		
35.	Hexachlorocyclopentadiene	Х			21	1	625.1		
36.	Hexachloroethane	X			4.2	1	625.1		
37.	Indeno(1,2,3-cd) Pyrene	Х			0.21	1	625.1		
38.	Isophorone	X			21	1	625.1		
39.	Naphthalene	X			1.1	1	625.1		
40.	Nitrobenzene	X			21	1	625.1		
41.	N-nitroso dimethylamine	Х			21	1	625.1		
42.	N-Nitrosodi-n-Propylamine	Х			11	1	625.1		
43.	N-Nitrosodiphenylamine	X			21	1	625.1		
44.	Phenanthrene	X			0.081	1	625.1		
45.	Pyrene	X			1.1	1	625.1		
46.	1, 24-Trichlorobenzene	x			5.3	1	625.1		

71

Part B:	Discharge	Analysis	(continued)
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Date	Sampled: 6/30/2020	Table 2 (con	tinued)	Discl	harde Serial	Number: (	001-1
Date	Sampled. 0/30/2020	1	2	3	4	5	6
	PESTICIDES	Analysis Required	Known or Suspected Present	Believed Absent	Daily Composite or Grab Sample Results*	Number of Analyses	EPA** Method
1.	Aldrin	X			0.10	1	608.3
2.	Alpha - BHC	X			0.10	1	608.3
3.	Beta - BHC	Х			0.10	1	608.3
4.	Gamma-BHC	X			0.10	1	608.3
5.	Delta-BHC	X			0.10	1	608.3
6.	Chlordane	X			0.40	1	608.3
7.	4, 4-DDT	X			0.10	1	608.3
8.	4, 4-DDE	X			0.10	1	608.3
9.	4, 4-DDD	X			0.10	1	608.3
10.	Dieldrin	X			0.0040	1	608.3
11.	Alpha-Endosulfan	X			0.10	1	608.3
12.	Beta-Endosulfan	X			0.10	1	608.3
13.	Endosulfan Sulfate	X			0.10	1	608.3
14.	Endrin	X			0.044	1	608.3
15.	Endrin Aldehyde	X			0.10	1	608.3
16.	Heptachlor	X			0.10	1	608.3
17.	Heptachlor Epoxide	X			0.10	1	608.3
18.	PCB-1242	X			0.40	1	608.3
19.	PCB-1254	X			0.40	1	608.3
20.	PCB-1221	X			0.40	1	608.3
21.	PCB-1232	X			0.40	1	608.3
22.	PCB-1248	X			0.40	1	608.3
23.	PCB-1260	X			0.40	1	608.3
24.	PCB-1016	X			0.40	1	608.3
25.	Toxaphene	X			1.6	1	608.3

For all other substances listed in Table 2: Toxic Metals, Cyanides and Phenols, Volatiles, and Acids, provide analysis for substances which are known or suspected or can reasonably be ascertained to be present in the discharge. Place an "X" in column 2 or 3. If column 2 is marked for any substance, you *must* provide analysis results in column 4 for that substance and other information needed to complete columns 5 and 6 for that substance.

Table 2 (continued)         Date Sampled:       Various Dates in Last 2 Year         Discharge Serial Number:       001-1									
	1	2	3	4 Daily	5	6			
TOXIC METALS, CYANIDES, PHENOLS	Analysis Required	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method			
1. Antimony, Total			x	<0.014	8	200.8			
2. Arsenic, Total			x	<0.003	8	200.8			
3. Beryllium, Total			x	<0.0004	8	200.8			
4. Cadmium, Total			x	<0.001	8	200.8			
5. Chromium, Total			x	<0.014	8	200.8			
6. Chromium,			x	<0.010	8	SM350 0-CrD			
7. Mercury, Total			x	<0.0002	8	245.2			
8. Nickel, Total			x	<0.015	8	200.8			
9. Selenium, Total			x	<0.006	8	200.8			
10. Silver, Total			x	<0.005	8	200.8			
11. Thallium, Total			x	<0.016	8	200.8			
12. Cyanide, Total*			X	<0.01	8	335.4			
13. Cyanide,			х	<0.01	8	335.4			
14. Phenols, Total*			x	<0.0888	8	420.1			

Date	Table 2 (continued) Date Sampled: NA Discharge Serial Number: 001-1							
	VOLATILES*	1 Analysis Required	2 Known or Suspected Present	3 Believed Absent	4 Daily Composite or Grab Sample Results*	5 Number of Analyses	6 EPA** Method	
1.	Acrolein			х				
2.	Acrylonitrile			x				
3.	Benzene			x				
4.	Bromoform			х				
5.	Carbon Tetrachloride			х				
6.	Chlorobenzene			х				
7.	Chlorodibromomethane			х				
8.	Chloroethane			х				
9.	2-Chloroethylvinyl Ether			х				
10.	Chloroform			х				
11.	Dichlorobromomethane			х				
12.	1, 1-Dichloroethane			х				
13.	1, 2-Dichloroethane			х				
14.	1, 1-Dichloroethylene			х				
15.	1, 2-Dichloropropane			x				
16.	1, 3-Dichloropropylene			х				
17.	Ethylbenzene			х				
18.	Methylbromide			х				
19.	Methylchloride			x				
20.	Methylene Chloride			х				
21.	1, 1, 2, 2,-Tetrachloroethane			х				
22.	Tetrachloroethylene			х				
23.	Toluene			x				
24.	1, 2-Trans-Dichloroethylene			x				

Table 2 (continued)							
Date	Sampled: NA	Discharge Serial Number: 001-1					
		1	2	3	4 Daily	5	6
	VOLATILES*	Analysis Required	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method
25.	1, 1, 1-Trichloroethane			x			
26.	1, 1, 2- Trichloroethane			x			
27.	Trichloroethylene			x			
28.	Vinyl Chloride			x			
GC/MS FRACTION ACID COMPOUNDS							
1.	2-Chlorophenol			x			
2.	2, 4-Dichlorophenol			х			
3.	2, 4-Dimethylphenol			x			
4.	4, 6-Dinitro-O-Cresol			х			
5.	2, 4-Dinitrophenol			х			
6.	2-Nitrophenol			х			
7.	4-Nitrophenol			х			
8.	P-Chloro-M-Cresol			х			
9.	Pentachlorophenol			X			
10.	Phenol			x			
11.	2, 4, 6- Trichlorophenol			x			
All applicants must complete Table 3 for each discharge by placing an "X" in either column 1 or 2. If column 1 is marked for any substance, you *must* provide analysis results for that substance in column 3 and other information needed to complete columns 4 and 5 for that substance.

	Table 3							
Date Sampled: Various Dates in Last 2 Year Discharge Serial Number: 001-1								
OTHER SUBSTANCES		1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Number of Analyses	5 EPA** Method		
1.	Bromide		x					
2.	Color		х					
3.	E. Coli	Х						
4.	Enterococci	x		153	394	IDEXX Enteroler t-E		
5.	Fecal Coliform*	x		4.7	395	IDEXX Colilert- 18		
6.	Fluoride		x					
7.	Nitrogen, Total Organic	X		6.1	410	CALC		
8.	Radioactivity		х					
	a. Alpha, Total		x					
	b. Beta, Total		x					
	c. Radium, Total		х					
	d. Radium, 226 Total		х					
9.	Sulfate		х					
10.	Sulfide*		х					
11.	Sulfite		х					
12.	Surfactants		x					
13.	Aluminum, Total		х	<0.180	8	200.8		
14.	Barium, Total		х					
15.	Boron, Total		х					
16.	Cobalt, Total		х					
17.	Iron, Total	X		0.381	8	200.8		
18.	Magnesium, Total	Х						

Date Sampled: NA	Table 3 (continued)							
	1	2	3 Daily	4	5			
OTHER SUBSTANCES	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method			
19. Molybdenum, Total		x						
20. Manganese, Total		Х						
21. Tin, Total		Х						
22. Titanium, Total		X						
OTHER TOXIC AND HAZARDOUS SUBSTANCE	S							
1. Asbestos		x						
2. Acetaldehyde		х						
3. Allyl alcohol		х						
4. Allyl chloride		x						
5. Amyl acetate		х						
6. Aniline		х						
7. Benzonitrile		x						
8. Benzyl chloride		х						
9. Butyl acetate		x						
10. Butylamine		x						
11. Captan		х						
12. Carbaryl		x						
13. Carbofuran		x						
14. Carbon disulfide		x						
15. Chlorpyrifos		x						
16. Coumaphos		x						
17. Cresol		x						
18. Crotonaldehyde		x						
19. Cyclohexane		x						

Date Sampled: NA		Table 3 (contin	ued) Discharg	e Serial Number: 001	-1
	1	2	3	4	5
OTHER TOXIC AND HAZARDOUS SUBSTANCES	Known or Suspected Present	Believed Absent	Daily Composite or Grab Sample Results*	Number of Analyses	EPA** Method
20. 2,4-Dichlorophenoxy (acetic acid)		x			
21. Diazinon		x			
22. Dicamba		X			
23. Dichlobenil		x			
24. Dichlone		x			
25. 2,2-Dichloro- propionic acid		x			
26. Dichlorvos		x			
27. Diethyl amine		x			
28. Dimethyl amine		x			
29. Dinitrobenzene		х			
30. Diquat		x			
31. Disulfoton		х			
32. Diuron		х			
33. Epichlorohydrin		x			
34. Ethanolamine		x			
35. Ethion		x			
36. Ethylene diamine		х			
37. Ethylene dibromide		х			
38. Formaldehyde		х			
39. Furfural		х			
40. Guthion		х			
41. Isoprene		х			
42. Isopropanolamine		x			
43. Kelthane		x			

Date Sampled: NA		Table 3 (continued) Discharge Serial Number: 001-1			
OTHER TOXIC AND HAZARDOUS SUBSTANCES	1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Number of Analyses	5 EPA** Method
44. Kepone		x			
45. Malathion		Х			
46. Mercaptodimethur		Х			
47. Methoxychlor		x			
48. Methyl mercaptan		x			
49. Methyl methacrylate		x			
50. Methyl parathion		x			
51. Mevinphos		x			
52. Mexacarbate		х			
53. Monoethyl amine		x			
54. Monomethyl amine		x			
55. Naled		x			
56. Napthenic acid		x			
57. Nitrotoluene		x			
58. Parathion		x			
59. Phenolsulfanate		x			
60. Phosgene		x			
61. Propargite		x			
62. Propylene oxide		x			
63. Pyrethrins		x			
64. Quinoline		x			
65. Resorcinol		x			
66. Strontium		x			
67. Strychnine		x			

		Table 3 (contin	ued)				
Date Sampled: NA		Discharge Serial Number: 001-1					
OTHER TOXIC ANDKnown orHAZARDOUSSuspectedSUBSTANCESPresent		2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Number of Analyses	5 EPA** Method		
68. Styrene		х					
69. 2, 4, 5-T (2, 4, 5- Trichlorophenoxy acetic acid)		x					
70. TDE (Tetrachloro- diphenylethane)		x					
71. 2, 4, 5-TP[2-(2, 4,5- Trichlorophenoxy) propanoic acid]		x					
72. Trichlorofan		х					
73. Triethylamine		x					
74. Trimethylamine		x					
75. Uranium		x					
76. Vanadium		x					
77. Vinyl acetate		x					
78. Xylene		х					
79. Xylenol		х					
80. Zirconium		x					

All applicants must complete Table 4 for each discharge, by placing an "X" in either column 1 or 2 for the substances numbered 1-6. If column 1 is marked for any substance, you *must* provide analysis results for that substance and any other information needed to complete columns 3 through 5 for that substance.

Date Sampled: NA		Table 4	Discharge Seri	al Number: 001-	1
SUBSTANCES	1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Daily Number of Analyses	5 EPA** Method
1. 2, 4,5-trichlorophenoxy acetic acid (2, 4, 5,-T)		x			
2. 2-(2, 4, 5-trichlorophenoxy) propanoic acid (Silvex, 2, 4, 5,-TP)		x			
<ol> <li>2-(2, 4 ,5-trichlorophenoxy) ethyl, 2, 2-dichloropropionate (Erbon)</li> </ol>		x			
<ol> <li>0, 0-dimethyl-0-(2, 4, 5- trichlorophenyl) phosphorothioate (Ronnel)</li> </ol>		x			
5. 2, 4, 5-trichlorophenol (TCP)		x			
6. hexachlorophene (HCP)		х			

In addition, if:

- your facility uses or manufactures one of the substances listed above as items 1-6 or knows or has reason to believe or can reasonably ascertain that one of those substances may be present in the discharge; or
- 2) your facility has a discharge resulting from a process regulated under 40 CFR Part 430 Pulp, Paper, and Paperboard Point Source Category; or
- 3) you know or have reason to believe or can reasonably ascertain that 2,3,7,8 Tetrachlorodibenzo-pdioxin (TCDD) may be present in the discharge;

you must also provide the analysis results for the dioxin and furan substances numbered 7 through 27, on the following page, using "EPA Method 1613: Tetra- through Octa- Chlorinated Dioxins and Furans by Isotope Dilution HRGC/HRMS".

Table 4 (c	ontinued)		
Date Sampled: NA	Discharge Serial N	lumber: 001-	1
SUBSTANCES	1 Daily Composite Sample Results*	2 Number of Analyses	3 EPA** Method
7 2 3 7 8-TCDD (Tetrachlorodibenzo-p-dioxin)		7 mary 000	
8 Total - TCDD			
9. 2.3.7.8-TCDF (Tetrachlorodibenzofuran)			
10. Total - TCDF			
11. 1,2,3,7,8-PeCDD (Pentachlorodibenzo-p-dioxin)			
12. Total - PeCDD			
13. 1,2,3,7,8-PeCDF (Pentachlorodibenzofuran)			
14. 2,3,4,7,8-PeCDF			
15. Total - PeCDF			
16. 1,2,3,4,7,8-HxCDD (Hexachlorodibenzo-p-dioxin)			
17. 1,2,3,6,7,8-HxCDD			
18. 1,2,3,7,8,9-HxCDD			
19. Total - HxCDD			
20. 1,2,3,6,7,8-HxCDF (Hexachlorodibenzofuran)			
21. 1,2,3,7,8,9-HxCDF			
22. Total - HxCDF			
23. 1,2,3,4,6,7,8-HpCDF (Heptachlorodibenzofuran)			
24. 1,2,3,4,7,8,9-HpCDF			
25. Total - HpCDF			
26. OCDD (Optachlorodibenzo-p-dioxin)			
27. OCDF (Hexachlorodibenzofuran)			

If any of the analyses reported in Tables 1 through 4 of this application were performed by a contract laboratory or consulting firm, list the name, address and telephone number of the laboratory or firm and the type of analyses performed.

Table 5: Contract Labo	All Discharges		
Name	Address	Telephone (Area Code & No.)	Substances Analyzed (List)
ECL	1005 Boston Post Rd, Madison, CT 06443	203-245-0568	See Attached List from ECL

1005 BOSTON POST ROAD MADISON, CT 06443 Phone 203-245-0568 FAX 203-318-0830 Connecticut Certification PH-0535 www.eclinconline.com





## **Report of Analysis**

Name:	Greater New Haven WPCA	Sample ID#:	133175
	345 East Shore Parkway	Sample Type:	Wastewater
	New Haven, CT 06512	Sample Source:	Permit Application
	Attn: Ms. Visha Jesien	Sampler:	Client
Sample Date:	6/30/2020	-	
<b>Receipt Date:</b>	7/1/2020		
Report Date:	7/14/2020		
Sample Site:	Daily Composite - 24 hr		

Parameter	Sample Result	Units
Semivolatile Organics		
Semivolatile Organics	See Attached	ug/L

DAVID BARRIS - LABORATORY DIRECTOR

Comments: CET - CT PH-0116.

ND = Not Detected

#### Client Sample ID 133175 Lab ID: 0070050-01

Analyst: ALR Matrix: Water

#### **Chlorinated Pesticides**

Method: EPA 608.3

	Result	RL					Date/Time	
Analyte	(ug/L)	(ug/L)	Dilution	Prep Method	Batch	Prepared	Analyzed	Notes
Alpha-BHC	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Gamma-BHC	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Heptachlor	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Aldrin	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Beta-BHC	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Delta-BHC	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Heptachlor Epoxide	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Endosulfan 1	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
4,4-DDE	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Dieldrin	ND	0.0040	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Endrin	ND	0.044	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
4,4-DDD	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Endosulfan II	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
4,4-DDT	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Endrin Aldehyde	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
4,4-Methoxychlor	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Endosulfan Sulfate	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Endrin Ketone	ND	0.10	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Chlordane	ND	0.40	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	*F1
Toxaphene	ND	1.6	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Alachlor	ND	0.40	2	EPA 3510C	B0G0304	07/03/2020	07/08/2020 09:55	
Surrogate: TCMX [1C]	57.0 %	30	- 150		B0G0304	07/03/2020	07/08/2020 09:55	
Surrogate: TCMX [2C]	95.0 %	30	- 150		B0G0304	07/03/2020	07/08/2020 09:55	
Surrogate: DCB [1C]	58.0 %	30	- 150		B0G0304	07/03/2020	07/08/2020 09:55	
Surrogate: DCB [2C]	51.0 %	30	- 150		B0G0304	07/03/2020	07/08/2020 09:55	

#### PCBs by Liquid-Liquid Extraction Method: EPA 608.3

#### Analyst: JRO

Matrix: Water

#### Result RL Date/Time (ug/L) (ug/L) Notes Analyte Dilution Prep Method Batch Prepared Analyzcd EPA 3510C PCB-1016 ND 0.40 4 B0G0201 07/02/2020 07/13/2020 14:16 4 EPA 3510C 07/13/2020 14:16 PCB-1221 ND 0.40 B0G0201 07/02/2020

#### Complete Environmental Testing, Inc. 80 Lupes Drive, Stratford, CT 06615 • Tel: 203-377-9984 • Fax: 203-377-9952 • www.cetlabs.com

Page 3 of 14

## Client Sample ID 133175

#### Lab ID: 0070050-01

PCBs by Liquid-Liquid Extraction Method: EPA 608.3 Analyst: JRO

#### Matrix: Water

Analyte	Result (ug/L)	RL (ug/L)	Dilution	Prep Method	Batch	Prepared	Date/Time Analyzed	Notes
PCB-1232	ND	0.40	4	EPA 3510C	B0G0201	07/02/2020	07/13/2020 14:16	
PCB-1242	ND	0.40	4	EPA 3510C	B0G0201	07/02/2020	07/13/2020 14:16	
PCB-1248	ND	0.40	4	EPA 3510C	B0G0201	07/02/2020	07/13/2020 14:16	
PCB-1254	ND	0.40	4	EPA 3510C	B0G0201	07/02/2020	07/13/2020 14:16	
PCB-1260	ND	0.40	4	EPA 3510C	B0G0201	07/02/2020	07/13/2020 14:16	
PCB-1262	ND	0.40	4	EPA 3510C	B0G0201	07/02/2020	07/13/2020 14:16	
Surrogate: TCMX [1C]	60.0 %	3	0 - 150		B0G0201	07/02/2020	07/13/2020 14:16	
Surrogate: TCMX [2C]	55.0 %	30	0 - 150		B0G0201	07/02/2020	07/13/2020 14:16	
Surrogate: DCB [1C]	59.0 %	30	0 - 150		B0G0201	07/02/2020	07/13/2020 14:16	
Surrogate: DCB [2C]	59.0 %	30	0 - 150		B0G0201	07/02/2020	07/13/2020 14:16	

## Semivolatile Organics

#### Method: EPA 625.1

Analyte	Result (ug/L)	RL (ug/L)	Dilution	Prep Method	Batch	Prepared	Date/Time Analyzed	Notes
Phenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*F1
1,3-Dichlorobenzene	ND	5.3	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
n-Nitroso-di-n-propylamine	ND	11	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Pyridine	ND	4.2	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*F1
n-Nitroso-dimethylamine	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*F1
bis(2-Chloroethyl)ether	ND	11	l	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Aniline	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*I
2-Chlorophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
1,4-Dichlorobenzene	ND	5.3	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzyl Alcohol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
1,2-Dichlorobenzene	ND	5.3	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
bis(2-Chloroisopropyl)ether	ND	11	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Hexachloroethane	ND	4.2	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2-Methyl Phenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
3+4 Methyl Phenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Naphthalene	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2-Nitrophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	

#### Analyst: JTS

### Matrix: Water

#### Client Sample ID 133175 Lab ID: 0070050-01

Analyst: JTS

Matrix: Water

#### Semivolatile Organics

#### Method: EPA 625.1

	Result	RL					Date/Time	
Analyte	(ug/L)	(ug/L)	Dilution	Prep Method	Batch	Prepared	Analyzed	Notes
2,4-Dichlorophenol	ND	21	l	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Hexachlorobutadiene	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4-Chloro-3-methylphenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Nitrobenzene	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Isophorone	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,4-Dimethylphenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
bis(2-Chloroethoxy)methane	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzoic Acid	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*CI
1,2,4-Trichlorobenzene	ND	5.3	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,6-Dichlorophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4-Chloroaniline	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2-Methyl Naphthalene	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Acenaphthylene	ND	0.32	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Acenaphthene	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Dibenzofuran	ND	4.2	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Fluorenc	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Hexachlorocyclopentadiene	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,4,6-Trichlorophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,4,5-Trichlorophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,4-Dinitrophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4-Nitrophenol	ND	63	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2-Chloronaphthalene	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2-Nitroaniline	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Dimethylphthalate	ND	7.4	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,6-Dinitrotoluene	ND	79	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4-Nitroaniline	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,4-Dinitrotoluene	ND	79	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
2,3,4,6-Tetrachlorophenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4-Chlorophenyl-phenylether	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Diethylphthalate	ND	7.4	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Phenanthrene	ND	0.081	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Anthracene	ND	Î.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Carbazole	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Fluoranthene	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	

#### Client Sample ID 133175 Lab ID: 0070050-01

Analyst: JTS

Matrix: Water

#### Semivolatile Organics

#### Method: EPA 625.1

	Result	RL					Date/Time	
Analyte	(ug/L)	(ug/L)	Dilution	Prep Method	Batch	Prepared	Analyzed	Notes
Pyrene	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzidine	ND	79	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*F1*C1*I
n-Nitrosodiphenylamine	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Pentachlorophenol	ND	1.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
3-Nitroaniline	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4,6-Dinitro-2-methylphenol	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
1,2-Diphenylhydrazine	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
4-Bromophenyl-phenylether	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Hexachlorobenzene	ND	0.081	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*C2
Di-n-butylphthalate	ND	7.4	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzo[a]anthracene	ND	0.063	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Chrysene	ND	0.53	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Butylbenzylphthalate	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
3,3-Dichlorobenzidine	ND	79	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*C1
bis(2-Ethylhexyl)phthalate	ND	2.1	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Di-n-octylphthalatc	ND	21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzo[b]fluoranthene	ND	0.084	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzo[k]fluoranthene	ND	0.32	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzo[a]pyrene	ND	0.21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Indeno[1,2,3-cd]pyrene	ND	0.21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Dibenz[a,h]anthracene	ND	0.21	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	
Benzo[g,h,i]perylene	ND	0.42	1	EPA 3510C	B0G0702	07/07/2020	07/07/2020 18:51	*F2
Surrogate: 2-Fluorophenol	32.8 %	15	5 - 110		B0G0702	07/07/2020	07/07/2020 18:51	
Surrogate: Phenol-d6	20.9 %	15	5 - 110		B0G0702	07/07/2020	07/07/2020 18:51	
Surrogate: Nitrobenzene-d5	66.5 %	30	) - 130		B0G0702	07/07/2020	07/07/2020 18:51	
Surrogate: 2-Fluorohiphenyl	71.0 %	36	) - 130		B0G0702	07/07/2020	07/07/2020 18:51	
Surrogate: 2,4,6-Tribromophenol	125 %	13	i - 110		B0G0702	07/07/2020	07/07/2020 18:51	Η
Surrogate: Terphenyl-d14	90.0 %	30	- 130		B0G0702	07/07/2020	07/07/2020 18:51	

All questions related to this report should be directed to David Ditta, Timothy Fusco, or Robert Blake at 203-377-9984.

Sincerely,

Sand Sitta

David Ditta Laboratory Director

This technical report was reviewed by Timothy Fusco

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Project Manager

Report Comments:

Sample Result Flags:

- E- The result is estimated, above the calibration range.
- H- The surrogate recovery is above the control limits.
- L- The surrogate recovery is below the control limits.
- B- The compound was detected in the laboratory blank.
- P- The Relative Percent Difference (RPD) of dual column analyses exceeds 40%.
- D- The RPD between the sample and the sample duplicate is high. Sample Homogeneity may be a problem.
- +- The Surrogate was diluted out.
- \*C1- The Continuing Calibration did not meet method specifications and was biased low for this analyte. Increased uncertainty is associated with the reported value which is likely to be biased low.
- \*C2- The Continuing Calibration did not meet method specifications and was biased high for this analyte. Increased uncertainty is associated with the reported value which is likely to be biased high.
- \*F1- The Laboratory Control Sample recovery is outside of control limits. Reported value for this analyte is likely to be biased on the low side.
- \*F2- The Laboratory Control Sample recovery is outside of control limits. Reported value for this analyte is likely to be biased on the high side.
- \*I- Analyte exceeds method limits from second source standard in Initial Calibration Verification (ICV). No directional bias.

All results met standard operating procedures unless indicated by a data qualifier next to a sample result, or a narration in the QC report.

For Percent Solids, if any of the following prep methods (3050B, 3540C, 3545A, 3550C, 5035 and 9013A) were used for samples pertaining to this report, the percent solids procedure is within that prep method.

Complete Environmental Testing is only responsible for the certified testing and is not directly responsible for the integrity of the sample before laboratory receipt.

ND is None Detected at or above the specified reporting limit Reporting Limit (RL) is the limit of detection for an analyte after any adjustment made for dilution or percent moisture. All analyses were performed in house unless a Reference Laboratory is listed. Samples will be disposed of 30 days after the report date. Attachment Y

Discharge Serial Number: 001-1(B)

## **Attachment Y: Discharge Information**

(must be completed and submitted for each discharge)

Applicant Name: Greater New Haven Water Pollution Control Authority

(as indicated on the permit application form)

Exist	ing Permit Number (if applicable): CT0100366
Com 001-	plete this attachment for <i>each</i> discharge and label each discharge consecutively starting with serial number 1.
Part	A: General Discharge Information
Dis	scharge Serial Number: 001-1(B)
1.	For discharges to a surface water only:
	a. The discharge enters the surface water (check one):
	⊠ directly
	through a storm sewer
	through other systems (e.g., swale,) Please specify below:
	b. Name of surface water body the discharge first enters: <b>New Haven Harbor</b>
	c. Surface water classification goal of the above listed water body: <b>SB</b>
	d. Latitude/Longitude, in degress/minutes/seconds, of actual discharge location
2.	For discharges to ground water only:
	a. Groundwater classification goal of the site:
	b. Name of surface water body in watershed area:
	Surface water classification goal of the above listed water body:
	c. Latitude/Longitude, in degress/minutes/seconds, of actual discharge location
3.	a. Average Daily Flow (gpd) last 24 months: 2,450,000
	b. Maximum Daily Flow (gpd) last 24 months: 19,100,000
	c. Average Annual Design Flow (gpd): 40,000,000
	d. Date discharge began or will begin: <b>1993</b>
4.	Is the discharge continuous?  Yes No
5.	For other than a continuous discharge (e.g., batch, intermittent, or seasonal discharges), indicate:
	a. Average number of hours per event of the discharge: <b>3.5</b>
	b. Maximum number of hours per event of the discharge: 22.8
	c. The duration and frequency of the discharge: 60 events/yr at an average of 2.45 MG per event

## Part A: General Discharge Information (continued)

6. Process and/or Treatment S Describe each specific activit identification of all types of al with alum or ferric chloride, n hypochlorite and sodium met	Substances Discharge S ty or each process that utilizes substances I substances/chemicals used by each pro itrogen removal with methanol or glycerin abisulfite, sludge settling or processing w	Serial Number: 001-1(B) s and/or chemicals for treatment and ocess. (e.g., phosphorus removal n, disinfection with calcium with polymers).
Name of substances used in generating the wastewater	List of toxic or hazardous substances contained in process and/or treatment substance	List any available aquatic toxicity test results for process and/or treatment substance
Wastewater	15% Sodium Hypochlorite	NA

1

#### Part A: General Discharge Information (continued)

# 7. Plant, pump station and collection system overflows/bypasses Describe each bypass or overflow structure and whether or not there is a gate with a DEEP seal or not. List name of List latitude/longitude for List average annual frequency of use bypass/overflow location overflow/bypass discharge (primary effluent, Oak Street location Pump Station, CSO 6, etc.) High Flow Diversion of 60 Times per Year Primary Effluent

## Attachment Y: Discharge Information (continued)

#### Part B: Discharge Analysis

All applicants **must** complete Part B, Table 1 for each discharge. Be sure to review the instructions before completing this part. In addition, please note that for existing discharges previously licensed by DEEP, identify the substances that were monitored in the existing permit by placing "PP" in the " Daily Composite or Grab Sample Results" column by the substance. For such substances, you need not repeat the analytical results in Tables 1 through 4, as long as such results are provided in Attachment W of the application.

 $\square$ 

#### Please indicate whether the discharge analysis was based on (check one):

Projection

 $\square$ 

Actual wastewater

 $\boxtimes$ 

Wastewater from other similar discharge

All applicants must provide analysis results in column 1 for *all* the substances listed in Table 1 and other information needed to complete columns 2 and 3, for each discharge.

Dat	e Sampled: Various Dates in Last 2 Years	Table 1 Di	scharge Serial Nun	nber: 001-1(B)
	GENERAL	1 Daily Composite or Grab Sample* Results	2 Number of Analyses	3 EPA** Method
1.	Biochemical Oxygen Demand (5Day)	36.1	70	SM 5210 B
2.	Chemical Oxygen Demand	NA		
3.	Oil and Grease, Total*	NA		
4.	Oil and Grease, Hydrocarbon Fraction*	NA		
5.	Total Suspended Solids	39.8	121	SM 2540 D
6.	Ammonia (as Nitrogen)	6.1	19	ASTM D6919-03
7.	Phosphorus (Total)	8.2	4	200.7
8.	Nitrate	0.4	4	300.0
9.	Nitrite	0.1	3	300.0
10.	Total Kjeldahl Nitrogen	8.9	68	4500NorgC
11.	Total Residual Chlorine*	1.0	344	SM 4500 CI-
12.	Temperature (Winter and Summer)*	68.9	86	SM 2550 B
13.	pH (minimum and maximum)*	6.5-7.2	86	SM 4500 H+B
14.	Copper, Total	0.031	1	200.8
15.	Lead, Total	.007	1	200.8
16.	Zinc, Total	0.11	1	200.8

\* Check the instructions under this part for the required method of sample collection.

\*\* For surface water discharges only, check the instructions for required EPA methods of analyses.

All applicants **must** provide analysis results for each substance listed in Table 2 under Base Neutrals Compounds and Pesticides. Provide analysis results in column 4 and other information needed to complete columns 5 and 6 for that substance.

For all other substances listed in Table 2: Toxic Metals, Cyanides and Phenols, Volatiles, and Acids, provide analysis for substances which are known or suspected or can reasonably be ascertained to be present in the discharge. Place an "X" in column 2 or 3. If column 2 is marked for any substance, you *must* provide analysis results in column 4 for that substance and other information needed to complete columns 5 and 6 for that substance.

Table 2							
Date		1	2 3 4 5 6				6
	BASE NEUTRAL COMPOUNDS	Analysis Required	Known or Suspected Present	Believed Absent	Daily Composite or Grab Sample Results*	Number of Analyses	EPA** Method
1.	Acenaphthene	x					
2.	Acenaphthylene	X					
3.	Anthracene	X					
4.	Benzidine	X					
5.	Benzo(a)anthracene	X					
6.	Benzo(a)pyrene	X					
7.	3, 4-Benzo-fluoranthene	X					
8.	Benzo(ghi)perylene	Х					
9.	Benzo(k) fluoranthene	X					
10.	Bis(2-Chloroethoxy) Methane	Х					
11.	Bis(2-Chloroethyl) Ether	Х					
12.	Bis(2-Chloroisopropyl) Ether	Х					
13.	Bis(2-Ethylhexyl) Phthalate	Х					
14.	4-Bromophenylphenyl Ether	Х					
15.	Butylbenzyl Phthalate	Х					
16.	2-Chloronaphthalene	Х					
17.	4-Cholorophenylphenyl Ether	Х					
18.	Chrysene	Х					
19.	Dibenzo(a, H)anthracene	Х					
20.	1, 2-Dichlorobenzene	Х					
21.	1, 3-Dichlorobenzene	Х					
22.	1, 4-Dichlorobenzene	Х					

		Table 2 (con	tinued)				
Date Sampled: NA Discharge Serial Number: 001-1(E						)1-1(B)	
		1	2	3	4 Daily	5	6
	BASE NEUTRAL COMPOUNDS	Analysis Required	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method
23.	3, 3-Dichlorobenzidine	X					
24.	Diethyl phthalate	X					
25.	Dimethyl phthalate	X					
26.	Di-n-butyl phthalate	X					
27.	2, 4-Dinitrotoluene	X					
28.	2, 6-Dinitrotoluene	X					
29.	Di-n-octyl phthalate	Х					
30.	1, 2-Diphenylhydrazine (as Azobenzene)	x					
31.	Fluoranthene	x					
32.	Fluorene	X					
33.	Hexachlorobenzene	X					
34.	Hexachlorobutadiene	X					
35.	Hexachlorocyclopentadiene	Х					
36.	Hexachloroethane	Х					
37.	Indeno(1,2,3-cd) Pyrene	Х					
38.	Isophorone	Х					
39.	Naphthalene	Х					
40.	Nitrobenzene	X					
41.	N-nitroso dimethylamine	Х					
42.	N-Nitrosodi-n-Propylamine	Х					
43.	N-Nitrosodiphenylamine	X					
44.	Phenanthrene	X					
45.	Pyrene	X					
46.	1, 24-Trichlorobenzene	X					

71

	Part B:	Discharge	Analysis	(continued)
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Date	Sampled: NA	Table 2 (con	tinued)	Dischar	ae Serial Nu	umber: 001	-1(B)
		1 Analysis Required	2 Known or Suspected	3 Believed Absent	4 Daily Composite or Grab	5 Number of	6 EPA** Method
	PESTICIDES	•	Present		Sample Results*	Analyses	
1.	Aldrin	Х					
2.	Alpha - BHC	Х					
3.	Beta - BHC	Х					
4.	Gamma-BHC	X					
5.	Delta-BHC	Х					
6.	Chlordane	X					
7.	4, 4-DDT	X					
8.	4, 4-DDE	X					
9.	4, 4-DDD	Х					
10.	Dieldrin	X					
11.	Alpha-Endosulfan	X					
12.	Beta-Endosulfan	Х					
13.	Endosulfan Sulfate	Х					
14.	Endrin	Х					
15.	Endrin Aldehyde	Х					
16.	Heptachlor	Х					
17.	Heptachlor Epoxide	Х					
18.	PCB-1242	Х					
19.	PCB-1254	Х					
20.	PCB-1221	Х					
21.	PCB-1232	Х					
22.	PCB-1248	Х					
23.	PCB-1260	Х					
24.	PCB-1016	Х					
25.	Toxaphene	X					

For all other substances listed in Table 2: Toxic Metals, Cyanides and Phenols, Volatiles, and Acids, provide analysis for substances which are known or suspected or can reasonably be ascertained to be present in the discharge. Place an "X" in column 2 or 3. If column 2 is marked for any substance, you *must* provide analysis results in column 4 for that substance and other information needed to complete columns 5 and 6 for that substance.

Date Sampled: NA		Table 2 (continued) Discharge Serial Number: 001-1(B)						
	1	2	3	4 Deilur	5	6		
TOXIC METALS, CYANIDES, PHENOLS	Analysis Required	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method		
1. Antimony, Total								
2. Arsenic, Total								
3. Beryllium, Total								
4. Cadmium, Total								
5. Chromium, Total								
6. Chromium,								
7. Mercury, Total								
8. Nickel, Total								
9. Selenium, Total								
10. Silver, Total								
11. Thallium, Total								
12. Cyanide, Total*								
13. Cyanide,								
14. Phenols, Total*								

Date	Sampled: NA	Table 2 (con	tinued) Disch	narge Seri	al Number:	001-1(B)	
	VOLATILES*	1 Analysis Required	2 Known or Suspected Present	3 Believed Absent	4 Daily Composite or Grab Sample Results*	5 Number of Analyses	6 EPA** Method
1.	Acrolein						
2.	Acrylonitrile						
3.	Benzene						
4.	Bromoform						
5.	Carbon Tetrachloride						
6.	Chlorobenzene						
7.	Chlorodibromomethane						
8.	Chloroethane						
9.	2-Chloroethylvinyl Ether						
10.	Chloroform						
11.	Dichlorobromomethane						
12.	1, 1-Dichloroethane						
13.	1, 2-Dichloroethane						
14.	1, 1-Dichloroethylene						
15.	1, 2-Dichloropropane						
16.	1, 3-Dichloropropylene						
17.	Ethylbenzene						
18.	Methylbromide						
19.	Methylchloride						
20.	Methylene Chloride						
21.	1, 1, 2, 2,-Tetrachloroethane						
22.	Tetrachloroethylene						
23.	Toluene						
24.	1, 2-Trans-Dichloroethylene						

Part B:	Discharge	Analysis	(continued)
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		Table 2 (con	tinued)				
Date S	Sampled: NA		Disch	arge Seria	al Number:	001-1(B)	
		1	2	3	4 Daily	5	6
	VOLATILES*	Analysis Required	Known or Suspected Present	Believed Absent	Composite or Grab Sample Results*	Number of Analyses	EPA** Method
25.	1, 1, 1-Trichloroethane						
26.	1, 1, 2- Trichloroethane						
27.	Trichloroethylene						
28.	Vinyl Chloride						
GC/N	IS FRACTION ACID COMPOUNDS						
1.	2-Chlorophenol						
2.	2, 4-Dichlorophenol						
3.	2, 4-Dimethylphenol						
4.	4, 6-Dinitro-O-Cresol						
5.	2, 4-Dinitrophenol						
6.	2-Nitrophenol						
7.	4-Nitrophenol						
8.	P-Chloro-M-Cresol						
9.	Pentachlorophenol						
10.	Phenol						
11.	2, 4, 6- Trichlorophenol						

All applicants must complete Table 3 for each discharge by placing an "X" in either column 1 or 2. If column 1 is marked for any substance, you *must* provide analysis results for that substance in column 3 and other information needed to complete columns 4 and 5 for that substance.

Date Sa	ampled: NA		Table 3	Discharge	e Serial Number: 001	-1(B)
отн	ER SUBSTANCES	1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Number of Analyses	5 EPA** Method
1. Br	omide					
2. Co	olor					
3. E.	Coli					
4. Er	nterococci					
5. Fe	ecal Coliform*					
6. Flu	uoride					
7. Nit	trogen, Total Organic					
8. Ra	adioactivity					
a.	Alpha, Total					
b.	Beta, Total					
c.	Radium, Total					
d.	Radium, 226 Total					
9. Su	ulfate					
10. Su	ulfide*					
11. Su	ulfite					
12. Su	urfactants					
13. Al	uminum, Total					
14. Ba	arium, Total					
15. Bo	oron, Total					
16. Co	obalt, Total					
17. Irc	on, Total					
18. Ma	agnesium, Total					

Date Sampled: NA		Table 3 (contin	ued) Discharg	e Serial Number: 001	-1(B)
OTHER SUBSTANCES	1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Number of Analyses	5 EPA** Method
19. Molybdenum, Total					
20. Manganese, Total					
21. Tin, Total					
22. Titanium, Total					
OTHER TOXIC AND HAZARDOUS SUBSTANCE	S				
1. Asbestos					
2. Acetaldehyde					
3. Allyl alcohol					
4. Allyl chloride					
5. Amyl acetate					
6. Aniline					
7. Benzonitrile					
8. Benzyl chloride					
9. Butyl acetate					
10. Butylamine					
11. Captan					
12. Carbaryl					
13. Carbofuran					
14. Carbon disulfide					
15. Chlorpyrifos					
16. Coumaphos					
17. Cresol					
18. Crotonaldehyde					
19. Cyclohexane					

Date Sampled: NA		Table 3 (contin	ued) Discharg	e Serial Number: 001	-1(B)
	1	2	3	4	5
OTHER TOXIC AND HAZARDOUS SUBSTANCES	Known or Suspected Present	Believed Absent	Daily Composite or Grab Sample Results*	Number of Analyses	EPA** Method
20. 2,4-Dichlorophenoxy (acetic acid)					
21. Diazinon					
22. Dicamba					
23. Dichlobenil					
24. Dichlone					
25. 2,2-Dichloro- propionic acid					
26. Dichlorvos					
27. Diethyl amine					
28. Dimethyl amine					
29. Dinitrobenzene					
30. Diquat					
31. Disulfoton					
32. Diuron					
33. Epichlorohydrin					
34. Ethanolamine					
35. Ethion					
36. Ethylene diamine					
37. Ethylene dibromide					
38. Formaldehyde					
39. Furfural					
40. Guthion					
41. Isoprene					
42. Isopropanolamine					
43. Kelthane					

Date Sampled: NA		Table 3 (contin	ued) Discharg	e Serial Number: 001	-1(B)
OTHER TOXIC AND HAZARDOUS SUBSTANCES	1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Number of Analyses	5 EPA** Method
44. Kepone					
45. Malathion					
46. Mercaptodimethur					
47. Methoxychlor					
48. Methyl mercaptan					
49. Methyl methacrylate					
50. Methyl parathion					
51. Mevinphos					
52. Mexacarbate					
53. Monoethyl amine					
54. Monomethyl amine					
55. Naled					
56. Napthenic acid					
57. Nitrotoluene					
58. Parathion					
59. Phenolsulfanate					
60. Phosgene					
61. Propargite					
62. Propylene oxide					
63. Pyrethrins					
64. Quinoline					
65. Resorcinol					
66. Strontium					
67. Strychnine					

Data Sampladu NA		Table 3 (contin	ued)	o Sorial Number, 001	1/D)	
OTHER TOXIC AND HAZARDOUS SUBSTANCES	1 Known or Suspected Present	r Believed Absent Composite Off Composite Off Composite Off Composite Off Methods Sample Results*				
68. Styrene						
69. 2, 4, 5-T (2, 4, 5- Trichlorophenoxy acetic acid)						
70. TDE (Tetrachloro- diphenylethane)						
71. 2, 4, 5-TP[2-(2, 4,5- Trichlorophenoxy) propanoic acid]						
72. Trichlorofan						
73. Triethylamine						
74. Trimethylamine						
75. Uranium						
76. Vanadium						
77. Vinyl acetate						
78. Xylene						
79. Xylenol						
80. Zirconium						

All applicants must complete Table 4 for each discharge, by placing an "X" in either column 1 or 2 for the substances numbered 1-6. If column 1 is marked for any substance, you *must* provide analysis results for that substance and any other information needed to complete columns 3 through 5 for that substance.

Date Sampled: NA		Table 4	Discharge Seri	al Number: 001-	1(B)
SUBSTANCES	1 Known or Suspected Present	2 Believed Absent	3 Daily Composite or Grab Sample Results*	4 Daily Number of Analyses	5 EPA** Method
1. 2, 4,5-trichlorophenoxy acetic acid (2, 4, 5,-T)					
2. 2-(2, 4, 5-trichlorophenoxy) propanoic acid (Silvex, 2, 4, 5,-TP)					
<ol> <li>2-(2, 4 ,5-trichlorophenoxy) ethyl, 2, 2-dichloropropionate (Erbon)</li> </ol>					
<ol> <li>0, 0-dimethyl-0-(2, 4, 5- trichlorophenyl) phosphorothioate (Ronnel)</li> </ol>					
5. 2, 4, 5-trichlorophenol (TCP)					
6. hexachlorophene (HCP)					

In addition, if:

- your facility uses or manufactures one of the substances listed above as items 1-6 or knows or has reason to believe or can reasonably ascertain that one of those substances may be present in the discharge; or
- 2) your facility has a discharge resulting from a process regulated under 40 CFR Part 430 Pulp, Paper, and Paperboard Point Source Category; or
- 3) you know or have reason to believe or can reasonably ascertain that 2,3,7,8 Tetrachlorodibenzo-pdioxin (TCDD) may be present in the discharge;

you must also provide the analysis results for the dioxin and furan substances numbered 7 through 27, on the following page, using "EPA Method 1613: Tetra- through Octa- Chlorinated Dioxins and Furans by Isotope Dilution HRGC/HRMS".

Table 4 (c	ontinued)		
Date Sampled: NA	Discharge Serial N	lumber: 001-	1(B)
SUBSTANCES	1 Daily Composite Sample Results*	2 Number of	3 EPA** Method
7 2278 TCDD (Totropherodihanza p diavin)		Allalyses	
9 2 3 7 8-TCDF (Tetrachlorodibenzofuran)			
10. Total - TCDF			
11. 1,2,3,7,8-PeCDD (Pentachlorodibenzo-p-dioxin)			
12. Total - PeCDD			
13. 1,2,3,7,8-PeCDF (Pentachlorodibenzofuran)			
14. 2,3,4,7,8-PeCDF			
15. Total - PeCDF			
16. 1,2,3,4,7,8-HxCDD (Hexachlorodibenzo-p-dioxin)			
17. 1,2,3,6,7,8-HxCDD			
18. 1,2,3,7,8,9-HxCDD			
19. Total - HxCDD			
20. 1,2,3,6,7,8-HxCDF (Hexachlorodibenzofuran)			
21. 1,2,3,7,8,9-HxCDF			
22. Total - HxCDF			
23. 1,2,3,4,6,7,8-HpCDF (Heptachlorodibenzofuran)			
24. 1,2,3,4,7,8,9-HpCDF			
25. Total - HpCDF			
26. OCDD (Optachlorodibenzo-p-dioxin)			
27. OCDF (Hexachlorodibenzofuran)			

If any of the analyses reported in Tables 1 through 4 of this application were performed by a contract laboratory or consulting firm, list the name, address and telephone number of the laboratory or firm and the type of analyses performed.

Table 5: Contract Labo	All Discharges		
Name	Address	Telephone (Area Code & No.)	Substances Analyzed (List)
NA			

Attachment Y

**CSO** Discharges

## **Attachment Y: Discharge Information**

(must be completed and submitted for each discharge)

Applicant Name: Greater New Haven Water Pollution Control Authority
(as indicated on the permit application form)
Existing Permit Number (if applicable): CT0100366
Complete this attachment for <i>each</i> discharge and label each discharge consecutively starting with serial number 001-1.
Part A: General Discharge Information

Discharge Serial Number: See attached table for CSOs
<ul> <li>1. For discharges to a surface water only:</li> <li>a. The discharge enters the surface water (check one):</li> <li>directly</li> <li>through a storm sewer</li> <li>through other systems (e.g., swale,) Please specify below:</li> </ul>
<ul> <li>b. Name of surface water body the discharge first enters:</li> <li>c. Surface water classification goal of the above listed water body:</li> <li>d. Latitude/Longitude, in degress/minutes/seconds, of actual discharge location</li> </ul>
<ul> <li>2. For discharges to ground water only:</li> <li>a. Groundwater classification goal of the site:</li> <li>b. Name of surface water body in watershed area: Surface water classification goal of the above listed water body:</li> <li>c. Latitude/Longitude, in degress/minutes/seconds, of actual discharge location</li> </ul>
<ul> <li>3. a. Average Daily Flow (gpd) last 24 months:</li> <li>b. Maximum Daily Flow (gpd) last 24 months:</li> <li>c. Average Annual Design Flow (gpd):</li> <li>d. Date discharge began or will begin:</li> </ul>
4. Is the discharge continuous?  Yes No
<ul> <li>5. For other than a continuous discharge (e.g., batch, intermittent, or seasonal discharges), indicate:</li> <li>a. Average number of hours per event of the discharge:</li> <li>b. Maximum number of hours per event of the discharge:</li> <li>c. The duration and frequency of the discharge:</li> </ul>

IL

7

Applicant Name: Greater New Haven Water Pollution Control Authority Permit Application for Wastewater Discharges from Domestic Sewage Treatment Works (to Surface Waters) Attachment Y: Discharge Information

#### Attachment Y - Table 1 Combined Sewer Overflow Discharges

	CSO Discharge Enters Surface Water	CSO Discharge Receiving Water Body	Surface Water Classification Goal	CSO Outfall Location		During the Last 24 months					During the Last 24 months		
CSO Discharge Serial Number				Latitude	Longitude	Average Volume During a CSO Event (MG)	Maximum Volume During a CSO Event (MG)	Average Annual CSO Volume (MG)	Date the CSO Discharge Began	Is the CSO Discharge Continuous	Average Duration of a CSO Event (hours)	Maximum Duration of a CSO Event (hours)	Frequency of CSO Discharges (number of CSO events)
#003	through a storm sewer	West River	SB	41°17'50" N	72° 57' 2" W	0.183	0.805	3.106	1891	NO	2.34	9.92	34
#004	through a storm sewer	West River	SA	41°18'20" N	72°57'14" W	0.164	1.078	2.945	1892	NO	2.04	9.33	36
#005	through a storm sewer	West River	SA	41°18'37" N	72°57'22" W	0.081	0.297	0.853	1872	NO	0.94	5.25	21
#006	through a storm sewer	West River	SA	41°19'30" N	72°57'26" W	0.257	1.171	3.979	1917	NO	2.20	10.67	31
#009	through a storm sewer	Mill River	SB	41°18'31" N	72°54'21" W	0.086	0.380	1.541	1885	NO	1.55	6.75	36
#011	through a storm sewer	Mill River	SB	41°18'48" N	72°54'26" W	0.410	1.607	5.331	1872	NO	1.81	6.58	26
#015	through a storm sewer	Quinnipiac River	SB	41°18' 3" N	72°54' 8" W	0.127	0.552	4.643	1885	NO	2.74	11.75	73
#016	through a storm sewer	Quinnipiac River	SB	41°18' 6" N	72°53'46" W	0.404	2.361	14.561	1884	NO	2.48	10.50	72
#021	through a storm sewer	New Haven Harbor	SB	41°17'49" N	72°54'39" W	0.623	2.048	10.277	1871	NO	2.44	9.00	33
#024	through a storm sewer	New Haven Harbor	SB	41°16'58" N	72°55'31" W	0.462	1.333	3.233	1885	NO	2.33	5.58	14
#025	through a storm sewer	New Haven Harbor	SB	41°17'45" N	72°54'58" W	0.245	0.960	1.472	1869	NO	1.60	6.42	12