

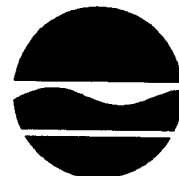
**New York State Department of Environmental Conservation**

**Division of Environmental Permits, Region 5**

232 Hudson Street – P. O. Box 220, Warrensburg, New York 12885-0220

Phone: (518) 623-1281 • FAX: (518) 623-3603

Website: www.dec.state.ny.us



Erin M. Crotty  
Commissioner

**NYS DEC  
RECEIVED**

**APR 01 2002**

ENVIRONMENTAL QUALITY REGION 5  
WARRENSBURG, N.Y.

April 1, 2002

Kenneth A. Foley  
Manager  
CTI AGRI-CYCLE, LLC  
95 State Street, Suite 812  
Springfield, MA 01103

Re: DEC Permit #5-5322-00022/00005, SPDES Permit #NY-0265276  
CTI AGRI-CYCLE, LLC Facility  
Cambridge (T), Washington (Co)

Dear Mr. Foley:

Enclosed is the State Pollutant Discharge Elimination System (SPDES) Discharge Permit for the discharge from the storm water collection pond at CTI's Cambridge Composting Facility. Please note the monitoring requirements contained on Page 2 of this permit.

Should you have any questions regarding specific details of this permit, please contact William Lupo, P.E. of the Division of Water staff at 518-623-1211.

Sincerely,

Walter L. Haynes  
Deputy Regional Permit Administrator

CC: A. Gabalski  
R. Hannaford  
W. Lupo  
A. Rhodes, C.T. Male

Enc.  
WLH/kas



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**State Pollutant Discharge Elimination System (SPDES)**  
**DISCHARGE PERMIT**  
Special Conditions (Part 1)

First3.99

Industrial Code:	4953	SPDES Number:	NY- 0265276
Discharge Class (CL):	04	DEC Number:	5-5322-00022/00005
Toxic Class (TX):	N	Effective Date (EDP):	MAY 1, 2002
Major Drainage Basin:	11	Expiration Date (ExPD):	MAY 1, 2007
Sub Drainage Basin:	02	Modification Dates:	
Water Index Number:	H-264-15	Attachment(s):	General Conditions (Part II) Date: 11/90
Compact Area:			

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 U.S.C. §1251 et.seq.)(hereinafter referred to as "the Act").

**PERMITTEE NAME AND ADDRESS**

Name:	CTI Agri-Cycle, LLC	Attention:	Kenneth A. Foley, Manager
Street:	95 State Street, Suite 812		
City:	Springfield	State:	MA Zip Code: 01103

is authorized to discharge from the facility described below:

**FACILITY NAME AND ADDRESS**

Name:	CTI Agri-Cycle, LLC		
Location (C,T,V):	Cambridge (T)	County:	Washington
Facility Address:	Belle Road, P.O. Box 89		
City:	Buskirk	State:	NY Zip Code: 12028
NYTM -E:	627.8	NYTM - N:	4760.2
From Outfall No.:	001	at Latitude:	42 ° 58 ' 58 " & Longitude: 73 ° 25 ' 48 "
into receiving waters known as:	unnamed tributary to Whipple Brook		Class: D

and; (list other Outfalls, Receiving Waters & Water Classifications)

in accordance with the effluent limitations, monitoring requirements and other conditions set forth in Special Conditions (Part I) and General Conditions (Part II) of this permit.

**DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS**

Mailing Name:			
Street:			
City:		State:	Zip Code:
Responsible Official or Agent:		Phone:	

This permit and the authorization to discharge shall expire on midnight of the expiration date shown above and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date, the permittee shall apply for permit renewal not less than 180 days prior to the expiration date shown above.

DISTRIBUTION:

Anita Gabalski  
Robert Hannaford  
William Lupo

Deputy Regional Permit Administrator:	
WALTER L. HAYNES	
Address: 232 Hudson St., P.O. Box 220 Warrensburg, NY 12885-0220	
Signature: <i>Walter L. Haynes</i>	Date: 4/01/02

## EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning EDP

and lasting until EDP + 5 YEARS

the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall Number & Effluent Parameter	Discharge Limitations			Minimum Monitoring Requirements	
	Daily Avg.	Daily Max.	Units	Measurement Frequency	Sample Type
<u>Outfall 001 (Storm Water)*</u>					
BOD, 5-day	-	5.0	mg/l	semi-annual	Grab
Suspended Solids, Total	-	10.0	mg/l	semi-annual	Grab
Nitrogen, Ammonia (as NH <sub>3</sub> )	15.0	-	mg/l	semi-annual	Grab
Dissolved Oxygen (minimum)		7.0	mg/l	semi-annual	Grab
pH (range)		(6.0-9.0)	SU	semi-annual	Grab

\*The information in SPDES Industrial Application Form NY-2C project a daily average flow rate of 4,000 gallons per day.

**DEFINITIONS OF DAILY AVERAGE AND DAILY MAXIMUM**

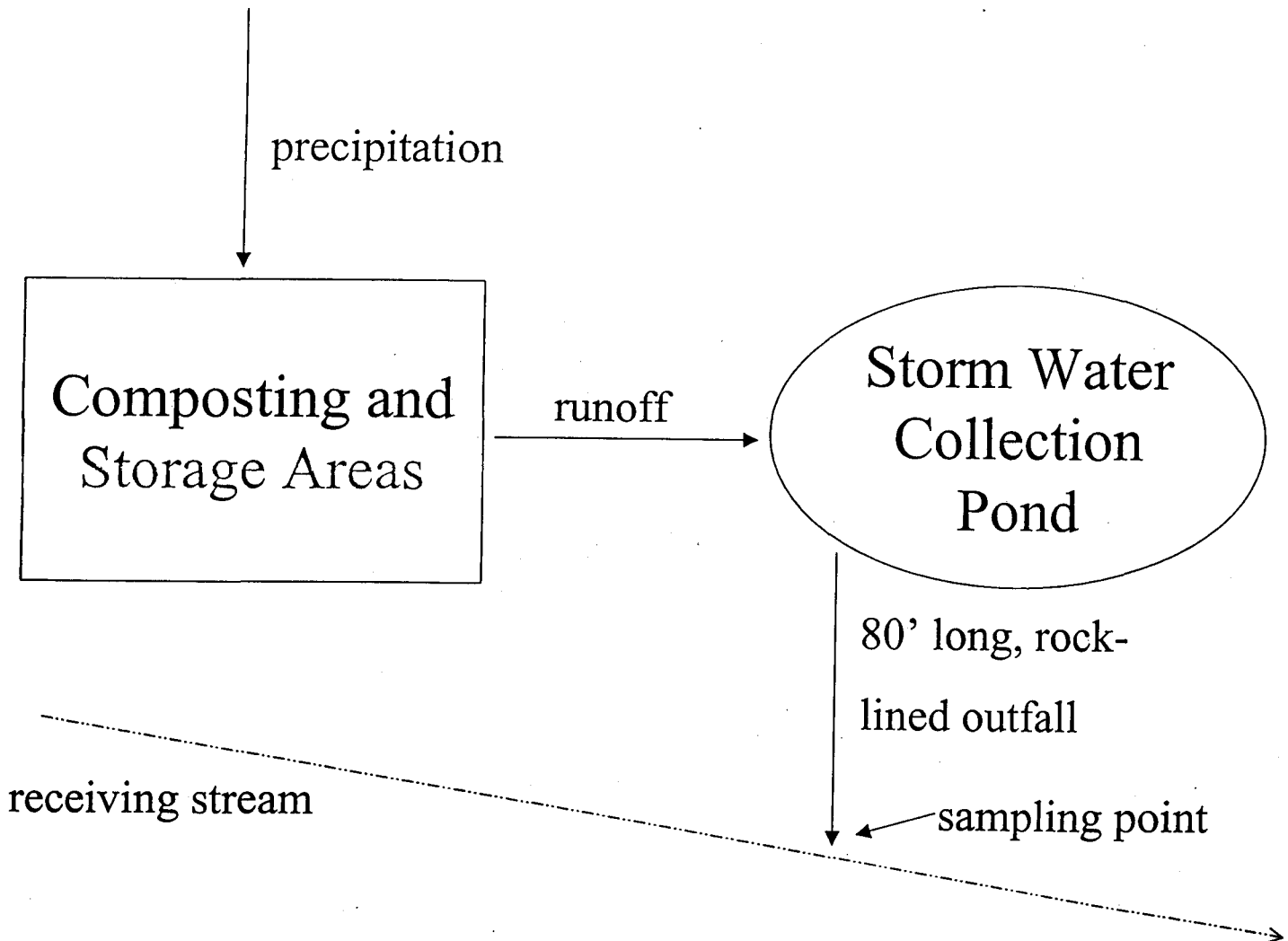
The daily average discharge is the total discharge by weight or in other appropriate units as specified herein, during a calendar month divided by the number of days in the month that the production or commercial facility was operating. Where less than daily sampling is required by this permit, the daily average discharge shall be determined by the summation of all the measured daily discharges in appropriate units as specified herein divided by the number of days during the calendar month when measurements were made.

The daily maximum discharge means the total discharge by weight or in other appropriate units as specified herein, during any calendar day.

**MONITORING LOCATIONS**

The permittee shall take samples and measurements, to comply with the monitoring requirements specified in this permit, at the location(s) indicated below: (Show sampling locations and outfalls with sketch or flow diagram as appropriate)

Samples shall be collected at the end of the 80' long, rock-lined outfall just prior to confluence with the stream.



**RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS**

- a) The permittee shall also refer to the General Conditions (Part II) of this permit for additional information concerning monitoring and reporting requirements and conditions.
- b) The monitoring information required by this permit shall be summarized, signed and retained for a period of three years from the date of the sampling for subsequent inspection by the Department or its designated agent. **Also;**

(if box is checked) monitoring information required by this permit shall be summarized and reported by submitting completed and signed Discharge Monitoring Report (DMR) forms for each \_\_\_\_ month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28<sup>th</sup> day of the month following the end of each reporting period.

Send the **original** (top sheet) of each DMR page to:

Department of Environmental Conservation  
 Division of Water  
 Bureau of Watershed Compliance Programs  
 50 Wolf Road  
 Albany, New York 12233-3506

Phone: (518) 457-3790

Send the **first copy** (second sheet) of each DMR page to:

Department of Environmental Conservation  
 Regional Water Engineer  
 232 Hudson Street, P.O. Box 220  
 Warrensburg, NY 12885-0220

- c) A monthly "Wastewater Facility Operation Report..." (Form 92-15-7) shall be submitted (if box is checked) to the  Regional Water Engineer and/or  County Health Department or Environmental Control Agency listed above.
- d) **Noncompliance** with the provisions of this permit shall be reported to the Department as prescribed in the attached General Conditions (Part II), 11/90.
- e) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- f) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.
- g) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- h) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon measurements and sampling carried out during the most recently completed reporting period.
- i) Any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been issued a certificate of approval. Inquiries regarding laboratory certifications should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences, The Nelson A. Rockefeller Empire State Plaza, Albany, New York 12201.