### APPENDIX 10 INDIVIDUAL STORMWATER PERMIT APPLICATION (NY-2C)

### State Pollutant Discharge Elimination System (SPDES) INDUSTRIAL APPLICATION FORM NY-2C

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water Section I - Permittee and Facility Information

Please type or print the requested information.

1. Current Permit Information (le	ave blank if for new discharge)					
SPDES Number:	DEC Number:	_				
NY-027 0679	0-9999-00096/00008	5				
2. Permit Action Requested: (Ch. A NEW proposed discharge  A MODIFICATION of the existing perposes this request include an increase in the question.)		scharge cu	rrently without pe	rmit	A <b>RENEWAL</b> of an existing SPDES permit	
YES - Describe the increase:						
NO - Go to Item 3. below.						
3. Permittee Name and Address						
Name Crossroads Ventures, LLC			Attention Mr. Dear	n Gitter, Pre	esident	
Street Address	_					
72 Andrews Lane Road, PO Box 26	7	State	ZIP Code			
City or Village Mt. Tremper		NY	12457			
			·			
4. Facility Name, Address and Loc	ation					
Name Belleayre Resort At Catskill						
Street Address			P.O. Box			
NYS Route 28		State				
City or Village	ZIP Code 12441					
Town Shandaken		County Ulster a	and Deleware			
Telephone 845-688-7740	FAX 845-688-6887		NYTM - E 539842		NYTM - N 4666255	
Tax Map Info (New York City, Nassau County		Subbloo			Lot	
Section	Block	Subbloc	CK LOT			
5. Facility Contact Person						
Name Dean Gitter, Crossroads Ventures, L	.LC		Title President			
Street Address 72 Andrews Lane Road				P.O. Box 267		
City or Village Mt. Tremper			State NY	1	ZIP Code 2457	
Telephone 845-688-7740	hone FAX E					
6. Discharge Monitoring Report (DI						
Mailing Name Crossroads Ventures, LLC						
Street Address 72 Andrews Lane Road, PO Box 267			P.O. Box 267			
City or Village Mt. Tremper			State NY	1	ZIP Code 2457	
Telephone 845-688-7740	FAX 845-688-6887		E-Mail or Interne	et		
Name and Title of person responsible for sign		2 P W	Signature	La Cost	for	

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

Facility Name:	SPDES Number:
Belleayre Resort At Catskill	NY-027-0679

7. Summarize the outfalls present at the facility:

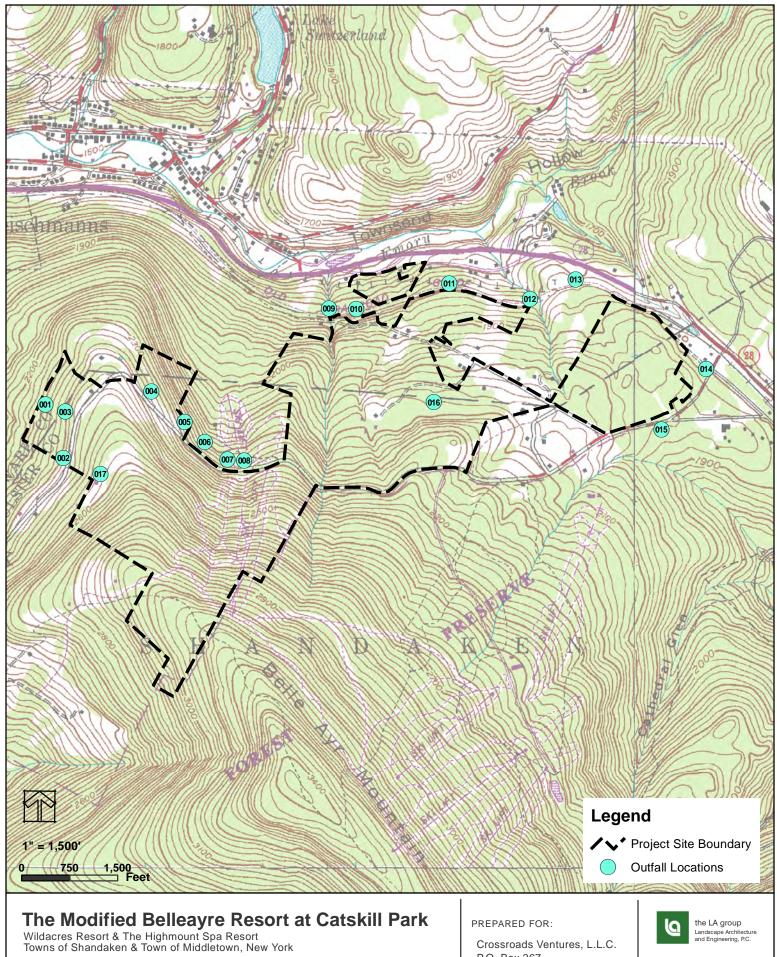
Outfall Number	Receiving Water	Type of discharge
001-003	Todd Mountain Brook	Stormwater
004-008 and 011	Emory Brook	Stormwater
009-010, 012-014	Unnamed Tributary to Emory Brook	Stormwater
015	Crystal Spring Brook	Stormwater
016	Unnamed Tributary to Emory Brook	Stormwater from concrete plant and rock crushing Wildacres
017	Todd Mountain Brook	Stormwater from rock crushing Highmount

### 8. Map of Facility and Discharge Locations:

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

### 9. Water Flow Diagram:

See Provided Diagram (four pages)



**Outfall Locations Map** 

Crossroads Ventures, L.L.C. P.O. Box 267 Mt. Tremper, NY 12457

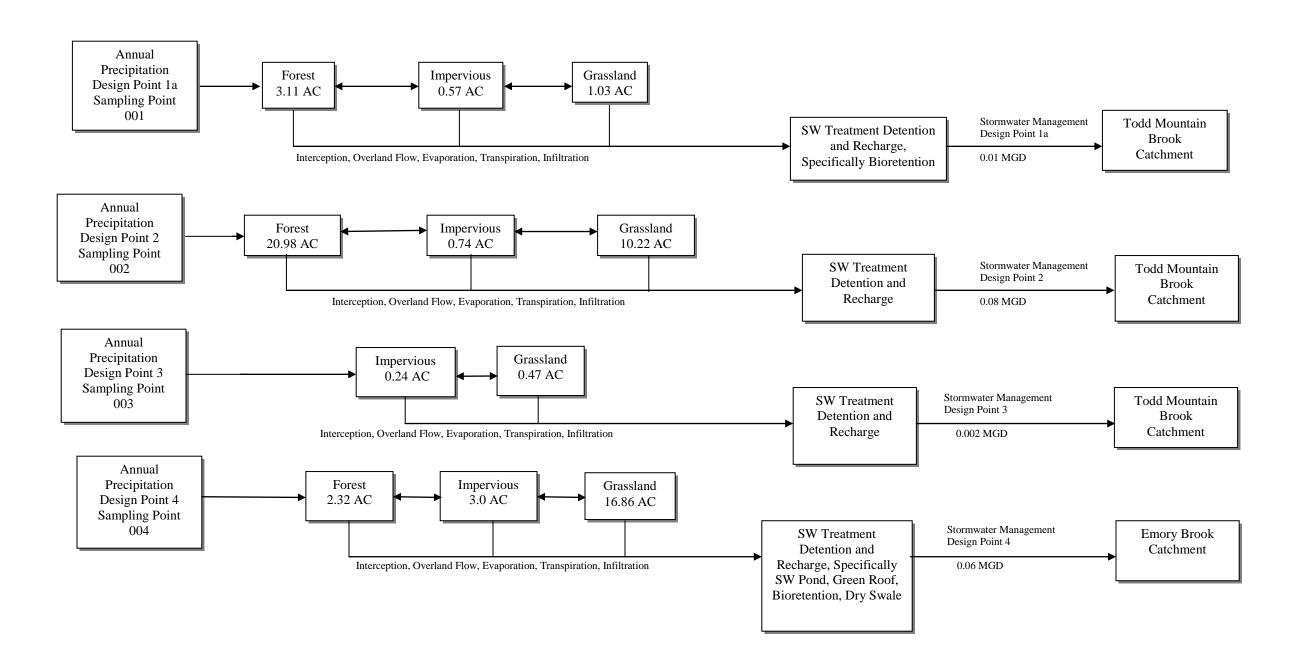


the LA group Landscape Architecture and Engineering, P.C.

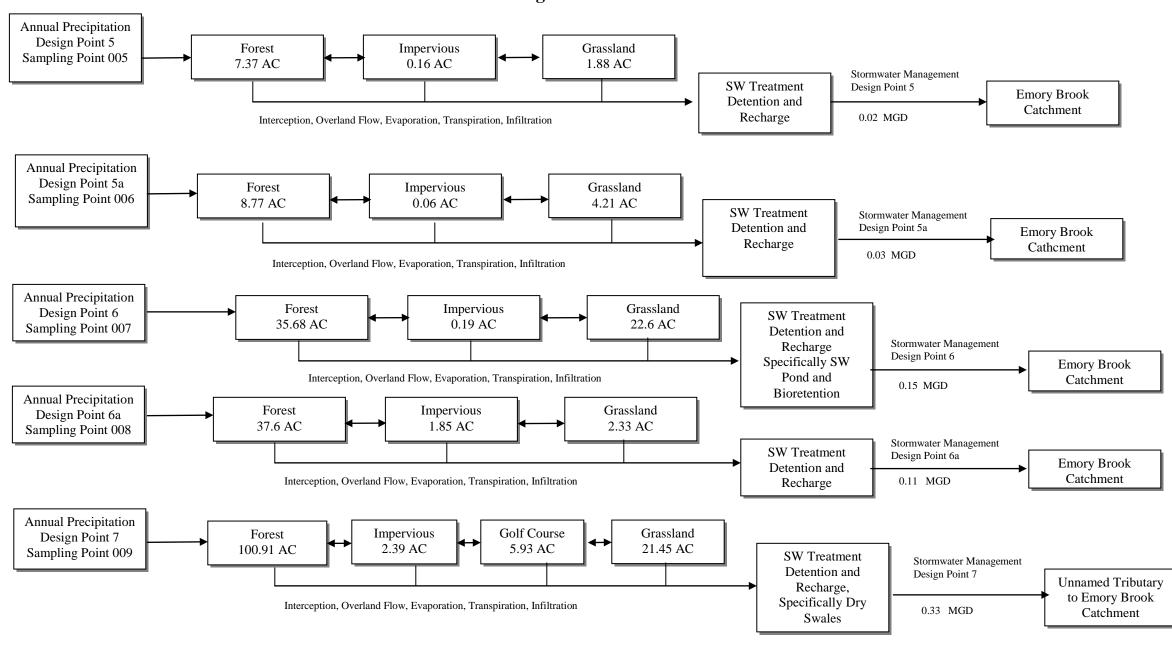
Project \_\_\_\_ Date

07074 03/29/2011

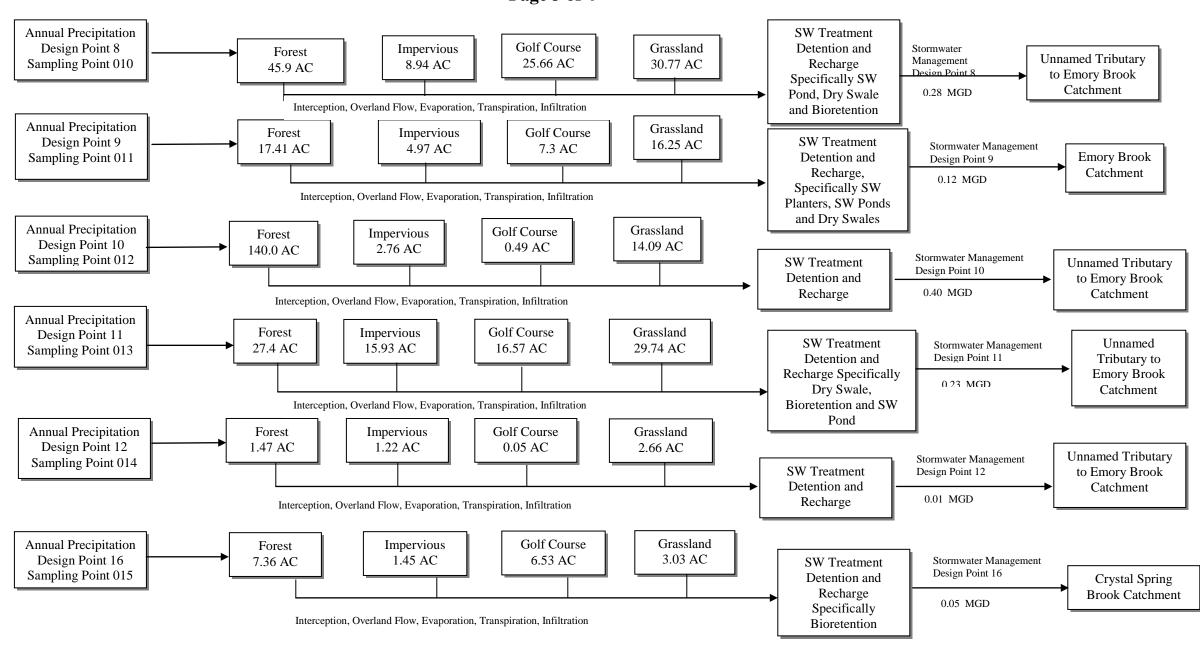
### Belleayre Resort at Catskill Park Discharges Page 1 of 4



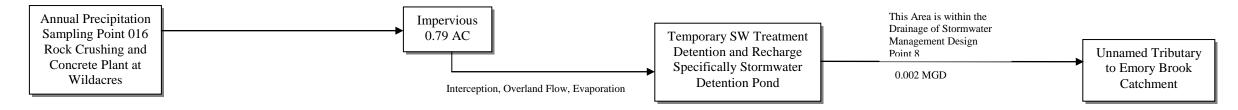
### Belleayre Resort at Catskill Park Discharges Page 2 of 4

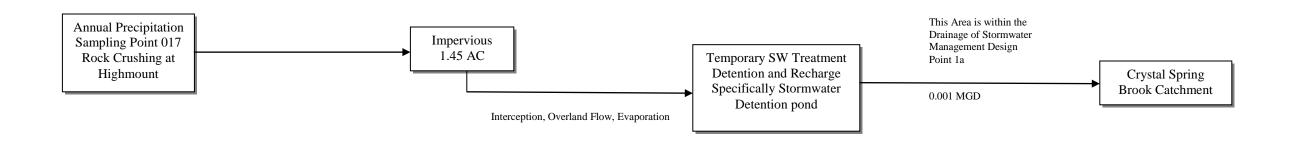


### Belleayre Resort at Catskill Park Discharges Page 3 of 4



### Belleayre Resort at Catskill Park Discharges Page 4 of 4





PDES charge				Estimated Aggregate Curve	Estimated Average Rainfall	Average Annual Runoff		Average	
			Acreage (ft2)	Number	Annual (ft)	(cf)	Runoff (cf)	Runoff (MGD)	
001	1a	4.71	205,168	0.68	4.17	581,308.20	1,592.63	0.01	
002	2	31.94	1,391,306	0.68	4.17	3,942,034.80	10,800.10	0.08	
003	3	0.71	30,928	0.68	4.17	87,628.20	240.08	0.002	
004	4	22.18	966,161	0.68	4.17	2,737,455.60	7,499.88	0.06	
005	5	9.41	409,900	0.68	4.17	1,161,382.20	3,181.87	0.02	
006	5a	13.04	568,022	0.68	4.17	1,609,396.80	4,409.31	0.03	
007	6	58.47	2,546,953	0.68	4.17	7,216,367.40	19,770.87	0.15	
800	6a	41.78	1,819,937	0.68	4.17	5,156,487.60	14,127.36	0.11	
009	7	130.68	5,692,421	0.68	4.17	16,128,525.60	44,187.74	0.33	
010	8	111.27	4,846,921	0.68	4.17	13,732,943.40	37,624.50	0.28	
011	9	45.92	2,000,275	0.68	4.17	5,667,446.40	15,527.25	0.12	
012	10	157.34	6,853,730	0.68	4.17	19,418,902.80	53,202.47	0.40	
013	11	89.65	3,905,154	0.68	4.17	11,064,603.00	30,313.98	0.23	
014	12	5.4	235,224	0.68	4.17	666,468.00	1,825.94	0.01	
015	16	18.37	800,197	0.68	4.17	2,267,225.40	6,211.58	0.05	
crete pla	nt and rock cr	ushing							
016		0.79	34,412	0.68	4.17	97,501.80	267.13	0.0020	
017		0.42	18,295	0.68	4.17	51,836.40	142.02	0.0011	
Estimated Runoff Values were calculated by multiplying the acreage * aggregate curve number * average annual rainfall amount to get annual runoff in cubic feet  Units were changed to million gallons per day (MGD)									
runoff in cubic feet									

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

Facility Name:					SPDES Number:			
Belleayre Reso	ort At Catskill				NY-027-0679			
10. Nature of b	usiness: (Describe the	a activities at th	ne facility and	the date(s) that on	eration(s) at the facili	ity commenced)		
	,				` '	· · · · · · · · · · · · · · · · · · ·	Danaut	
	Resort at Catskill Park ill be two hotels, with a							
	ge points that discharg					rigs, arr to note go	ii course	
,	0 1			•				
	ligit SIC codes which	describe y	your facility					
Priority 1 1  5  2  2	Description:	Docidontial	Duildings	Priority 3 7   2   1   1	Description: Hotel			
Priority 2	General Contractors,  Description:	Residential	bullalrigs	Priority 4	Description:			
1 6 2 9	Heavy Construction-1	Not Elsewhe	ere Class	7  1  3  91	'			
1 10 1- 13				1 1- 1				
12. Is your fac	ility a primary indust	ry as listed	in Table 1	of the instruc	tions?			
YES - Cor	mplete the following table.							
NO - Go to	o Item 13. below.							
						10.6		
Indus	trial Category	40 (	Subpart	Indi	ustrial Category	40 C	Subpart	
		1 art	Савран			- Turt	Cubpart	
				I .				
	acility manufacture, h	andle, or d	ischarge re	ecombinant-D	NA, pathogens,	or other potential	ly infectious	
	ous organisms?							
YES - At	tach a detailed explanation	to this applicati	ion.					
NO - Go to	o Item 14 below.							
14 le eterm ru	noff or leachate from	a matarial	storago a	roa disobargo	d by your facility	w2		
			_	•		-		
	mplete the following table, a		cation of the s	tockpile(s) and disc	charge point(s) on the	e diagram in Item 9.		
NO - Go to	o Item 15 on the following pa	age.						
Size of area	Type(s) of m	aterial stored		Quantity of r	naterial stored	Runoff control de	evices	
5.25 51 4154	. , , , , , , , , , , , , , , , , , , ,			Lauring of t		. taon control di		

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

ill	1	SPDES Number: NY-027 0679				
		cipal	State	Federal	Other	
		e	Yes	No 🗸		
				Permit Status		
	7 5		Activ		Inactive	
Part 608						
Part 608						
Part 601						
Part 608						
Part 5						
Site Plan						
Site Plan						
es reported in Section lowing table.	II of this application	n performed b	y a contra	ct laboratory or a o	consulting fir	
firm Address		Telephone (area code and number)		Pollutants analyzed		
nformation in Section 3 repared by The LA Group, C		(518) 587-8100		See Spreadshee	ets	
	Partner  red for in this application on land the permit Type  Part 608  Part 608  Part 601  Part 608  Part 608  Part 61  Part 608  Part	(Place an "X" in the appropriate box) prietorship Partnership Municed for in this application on Indian lands?  In other environmental permits for this permit Type Permit No.  Part 608 Part 608 Part 608 Part 608 Part 5 Site Plan Site Plan Site Plan Site Plan  James a point of this application owing table.  W.  James a firm Address  40 Long Alley, Saratoga Springs,	(Place an "X" in the appropriate box) prietorship Partnership Municipal ed for in this application on Indian lands?  ny other environmental permits for this facility:  Permit Type Permit Number  Part 608  Part 608  Part 601  Part 608  Part 5  Site Plan  Site Plan  Site Plan  Site Plan  Join:  es reported in Section III of this application performed be bowing table.  w.  of firm Address Telephone (area code an 40 Long Alley, Saratoga Springs, (518) 587-8	(Place an "X" in the appropriate box) prietorship Partnership Municipal State  ed for in this application on Indian lands?  ryes  ny other environmental permits for this facility:  Permit Type Permit Number Activ  Part 608  Part 608  Part 601  Part 608  Part 5  Site Plan  Site Plan  Site Plan  Site Plan  Address Telephone (area code and number)  40 Long Alley, Saratoga Springs, (518) 587-8100	(Place an "X" in the appropriate box) prietorship Partnership Municipal State Federal Pederal Peder for in this application on Indian lands?  No very Nother environmental permits for this facility:  Permit Type Permit Number Permit Status Active Applied for Part 608  Part 608  Part 608  Part 601  Part 608  Part 5  Site Plan  Site Plan  Site Plan  Federal Federal Federal Permit Number Not Permit Status Active Applied for Permit Status Active Applied for Part 608  Part 608  Part 608  Part 608  Part 608  Part 5  Site Plan  Federal Permit Number Permit Status Active Applied for Permit Status Active Applied for Part 608  Part 608  Part 608  Part 608  Part 608  Part 5  Site Plan  Site Plan	

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

Name and official title (type or print)	Date signed	
Dean Gitter Managing Member		03/31/2011
Signatore	Telephone number	FAX number
Dan L. Other	845-688-7740	845-688-6887

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

Facility Name:	SPDES Number:
Belleayre Resort At Catskill	NY-027-0679

### 19. Industrial Chemical Survey (ICS)

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

application for each of the potentially affect	eu outfall	s. iviakė additional co					
			Average	Amount	Units	Purpose of Use	Present in
Name of Substance	Table	CAS Number	Annual	Now On	(gallons,	(see codes in Table 2 of	
			Usage	Hand	lbs, etc)	instructions)	(Outfall(s)?)
	-						
	1						

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

MG

MGD

0.01

MGD

MGD

MGD

Facility Name:

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### **Section II - Outfall Information**

Please type or print the requested information.

SPDES Number:

Belleayre Resort At Catskill NY-02						NY-027-	7-0679				
1. Outfall Number and	l Location										
Outfall No.: 001 Design Point 1a											
Latitude <b>°</b> 8 <b>'</b> 42	Longitu 2.1 " 74	o e	32	<b>'</b> 0.2 <b>''</b>	Receiving V Todd Mou		Brook (NYS	DEC # 815	-762)		
2. Type of Discharge a	and Dischar	ge Rat	e (Li	st all inform	ation applicable	to this o	outfall)				
			Uni	ts						Unit	S
	Volume/Flow	MGD	GPM	Other (specify)				Volume/Flo	w MGE	GPM	Other (specify)
a. Process Wastewater					f. Noncontact	Cooling	Water				
b. Process Wastewater					g. Remediation	n Syster	n Discharge				
c. Process Wastewater					h. Boiler Blowd	down					
d. Process Wastewater					i. Storm Water	r	✓				
e. Contact Cooling Water					j. Sanitary Wa	stewate	r				
k. Other discharge (specify)	:										
I. Other discharge (specify):											
3. List process inform	nation for the	Proc	ess V	Vastewat	er streams i	identif	ied in 2.a-d	above:			
a. Name of the process con	tributing to the di	scharge	•							Process :	SIC code:
Describe the contributing pro	ocess						Category	Quantity pe	r day	Units of r	neasure
							Subcategory				
b. Name of the process con	tributing to the di	scharge	<b>:</b>							Process	SIC code:
Describe the contributing pro	ocess						Category	Quantity pe	r day	Units of r	neasure
							Subcategory				
c. Name of the process cont	tributing to the di	scharge	!					<u> </u>		Process	SIC code:
Describe the contributing pro	ocess						Category	Quantity pe	r day	l Units of r	l l neasure
							Subcategory				
d. Name of the process con	tributing to the di	scharge	<b>)</b>							Process	SIC code:
Describe the contributing pro	ocess						Category	Quantity pe	r day	l Units of r	neasure
							Subcategory				
4. Expected or Propos  a. Total Annual Discharge	b. Daily Minir	-		c. Daily Av		d. Dai	ly Maximum Fl	ow e. Ma	ximum D	esign flo	w rate

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### Section II - Outfall Information Please type or print the requested information.

Facility Name:	SPDES Number:
Relleavre Resort At Catskill	NY-027-0679

1. Outfall Number and	Location									
Outfall No.: 002 Design Point	2									
Latitude 42 • 8 • 34	Longite 74		31	<b>6</b> 55.6 <b>66</b>	Receiving Water Todd Mountain	Brook (NY	SDEC # 815-	762)		
2. Type of Discharge a	and Dischar	ne Rat	e (Lis	t all informa	ation applicable to this	outfall)				
			Units			oution,			Units	S
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling	g Water				
b. Process Wastewater					g. Remediation Syste	em Discharge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water	✓				
e. Contact Cooling Water					j. Sanitary Wastewate	er				
k. Other discharge (specify):										
I. Other discharge (specify):										
3. List process inform	ation for the	Proc	ess W	astewate	er streams identi	fied in 2.a-d	above:			
a. Name of the process conti								Р	rocess	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	ay U	nits of n	neasure
						Subcategory	_			
b. Name of the process conti	ributing to the d	scharge	<b>)</b>					Р	rocess	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	ay U	nits of n	neasure
-						Subcategory	_			
c. Name of the process conti	ributing to the di	scharge						P	roces	SIC code:
· 		Scriargo								
Describe the contributing pro	ocess					Category	Quantity per d	ay U	nits of n	neasure
						Subcategory				
d. Name of the process conti	ributing to the d	scharge	•					Р	rocess	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	ay U	nits of n	neasure
						Subcategory	-			
4. Expected or Propos	and Discours	<b></b>	D : 1	6 41 '						

c. Daily Average Flow

MGD

0.08

d. Daily Maximum Flow

**MGD** 

e. Maximum Design flow rate

Facility Name:

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### **Section II - Outfall Information**

Please type or print the requested information.

SPDES Number: NY-027-0679

Belleayre Resort At Ca	atskill						NY-027	-0679			
1. Outfall Number and	Location										
Outfall No.: 003 Design Point	3										
Latitude 42 • 8 • 39	Longitu 74		31	, 54.3,,	Receiving V		rook (N	YSDEC # 815	-762)		
2. Type of Discharge a	and Dischar	ge Rat	<b>e</b> (Lis	st all informa	ation applicable	to this outfa	all)				
			Unit				ĺ			Units	 3
	Volume/Flow	MGD	GPM	Other (specify)				Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact	Cooling Wa	ter				
b. Process Wastewater					g. Remediation	n System D	ischarge				
c. Process Wastewater					h. Boiler Blowd	down					
d. Process Wastewater					i. Storm Water	·					
e. Contact Cooling Water					j. Sanitary Wa	stewater					
k. Other discharge (specify):											
I. Other discharge (specify):											
3. List process inform	ation for the	Proce	ess W	/astewate	er streams i	dentified	l in 2.a-d	above:			
a. Name of the process cont									F	Process (	SIC code:
Describe the contributing pro	ocess					Cat	egory	Quantity per d	ay l	Inits of n	neasure
						Sub	ocategory				
b. Name of the process cont	ributing to the di	scharge							F	Process	SIC code:
Describe the contributing pro	ocess					Cat	egory	Quantity per d	ay l	I Jnits of n	l I neasure
						Sub	ocategory				
c. Name of the process cont	ributing to the di	scharge							F	Process	SIC code:
Describe the contributing pro	ocess					Cat	egory	Quantity per d	ay l	I Jnits of n	l I neasure
						Sub	ocategory				
d. Name of the process cont	ributing to the di	scharge							F	Process S	SIC code:
Describe the contributing pro	ocess					Cat	egory	Quantity per d	ay l	I Inits of n	I I neasure
						Sub	ocategory	_			
4 Funcated as Design	ad Dia da	F!-	D-1	fr 41. '	<b></b>						
<ol> <li>Expected or Propose</li> <li>a. Total Annual Discharge</li> </ol>	b. Daily Minin			es for thi		d. Dailv M	laximum Fl	ow e. Maxir	num De	esign flov	v rate

0.002

MGD

**MGD** 

MGD

MGD

MG

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### **Section II - Outfall Information** Please type or print the requested information.

Facility Name:	SPDES Number:
Belleayre Resort At Catskill	NY-027-0679

Facility Name: Belleayre Resort At Ca	atskill			, , , , , , , , , , , , , , , , , , ,	I	SPDES No NY-027-				
1. Outfall Number and	l Location									
Outfall No.: 004 Design Point	4									
Latitude 42 • 8 • 43	.2 44 Longitu 74	ıde •	31	<b>6</b> 39.9 <b>66</b>	Receiving Water Emory Brook (NYS	SDEC # 8	15-763)			
2. Type of Discharge a	and Dischar	ne Rat	e (Lis	st all informa	ation applicable to this outfa	ıll)				
<b>7</b>			Unit		, , , , , , , , , , , , , , , , , , ,	<i></i>			Units	S
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water	er				
b. Process Wastewater					g. Remediation System Dis	scharge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water					
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify)	:									
I. Other discharge (specify):										
3. List process inform	nation for the	Proc	ess W	astewate	er streams identified	in 2.a-d	above:			
a. Name of the process con								Р	rocess	SIC code:
Describe the contributing pro	ocess				Cate	egory	Quantity per d	ay U	I Inits of n	neasure
					Subo	category	_			
b. Name of the process con	tributing to the di	scharge	)					P	rocess	SIC code:
Describe the contributing pro	ocess				Cate	egory	Quantity per d	ay U	lnits of n	l l neasure
					Subo	category	_			
c. Name of the process conf	tributing to the di	scharge	;					P	rocess	SIC code:
Describe the contributing pro	ocess				Cate	egory	Quantity per d	ay U	Inits of n	neasure
						category	-			
d. Name of the process con-	tributing to the di	scharge	<del>)</del>					P	rocess	SIC code:
Describe the contributing pro	ocess				Cate	egory	Quantity per d	ay U	nits of n	neasure
						category	-			

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

a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Aver	age Flow	d. Daily Maximum Flow	e. Maximum Design flow rate
MG	MGD	0.06	MGD	MGD	MGD

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Facility Name: Belleayre Resort At Ca	atskill		SPDES Number: NY-027-0679							
1. Outfall Number and	Llocation					•				
Outfall No.: 005 Design Point										
Latitude 42 • 8 • 38	Longitu 74	ıde •	31	<b>633.7 66</b>	Receiving Water Emory Brook (NY	SDEC # 8	15-763)			
2. Type of Discharge a	and Dischar	je Rat	<b>e</b> (Lis	t all inform	ation applicable to this out	fall)				
			Units	3					Units	3
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Wa	ater				
b. Process Wastewater					g. Remediation System [	Discharge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water	•				
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify):										
I. Other discharge (specify):										
3. List process inform	ation for the	Proc	ess W	astewat	er streams identifie	d in 2.a-d	above:			
a. Name of the process cont	tributing to the di	scharge	!					Р	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	tegory	Quantity per d	ay U	nits of m	neasure
					Su	bcategory	_			
b. Name of the process cont	tributing to the di	scharge	<u> </u>					Р	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	ategory	Quantity per d	ay U	l nits of m	l l neasure
					Su	bcategory	_			
c. Name of the process cont	ributing to the dis	scharge						P	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	ategory	Quantity per d	av II	nits of m	l l neasure
Decembe the contributing pro	30000						- Quartity por a		1110 01 11	1040410
d Name of the present and	ribution to the - "	00h0===			50	bcategory			r000= (	SIC code:
d. Name of the process cont	tributing to the di	scnarge						P	locess S	code:
Describe the contributing pro	ocess				Ca	ategory	Quantity per d	ay U	nits of m	neasure
					Su	bcategory				
4. Expected or Propos	ad Dischard	ıa Flav	n Rate	s for th	is outfall:		1			

c. Daily Average Flow

MGD

0.02

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Facility Name: Belleayre Resort At Ca	atskill				7F F	it the requested information	SPDES No				
1. Outfall Number and	Locat	tion									
Outfall No.: 006 Design Point											
Latitude		Longitu				Receiving Water					
42 •8 •35	.7 "	74	•	31	30.3	Emory Brook (N	YSDEC #	815-763)			
2. Type of Discharge a	and Di	scharg	je Rat	<b>e</b> (Lis	t all informa	ation applicable to this outf	all)		I		
				Units	3					Units	;
	Volum	ne/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater						f. Noncontact Cooling Wa	ater				
b. Process Wastewater						g. Remediation System D	ischarge				
c. Process Wastewater						h. Boiler Blowdown	,				
d. Process Wastewater						i. Storm Water					
e. Contact Cooling Water						j. Sanitary Wastewater					
k. Other discharge (specify):											
I. Other discharge (specify):											
3. List process inform	ation 1	for the	Proce	ess W	astewate	er streams identified	d in 2.a-d	above:			
a. Name of the process cont	ributing	to the dis	scharge						Р	rocess S	SIC code:
Describe the contributing pro	ocess					Car	tegory	Quantity per d	ay U	nits of m	neasure
						Sul	bcategory				
b. Name of the process cont	ributing	to the dis	scharge						Р	rocess S	SIC code:
Describe the contributing pro	ocess					Car	tegory	Quantity per d	ay U	nits of m	neasure
						Sul	bcategory				
c. Name of the process cont	ributing	to the dis	scharge						Р	rocess S	SIC code:
Describe the contributing pro	ocess					Car	tegory	Quantity per d	ay U	nits of m	neasure
						Sul	bcategory				
d. Name of the process cont	ributing	to the dis	scharge						Р	rocess S	SIC code:
Describe the contributing pro	ocess					Car	tegory	Quantity per d	ay U	nits of m	neasure
						Sul	bcategory	1			
						I		1			

c. Daily Average Flow

MGD

0.03

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

MGD

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

b. Daily Minimum Flow

MGD

a. Total Annual Discharge

MG

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### **Section II - Outfall Information** Please type or print the requested information.

	<i>,</i> ,		
Facility Name:			SPDES Number:
Belleayre Resort At Catskill			NY-027-0679

Belleayre Resort At Ca	atskill						NY-027-	-0679			
1. Outfall Number and	Loca	tion									
Outfall No.: 007 Design Point	6										
Latitude 42 •8 • 32	2.6	Longitu 74	ıde •	31	· 25.3 ·	Receiving Water Emory Brook (NY	SDEC # 8	15-763)			
2. Type of Discharge a	and Di	schard	ae Rat	<b>e</b> (Lis	t all informa	ation applicable to this out	fall)				
<i>,</i>				Units			,			Units	3
	Volun	ne/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater						f. Noncontact Cooling Wa	ater				
b. Process Wastewater						g. Remediation System I	Discharge				
c. Process Wastewater						h. Boiler Blowdown					
d. Process Wastewater						i. Storm Water	•				
e. Contact Cooling Water						j. Sanitary Wastewater					
k. Other discharge (specify):											
I. Other discharge (specify):											
3. List process inform	ation	for the	Proc	ess W	astewate	er streams identifie	d in 2.a-d	above:			
a. Name of the process cont	ributing	to the di	scharge	!					F	rocess (	SIC code:
Describe the contributing pro	ocess					Ca	tegory	Quantity per d	ay L	I Inits of n	neasure
						Su	bcategory	_			
b. Name of the process cont	ributing	to the di	scharge	1					F	rocess	SIC code:
Describe the contributing pro	ocess					Ca	itegory	Quantity per d	av L	Inits of n	l l neasure
							bcategory	-			
c. Name of the process cont	ributina	to the di	scharne							rncess :	SIC code:
c. Name of the process cont	induting	to the di	scriarge								
Describe the contributing pro	ocess					Ca	itegory	Quantity per d	ay L	Jnits of n	neasure
						Su	bcategory				
d. Name of the process cont	ributing	to the di	scharge	!					F	rocess	SIC code:
Describe the contributing pro	ocess					Ca	itegory	Quantity per d	ay L	Inits of n	neasure
						Su	bcategory	-			
A Expected or Propos		1.		- ·		(6.11					

a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Ave	erage Flow	d. Daily Maximum Flow	e. Maximum Design flow rate	
MG	MGD	0.15	MGD	MGD	MGD	

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Belleayre Resort At Ca	atskill				SPDES Number: NY-027-0679					
I. Outfall Number and Outfall No.: 008 Design point										
Latitude	Longitu 74	ıde •	31	· 21.5 ·	Receiving Water Emory Brook (NYSDEC :	‡ 815-763)				
2. Type of Discharge	and Discharg	je Rat	<b>e</b> (Lis	t all informa	ation applicable to this outfall)					
			Units	5				Units	S	
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify	
a. Process Wastewater					f. Noncontact Cooling Water					
b. Process Wastewater					g. Remediation System Discharge					
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water					
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify)	:									
I. Other discharge (specify):										
3. List process inform		_								
	nation for the	Proce	ess W	astewat	er streams identified in 2.a	-d above:				
a. Name of the process con			ess W	astewat	er streams identified in 2.a	-d above:	Р	rocess S	SIC code:	
·	tributing to the dis		ess W	astewat	er streams identified in 2.a	-d above:  Quantity per o			SIC code:	
a. Name of the process con  Describe the contributing pr	tributing to the dis		ess W	astewat		Quantity per c			SIC code:	
Describe the contributing pr	tributing to the dis	scharge		astewat	Category	Quantity per c	day U	Inits of n	neasure	
Describe the contributing probability of the process con	tributing to the disocess	scharge		astewat	Category	Quantity per c	day U	Inits of n	neasure	
Describe the contributing probability of the process con	tributing to the disocess	scharge		astewat	Category Subcategor	Quantity per o	day U	Inits of n	neasure	
Describe the contributing probability of the process conductive the contributing probability of the contributing probability o	tributing to the discovers  tributing to the discovers	scharge		astewat	Category Subcategor Category	Quantity per o	P day U	Units of n	neasure SIC code:	
Describe the contributing probability b. Name of the process contributing process contributin	tributing to the distributing to the distributions.	scharge		astewat	Category Subcategor  Category Subcategor	Quantity per o	P	Inits of n	neasure SIC code:	
Describe the contributing probability b. Name of the process condition of the contributing probability c. Name of the process contributions of the process contributions of the process contributions.	tributing to the distributing to the distributions.	scharge		astewat	Category Subcategor  Category Subcategor  Category	Quantity per o	P	Inits of n	SIC code:	
Describe the contributing probability b. Name of the process contributing process contributin	tributing to the discovers  tributing to the discovers  tributing to the discovers	scharge		astewat	Category Subcategor  Category Subcategor	Quantity per o	P P P P P P P P P P P P P P P P P P P	Inits of n	SIC code:	
Describe the contributing probability b. Name of the process contributing process contributin	tributing to the discovers  tributing to the discovers  tributing to the discovers  tributing to the discovers	scharge		astewat	Category Subcategor  Category Subcategor  Category Subcategor	Quantity per of Quantity per o	P Haday U	Units of n	SIC code:	
· 	tributing to the discovers  tributing to the discovers  tributing to the discovers  tributing to the discovers	scharge		astewat	Category Subcategor  Category Subcategor  Category	Quantity per o	P Haday U	Units of n	SIC code:	

c. Daily Average Flow

MGD

0.11

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Facility Name: Belleayre Resort At Ca	atskill			SPDES Number: NY-027-0679						
1. Outfall Number and	Location									
Outfall No.: 009 Design Point	7									
Latitude 42 • 8 • 56	Longitu 74	ıde o	31	(2.1	Receiving Water Unnamed Tributa	ry to En	nory Brook	(NYSD	EC # 8	315-765
2. Type of Discharge a	and Discharg	je Rat			ation applicable to this out	all)				
			Units						Units	
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Wa	ater				
b. Process Wastewater					g. Remediation System D	ischarge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water	•				
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify):										
I. Other discharge (specify):										
3. List process inform	ation for the	Proc	ess W	astewat	er streams identifie	d in 2.a-d	above:			
a. Name of the process cont								Р	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	tegory	Quantity per d	ay U	nits of m	neasure
					Su	bcategory				
b. Name of the process cont	ributing to the di	scharge						P	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	tegory	Quantity per d	ay U	nits of m	l l neasure
					Su	bcategory				
c. Name of the process cont	ributina to the dis	scharge						P	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	tegory	Quantity per d	lay U	nits of m	neasure
					Su	bcategory				
d. Name of the process cont	ributing to the di	scharge						Р	rocess S	SIC code:
Describe the contributing pro	ocess				Ca	tegory	Quantity per d	ay U	nits of m	neasure
					Su	bcategory	-			

c. Daily Average Flow

MGD

0.33

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

Facility Name:

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### Section II - Outfall Information

Please type or print the requested information.

SPDES Number:

Belleayre Resort At Ca	atskill					NY-027	-0679			
1. Outfall Number and	l Location									
Outfall No.: 010 Design Point	. 8									
Latitude 42 • 8 • 55	Longitu 74		30	6 55.966	Receiving Wate Unnamed Tri	r butary to Em	ory Brook	(NYSDE	EC # 8	15-765)
2. Type of Discharge a	and Dischar	ge Rat	: <b>e</b> (Li	st all informa	ation applicable to t	his outfall)				
			Uni	its					Unit	3
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Coo	ling Water				
b. Process Wastewater					g. Remediation Sy	stem Discharge				
c. Process Wastewater					h. Boiler Blowdow	n				
d. Process Wastewater					i. Storm Water	✓				
e. Contact Cooling Water					j. Sanitary Wastew	vater				
k. Other discharge (specify):	:									
I. Other discharge (specify):										
3. List process inform	nation for the	Proc	ess V	Vastewat	er streams ide	ntified in 2.a-d	l above:			
a. Name of the process cont	tributing to the di	scharge	)					Р	rocess :	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	lay L	Inits of n	neasure
						Subcategory				
b. Name of the process cont	tributing to the di	scharge	;					P	rocess :	SIC code:
Describe the contributing pro	ocess					Category	Quantity per o	lay L	I Inits of n	l I neasure
						Subcategory				
c. Name of the process cont	tributing to the di	scharge	<b>.</b>					F	rocess	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	lay L	Inits of n	neasure
						Subcategory				
d. Name of the process conf	tributina to the di	scharge	<u> </u>					F	rocess :	SIC code:
· 										
Describe the contributing pro	ocess					Category	Quantity per d	ay U	Inits of n	neasure
						Subcategory				
4. Expected or Propos	sed Dischar	ge Flo	w Rat	tes for thi	is outfall:					
a. Total Annual Discharge	b. Daily Minir			c. Daily Ave		Daily Maximum F	low e. Maxir	num De	sign flov	v rate

0.28

MGD

**MGD** 

MGD

MGD

MG

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Facility Name: Belleayre Resort At Ca	atskill					SPDES N NY-027				
1. Outfall Number and	I Location									
Outfall No.: 011 Design Point	9									
Latitude 42 • 9 • 0 .	Longitu 74		30	<b>'</b> 36.8 <b>''</b>	Receiving Water Emory Brook (NY	SDEC # 83	15-763)			
2. Type of Discharge	and Dischar	ge Rat	<b>e</b> (Lis	t all inform	ation applicable to this ou	tfall)		I		
			Units	S					Units	5
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling W	ater				
b. Process Wastewater					g. Remediation System	Discharge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water	<u> </u>				
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify)	:									
I. Other discharge (specify):										
3. List process inform	ation for the	Proc	w ee	astewat	er streams identifie	d in 2 a-d	ahove:			
a. Name of the process con				40101141				Р	rocess S	SIC code:
Describe the contributing pr	ocess				Ca	ategory	Quantity per d	ay U	Inits of n	neasure
					Si	ubcategory				
b. Name of the process con	tributing to the di	scharge						Р	rocess S	SIC code:
Describe the contributing pr	ocess				Ca	ategory	Quantity per d	ay U	I Inits of n	neasure
					Si	ubcategory				
c. Name of the process con	tributing to the di	scharge						Р	rocess S	SIC code:
Describe the contributing pr	ocess				Ci	ategory	Quantity per d	ay U	l Inits of n	l I neasure
					Si	ubcategory				
d. Name of the process con	tributing to the di	scharge						P	rocess S	SIC code:
Describe the contributing pr	ocess				Ca	ategory	Quantity per d	ay U	I Inits of n	ı I neasure
					Si	ubcategory				

c. Daily Average Flow

MGD

0.12

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

			Please	type or pri	nt the requested informat	ion.				
Facility Name: Belleayre Resort At Ca	atskill					SPDES No NY-027-				
1. Outfall Number and Outfall No.: 012 Design Point										
Latitude 42 • 8 • 57	Long	gitude	30	<b>1</b> 19.5	Receiving Water Unnamed Tributa	ry to Emo	ory Brook (	NYSDE	C # 8	15-765)
2. Type of Discharge	and Disch	argo Pat	to (Lie	at all inform	ation applicable to this ou	tfall)				
2. Type of Discharge	and Dische	arge ita	Unit			(Iaii)			Units	<u> </u>
	Volume/Flo	w MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater			0	(opeony)	f. Noncontact Cooling W	/ater		iii GB	0	(ороспу)
b. Process Wastewater					g. Remediation System	Discharge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water	/				
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify):	:									
I. Other discharge (specify):										
3. List process inform				astewat	er streams identifie	ed in 2.a-d	above:			
a. Name of the process con-	tributing to the	discharge	9					P	rocess S	SIC code:
Describe the contributing pro	ocess				C	ategory	Quantity per d	ay U	nits of n	neasure
					Si	ubcategory	-			
b. Name of the process con-	tributing to the	discharge	)		,			Р	rocess	SIC code:
Describe the contributing pro	ocess				C	ategory	Quantity per d	ay U	nits of n	neasure
					Si	ubcategory	-			
c. Name of the process conf	tributing to the	discharge	)		'		1	Р	rocess S	SIC code:
Describe the contributing pro	ocess				C	ategory	Quantity per d	ay U	nits of n	neasure
					Si	ubcategory	-			
d. Name of the process con	tributing to the	discharge	)				1	Р	rocess S	SIC code:
Describe the contributing pro	ocess				C	ategory	Quantity per d	ay U	nits of n	neasure

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

a. Total Annual Discharge	b. Daily Minimum Flow	c. Daily Avera	age Flow	d. Daily Maximum Flow	e. Maximum Design flow rate
MG	MGD	0.40	MGD	MGD	MGD

Subcategory

Facility Name:

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water

### **Section II - Outfall Information**

Please type or print the requested information.

SPDES Number: NY-027-0679

Belleayre Resort At Ca	atskill					NY-027	-0679			
I. Outfall Number and Outfall No.: 013 Design Point										
Latitude	8 44 Longitu		30	10.6	Receiving Wate Unnamed Tri	r butary to Em	ory Brook (	NYSDE	EC # 8	15-765)
2. Type of Discharge a	and Dischar	ge Rat	<b>e</b> (Lis	st all informa	ation applicable to the	his outfall)				
			Unit	s					Units	5
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Coo	ling Water				
b. Process Wastewater					g. Remediation Sy	stem Discharge				
c. Process Wastewater					h. Boiler Blowdow	n				
d. Process Wastewater					i. Storm Water	$\checkmark$				
e. Contact Cooling Water					j. Sanitary Wastew	<i>r</i> ater				
k. Other discharge (specify):										
I. Other discharge (specify):										
3. List process inform	ation for the	Droc	oce W	lastowati	or etroame ido	ntified in 2 a-d	ahovo:		•	
a. Name of the process cont				asiewai	er streams ide	itilied iii Z.a-d	above.	F	rocess	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	av l	Inits of n	l l neasure
						Subcategory	_			
h Nama of the process cont	ributing to the di	acharac				Guboatogory			)roopoo	SIC code:
b. Name of the process cont	inbuting to the di	scharge							rocess (	
Describe the contributing pro	ocess					Category	Quantity per d	ay L	Jnits of n	neasure
						Subcategory				
c. Name of the process cont	ributing to the di	scharge						F	rocess :	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	ay L	I Inits of n	neasure
						Subcategory				
d. Name of the process cont	tributing to the di	scharge	!					F	rocess :	SIC code:
Describe the contributing pro	ocess					Category	Quantity per d	ay L	l Inits of n	I I neasure
						Subcategory	_			
<ol> <li>Expected or Propose</li> <li>a. Total Annual Discharge</li> </ol>	b. Daily Minir			es for thi		Daily Maximum Fl	ow e. Maxir	num Da	sian flo	v rate
a. Total Alliual Discharge	any iviiilli ם. ב	[10	**	o. Daily AVE	Jugo i iow   U.	Dany Maxillulli Fl	OVV   C. IVIAXII	nun De	oigii IIU\	v iale

0.23

MGD

**MGD** 

MGD

**MGD** 

MG

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Facility Name: Belleayre Resort At Ca	atskill				NY-027				
1. Outfall Number and	l Location								
Outfall No.: 014 Design Point	12								
Latitude 42 • 8 • 4	7.3 <b>4</b> Longitu		29	43.5	Receiving Water Unnamed Tributary to Em	ory Brook (	NYSDE	IC # 8	15-765)
2. Type of Discharge	and Discharç	je Rat	<b>e</b> (Lis	t all informa	ation applicable to this outfall)				
			Units					Units	
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify)	:								
I. Other discharge (specify):									
3. List process inform	nation for the	Proc	ess W	astewat	er streams identified in 2.a-c	d above:			
a. Name of the process con	tributing to the di	scharge					P	rocess S	SIC code:
Describe the contributing pr	ocess				Category	Quantity per d	lay U	Inits of m	neasure
					Subcategory				
b. Name of the process con	tributing to the di	scharge					P	rocess S	SIC code:
Describe the contributing pr	ocess				Category	Quantity per d	lay U	I Inits of m	l I neasure
					Subcategory				
							P	rocess S	SIC code:
c. Name of the process con	tributing to the di	scharge							
c. Name of the process con  Describe the contributing pr		scharge			Category	Quantity per d	lay U	Inits of m	l l neasure
		scharge			Category Subcategory	Quantity per d	lay U	Inits of m	l I neasure
	ocess					Quantity per d			I I neasure
Describe the contributing pr	ocess tributing to the di				Subcategory		P	rocess S	SIC code:
Describe the contributing pr	ocess tributing to the di					Quantity per d	P		SIC code:

c. Daily Average Flow

MGD

0.01

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Facility Name: Belleayre Resort At Ca	atekill					SPDES No NY-027-				
Delicayle Nesult At Ca	aləniii					141-047	0013			
1. Outfall Number and	d Location									
Outfall No.: 015 Design Point	16									
Latitude 42 • 8 • 3	9.1 <b>"</b> Longitu	ude •	29	6 54.366	Receiving Water Crystal Spring E	Brook (N	YSDEC # 862	2-649)	)	
2. Type of Discharge	and Dischar	ge Rat	<b>e</b> (Lis	t all informa	ation applicable to this outfa	all)				
			Units	3					Units	3
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Wa	ter				
b. Process Wastewater					g. Remediation System D	ischarge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water					
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify)	:									
I. Other discharge (specify):										
3. List process inform	nation for the	Proc	ess W	astewate	er streams identified	l in 2.a-d	above:			
a. Name of the process con								Р	rocess	SIC code:
Describe the contributing pr	rocess				Cat	egory	Quantity per d	ay U	nits of n	neasure
					Sub	ocategory				
b. Name of the process con	tributing to the di	scharge	!					Р	rocess	SIC code:
Describe the contributing pr	ocess				Cat	egory	Quantity per d	ay U	nits of n	l I neasure
					Sub	ocategory	-			
c. Name of the process con	tributing to the di	scharge						Р	rocess	SIC code:
Describe the contributing pr	ocess				Cat	egory	Quantity per d	ay U	nits of n	neasure
					Sub	ocategory				
d. Name of the process con	tributina to the di	scharge	<u> </u>					P	rocess S	SIC code:
		9-								
Describe the contributing pr	ocess				Cat	egory	Quantity per d	ay U	nits of n	neasure
					Sub	ocategory				
4. Expected or Propos	sed Dischard	ae Flov	w Rate	es for thi	s outfall:		•	1		

c. Daily Average Flow

MGD

0.05

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

Belleayre Resort At Ca	atekill				NY-02	7-0679			
Delicayre Neson At O	atokiii				141 02	1 0010			
1. Outfall Number and	Location								
Outfall No.: 016									
Latitude	Longitu	ıde			Receiving Water				
	2.2 " 74	•	40	<b>'</b> 40.0 <b>"</b>		ory Brook (NY	SDEC	# 815	-765)
2. Type of Discharge a	and Discharo	je Rat			ation applicable to this outfall)				
			Units					Units	
	Volume/Flow	MGD	GPM	Other (specify)		Volume/Flow	MGD	GPM	Other (specify
a. Process Wastewater					f. Noncontact Cooling Water				
b. Process Wastewater					g. Remediation System Discharge				
c. Process Wastewater					h. Boiler Blowdown				
d. Process Wastewater					i. Storm Water				
e. Contact Cooling Water					j. Sanitary Wastewater				
k. Other discharge (specify):	:								
I. Other discharge (specify):									
2 liet musses inform	ation for the	Dras	\/\		or atrooma identified in 2 a	d abaya.			
a. Name of the process con				asiewaie	er streams identified in 2.a-	u above:	Р	rocess S	SIC code:
Describe the contributing pro	ocess				Category	Quantity per d	lay U	nits of n	neasure
					Subcategory	_			
					Subcategory				
b. Name of the process con	tributing to the di	scharge			Subcategory		P	rocess S	SIC code:
b. Name of the process confine Describe the contributing pro		scharge			Category	Quantity per d		rocess S	
·		scharge				Quantity per d			
·	ocess				Category	Quantity per d	lay U	nits of n	neasure
Describe the contributing process conf	ocess tributing to the di				Category Subcategory		lay U	nits of n	neasure
Describe the contributing pro	ocess tributing to the di				Category Subcategory  Category	Quantity per d	lay U	nits of n	neasure
Describe the contributing process contributing process contributing process contributing process the contributing process contributing	ocess tributing to the di ocess	scharge			Category Subcategory		P llay U	nits of n	neasure SIC code
Describe the contributing process conf	ocess tributing to the di ocess	scharge			Category Subcategory  Category		P llay U	nits of n	neasure SIC code
Describe the contributing process contributing proc	ocess tributing to the di ocess tributing to the di	scharge			Category Subcategory  Category		P P	nits of n	neasure  SIC code:
Describe the contributing process confidence of the process confidence of the contributing process confidence of the proce	ocess tributing to the di ocess tributing to the di	scharge			Category Subcategory Category Subcategory	Quantity per d	P P	nits of n	neasure  SIC code:

c. Daily Average Flow

MGD

0.002

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

Facility Name:

a. Total Annual Discharge

MG

b. Daily Minimum Flow

MGD

### State Pollutant Discharge Elimination System (SPDES)

### **INDUSTRIAL APPLICATION FORM NY-2C**

For New Permits and Permit Modifications to Discharge Industrial Wastewater and Storm Water **Section II - Outfall Information** 

Please type or print the requested information.

SPDES Number:

Belleayre Resort At Ca	atskill				N	IY-027-0	)679			
1. Outfall Number and	Location									
Outfall No.: 017										
Latitude 42 ° 8 ' 3	Longitu	ude	. 04		Receiving Water					
42 ° 8 ' 3'	1.1 "   74		31	49.1"	Todd Mountain Brook	k (NYSL	EC# 815-76	52)		
2. Type of Discharge a	and Dischar	ge Rat	<b>e</b> (Lis	t all informa	ation applicable to this outfall)					
			Unit	S					Units	
	Volume/Flow	MGD	GPM	Other (specify)			Volume/Flow	MGD	GPM	Other (specify)
a. Process Wastewater					f. Noncontact Cooling Water					
b. Process Wastewater					g. Remediation System Disch	harge				
c. Process Wastewater					h. Boiler Blowdown					
d. Process Wastewater					i. Storm Water					
e. Contact Cooling Water					j. Sanitary Wastewater					
k. Other discharge (specify):										
I. Other discharge (specify):										
3. List process inform	ation for the	Proc	ess W	astewate	er streams identified in	n 2.a-d a	above:			
a. Name of the process cont								Р	rocess S	SIC code:
Describe the contributing pro	ocess				Catego	ory	Quantity per d	ay U	nits of n	neasure
					Subcat	itegory				
b. Name of the process cont	ributing to the di	scharge	)			1		Р	rocess S	SIC code:
Describe the contributing pro	ocess				Catego	ory	Quantity per d	ay U	nits of n	neasure
					Subcat	itegory				
c. Name of the process conti	ributing to the di	scharge	<b>;</b>					Р	rocess	SIC code:
Describe the contributing pro	ocess				Catego	ory	Quantity per d	ay U	l nits of n	l l neasure
					Subcat	itegory				
d. Name of the process cont	ributing to the di	scharge	<b>)</b>			,		P	rocess S	SIC code:
										<u> </u>
Describe the contributing pro	ocess				Catego	ory	Quantity per d	ay U	nits of n	neasure
					Subcat	itegory				
4. Expected or Propos	and Diambana	Fla	Date			1				

c. Daily Average Flow

MGD

0.001

d. Daily Maximum Flow

MGD

e. Maximum Design flow rate

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

									utfall No.: ,3,4,5,6,7,8,9	,10,11,12,13,	14,15,16,17
Facility Name: Belleayre Resort At	t Catskil	I							PDES Numbe Y-027-067		
5. Is this a seasona  YES - Complete  NO - Go to Item	the follow	_	Э.								
				Dischar	ge frequency				Flow		
Operations co	ntributing	flow (list	)	Batches		Flow ra	ate per day	Total v	olume per	Units	Duration
				per yea	r per batch	LTA	Daily Max	dis	charge		(Days)
6. Water Supply So	urce	(indicate	all that a	ınnlv)							
					er supply sourc	е	Volume or fl	ow rate	Uı	nits (check on	ie)
Municipal Supply									MGD	GPD	GPM
Private Surface Water S	Source								MGD	GPD	GPM
Private Supply Well		K Well I	Field, Q	Well Field,	and Irrigatio	n Wells	K-157, Q-45 Irrig-36	5	MGD	✓ GPD	GPM
Other (specify)									MGD	GPD	GPM
7. Outfall configura	ation: (S	Surface w	ater disc	charges only)							
A. Where is the disch	harge p	oint loc	ated w	ith respect	to the recei	ving wat	er?				
In the streambank:		L	✓								
In the stream:											
Within a lake or pond	ed water:										
Within an estuary:				Attach Suppl	ement C, MIXII	NG ZONE	REQUIREME	NTS FO	R DISCHARO	SES TO ESTU	JARIES.
Discharge is equipped					ption, including					used.	
B. If located in a stream, a	1		t percen			ore is the	discharge poi	nt located	d?		
10%	25	5%		50%	Other:						
C. If located in a stream,	describe t	the strear	m geome	etry in the gen	eral vicinity of	the discha	arge point, und	er low flo	w conditions:	:	
Stream width	Stre	am deptl	h	Stream	velocity	Are the	e results of a m	nixing/diff	usion study a	ttached?	YES
Feet			Feet		Feet/Sec	;				v	/ NO

### **Section II - Outfall Information**

									Outfal	l No.:		
Facility Name Beleayre F	e: Resort At C	Catskill								Number: 27-0679		
8. Thermal s your facility temperature by	one of the a	e Criteria applicable types a three (3) degre	of facilities es Fahrenhe	listed in the	e instructio	ns, and do	oes the ten	nperature c	of this dis	charge ex	ceed the	receiving wat
	- Complete to	he following tabl	e.		Informat attached		intake an	d discharg	e config	uration of	this outfa	all is
					1 -							
Discharge Average change in	ge Temperatu Maximum change in		maximum	ion of discharge rature	disch	maximum narge erature	Maximur flow rate			guration (e liffuser, dif		face, surface, ll, etc.)
temperature (delta T)	temperature (delta T)	e Maximum temperature	hours per day	days per year	From	То	MGD					
this out	fall?	ament chem						-	-	_		
✓ NO -	Go to Item 1	0. below.										
Mai	nufacturer		WTC tra	ade name			Manufactu	rer		WTO	C trade na	me
wat YES	ter in relat	ogical test for tion to this of the following tables 1. on the following	utfall in t e.				performe	d on this	s outfa	ll or on t	the rece	eiving
Water te	1	Purpose			Type of te		Chronic r Acute?	Subject s	pecies	Testing Start	date(s)	Submitted? (Date)

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

cility Name:			SPDES Number:		
elleayre Resort At Catskill			NY-027-0679		
Is the discharge from this outfall treate YES - Complete the following table. Treatmen NO - Go to Item 12 below.		, water tre	eatment additives	, or othe	pollutar
Treatment process	Treatment Code(s)	Treatment u	used for the removal of		n Flow Rate ude units)
Does this facility have either a complication, which will materially alter the YES - Complete the following table.  NO - Go to Section III on the following page.					anges in
Description of project	Subject to Condition or Agreem existing permit or consent order	ent in	Change due to oduction increase?		on Date(s)
	existing permit or consent order	(LISI) pr	oduction increase?	Required	Projecte
	1	1			

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

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

Outfall No.:	016 and 017
SPDES No.:	NY-027-0679
	atskill
Facility Name:	Belleayre Resort At Ca

ູ່ເ
Ē
ā
Ē
ā
ā
п.
a
o
₩
Ş
Ē
8
~
_
5
tior
natior
rmatior
ormation
rmatior
g Informatior
ing Informatior
ng Informatior
ing Informatior

Provide the analytical results of at least one analysis for every pollutant in this table. If this outfall is subject to a waiver as listed in Table 5 of the instructions for one or more of the parameters listed

d Hazardous Substances
anc
: Pollutants, a
Ċ
ô
<u>"</u>
<b>Pollutants</b>
<u>₹</u>
Priori
Τ
ormation - F
ոքormation - F
Sampling Information - F

. Primary Industries:	<ol> <li>Does the discharge from this outfall contain process wastewater?</li> </ol>		Yes - Go to Item ii. below.	below.
		>	✓ No - Go to Item b. below.	elow.
	ii. Indicate which GC/MS fractions have been tested for: Volatiles:		Acid:	Base/Neutral:
. All applicants:	i. Do you know or have reason to believe that any of the pollutants listed		Yes - Concentration	Yes - Concentration and mass data attache
	in Tables 6, 7, or 8 of the instructions are present in the discharge from this outfall?	>	✓ No - Go to Item ii. below.	elow.

Yes - Source or reason for presence in discharge attached

Yes - Quantitative or qualitative data attached

ŝ

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

## Form-NY-2C (12/98) - Section III Forms

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

Outfall No.:		
SPDES No.:	NY-027-0679	
Facility Name:	Belleayre Resort At Catskill	

# 3. Projected Effluent Quality - Priority Pollutants, Toxic Pollutants, and Hazardous Substances Provide analytical results of at least one analysis for each pollutant that you know or have reason to believe is present in this discharge, as well as for any GC/MS fractions and metals required to be sampled

from Section III Forms, Item 2.a on the preceding page.	ding page.	_	,						,			-	
List the name and CAS number for each pollutant that you know or have reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, or 8, provide the results of at least one analysis for that pollutant, and determine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Tables 9, or any other toxic pollutant not listed in Tables 6-10, you must provide concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make as many copies of this table as necessary for each outfall	ollutant that y sis for that p the ballots for that p the ballots for the p the ballots for each outfallots for each outfallots.	ou know or hollutant, and bu must provide.	iave reason t determine th ide concentra	to believe is emass disclarion and ma	reason to believe is present in the discharge from this outfall. For each pollutant listed from Tables 6, 7, rmine the mass discharge based on the flow rate reported in Item 1.i. For each pollutant listed from Table concentration and mass data (if available) and/or an explanation for their presence in the discharge. Make	e discharge on the flow r ailable) and	from this ou ate reported or an explar	tfall. For ea in Item 1.i. iation for the	ch pollutant l For each pol ir presence i	isted from T lutant listed t n the discha	ables 6, 7, from Table rge. Make	Page	of
Pollutant and CAS Number				Effluent data	6			Ō	Units	Intal	Intake data (optional)	onal)	Believed
	a. Maximur	a. Maximum daily value	b. Maximum 30 day	b. Maximum 30 day value (if available)	c. Long term average	c. Long term average value (if available)	d. Number of	a. Concentration	b. Mass	a. Long term a	a. Long term average value	d. Number of	present, n sampling
	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass	(1)Concentration	(2) Mass				(1)Concentration	(2) Mass		results
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													
CAS Number:													

### Page 3

## Form NY-2C (12/98) - Section III Forms

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

Ontfall No.:		
SPDES No.:	NY-027-0679	
Facility Name:	Belleayre Resort At Catskill	

	eq											I				I	
	ions and metals requir	Parameter name:	CAS Number:	Concentration	Units:												
Outfall No.:	l as for any GC/MS fract	Parameter name:	CAS Number:	Concentration	Units:												
	e from this outfall, as wel	Parameter name:	CAS Number:	Concentration	Units:												
No.: 27-0679	<b>ubstances</b> present in this discharg	Parameter name:	CAS Number:	Concentration	Units:												
SPDES NY-0 ardous n to believ	Parameter name:	CAS Number:	Concentration	Units:													
	, Toxic Pollutants pollutants pollutant that you know o narge.	Parameter name:	CAS Number:	Concentration	Units:												
	Priority Pollutants three (3) years for each is, Item 2.a for this disch	arameter name:	CAS Number:	Concentration	Units:												
lity Name:  leayre Resort At Catskill  Existing Effluent Quality - Priority Pollutants, Toxic Poll  Provide analytical results for the last three (3) years for each pollutant that yo to be sampled from Section III Forms, Item 2.a for this discharge.	Make as many copies of this table as nerecessary for each outfall. You can list the results from 24 sampling dates on each copy of this page.	Of Of	Flow rate	Units: U													
Facility Name: Belleayre Resort At Catskill	4. Existing Provide ana to be sample	Make as many copies of the necessary for each outfall. list the results from 24 sam on each copy of this page.	Page (		Date												