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**ADDENDUM NO. 2 TO PROJECT NO. 44409**

**CONSTRUCTION AND ELECTRICAL WORK  
DECOMMISSIONING OF CLEAR LAKE WATER TREATMENT  
AND TRANSMISSION FACILITIES  
COLLINS CORRECTIONAL FACILITY  
MIDDLE ROAD  
COLLINS, NY**

May 12, 2015

**NOTE:** This Addendum forms a part of the Contract Documents. Insert it in the Project Manual.  
Acknowledge receipt of this Addendum in the space provided on the Bid Form.

**APPENDIX**

1. COLLINS CORRECTIONAL FACILITY NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT: Add the attached Document (6 pages) to the Project Manual.

**END OF ADDENDUM**

Margaret F. Larkin  
Executive Director  
Design and Construction

# New York State Department of Environmental Conservation

## Division of Environmental Permits, 4<sup>th</sup> Floor

625 Broadway, Albany, New York 12233-1750  
Phone: (518) 402-9167 • FAX: (518) 402-9168  
Website: www.dec.ny.gov



Alexander B. Grannis  
Commissioner

JAN 11 2008

### FACILITY INFORMATION

NAME: Collins Correctional Facility  
LOCATION: North Collins (T)  
COUNTY: Erie  
SPDES NO: NY 025 8628  
DEC ID NO.: 9-1458-00039/00001

Susan Gasiewicz  
NYS Dept. Of Correctional Services  
P.O. Box 490  
Collins, NY 14111

Dear SPDES Permittee:

Enclosed please find a validated NOTICE/RENEWAL APPLICATION/PERMIT form renewing your State Pollutant Discharge Elimination System (SPDES) permit for the referenced facility. This validated form, together with the previously issued permit (see issuance date of this permit in Part 3 of the NOTICE/RENEWAL APPLICATION/PERMIT form), and any subsequent permit modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified therein.

The instructions and other information that you received with the NOTICE/RENEWAL APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

Steve Doleski  
NYSDEC-Region 9  
270 Michigan Avenue  
Buffalo, NY 14203-2999  
(716)851-7165

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal, please contact Lindy Sue Czubernat at (518) 402-9165.

Sincerely,

Chief Permit Administrator

Enclosure  
cc: RPA  
RWE  
BWP

RECEIVED

JAN 17 2008

NYSDEC REG 9  
FOIL  
REL UNREL

**New York State Department of Environmental Conservation**

**Division of Environmental Permits, Region 9**

270 Michigan Avenue, Buffalo, New York, 14203-2999

Phone: (716) 851-7165 FAX: (716) 851-7168



John P. Cahill  
Commissioner

July 20, 1999

Mr. Thomas Mudra 716-532-4588  
Deputy Superintendent for Administration  
New York State Department of Correctional Services  
P.O. Box 490  
Collins, New York 14034-0490

Dear Mr. Mudra:

**NOTICE OF INTENT TO MODIFY POLLUTANT  
DISCHARGE ELIMINATION SYSTEM PERMIT  
NYS DEPARTMENT OF CORRECTIONS  
COLLINS CORRECTIONAL FACILITY  
WATER FILTRATION PLANT  
(T) NORTH COLLINS, ERIE COUNTY  
DEC NO. 9-1458-00039/00001  
SPDES NO. NY-0258628**

This is to inform you that pursuant to Environmental Conservation Law, Article 17, Title 8 and 6NYCRR Part 757, the N.Y.S. Department of Environmental Conservation has made a determination to modify your referenced State Pollutant Discharge Elimination System Permit as attached in its entirety.

This modification will become effective immediately unless you either submit, within 15 days, a written statement giving reasons why the permit should not be so modified or petition for a hearing, and if no written objection is received by this office from the Regional Administrator of EPA. Any such petition for a hearing shall contain specific evidence to support your contention that a hearing is necessary in accordance with 6NYCRR, Part 621.

Thank you for your cooperation.

Respectfully,

David S. Denk  
Deputy Permit Administrator

CDC:vm

Enclosure

cc: Mr. Gerard Palumbo, Region 9 Division of Water (w/enclosure) GP  
Bureau of Wastewater Facilities Design - Albany  
U.S. Environmental Protection Agency, Region II  
Mr. Keith D. Rupert, P.E., New York State Department of Correction Services  
Erie County Health Department





NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**State Pollutant Discharge Elimination System (SPDES)**

**Discharge Permit**  
**Special Conditions (Part I)**

Industrial Code: 4941  
 Discharge Class (CL): 04  
 Toxic Class (TX): N  
 Major Drainage Basin: 01  
 Sub Drainage Basin: 04  
 Water Index Number: E-23-6-4  
 Compact Area: 01/06

SPDES Number: NY -0258628  
 DEC Number: 9-1458-00039/00001  
 Effective Date: 06/01/98  
 Expiration Date: 06/01/03  
 Modification Date(s): 07/20/99  
 Attachment(s): General Conditions (Part II) 11/90  
Part 1 pages 2-4

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. Section 1251 et. seq.)(hereafter referred to as "the Act").

**PERMITTEE NAME AND ADDRESS**

Attention: Thomas G. Mudra

Name: NYS Dept. of Corrections - Collins Correctional Facility  
 Street: P.O. Box 490 Middle Road  
 City: Collins State: NY Zip Code: 14111

is authorized to discharge from the facility described below:

**FACILITY NAME AND ADDRESS**

Name: Collins Correctional Facility Water Filtration Plant  
 Location (C,T,V): North Collins County: Erie  
 Facility Address: 3562 Genesee Road  
 City: North Collins State: NY Zip Code: 14111  
 NYTM-E: 181.1 NYTM-N: 4 718.2  
 From Outfall Number: 002 at latitude: 42° 33' 08" and longitude: 78° 51' 01"  
 into receiving waters known as: North Branch of Clear Creek Class: C Std. C  
 and; (list other Outfalls, Receiving Waters and Water Classifications):

Outfall 003 - Sanitary (septic tank/sand filter) - N. Branch of Clear Creek

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.

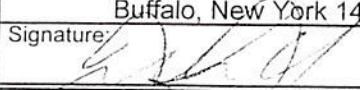
**DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS**

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 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 a permit renewal no less than 180 days prior to the expiration date shown above.

**DISTRIBUTION**

Erie County Health Dept.  
 EPA Region 2  
 DEC BWFD  
 DEC Regional Water Engineer

Permit Administrator: David S. Denk, Deputy Permit Administrator	
Address: NYSDEC Region 9 Buffalo, New York 14203-2999	
Signature: 	Date: 7/20/99

## EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the period beginning July 20, 1999and lasting until June 1, 2003

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

Outfall Number & Effluent Parameter	Discharge Limitations		Units	Minimum * Monitoring Requirements	
	Daily Avg.	Daily Max.		Measurement Frequency	Sample Type
<b>002 - Settling Lagoon Effluent - WTP Filter Backwash and Settled Solid Sludge (combined)</b>					
Flow	37,200	97,200	GPD	Continuous	Metered
Total Suspended Solids (Net)*	20	40	mg/l	Once Per Month	Composite**
Iron, Total (Net)*		0.3	mg/l	Once Per Month	Composite**
Settleable Solids		0.1	ml/l	Once Per Month	Grab
Total Residual Chlorine		0.5	mg/l	Once Per Month	Grab
pH		6.5 - 8.5	SU	Once Per Month	Grab
<b>003 - Sanitary - Septic Tank/Sand Filter Effluent</b>					
Flow	100		GPD	Once Per Month	Instantaneous
BOD5	30	30	mg/l	Once Per Year	Grab
Total Suspended Solids	30	30	mg/l	Once Per Year	Grab
Settleable Solids		0.3	ml/l	Once Per Month	Grab
pH		6.5 - 8.5	SU	Once Per Month	Grab
Temperature	Monitor Only		°C	Once Per Month	Grab
Visual Observation				Once Per Month	NA

\* The net total iron concentration is calculated by subtracting the concentration of a grab sample of the raw water.

\*\* Representative composite during the period of discharge, consisting of a minimum of three grab samples if the duration of the discharge exceeds 15 minutes. A grab sample should be taken at the beginning, middle and end of the discharge event whenever possible.

**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 measurement, 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)

**OUTFALL 002 - EFFLUENT FROM THE SETTLING LAGOON SYSTEM**

**OUTFALL 003 - EFFLUENT FROM THE SEPTIC TANK/SAND FILTER SYSTEM**



**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 28th 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 Water 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

- 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)
- 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 certification 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.