

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
State Pollutant Discharge Elimination System (SPDES)
NOTICE / RENEWAL APPLICATION / PERMIT

BUREAU OF WATER PERMITS
RECEIVED



FEB - 9 2012

Please read ALL instructions on the back before completing this application form. Please TYPE or PRINT clearly in ink

PART 1 - NOTICE 01/25/2012

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

US DEPARTMENT OF VETERANS AFFAIRS
LESTER SEKOWSKI ✕
79 MIDDLEVILLE RD
NORTHPORT NY 11768

Name: DVA MEDICAL CENTER
Ind Code: 8999 County: SUFFOLK
DEC No.: 1-4726-00237/00008
SPDES No.: NY 006 9159
Expiration Date: 02/29/2012
Application Due By: 09/02/2011

Are these name(s) & address(es) correct? if not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above.

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only this form and the completed questionnaire using the enclosed envelope. Effective April 1, 1994 the Department no longer assesses SPDES application fees.

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

LESTER SEKOWSKI
Name of person signing application (see instructions on back)

ACTING CHIEF ENGINEERING SERVICE
Title

[Handwritten Signature]
Signature

2/6/12
Date

PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 5/1/12 Expiration Date: 2/28/22

Stuart Fox
Permit Administrator

Address: NYSDEC - Division of Environmental Permits
Bureau of Environmental Analysis
625 Broadway, Albany, NY 12233-1750

[Handwritten Signature]
Signature

APR - 5 2012
Date

This permit together with the previous valid permit for this facility issued 3/1/07 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: ~~General Conditions dated ___/___/___~~

FEB 08 2012
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