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New York State Department of Environmental Conservation
Division of Water
Bureau of Water Permits, 4th Floor

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Division of Water
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BUREAU OF WATER PERMITS

Notice of Modification (NOM)

For Stormwater Discharges Associated with Industrial Activity under the State Pollutant Discharge Elimination System (SPDES) Multi-Sector General Permit GP-0-12-001

IMPORTANT INSTRUCTIONS FOR COMPLETING THIS FORM

- This Notice of Modification (NOM) form may **only** be used to modify coverage under GP-0-12-001. Facilities without effective coverage under this general permit must submit a Notice of Intent (NOI).
- The owner/operator must read and understand the conditions of the permit prior to submitting this NOM. Modifications are effective on the date the department receives the form, unless otherwise notified by the Department.
- The owner/operator information, contact information, and certification statement must be completed for all NOM form submittals.
- The certification statement must be signed by an individual meeting the definition of a signatory authority per Part V.H of GP-0-12-001. The individual signing the certification statement must also initial and date each page of the submission.
- Type or print in capital letters using blue or black ink.

Permit Number
NYR00D751

Owner/Operator Information

Enter the name of the legally responsible party and the address of the executive office

O/O Name
BEN WEITSMAN OF SYRACUSE, LLC

O/O Street Address
333 BRIDGE STREET

O/O City
SOLVAY

O/O State
NY

O/O Zip
13209-

Contact Information

Enter the name and contact information for the individual responsible for communicating with DEC regarding the implementation of the MSGP on behalf of the owner/operator.

Contact First Name
JAMES

Contact Last Name
ROTHENBURG

Contact Phone
315-488-3171

Contact Fax
315-468-1893

Contact eMail
JROTHENBURG@WEITSMAN.COM

Initials: GR
Date: 11/16

Modification Information

This NOM form is being submitted to udpate or correct the following information (check all that apply)

☐ **Owner/Operator Information**

Check the box if this is a change of the Owner/Operator information provided in the Notice of Intent (NOI) submitted to gain coverage under this permit, or the most recent NOM submitted. Enter the name of the legally responsible party and the address of the executive office in the Owner/Operator Information section below. Changes to address may only be submitted if the official mailing address of the entity seeking coverage has changed and the address is consistent with the address provided to the Department of State and/or other regulatory entities.

Note: If the facility has changed ownership or a different operator is seeking authorization of discharges under this general permit, do not use this form to notify the Department. If there is a change in ownership or operator, the previous owner or operator must submit a Notice of Termination (NOT) and the new owner or operator must submit a Notice of Intent (NOI).

☐ **Contact Information**

Check the box if this is a change of the Contact Information provided in the Notice of Intent (NOI) submitted to gain coverage under this permit, or the most recent NOM submitted. Enter the name and contact information for the individual responsible for communicating with DEC regarding the implementation of the MSGP on behalf of the owner/operator in the Contact Information section below.

☑ **Facility and Mailing (DMR and SPDES Mailing Address) Information**

- Complete Attachment A to modify the Facility Information (includes Facility Name, Address, Nearest Cross Street and/or Coordinates) provided in the Notice of Intent (NOI) submitted to gain coverage under this permit, or the most recent NOM submitted. The address of a facility may only be submitted to correct information submitted in error or to update the address recognized by the United States Postal Service. Enter the complete street address of the physical location of the facility.

- Complete Attachment A to modify DMR and/or SPDES fee (billing) Mailing Information provided in the Notice of Intent (NOI) submitted to gain coverage under this permit, or the most recent NOM submitted. Enter the complete street address of the location at which DMR forms and/or SPDES fee (billing) should be sent. It is the responsibility of the legally responsible party to communicate effectively with personnel at the address indicated in this section.

☐ **Receiving Waterbody Information (i.e. 303(d) or TMDL Status)**

Complete Attachment B to modify Receiving Waterbody Information (Questions 3, 4, and 6 of the NOI).

☐ **Stormwater Pollution Prevention Plan (SWPPP)**

Complete Attachment C to modify Stormwater Pollution Prevention Plan information (Question 5 of the NOI).

☐ **Industrial Activity Information**

Complete Attachment D to modify Industrial Activity Information (Question 9, 11, 12, 13, and 14 of the NOI).

Note: If you are modifying a SIC and/or Activity Code(s) in Question 9, Attachment E: Outfalls, **must** also be completed to show at which outfall(s) the SIC and/or Activity codes are being modified.

☐ **Outfalls**

Complete Attachment E to modify Outfall Information (Question 10 of the NOI).

Initials: GB
Date: 11/6

Certification

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 gathered and evaluated 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.

* BOBBI JO
O/O Signature First Name (please print or type)

MI

11/06/2014
Date

BURAK
O/O Signature Last Name (please print or type)

BBurak
Signature

* Signing on behalf of James Rothenburg.

Initials: BB
Date: 11/6

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Attachment A: Facility Information and Facility Mailing (DMR and SPDES Fee Mailing Address) Information
(SUBMIT ONLY IF MODIFYING THIS INFORMATION)

Facility Information

Enter the complete street address of the physical location of the facility.

Facility Name
BEN WEITSMAN OF SYRACUSE, LLC

Facility Street Address
333 BRIDGE STREET

Facility City
SOLVAY

State: NY
Facility Zip: 13209 -
Facility County: ONONDAGA

Name of Nearest Cross Street
MILTON AVENUE

Distance to Nearest Cross Street (feet)
1584

Direction to Nearest Cross Street
○ North ● South ○ East ○ West

Provide the geographic coordinates in decimal degrees for the latitude & longitude of the facility. The NYS DEC Stormwater Interactive Map on the DEC's website can be used to get coordinates. Go to: www.dec.ny.gov/imsmaps/stormwater/viewer.htm.

Latitude: 43.067 Longitude: -76.216

DMR Mailing Information

Provide address where DMR should be mailed, if different from Owner/Operator Information on page 1.

Name
PLUMLEY ENGINEERING, P.C.

Street Address
8232 LOOP ROAD

City
BALDWINSVILLE

State: NY
Zip: 13027 -

SPDES Fee Mailing Information

Provide address where SPDES fee (billing) should be mailed, if different from Owner/Operator Information on page 1.

Name
PLUMLEY ENGINEERING, P.C.

Street Address
8232 LOOP ROAD

City
BALDWINSVILLE

State: NY
Zip: 13027 -

Initials: BB
Date: 11/16

MSGP Data Entry Supplement - Modifications

DEC Use Only

Reviewer- RPW Date reviewed - 12/1/14 *NPDES Id* – NYR00 0751

Modification Issued Date - 11/17/14 *Tracking Events Comment* -

Facility Type Ownership – Corporation Federal Individual Municipal State

Change -

Field	Change	Field		Change
Facility Name		Permittee Name		
Permittee Address		DMR Mailing Address		X
Billing Address	X	Facility Contact		
Waterbody Name		Impaired Waters		
MS4		SWPPP Location	URL	
Primary SIC			At Facility	
Latitude/Longitude			Other Address	

Add *Secondary SIC codes* - _____ Delete *SIC code* - _____

Add *Permit User Defined Field 1*- CP SP SC Delete *Permit User Defined Field 1*- CP SP SC

No benchmarks

Permitted Feature ID	Add	Delete

Delete Outfall/Limit Set

Permitted Feature	Limit set designator	Delete	Inactive date	Reason

Add Benchmark and Effluent Monitoring – Annual

Source Limit Set	Target Permitted Feature	Target Limit Set Designator	Initial Monitoring Date	Initial DMR Due Date
			01/01/	02/28/
			01/01/	02/28/

Updated 9/24/13

Add Quarterly monitoring

Source Limit Set	Target Permitted Feature	Target Limit Set Designator	Initial Monitoring Date	Initial DMR Due Date

Notes:

SIC code	Impairment	Source Code limit set	POC	Final limit set	
				Bench	Compl

Data entry staff BJC date entered 12/3/2014

Updated 9/24/13