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 (leave | e blank if for new discharge) | | | |
|---|---------------------------------|-----------------|---------------------------|--|
| SPDES Number: D NY0004880 | 4-0103-0001 | 6/00020 | | |
| A NEW proposed discharge X A MODIFICATION of the existing pern Does this request include an increase in the qua | | charge currentl | y without permit | A RENEWAL of an existing SPDES permit |
| YES - Describe the increase: | | | | |
| X NO - Go to Item 3. below. 3. Permittee Name and Address | | | | |
| Name Norlite, LLC | | | Attention Darrell I | Monk |
| Street Address 628 South Saratoga S | Street | | | |
| City or Village Cohoes | | State NY | ZIP Code 12047 | |
| 4. Facility Name, Address and Loca | ation | | | |
| Name SAME | | | | |
| Street Address | | | P.O. Box | |
| City or Village | | State | ZIP Code | |
| Town | | County A | lbany | |
| Telephone 518-235-0401 | FAX 518-235-0233 | | NYTM - E | NYTM - N |
| Tax Map Info (New York City, Nassau County Section | and Suffolk County only) Block | Subblock | | Lot |
| Collon | | | | |
| 5. Facility Contact Person | | | | |
| Name Prince Knight | | Ti | le Environmental & Regu | alatory Compliance Manager |
| Street Address 628 South Saratoga S | treet | | | P.O. Box |
| City or Village Cohoes | | St | ate NY | ZIP Code 12047 |
| Telephone 518-235-0401 | FAX 518-235-0233 | E- | Mail or Internet Prince.I | Knight@Tradebe.com |
| 6. Discharge Monitoring Report (DN | IR) Mailing Address | | | |
| Mailing Name SAME | | | | |
| Street Address | · | | | P.O. Box |
| City or Village | | Sta | ate | ZIP Code |
| Telephone | FAX | E- | Mail or Internet | |
| Name and Title of person responsible for signi | ing DMRs | Sig | gnature | |

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| Facility Name: Norlite, LLC | SPDES Number: NY0004880 |
|-----------------------------|-------------------------|
|-----------------------------|-------------------------|

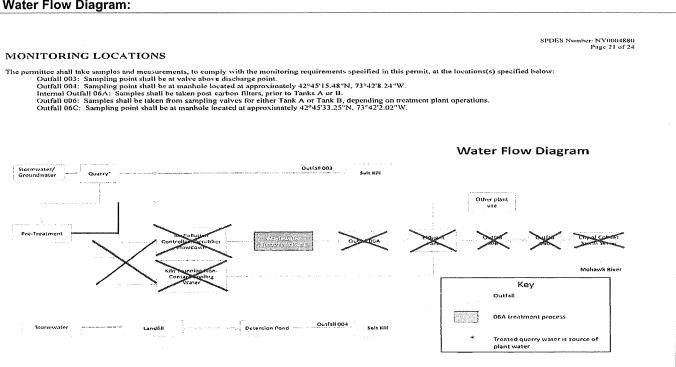
Summarize the outfalls present at the facility:

| Outfall Number | Receiving Water | Type of discharge |
|----------------|---------------------------------|--|
| 003 | Salt Kill Creek (H-239)/Class D | Quarry Water |
| 004 | Salt Kill Creek (H-239)/Class D | Shale Fines Leachate and Storm Runoff from Landfill Area |
| 006 | To Be Removed | Treated Scrubber Blowdown, Boiler Blowdown, 006 Trunnion Non- Contact Cooling Water, Treated Quarry water |
| 06A | To Be Removed | Treated Scrubber Blowdown, Boiler Blowdown |
| 06C | To Be Removed | Treated Outfall 006 Effluent at Manhole by Railroad Tracks |
| | | |
| | | |
| | | |
| | | |
| | | |

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:



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|--|---|---|--------------------------------------|-------------------------------|--|---|----------------|--|
| 10. Nature of | business: (Describe th | ne activities at the facility and t | the date | e(s) that o | peration(s) at the fac | ility commenced) | | |
| kiln is fire diameter of temperatu Heat is su fuels (LG maximum | ed with natural gas, oil of 11 feet. Flame temperes are typically in the pplied by firing either F). Typically, 2.2 - 2.5 | n expanded shale aggre, or low grade fuel. Be erature typically range range of 2000 F to 22 specification used oil MMBtu are required rate is 10.5 gallons/micontent characteristic | oth ki es fro 200 F I, natu | lns are m 2000 aral gas | 180 feet long v OF to 2500F wh , waste oil or lo | vith an outside ille material ow grade waste ter. Since the | | |
| 11. List the | I-digit SIC codes whic | h describe your facility | / in o | der of | priority: | | | |
| Priority 1 3 2 9 9 | Description: Nonmeta | allic Mineral Products | Priori | ty 3 | Description: | | | |
| Priority 2 | Description: | | Priori | ty 4 | Description: | | | |
| Inc | lustrial Category | 40 CFR Part Subpart | | Ind | dustrial Category | Part | CFR Subpart | |
| or dange YES - X NO - G 14. Is storm X YES - G | rous organisms? Attach a detailed explanation to ltem 14 below. runoff or leachate from | n a material storage ar | ea di | scharge | ed by your facili | ity? | illy infection | |
| Size of area | Type(s) of m | naterial stored | C | uantity of | material stored | Runoff control | devices | |
| ~3.5 Acre | s Non-Haz Shale F | nes | | Uı | nknown | Settling Pon | d | |
| | | | | | | | | |

Signature

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| Facility Name: Norlite, | SPDES Number: NY0004880 | | | | | | |
|--|---|---|----------------------------------|---|--|------------------------------------|--|
| 15. Facility Ownership: Corporate X Sole P | (Place an "X" in the appropriate | | s | tate | Federal | Other | |
| Are any of the discharges ap | plied for in this application on India | n lands? | | Yes | No X | | |
| | any other environmental p | permits for this facility Permit Number | /: | T | Permit Status | | |
| Issuing Agency | Permit Type | Permit Number | | Active | Applied for | Inactive | |
| NYS DEC | RCRA 373 | 04-0103-00016/00 | 016 | X | | | |
| NYS DEC | Mining | 4-0103-00016/000 | 019 | X | | | |
| NYS DEC | Non-Public Water Withdrawal | 4-0103-00016/00051 | | X | | | |
| NYS DEC | Title V | | | X | | | |
| | | | | | | | |
| | | | | | | | |
| 7. Laboratory Certific Were any of the anal YES - Complete the | yses reported in Section III of following table. | of this application perform | ned by | a contract | laboratory or a c | onsulting firr | |
| Name of laboratory or consulting firm Address | | · · · · · · · · · · · · · · · · · · · | Telephone (area code and number) | | Pollutants analyzed | | |
| o assure that qualified person ystem or those persons directl nd complete. I am aware that | at this document and all attachmen nel properly gather and evaluate th y responsible for gathering the infor t there are significant penalties for s | e information submitted. Bas mation, the information submi | sed on n tted is, t | ny inquiry of the | e person or person y knowledge and be | s who manage lief, true, accura | |
| iolations. Name and official title (type o | r print) Darrell Monk | | | D | ate signed 12/18 | /2018 | |

Telephone number

518-235-0401

FAX number

518-235-0233