

NPDES PERMIT MINOR MODIFICATION

Issued to

Permittee:

Town of East Hampton
P.O. Box 218
1 Community Drive
East Hampton, Connecticut 06424

Location Address:

Town of East Hampton
20 Gildersleeve Drive
East Hampton, Connecticut 06424

Design Flow Rate: 3.9 MGD

Permit ID: CT0024694

Permit Modification Effective: 02/01/2021

Permit Modification Expires: 09/30/2025

This permit modification is issued in accordance with section 22a-430 of Chapter 446k, Connecticut General Statutes (“CGS”), section 22a-430-4(p)(5) of the Regulations of Connecticut State Agencies (“RCSA”) adopted thereunder, as amended, and Section 402(b) of the Clean Water Act, as amended 33 USC 1251, *et. seq.*, and pursuant to an approval dated September 26, 1973, by the Administrator of the United States Environmental Protection Agency for the State of Connecticut to administer a N.P.D.E.S. permit program.


The Town of East Hampton, (“Permittee”), shall comply with all conditions of Permit No. CT 0024694 issued on 10/01/2020, with the following modification to Table A:

- Enterococci testing will occur between May 1st and September 30th. This timeframe was inadvertently not included in the permit.

The Commissioner reserves the right to make appropriate revisions to the permit in order to establish any appropriate effluent limitations, schedules of compliance, or other provisions which may be authorized under the Clean Water Act or the Connecticut General Statutes or regulations adopted thereunder, as amended. The permit as modified or renewed under this paragraph may also contain any other requirements of the Clean Water Act or Connecticut General Statutes or regulations adopted thereunder which are then applicable.

A revised copy of Table A is provided below. All other terms and conditions of Permit No. CT0024694 that became effective on 10/01/2020 shall continue in full force and effect.

This modification is hereby issued on: January 11, 2021



Graham J. Stevens

Bureau Chief

Bureau of Water Protection and Land Reuse

GJS/cae/cc

cc: Town of East Hampton WPCF
DEEP-DMR Section

TABLE A

Discharge Serial Number (DSN): 001-1					Monitoring Location: 1					
Wastewater Description: Sanitary Sewage										
Monitoring Location Description: Final Effluent										
Allocated Zone of Influence (ZOI): 597 cfs					In-stream Waste Concentration (IWC): 1.00%					
PARAMETER	Units	FLOW/TIME BASED MONITORING				INSTANTANEOUS MONITORING			REPORT FORM	Minimum Level Analysis See Section 6
		Average Monthly Limit	Maximum Daily Limit	Sample Freq.	Sample type	Instantaneous Limit or Required Range ³	Sample Freq.	Sample Type		
Alkalinity	mg/l	NA	NA	NR	NA	-----	Monthly	Grab	MOR	
Biochemical Oxygen Demand (5 day) ¹ , See remark (C) below	mg/l	30	50	3/week	Daily Composite	NA	NR	NA	DMR/MOR	
Carbonaceous BOD (5 day)	mg/l	-----	-----	2/month	Daily Composite	NA	NR	NA	DMR/MOR	
Chlorine, Total Residual May 1 st through September 30 th , See remark (A) below	mg/l	NA	NA	NR	NA	0.2 - 1.5	4/ Work Day	Grab	DMR/MOR	
Enterococci May 1 st through September 30 th , See remark (B) below	Colonies per 100 ml	NA	NA	NR	NA	500	3/week	Grab	DMR/MOR	
Flow	MGD	-----	-----	Continuous ²	Average Daily Flow	NA	NR	NA	DMR/MOR	
Nitrogen, Ammonia (total as N)	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	
Nitrogen, Nitrate (total as N)	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	
Nitrogen, Nitrite (total as N)	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	
Nitrogen, Total Kjeldahl	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	
Nitrogen, Total	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	

Nitrogen, Total	lbs/day	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	
Oxygen, Dissolved	mg/l	NA	NA	NR	NA	-----	Work Day	Grab	MOR	
pH	S.U.	NA	NA	NR	NA	6 - 9	Work Day	Grab	DMR/MOR	
Phosphate, Ortho	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	MOR	
Phosphorus, Total	mg/l	NA	-----	Monthly	Daily Composite	NA	NR	NA	DMR/MOR	
Solids, Settleable	ml/l	NA	NA	NR	NA	-----	Work Day	Grab	MOR	
Solids, Total Suspended ¹ , See remark (C) below	mg/l	30	50	3/week	Daily Composite	NA	NA	NA	DMR/MOR	
Temperature	°F	NA	NA	NR	NA	-----	Work Day	Grab	MOR	
Turbidity	NTU	NA	NA	NR	NA	-----	Work Day	Grab	MOR	

TABLE A – CONDITIONS

Footnotes:

¹ The discharge shall not exceed an average monthly 30 mg/l or a maximum daily 50 mg/l.

² The Permittee shall record and report on the monthly operating report the minimum, maximum and total flow for each day of discharge and the average daily flow for each sampling month. The Permittee shall report, on the discharge monitoring report, the average daily flow and maximum daily flow for each sampling month.

³ The instantaneous limits in this column are maximum limits.

Remarks:

(A) The use of chlorine for disinfection shall be discontinued from October 1st through April 30th except that chlorination equipment may be started and tested no earlier than April 15th, and any residual chlorine gas or liquid may be used up until, but no later than, October 15th. During these times in April and October the total residual chlorine of the effluent shall not be greater than **1.5 mg/l**, as an instantaneous limit, and **0.2 mg/l**, as a maximum daily limit. The analytical results shall be reported on the MOR for the months of April and October.

(B) The geometric mean of the Enterococci bacteria values for the effluent samples collected in a period of a calendar month shall not exceed 35 per 100 milliliters.

(C) The Average Weekly discharge Limitation for BOD₅ and Total Suspended Solids shall be 1.5 times the Average Monthly Limit listed above.