

Red Hook Residential Center
Rd 3
Box 129X
Red Hook, NY 12571
914-758-4151

Directions from Rensselaer:

Take 1-787 North to the Interchange with 1-90. Take 1-90 East to Exit 12, for Hudson, Route 9. This exit is shortly before the NYS Thruway toll booths. Turn right from the exit onto Route 9 South. Travel south on Route 9 to the intersection with Route 9H. Travel on Route 9H approximately 15 miles through Claverack, where 9H and Route 23 combine to head south, continue on 9H/23 to the intersection with Route 9, Take Route 9 South. Continue on Route 9 for approximately 10 miles into Dutchess County. Approximately 2 miles after crossing the County line turn left onto County Route 56. Travel approximately 2 1/2 miles to a then bear right onto County Route 56 East. Continue 1/2 mile to the facility. on the left-hand side, .

Alternate Route from Rensselaer:

Take the NYS Thruway to Exit 19. Kingston. Travel from the exit into a traffic circle, then make the first right turn from the circle onto Route 28, Take Route 28N to Route 209 North. Travel on Route 209 North and cross the Kingston-Rhinecliff Bridge. Continue on Route 199 to Route 9G. Turn left onto Route 9G. Travel on 9G North, at the first traffic light, turn right onto Route 199, Follow Route 199 into the Town of Red Hook. At traffic light turn left onto Route 9 North. Continue on Route 9 North approximately 3 1/2 miles, and look for the Hearthstone Motel on the right.

Travel past this motel to County Route 56. the second road on the right-hand side. Tu right onto County Route 56. Travel approximately 2 1/2 miles to a "Y" then bear right onto Count Route 56 East. Continue 1/2 mile to the facility on the left-hand side.

Directions from New York City via the Taconic State Parkway:

Take the Taconic State Par*way north for approximately Get off the exit for Red Hook/ Rhinebeck. Travel on Route 199 West into the Town of Red hook (approximately 7 miles). At the light tum right onto Route 9 North. Continue on 9 North 2 miles and took for County Route 56 on your right. (If you pass the Cornucopia Deli, you just missed County Route 56), Go right on to County Route 56 about 3 mites and took for the facility on the left-hand side of the road



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

State Pollutant Discharge Elimination System (SPDES) DISCHARGE PERMIT Special Conditions (Part 1)

RECEIVED

JUN 1 1989

DIVISION OF WATER BUREAU OF WASTEWATER FACILITIES DESIGN

Industrial Code N/A
Discharge Class (CL) 02
Toxic Class (TX) N
Major D.B. 13
Sub D.B. 01
Water Index Number H-158-17

Facility ID Number: NY- 0141925
UPA Tracking Number: 3-1348-45/1-0
Effective Date (EDP): June 1, 1989
Expiration Date (ExDP): June 1, 1994
Modification Date(s):
Attachment(s): General Conditions (Part II, 2/85)

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. §1251 et. seq.) (hereinafter referred to as "the Act").

Attn: Facilities Coordinator

Permittee Name: New York State Division for Youth
Street: 84 Holland Avenue
City: Albany State: NY Zip Code: 12208

is authorized to discharge from the facility described below:

Facility Name: Parker Youth Center
Location (R,T,X): Red Hook County: Dutchess
Mailing Address (Street): 84 Holland Avenue
Mailing Address (City) Albany State: NY Zip Code: 12208

from Outfall No. 001 at: Latitude 42°01'10" & Longitude 73°49'15"

into receiving waters known as: unnamed tributary to Saw Kill Class: D

and: (list other Outfalls, Receiving Waters & Water Classification)

Outfall 002: Groundwater, Class GA

in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit.

This permit and the authorization to discharge shall expire on midnight of the expiration date shown above 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 permit renewal as prescribed by Sections 17-0803 and 17-0804 of the Environmental Conservation Law and Parts 621, 752, and 755 of the Departments' rules and regulations.

Table with 3 columns: PERMIT ADMINISTRATOR, Deputy Alexander F. Ciesluk, Jr.; DATE ISSUED 5/25/89; ADDRESS 21 South Putt Corners Rd. New Paltz, NY 12561-1696

- Distribution: J. Marcogliese/S. Mitchell, DOW
D. O'Connor, Dutchess County Health Dept.
R. Hannaford, BWFD, Albany
B. Zicca (1st page only)
J. Cassidy, OGS
E. A. Parker Youth Center. Attn: William Widholm

Alexander F. Ciesluk, Jr. SIGNATURE

Final EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the Period Beginning June 1, 1989

and lasting until June 1, 1994

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

TABLE 1

Outfall Number	Effluent Limitations (Maximum Limits except where otherwise indicated)		
001	<input checked="" type="checkbox"/> Flow	30 day arithmetic mean	<u>10,000</u> ()MGD (X)GPD
	<input type="checkbox"/> BOD ₅	30 day arithmetic mean	_____mg/l and _____lbs/day(*1)
	<input type="checkbox"/> BOD ₅	7 day arithmetic mean	_____mg/l and _____lbs/day
	<input checked="" type="checkbox"/> CBOD ₅	Daily	<u>5</u> mg/l and <u>0.42</u> lbs/day
	<input type="checkbox"/> UOD (*2)	Daily	_____mg/l and _____lbs/day
	<input type="checkbox"/> Suspended Solids	30 day arithmetic mean	_____mg/l and _____lbs/day(*1)
	<input type="checkbox"/> Suspended Solids	7 day arithmetic mean	_____mg/l and _____lbs/day
	<input checked="" type="checkbox"/> Suspended Solids	Daily	<u>10</u> mg/l and <u>0.84</u> lbs/day
	<input type="checkbox"/> Effluent disinfection required: (X) all year		
	<input type="checkbox"/> Seasonal from _____ to _____		
	<input checked="" type="checkbox"/> Fecal Coliform	30 day geometric mean shall not exceed 200/100 ml	
	<input checked="" type="checkbox"/> Fecal Coliform	7 day geometric mean shall not exceed 400/100 ml	
	<input type="checkbox"/> Fecal Coliform	6 hour geometric mean shall not exceed 800/100 ml (*3)	
	<input type="checkbox"/> Fecal Coliform	No individual sample may exceed 2400/100 ml (*3)	
	If chlorine is used for disinfection, a chlorine residual of <u>0.5-2.0</u> mg/l shall be maintained in the chlorine contact chamber whenever disinfection is required. If specified here, the chlorine residual in the final discharge shall not exceed <u>0.21</u> mg/l.		
	<input type="checkbox"/> Total Coliform	Daily	_____/100 ml
	<input type="checkbox"/> Total Kjeldahl Nitrogen	Daily	_____/mg/l as N
	<input checked="" type="checkbox"/> Ammonia	Daily	<u>2.0</u> /mg/l as NH ₃
	<input checked="" type="checkbox"/> Dissolved Oxygen	Minimum	greater than <u>7.0</u> mg/l
	<input checked="" type="checkbox"/> pH	Range	<u>6.5</u> to <u>8.5</u>
	<input checked="" type="checkbox"/> Settleable Solids	Daily	<u>0.1</u> ml/l
	<input type="checkbox"/> Phosphorus	Daily	_____mg/l as P
	<input type="checkbox"/> Total Nitrogen	Daily	_____mg/l as N
	<input type="checkbox"/> _____		

TABLE 2

Monitoring Requirements

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent
<input checked="" type="checkbox"/> Total Flow, MGD	<u>Instantaneous</u>		<u>X</u>	or <u>X</u>
<input checked="" type="checkbox"/> BOD ₅ , mg/l	<u>Bi-Monthly</u>	<u>4 hr. Comp</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Suspended Solids, mg/l	<u>Bi-Monthly</u>	<u>4 hr. Comp</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Fecal Coliform, No./100 ml	<u>Bi-Monthly</u>	<u>Grab</u>		<u>X</u>
<input type="checkbox"/> Total Coliform, No./100 ml				
<input type="checkbox"/> Total Kjeldahl Nitrogen, mg/l as N				
<input checked="" type="checkbox"/> Ammonia, mg/l as NH ₃	<u>Bi-Monthly</u>	<u>4 hr. Comp</u>		<u>X</u>
<input checked="" type="checkbox"/> Dissolved Oxygen, mg/l	<u>Weekly</u>	<u>Grab</u>		<u>X</u>
<input checked="" type="checkbox"/> pH	<u>Daily</u>	<u>Grab</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Settleable Solids, ml/l	<u>Daily</u>	<u>Grab</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Residual Chlorine, mg/l	<u>Daily</u>	<u>Grab</u>		<u>X</u> (*4)
<input type="checkbox"/> Phosphorus, mg/l as P				
<input checked="" type="checkbox"/> Temperature, °C	<u>Daily</u>	<u>Grab</u>	<u>X</u>	<u>X</u>
<input type="checkbox"/> Total Nitrogen, mg/l as N				
<input type="checkbox"/> Visual Observation				

NOTE: (*1) and effluent values shall not exceed 15 % of influent values.
 (*2) (Ultimate Oxygen Demand) shall be computed and reported as follows:
 $UOD = 1 \frac{1}{2} \times BOD_5 + 4 \frac{1}{2} \times TKN$ (Total Kjeldahl Nitrogen).
 (*3) applicable only in the Interstate Sanitation District.
 (*4) sample contact chamber effluent and final effluent if limits are specified for both.

Outfall 002 - No monitoring required for the discharge of up to 575 gal/day to groundwater.

Definition 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 the 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

Permittee shall take samples and measurements to meet the monitoring requirements at the location(s) indicated below: (Show locations of outfalls with sketch or flow diagram as appropriate).

Outfall 001: At M.H. #5 or at the outfall.

Special Condition:

Permittee must comply with all terms and conditions of any effective Dutchess County Health Department Order.

MONITORING, RECORDING AND REPORTING

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 sampling for subsequent inspection by the Department or its designated agent.

Summarized and reported by submitting completed and signed Discharge Monitoring Report forms once every _____ month(s) to the locations specified below. Blank forms available at department offices listed below.

The first report will be due no later than _____

Thereafter, reports shall be submitted no later than the 28th of the following month(s): _____

Department of Environmental Conservation
Regional Water Engineer
202 Mamaroneck Avenue
White Plains, NY 10601

Dutchess County Health Department
22 Market Street
Poughkeepsie, NY 12601

Department of Environmental Conservation
Division of Water
50 Wolf Road,
Albany, New York 12233

(Applicable only if checked)

_____, Chief

Permit Administration Branch
Planning & Management Division
USEPA Region II, 26 Federal Plaza
New York, New York 10278

~~As directed, Monthly Wastewater Treatment Plant Operator's Reports should be submitted to the Regional Engineer, Dutchess County Health Department or County Environmental Control Agency specified above, by the 10th day of the following month.~~

d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.

e) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR 136 or as specified in the permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.

f) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.

g) 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.

h) On or after April 1, 1984, 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. Inquires regarding laboratory certification should be sent to the Laboratory Certification/Quality Assurance Group, 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.