

## Goshen Secure Center

Goshen, NY 10924

(914) 294-6158

Mileage: 112 Miles

Approximate Travel Time: 2 1/4 Hours

### Directions from Rensselaer:

Take NYS Thruway South to Exit 17, Newburgh. Get onto Interstate Route 84 West

\*from this exit. Take Route 84 West to Exit 4E (New York)

for Route 17 East. Travel on Route 17 East to Exit 124

(Goshen/Florida). At traffic light at end of ramp, take a left onto Route 17A.

Travel on Route 17A for about 2 miles to Pulaski Highway. Travel on Pulaski Highway for about One mile to the cross road on the right. Turn right onto Cross Road and continue about 7/10 mile to the facility on the left.

### Directions from New York City:

Take the NYS Thruway to Exit 16, Harriman, Get onto Route 17 and continue to Exit 124. Goshen. At the end of ramp take a left at traffic light and continue to next traffic light taking another left onto Route 17A. Travel Route 17A for about two miles to Pulaski Highway. Take a right onto Pulaski Highway, Travel Pulaski Highway to Cross Road on right. Turn right onto Cross Road and continue about 7/10 mile to the facility on the left.

### Public Transportation:

Adirondack Trailways from Albany to Newburgh; Short Line Buses to Goshen from Newburgh or New York City.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
State Pollutant Discharge Elimination System (SPDES)

RECEIVED

DISCHARGE PERMIT  
Special Conditions (Part I)

FEB 18 1994

GOSHEN SECURE CENTER

Industrial Code: 8999  
Discharge Class (CL): 02  
Toxic Class (TX): N  
Major Drainage Basin: 13  
Sub Drainage Basin: 06  
Water Index Number: HR-139-13-56  
Compact Area: \_\_\_\_\_

SPDES Number: NY-0030384  
DEC Number: 3-3330-30/2  
Effective Date (EDP): 3/1/94  
Expiration Date (ExDP): 3/1/99  
Modification Date(s): \_\_\_\_\_  
Attachment(s): General Conditions (Part II) Date: 1/1/90

This SPDES permit is issued in compliance with Title 9 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. Section 1251 et. seq.) (hereafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS Attention: S. Thyagarajan

Name: N.Y.S. Division of Youth  
Street: Capital View Office Park, 52 Washington St.  
City: Rensselaer State: NY Zip Code: 12144

is authorized to discharge from the facility described below:

FACILITY NAME AND ADDRESS

Name: Goshen Secure Center  
Location (C,T,V): (T) Goshen County: Orange  
Facility Address: Cross Road  
City: Goshen State: NY Zip Code: \_\_\_\_\_  
NYTM - E: \_\_\_\_\_ NYTM - N: 4  
From Outfall No.: 001 at Latitude: 41° 21' 50" & Longitude: 74° 23' 10"  
Into receiving waters known as: ditch to trib. of Wallkill Ri. Class: C

and; (list other Outfalls, Receiving Waters & Water Classifications)

In accordance with the effluent limitations, monitoring requirements and other conditions set forth in Special Conditions (Part I) and General Conditions (Part II) of this permit.

DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

Mailing Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Responsible Official or Agent: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_

This permit and the authorization to discharge shall expire on midnight of the expiration date shown 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 a permit renewal no less than 180 days prior to the expiration date shown above.

DISTRIBUTION:  
J. Marcogliese, DOW, Tarrytown  
Orange County Health Dept  
M. Hale, Goshen Secure Center  
E. Zicca (1st page only)

Permit Administrator: <u>Michael D. Merriman</u>		<u>RDB</u>
Address: <u>21 South Butt Corners Rd New Paltz NY 12566</u>		
Signature: <u>Michael D. Merriman</u>	Date: <u>2/11/94</u>	

**FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

During the period beginning March 1, 1994 and lasting until March 1, 1999  
 the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

LIMITATIONS APPLY:  All Year  Seasonal from \_\_\_\_\_ to \_\_\_\_\_

Outfall Number 001

**EFFLUENT LIMITATIONS**

<input checked="" type="checkbox"/> Flow	30 day arithmetic mean	<u>40,000</u>	<input type="checkbox"/> MGD	<input checked="" type="checkbox"/> GPD	
<input checked="" type="checkbox"/> BOD, 5 - Day	30 day arithmetic mean	<u>30</u>	mg/l and	<u>10</u>	lbs/day <sup>(1)</sup>
<input checked="" type="checkbox"/> BOD, 5 - Day	7 day arithmetic mean	<u>45</u>	mg/l and	<u>15</u>	lbs/day
<input type="checkbox"/> UOD <sup>(2)</sup>			mg/l and		lbs/day
<input checked="" type="checkbox"/> Solids, Suspended	30 day arithmetic mean	<u>30</u>	mg/l and	<u>10</u>	lbs/day <sup>(1)</sup>
<input checked="" type="checkbox"/> Solids, Suspended	7 day arithmetic mean	<u>45</u>	mg/l and	<u>15</u>	lbs/day
<input checked="" type="checkbox"/> Effluent disinfection required:-	<input type="checkbox"/> All Year <input checked="" type="checkbox"/> Seasonal from <u>May 15</u> to <u>October 15</u>				
<input checked="" type="checkbox"/> Coliform, Fecal	30 day geometric mean shall not exceed 200/100 ml				
<input checked="" type="checkbox"/> Coliform, Fecal	7 day geometric mean shall not exceed 400/100 ml				
<input type="checkbox"/> Chlorine, Total Residual	Daily Maximum				mg/l
<input checked="" type="checkbox"/> pH	Range			<u>6.5 - 8.5</u>	SU
<input checked="" type="checkbox"/> Solids, Settleable	Daily Maximum			<u>0.1</u>	ml/l
<input type="checkbox"/>				mg/l as	
<input checked="" type="checkbox"/> Chlorine Residual	Range in Contact Tank			<u>0.5 - 2.0</u>	mg/l
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

**MONITORING REQUIREMENTS**

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent
<input checked="" type="checkbox"/> Flow, <input type="checkbox"/> MGD <input checked="" type="checkbox"/> GPD	<u>Continuous</u>	<u>N/A</u>	<u>X</u>	
<input checked="" type="checkbox"/> BOD, 5 - Day, mg/l	<u>1/Month</u>	<u>6 Hr Composite</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Solids, Suspended, mg/l	<u>1/Month</u>	<u>6 Hr Composite</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Coliform, Fecal, No./100 ml <sup>(3)</sup>	<u>1/Month</u>	<u>Grab</u>		<u>X</u>
<input type="checkbox"/> Nitrogen, TKN (as N), mg/l				
<input type="checkbox"/> Ammonia (as NH <sub>3</sub> ), mg/l				
<input checked="" type="checkbox"/> pH, SU (standard units)	<u>1/Day</u>	<u>Grab</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Solids, Settleable, ml/l	<u>1/Day</u>	<u>Grab</u>	<u>X</u>	<u>X</u>
<input checked="" type="checkbox"/> Chlorine, Total Residual, mg/l <sup>(3)</sup>	<u>1/Day</u>	<u>Grab</u>		<u>X</u>
<input type="checkbox"/> Phosphorus, Total (as P), mg/l				
<input checked="" type="checkbox"/> Temperature, Deg. F	<u>1/Day</u>	<u>Grab</u>	<u>X</u>	<u>X</u>
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

NOTES: <sup>(1)</sup> and effluent value shall not exceed 15 % and 15 % of influent values for BOD<sub>5</sub> & TSS respectively.  
<sup>(2)</sup> Ultimate Oxygen Demand shall be computed as follows:  
 UOD = 1 1/2 x CBOD<sub>5</sub> + 4 1/2 x TKN (Total Kjeldahl Nitrogen)  
<sup>(3)</sup> Monitoring of these parameters is only required during the period when disinfection is required.

**RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS**

The permittee shall also refer to the General Conditions (Part II) of this permit for additional information concerning monitoring and reporting requirements and conditions.

The monitoring information required by this permit shall be summarized, signed and retained for a period of three years from the date of the sampling for subsequent inspection by the Department or its designated agent. Also;

(if box is checked) monitoring information required by this permit shall be summarized and reported by submitting completed and signed Discharge Monitoring Report (DMR) forms for each \_\_\_ month reporting period to the locations specified below. Blank forms are available at the Department's Albany office listed below. The first reporting period begins on the effective date of this permit and the reports will be due no later than the 28th day of the month following the end of each reporting period.

Send the original (top sheet) of each DMR page to:

Department of Environmental Conservation  
Division of Water  
Bureau of Wastewater Facilities Operations  
50 Wolf Road  
Albany, New York 12233-3506  
Phone: (518) 457-3790

Send the first copy (second sheet) of each DMR page to:

Department of Environmental Conservation  
Regional Water Engineer  
200 White Plains Road  
Tarrytown, New York 10591  
Phone: (914) 332-1835

- ) A monthly "Wastewater Facility Operation Report..." (form 92-15-7) shall be submitted (if box is checked) to the  Regional Water Engineer and/or  County Health Department or Environmental Control Agency listed above.
- ) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed in the attached General Conditions (Part II)
- ) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- ) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR Part 136 or as specified in this permit, the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.
- ) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- ) 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.
- ) 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. Inquiries regarding laboratory certification should be sent to the Environmental Laboratory Accreditation Program, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences, The Nelson A. Rockefeller Empire State Plaza