

**MacCORMICK SECURE CENTER**

300 South Road  
Brooktondale, NY 14817  
(607) 539-7121

**Mileage:** 165 Miles

**Approximate Travel Time:** 3 Hours

**Directions from Rensselaer:**

Take the NYS Thruway to Exit 25A, 1-88. Travel West on 1-88 to the Bainbridge Exit.

Get onto Route 206 West from this exit. Travel on Route 206 West from Bainbridge to Whitney Point. Take Route 79 West from Whitney Point to Slaterville Springs. Look for a sign in Slaterville Springs indicating the direction to the facility.

Turn left from Route 79 in Slaterville Springs onto Buffalo Road  
Travel on Buffalo

Road to the intersection at Caroline Center. Go straight at this intersection where Buffalo

Road becomes South Road. Continue about 1 1/2 miles to the facility on the right-hand side.

**Public Transportation:**

Trans World Express Airlines to Ithaca from Albany or New York City; US Air to Ithaca from New York City; Greyhound Bus service to Ithaca from Albany or New York City.

NYS Office of Children and Family Services  
Travel Directory  
Facilities

September 1998

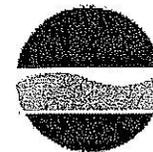
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New York State Department of Environmental Conservation

Division of Environmental Permits NYSDEC HEADQUARTERS 625 BROADWAY .

ALBANY, NY 12233

(518) 402-9167



SPDES PERMIT RENEWAL

11/13/2014

LAWRENCE BRA.DT  
NYS OFFICE OF CHILDREN & FAMILY SERVICE  
52 WASHINGTON ST RM 106 S

RENSELAER NY 1 RENSSELAER NY- 12144-2735

Permittee Name: NYS OFFICE OF CHILDREN & FAMILY SERVICES

Facility Name: MACCORMICK CENTER

Ind. Code: 8999 County: TOMPKINS

DEC ID: 7-5020-00003/00001

SPDES No.: NY0075361

Permit Effective Date: 6/1/2015

Permit Expiration Date: 5/31/2020

Dear Permittee,

The State Pollutant Elimination System (SPDES) permit renewal for the facility referenced above is approved with the new effective and expiration dates. This letter together with the previous valid permit for this facility effective on 06/01/2010 and any subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued permit(s).

As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit, including applications for permit modification or transfer to a new owner, a name change, and other questions, should be directed to:

Deputy Regional Permit Administrator

NYSDEC REGION 7 CORTLAND SUB-OFFICE  
1285 FISHER AVE

CORTLAND, NY 13045-1090

(607) 753-3095 application for modification of your permit, it will be processed separately by that office,

If you have already filed an

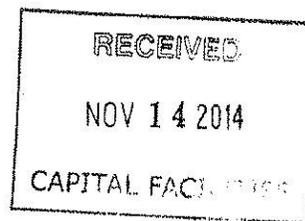
If you have questions concerning this permit renewal, please contact LINDY SUE CZUBERNAT at (518) 402, 9167.

Sincerely,

Stualt M. Fox  
Deputy Chief Permit Administrator

cc: RPA RWE BWP

BWC



New York State Department of Environmental Conservation



Division of Environmental Permits  
Programs and Systems, 4th Floor  
625 Broadway, Albany, NY 12233-1750  
Phone: (518) 402 -9167 Fax: (518) 402-9168  
website: ULLd,,e.GA-L.g.QY

MAY 26

Alexander B,  
Grannis  
Commissioner

FACILITY INFORMATION

NAME: MacCormick Center

LOCATION: Caroline (T)

Larry Bradt  
NYS Office of Children & Family  
Services  
52 Washington St, Ste 220 North  
Rensselaer, NY 12144

COUNTY: Tompkins  
SPDES NO: NY 007 5361  
DEC ID NO.: 7-5020-  
00003/00001

Dear SPDES Permittee:

Enclosed please find a validated NOTICE/RENEWAL APPLICATION/PERMIT form renewing your State Pollutant Discharge Elimination System (SPDES) permit for the referenced facility, this validated form, together with the previously issued permit (see issuance date of this permit in Part 3 of the NOTICE/RENEWAL APPLICATION/PERMIT form), and any subsequent permit modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified therein.

The instructions and other information that you received with the NOTICE/ RENEWAL

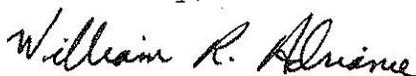
APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new

owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

Deputy Regional Permit  
Administrator NYSDEC -  
Region 7 Sub Office 1285  
Fisher Avenue  
Cortland, NY 13045-1090  
(607) 753-3095

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal, please contact Lindy Sue Czubernat at (518) 402-9165.

Sincerely,

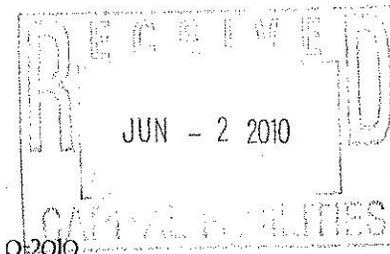


Chief Permit Administrator

Enclosure

cc:

RWE  
BWP



oyears of stewardship 1970120b

•91-20-5 (5/97)

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
State Pollutant Discharge Elimination System (SPDES)  
NOTICE 1 RENEWAL APPLICATION 1 PERMIT



Please read ALL instructions on the back of this application form. Please TYPE or PRINT before completing this application. 'clear' in ink,

<b>PART 1 - NOTICE</b>		08/17/2009
Permittee Contact Name, Title, Address	Facility and SPDES Permit Information	

NYS OFFICE OF  
MACCORMICK CENTER  
MR. LARRY BRADT  
52 WASHINGTON STE  
RENSSELAER NY 12144

*220 North -*  
~~261 WEST~~

CHILDREN & FAMILY SERVICES - name: MAC  
Ind. Code: 8999 County: TOMPKINS  
DEC No.: 7-5020-00003/00001  
SPDES NY 007 5361  
Expiration Date: 06/01/2010  
Application Due By: 12/03/2009

Are these name(s) & address(es) correct? if not, please write corrections above.





## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION.

State Pollutant Discharge. Elimination System (SPDES)  
DISCHARGE PERMIT

Industrial Code:	8999	SPDES Number:	NY 007 5361
Discharge Class (CL): Toxic Class (TX):	09	DEC Number:	7-5020-
Major Drainage Basin:	06	Effective Date (EDP):	00003/00001
Sub Drainage Basin:	02	Expiration Date (ExDP):	05/01/2010
Water index Number: Compact Area:	SR 16-4-16-2-	Modification Date	06/0 1/20 0 .
	10		04/06/2010

EDPM

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").

## PERMITTEE NAME AND ADDRESS

Name: Office of Children and Family Services      Attention: Larry Bradt  
Street: 52 Washington Street, Suite 350  
City: Rensselaer      State: NY      Zip Code: 12144 .

is authorized to discharge from the facility described below:

## FACILITY NAME AND ADDRESS

Name: MacCormick Center  
Location: Town of Caroline      County: Tompkins  
Facility Address: 300 South Road  
Caroline      State: NY      Zip Code: 14817  
NYTM -E: 391.334      NYTM - N. 4686.912

"  
From Outfall No. 001 at Latitude: 42 19 & Longitude: 76 19 79 into receiving waters known as: IJnnamed tributary of Willseyville Creek and; (list other Outfalls, Receiving Waters & Water Classifications)

in accordance with: effluent limitations; monitoring and reporting requirements; Othel' provisions and conditions set forth this permit; and 6 NYCRR Part 750-1.2(a) and '750-2.

## DISCHARGE MONITORING REPORT (DMR) MAILING ADDRESS

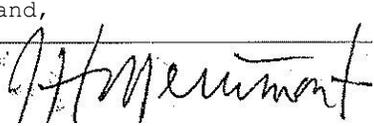
Mailing Name: MacCormick Center  
Street: 300 South Road, No. I      State: NY      Zip Code: 14817  
Brooktondale  
Responsible Official or Agent: Larry Bradt      Phone: (518) 473-7326

SPDES Permit Number NY 026 2081

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 not less than 180 days prior to the expiration date shown above.

DISTRIBUTION;

Joe Zalewski, RWE-Syracuse  
 T.Val Murakami, DOW-Syracuse Cheri  
 Jamison, DOW-BWP  
 Michelle .Josil0, USEPA-Region 11  
 Tompkins County Health Department  
 Susquehanna River Basin Commission

Pennit A(hnistratov: John H. Merriman, Jr.	
Address; NYSDEC, 1285 Fisher Ave NY 13045-1090 Cortland,	
Signature: 	Date: 4/6/10

**PERMIT LIMITS, LEVELS AND  
 MONITORING DEFINITIONS**

FORMSW Eas

OUTFALL	WASTEWATER TYPE	RECEIVING WRIER	EFFECTIVE	EXPIRING
001 M	This cell describes the type of wastewater authorized for discharge. Examples include process of sanitary wastewater, storm water, non-contact cooling water,	This cell lists classified Mtatevs of the state to which the listed outfall discharges.	The (late this page starts in effect. (e.g. EDP EDPM)	The date this page is no longer in effect (e.g. F,xDP)
PARAMETER	MINIMUM	MAXIMUM	Units	SAMPLE FREQ. SAMPLE TYPE
e.g. pH, TRC. 'emperature, D,O,	The minimum level that must be naintained at alt instants in time.	The maximum level that may not be exceeded at any instant in time.	mg/l, etc.,	Ghoul' con-II).
PARA-	EFFLUENT LIMIT	PRACTICALQUANTITATION LIMIT (PQL)	ACT)ON LEVEL	UNITS SAMPLE FREQUENCY SAMPLE 'I" TYPE

	<p>types are defined below in Note 1. The effluent is developed based on the more stringent of technology-based standards, required under the Clean Water Act, or New York State water quality standards. The limit has been derived based on existing assumptions. These assumptions include receiving water hardness, pH and temperature; rates of this and other discharges to the receiving stream; etc. If assumptions or rules change the limit may, after due process and modification of this permit change.</p>	<p>For the purposes of compliance assessment, the analytical method specified in the permit shall be used to monitor the amount of the pollutant in the outfall to this levels provided that the laboratory analyst has with the specified quality assurance/quality control procedures in the relevant method. Monitoring results that are lower than this level must be reported, but shall not be used to determine compliance with the calculated limit. This PQL can be neither lowered nor raised without a modification of this permit.</p>	<p>Action Levels are Monitoring requirements as defined below in Note 2, that trigger additional monitoring and permit review when exceeded.</p>	<p>This can include units of flow, pH, mass, Temperature, concentration. Examples include up/l, lbs/d, etc.</p>	<p>include Daily. 3/week, weekly, 2/month, monthly, quarterly, 2/yr. and yearly.</p>	<p>Examples include grab, 24 hour composite and 3 grab samples collected over 6 hour period,</p>
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Note 1: **DAILY DISCHARGE**: The discharge of a pollutant measured during a calendar day any 24-hour period that reasonably represents the calendar day for the purposes of sampling. For pollutants expressed in units of mass, the 'daily discharge' is calculated as the total mass of the pollutant discharged over the day. For pollutants with limitations expressed in other units of measurement, the 'daily discharge' is calculated as the average measurement of the pollutant over the day. **DAILY MAX**: The highest allowable daily discharge. **DAILY MIN**: The lowest allowable daily discharge. **MONTHLY Avg** (daily avg): the highest allowable average of daily discharges over a calendar month, calculated as the sum of each of the daily discharges measured during a calendar month divided by the number of daily discharges measured during that month. **RANGE**: The minimum and maximum instantaneous measurements for the reporting period must remain between the two values shown. **7 DAY GEOMETRIC MEAN** (7 day average): The highest allowable average of daily discharges over a calendar week, 12 MRA (twelve month rolling avg): The average of the most recent twelve month's monthly averages, **30 DAY GEOMETRIC MEAN** (30 d geo mean): The highest allowable geometric mean of daily discharges over a calendar month, calculated as the antilog of the sum of the log of each of the daily discharges measured during a calendar month divided by the number of daily discharges measured during that month, **7 DAY GEOMETRIC MEAN** (7 d geo mean): The highest allowable geometric mean of daily discharges over a calendar week.

**ACTION LEVELS**: Routine Action Level monitoring results, if not provided for on the Discharge Monitoring Report (DMR) form, shall be appended to the DMR the period during which the sampling was conducted. If the additional monitoring requirement is triggered as noted below, the permittee shall undertake a short-term, high-intensity monitoring program for the parameter(s). Samples identical to those required for routine monitoring purposes shall be taken on each of at least three consecutive operating and discharging days and analyzed. Results shall be expressed in terms of both concentration and mass, and shall be submitted no later than the end of the third month following the month when the additional monitoring requirement was triggered. Results may be appended to the DMR or transmitted under separate cover to the same address, if levels higher than the Action Levels are confirmed, the permit may be reopened by the Department for consideration of revised Action Levels or effluent limits. The permittee is not authorized to discharge any of the listed parameters at levels which may cause or contribute to a violation of water quality standards, the additional monitoring requirement is triggered upon receipt by the permittee of any monitoring results in excess of the slated Action Level.

of 6

PERMIT LIMITS, LEVELS AND MONITORING

OUTFALL	LIMITATIONS APPLIED:	RECEIVING WATER	EFFECTIVE	EXPIRING				
001	All Year	(Unnamed Tribut. of Wilkseyville Creek)	06/05/2004	06/06/2010				
PARAMETER	EFFLUENT LIMIT				MONITORING REQUIREMENTS			
	Limit	Units	Limit	Units	Sample Frequency	Sample Type	Location	
	(2,000)		12,000	mgd	Continuous	Meter	Inf.	Eff.
Temperature	Daily Max.	Monitor	Deg. C		Daily	Grab	X	X

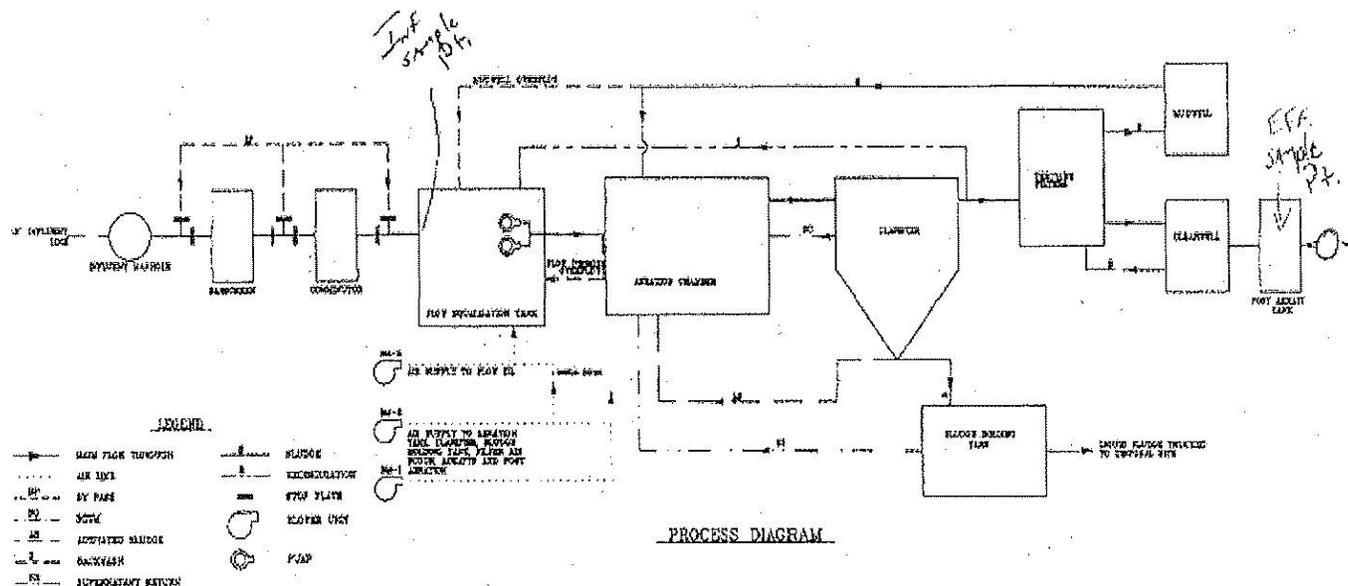
SPDES Permit Number NY 026 2081

BOD5	Maximum	5.0		0.5	lbs/d	Monthly	COMP-6			
	Maximum				lbs/d	Monthly	COMP-6			
Solids, Suspended										
Solids, Settleable	Daily Max.					Daily	Grab	X	X	
							Grab			
pH	Range							X	X	
Nitrogen, Ammonia	Maximum	1.0	mg/l			Monthly	COMP-6	X	X	
Phosphate, Total as P	Maximum	Monitor				Monthly	Grab		X	
	Daily Min.	7.0					Grab		X	
Oxygen, Dissolved (DO)										
Nitrate as N	Maximum	Monitor				Monthly	Grab		X	
Nitrite as N	Maximum	Monitor			lbs/d	Monthly	Grab		X	
TKN	Maximum	Monitor	mg/l			Monthly	Grab		X	
Total Nitrogen	Maximum	Monitor				Monthly	Grab		X	
Total Organic Nitrogen	Maximum	Monitor				Monthly	Grab			
Oil & Grease	Daily Max.	Monitor				Monthly	Grab		X	

Footnotes: (l) and effluent shall not exceed 15% and 15% of influent concentration values for BOD5 & TSS respectively.

MONITORING LOCATIONS

The permittee shall take samples and measurements, to comply with the monitoring requirements specified in this permit, at the location(s) specified below:



### DISCHARGE NOTIFICATION REQUIREMENTS

a) The permittee shall, except as set forth in (c) below, maintain the existing identification signs at all outfalls to surface waters, which have not been waived by the Department in accordance with 17-081 5-a. The sign(s) shall be conspicuous, legible and in as close proximity to the point of discharge as is reasonably possible while ensuring the maximum visibility from the surface water and shore, the signs shall be installed in such a manner to pose minimal hazard to navigation, bathing or other water related activities. If the public has access to the water from the land in the vicinity of the outfall, an identical sign shall be posted to be visible from the direction approaching the surface water.

The signs shall have minimum dimensions of eighteen inches by twenty four inches (18" x 24") and shall have white letters on a green background and contain the following information:

### N.Y.S. PERMITTED DISCHARGE POINT

SPDES PERMIT \_\_\_\_\_

No.: NY OUTFALL

No. . .

For information about this permitted discharge contact:

PermitteeName:

\_\_\_\_\_

Permittee Contact:

\_\_\_\_\_

Permittee Phone: ) - ### - ####

OR:

NYSDEC Division of Water Regional Office Address:

NYSDEC Division of Water Regional Phone: ( ) - ### - ####

b) For each discharge required to have a sign in accordance with a), the permittee shall provide for public review at a repository accessible to the public, copies of the Discharge Monitoring Reports (DMRs) as required by the RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS page of his permit. This repository shall be open to the public at a minimum, during normal daytime business hours. The repository may be at the business office repository of the permittee or at an off premises location of its choice (such location shall be the village, town, city or county clerk's office\* the local library or other location as approved by the Department). In accordance with the RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS page of your permit, each DMR shall be maintained on record for a period of five years.

- c) The permittee shall periodically inspect the outfall identification signs in order to ensure that they are maintained, are still visible and contain information that is current and accurate.

SPDES Number

RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

- a) The permittee shall also refer to 6 NYCRR Part 750-1.2(a) and 750-2 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 five years from the date of the sampling for subsequent inspection by the Department or its designated agent. Also, monitoring information required by this permit shall be summarized and reported by submitting;

(if box is checked) 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.

(if box is checked) an annual report to the Regional Water Engineer at the address specified below. The annual report is due by February 1 and must summarize information for January to December) of the previous year in a format acceptable to the Department,

(if box is checked) a monthly "Wastewater Facility Operation Report" (form 92-15-7) to the;

X Regional Water Engineer and/or X County Health Department or Environmental Control Agency specified below

Send the DMRs with original signatures Send a of each DMR page to, to:

Department of Environmental Conservation  
Division of Water

Department of Environmental Conservation  
Regional Water Engineer  
615 Erie Blvd., West

Bureau of Water Compliance Programs  
625 Broadway

Syracuse, NY  
Phone: (315) 426-7500

Albany, New York 12233-3506  
Phone: (518) 4024177

Send an additional copy of each DMR page to:

Tompkins County Health Dept.  
Environmental Health Dept.,

401 Harris B, Dates Drive  
Ithaca, NY 14850 Phone: (607)274-6688

- c) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed 6 NYCRR Part 750- 1.2(a) and 750-2.
- d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 13(), unless other test procedures have

been specified in this permit.

- e) If the 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.
- f) Calculation for all dilutions 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) 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, Albany, New York 12201. .