

**RED HOOK RESIDENTIAL CENTER**

RD 3, Box 129X  
 Red Hook, NY 12571  
 (914) 758-4151

Mileage: 54 Miles

Approximate Travel Time: 1 Hour

**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.

Public Transportation:

Amtrak to Rhinecliff: Trailways Bus service to Kingston, from Albany or New York City.

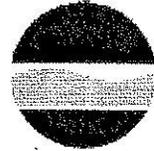
NYS Office of Children and Family Services  
Travel Directory  
Facilities

September 1998

New York State Department of Environmental Conservation

Division of Environmental Permits

NYSDEC HEADQUARTERS  
625 BROADWAY  
ALBANY, NY 12233  
(518) 402-9167



SPDES PERMIT RENEWAL

2/4/2014

LAWRENCE BRADT  
NYS OFFICE OF CHILDREN & FAMILY SERVICE  
52 WASHINGTON ST RM 106 S  
RENSSELAER NY 12144-2735

Permittee Name: NYS OFFICE OF CHILDREN & FAMILY SERVICES  
Facility Name: EDDIE A PARKER YOUTH CENTER  
Ind. Code: 8999 County: DUTCHESS  
DEC m: 3-1348-00045/00001 SPDL'S No.: NY0141925  
Permit Effective Date: 11/1/2014  
Permit Expiration Date: 10/31/2019

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 1/01/2009 and any subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued permit(s).

IMPORTANT NOTICE - In accordance with Article 7, Title 8 (State Pollutant Discharge Elimination System) and Article 70 (Uniform Procedures) of the Environmental Conservation Law, your permit is subject to the Discharge Notification Act (I.)NA), This law requires permittees to post a ' sign near each outfall of a wastewater discharge to surface waters, and also to provide a public repository for discharge Monitoring Reports (DMRs) required by the SPDES permit, To initiate your complying with the provisions of the DNA, your permit is hereby modified and the DNA requirement pages are made a part of your permit.

Please note, however, that compliance with DNA requirements can be waived in certain cases. If an outfall satisfies any of the criteria listed in item (g) of the enclosed Discharge Notification Requirements, you are eligible for seeking a waive; from the DNA. To do so, you must notify the Department by completing the enclosed Notice of Waiver form and sending it to the Bureau of Water Permits, NYSDEC, 625 Broadway, Albany, NY 12233-3505. Construction of a sign and the maintaining of DMRs at a public repository is not required for the specific outfall or outfalls identified in the Notice of Waiver.

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:

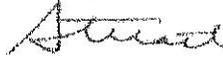
Regional Permit Administrator, NYSDEC REGION 3 HEADQUARTERS

21 SOUTH PUTT CORNERS RD, NEW PALTZ, NY 12561-1620 (845)  
256-3185

If you have already filed an application for Inodification of your permit, it will be processed separately by that office.

If you have questions concerning this permit renewal, please contact LINDY SUE CZU13ERNAT at (518) 402-

Sincerely,



Stuart M. Fox  
Deputy Chief Permit Administrator

CC:  
RPA  
B WC

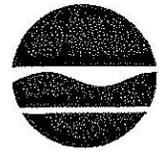
RWE

BWP

FEB 06 2014

New York State Department of Environmental Conservation  
Division of Environmental Permits

Programs and Systems, 4<sup>th</sup> Floor  
625 Broadway, Albany, NY 12233-1750  
Phone: (518) 402 -91 67 Fax: (618) 402-9168  
Website: [www.dec.nyse.y](http://www.dec.nyse.y)



OCT 28 2009

Alexander Commissioner, Grannis

FAC14TUNFORMATION

Larry Bradt

NAME: Red Hook Resident Center

Office of Children and Family Services LOCATION: Red Hook (T) 52 Washington St.,  
Room 220 North . COUNTY; Dutchess  
Rensselaer, NY 12144

SPDES NO: NY 014 1925  
DEC ID NO.: 3-1348-00045/00001

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.

IMPORTANT NOTICE - In accordance with Article 171 Title 8 (State Pollutant Discharge Elimination system) and Article 70 (Uniform procedures) of the Environmental Conservation Law, your permit is subject to the Discharge Notification Act (DNA), This law requires permittees to post a sign near each outfall of a wastewater discharge co surface waters, and also to provide a public repository for discharge Monitoring Reports (DMRs) required by the SPDES permit To Initiate your complying with the provisions of the DNA, the Department has elected to modify your permit during this renewal period. .

Please note, however, that compliance with DNA requirements can be waived in certain cases. If an outfall satisfies any of the criteria listed in item (g) of the enclosed DISCHARGE NOTIFICATION REQUIREMENTS, you are eligible for seeking a waiver from the DNA. To do so, you must notify the Department by completing the enclosed UQt1ce-gf.Mä1ueL form and sending it to the Bureau of water Permits, NYSDEC/ 625 Broadway, Albany, NY 122333505, Construction of a sign and the maintaining of DMRs at a public repository is not required for the specific outtran or outfalls identified in the Notice of Waiver.

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. Ali other concerns with your permit such as applications for permit modifications, permit transfers to a new owner f name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

Margaret Duke  
 NYSDEC - Region 3  
 21 South Putt Corners Road  
 New Paltz, NY 12561-1696  
 (845)256-3054

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 Lihdy Sue Czubernat at (518) 402-9165.

Sincerely,



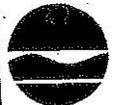
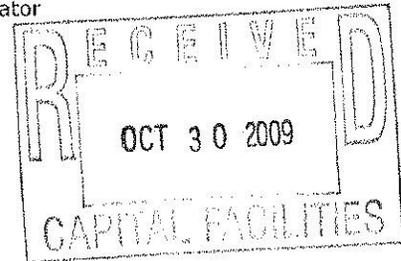
Chief Permit Administrator

Enclosure cc:  
 RWE 3WP

91-20-5 (4/98)

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 before completing this application form. Please TYPE or PRINT clearly in ink.

<b>PART 1 - NOTICE</b>	Date: 09/15/2009
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Permittee Contact Name, Title, Address

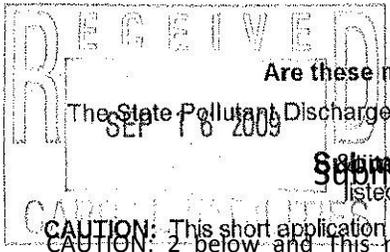
Facility and SPDES Permit Information.

OFFICE OF CHILDREN & FAMILY SEVICES  
 BRADT Ind. Code: 8999 County DUTCHESS  
 52 WASHINGTON ROOM 220 NOR  
 RENSSELAER NY 12144

Name: RED HOOK RESIDENT CENTER LARRY  
 DEC No., 3-1348-00045/00001  
 .SPDES No.. 014 1925  
 Expiration Date: 10/01/2009  
 Application Due By: 04 / 04/2009

{Bes Ename(s) & address(es) correct? if not, please write corrections above.

Elimination System Permit for the facility referenced above expires on the date indicated.



Are these in The State Pollutant Discharge Elimination System (SPDES) permit list?

this application by the "Application Due By" date

Submit above in order to keep continuous coverage under your permit.

CAUTION: This short application form and the completed attached questionnaire are using the only enclosed forms acceptable envelope. for Effective permit renewal. April 1, Sign 1994 Partthe Department no longer assesses SPDES application fees...

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the facility is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request,

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to section 210.45 of the Penal Law.

Name of person signing application (see instructions on back): Larry Bradt for NYS OCFs
Title: Facilities Planner
Signature: Larry Bradt for NYS OCFs
Date: 9-16-09



PART 3 - PERMIT (Below this line - Official Use Only)

Effective Date: 11/1/09 Expiration Date: 10/31/14
Permit Administrator: William R. Adriance
Address: NYSDEC - Division of Environmental Permits, Bureau of Environmental Analysis, 50 Wolf Road, Albany, NY 12233-1750
Signature: William R. Adriance
Date: OCT 28 2009

This permit together with the previous valid permit for this facility issued 10/1/04 and subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued valid permit, modifications thereof or issued as part of this permit, including any special or general conditions attached hereto. Nothing in this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR 5621.14, 6NYCRR 5754.4 or 6NYCRR 5757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated \_\_\_/\_\_\_/\_\_\_



State Pollutant Discharge Elimination System (SPDES) JUN 1 DISCHARGE PERMIT

Special Conditions (Part 1) BUREAU DIVISION OF

WASTEWATER OF FACILITY

Class (CL) 02  
 Discharge (TX) N  
 B. 13  
01  
 Index Number H-158-17

NY 0141925  
 3-1348-45/1-0  
 June 1, 1989  
 June 1, 1994  
 N/A Facility

ID Number: NY' Industria: '\_ode

Discharge UPA Tracking Number: Toxic Class  
Major D.B.

Effective Date (EDP):  
Expiration Date (ExDP):

Sub Dd.Modification Date(s):

Water index

Attachment(s): General Conditions [Part II, 2,'8S]

This SPDES perm it 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, 51 251 eta seq) (hereinafter referred to as "the Act").

Attn: Facilities Coordinator

Permittee Name: New York State Division for Youth

Street: 84 Holland Avenue

City: Alban-y State: NY Zip Code: 12208

is authorized to discharge from the facility described below:

Facility Name: Parker Youth Center

Location T, X): -B.ed—AoaL— County: Dutchess  
84 Holland Avenue

Mailing Address (Street): \_\_\_\_\_

Mailing Address (City) Albany State: \_\_\_\_\_ Zip code: 12208

from Outfall No. —0.0.1— 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.

PERMIT ADMINISTRATOR, Deputy Alexander F. Clesluk, Jr.	DATE ISSUED <u>5/25/89</u>	ADDRESS 21 South Putt Corners Rd. New Paltz, 12561-1696
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D. C) 'Connor, Dutchess County Health Dept.  
R. Hannaford, BWFD, Albany  
B. Zicca (1st page only)  
J. Cassidy, OCS S  
Youth Center Attn: William



SIGNATURE

(d • I holm

Facility  
Part 1,

91-20-2b

30aID # NY0141925

Page 2 of 5

DEC if 3-1348-45/1-0

Final EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the Period Beginning June 1, 1989

and lasting until June 1, 1991 the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall

TABLE 1

Number	Effluent Limitations (Maximum Limits except where otherwise indicated)
001	(X) Flow 30 day arithmetic mean 10,000 ( )MCD ( X)CPD
( )	BOD5 30 day arithmetic mg/l and
( )	BOD5 7 day arithmetic mean mg/l and lbs/day
(X)	CBOD5 5 mg/l and 0.42 lbs/day
( )	I-JOD (*2) mg/l and lbs/day
( )	Suspended Solids 30 day arithmetic mean mg/l and
( )	Suspended Solids 7 day arithmetic mean mg/l and lbs/day
( )	Suspended Solids 10mg/l and 0.84 lbs/day
( )	Effluent disinfection required: (X) alt year
( )	Seasonal from mg/l and lbs/day(*1) to mg/l and lbs/day(*1)
( X)	Fecal Coliform 30 day geometric mean shall not exceed 200/100 ml
( X)	Fecal Coliform 7 day geometric mean shall not exceed 400/100 ml Fecal
( )	Coliform 6 hour geometric mean shall not exceed 800/100 ml (

\*3)

Fecal Coliform . No individual sample may exceed 2400/100 ml ( \*3) If chlorine is used for disinfection, a chlorine residual of 5 - 2 • 0 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

Total Coliform—1100 ml

Facility

Part 1,

of

—]mg/l as N

( ) Total Kjeldahl Nitrogen 0.21 mg/l.  
 ( x ) Ammonia \_\_\_\_\_ Daily 2 • 0 'mg/l a 5 NH3  
 ( X ) Dissolved Oxygen trogen Daily  
 than 7.0 mg/l Daily  
 Range 6.5 to 8.5  
 ( X ) Settleable Solids Daily 0.1 ml/l  
 ( ) Phosphorus \_\_\_\_\_ mg/l as P  
 ( ) Total Nitrogen \_\_\_\_\_ mg/l as N  
 ) \_\_\_\_\_

Minimum greater

6.5 to 8.5

0.1 ml/l

CONTINUED ON NEXT PAGE.

91-20-2b1(2/86)—30aID

TABLE 2

Monitoring Requirements

Sample Location

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

NOTE: (\*1) and effluent values shall not exceed 15 % of influent values.  
 (\*2) Ultimate Oxygen Demand) shall be computed and reported as follows:

Frequency Sample Type Influent Effluent

Facility

Part 1,

of

and effluent values shall not exceed  
(Ultimate Oxygen Demand) shall be computed and reported as follows:  
0.00 If 2 x 30Ds 4 112 x TKN (Total  
Kieidahl 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.

91-20-2e(7/84)

ID # NY0141925

4 5

Page

DEC/ 3-1348-45/1-0

### 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. 1/5 or at the outfall.

### Special Condition:

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

Facility

Part

of

ID \*TY014 1925\_\_\_\_\_

I, Page \_\_\_\_\_5 \_\_\_\_\_5 .  
DEC 3-1348-45/1-0

91-20-2091-20-2f (9/85)

MONITORING, RECORDING AND REPORTING

- a) The permittee shall also refer to the General Conditions (Part It) 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 26th of the following month(s):\_\_\_\_\_

Department of Environmental Conservation  
Regional Water Engineer  
202 Mamaroneck Avenue  
White Plains, NY 10601 ,  
Department of Environmental Conservation  
Division of Water  
50 Wolf Road,  
Albany, New York 12233

Dutchess County Health Department  
22 Market Street  
Poughkeepsie, NY 12601

(Applicable only if checked)

\_\_\_\_\_ Chief  
Permit Administration Branch  
Planning & Management Division  
USEPA Region II, 26 Federal Plaza New  
York, New York 1027B

- c) Monthly Wastewater Treatment Plant Operators Reports should be submitted to the ~~Regional Engineer~~ specified above, by the 10th day  
o t e o w n g o n
- 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 1 36 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. Inquiries 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 ,

12/20/99 MON FAX 914 2364088

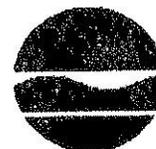
### New York State Department of Environmental Conservation

#### Division of Water, Region 3

20) White Plaine Road — 6th Floor, Tarrytown, New York 10591-5306

Phone; (914) 332-1836 • FAX; (914) 332.4670

Web site: www.dec.state.ny.us



John P. Cahill  
Commissioner

December 1, 1999

Quality Management Services

1504-2 Route 9W

Marlboro, NY 12542

Attn: Mr. Sam Du-Bois  
Regional Manager

Re: Red Hook Residential Center SPDES  
Permit #NY.014192.5

Dear Mr. DuBois:

Please note that the referenced permit has a monitoring requirement for Bimonthly sampling. This means that samples must be collected once every two months. I hope this clarifies your permit requirements. Should you have any questions, do not hesitate to call,

Very truly yours,

Leonard Meyerson, P.E.

Leonard Meyerson, P.E.

Environmental Engineer 2

Facility  
Part

of

Division of Water