

GOSHEN DUAL CENTER
Secure/Limited Secure
Goshen, NY 10924
(914) 294-6158

1 12 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 7110 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 T railways from Albany to Newburgh; Short Line Buses to Goshen from Newburgh or New York City.

NYS Office of Children and Family Services
Travel Directory
Facilities

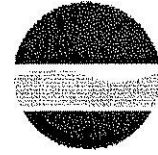
September 1998

19

New York State Department of Environmental Conservation

Division of Environmental Permits

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



SPDES PERMIT RENEWAL

7/17/2013

LAWRENCE BRADT

NYS OFFICE OF CHILDREN & FAMILY SERVICE

52 WASHINGTON ST RM 106 S Facility Name: GOSHEN SECURE CENTER RENSSELAER NY 12144-2735 Ind. Code: 8999
County: ORANGE

Permittee Name: NYS OFFICE OF CHILDREN & FAMILY
SERVICES

DEC ID: 3-3330-00030/00002 SPDES No.: NY0030384

Permit Effective Date: 3/1/2014

Permit Expiration Date: 2/28/2019

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 03/01/2009 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 17, 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 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 waiver 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 01' 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 modification of your permit, it will be processed separately by that office,

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

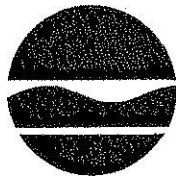
Sincerely,

cc:

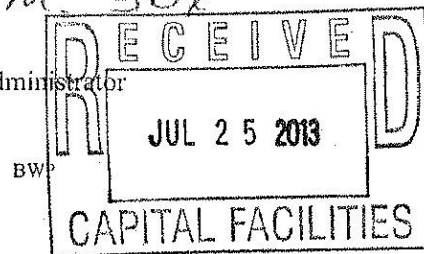
File

New York State
Department of
Environmental
Conservation

RWE BWC



Stuart M. Fox
Stuart M. Fox
Deputy Chief Permit Administrator



Division of Environmental
Permits, 4th Floor

625 Broadway, Albany, New York 12233-1750

Phone: (518) 402-9167 • FAX: (518) 402-9168 JUL 2' 2008

Website: www.dec.ny.gov

Alexander B.
Grannis
Commissioner

FACILITY INFORMATION

Larry Bradt

Office of Children and
Family Services
52 Washington Street, Room
261 West
Rensseler, NY 12144

NAME: Goshen Secure
Center

LOCATION: Goshen (T)

COUNTY: Orange

SPDES NO: NY 003 0384

DEC ID NO.: 3-3330-00030/00002

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 17, 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 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, 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 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

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:

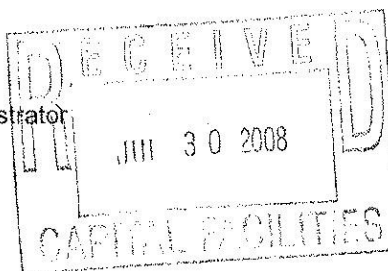
Margaret Duke
NYSDEC - Region 3
21 South Putt Corners Road
New Paltz, NY 12561-1696
(845)256-3054.

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 Lindy Sue Czubernat at (518) 4029165.

Sincerely,

Charles B. Gardner

Charles B. Gardner
Deputy Permit Administrator



Enclosure cc: RPA.
. RWE

91*20-5 (4/98)

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

Please read ALL instructions on the back application form. Please TYPE or before corn letin this a PRINT clearly in ink.

PART 1 - NOTICE Date: 05/30/2008

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

OFFICE OF CHILDREN 261 West FAMILIES SERVICES Name: GOSHEN SECURE
CENTER LARRY BRADT 220 NORTH Ind. Code: 8999 county ORANGE
52 WASHINGTON ST, RMDEC No.3-3330,,00030/00002
RENSSELAER NY 12144 SPDES No. 003 0384
Expiration Date: 03/01/2009
Application Due By: 09/02/2008

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

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated.

Submit this application by the "Application Due By" date listed above in order to keep continuous coverage under your permit,

CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail this form and the completed questionnaire using the enclosed envelope. Effective April 1994 the 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 required permit by modification your current application permit. See to the reverse Regional side Permit of this Administrator page for instructions for the DECon region in which the facility is located, 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.

Larry Bradt Facility Planner
Name of person signing application (see instructions on back) Title
Larry Bradt for NYS OCFJ 6-6-08
Signature Date

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

Effective Date: 3/1/09 Expiration Date:
2/28/14

Charles B. Gardner

Permit Administrator

NYSDEC - Division of
Environmental Permits Bureau of
Environmental Analysis.
Address: 50 waif Road, Albany, NY 12233-1750

Charles B. Gardner

JUL 24 2008

Signature

Date

This permit together with the previous valid permit for this facility issued 3/1/09 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 issaa:4d i)Art qtithiNFF&U, 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, 1498NYCRR "5754.4 Or 6NY 9RR 5757.1 existing at the time this permit is issued or which arise thereafter.

RECEIVED NYSDEC

Attachments: ~~General Conditions dated~~ 1/1/09
minormod.wpd (12/98)

SPDES Permit No.: NY 003 0384

Part 111, Page 1 of 2

Effective Date of Modification 07/15/03

DISCHARGE NOTIFICATION REQUIREMENTS

- (a) Except as provided in (c), (f) and (g) of these Discharge Notification Act requirements, the permittee shall install and maintain identification signs at all outfalls to surface waters listed in this permit. Such signs shall be installed within 90 days of the Effective Date of this Modification.

(b) Subsequent modifications to or renewal of this permit does not reset or revise the deadline set forth in (a) above, unless a new deadline is set explicitly by such permit modification or renewal.

(c) The Discharge Notification Requirements described herein do not apply to outfalls from which the discharge is composed exclusively of storm water, or discharges to ground water.

(d) 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:	
Permittee Name:	_____
Permittee Contact:	_____
Permittee Phone:) -### -####
OR:	
NYSDEC Division of Water Regional Office Address	
NYSDEC Division of Water Regional Phone: () -### -####	

(e) For each discharge required to have a sign in accordance with a), the permittee shall, concurrent with the installation of the sign, provide a repository of copies of the Discharge Monitoring Reports (DMRs), as required by the RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS page of this 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 three years.

(continued)

SPDES Permit No.: NY 003 0384

(f) If, upon November 1, 1997, the permittee has installed signs that include the information required by 17-0815-a(2)(a) of the ECL, but do not meet the specifications listed above, the permittee may continue to use the existing signs for a period of up to five years, after which the signs shall comply with the specifications listed above,

(g) All requirements of the Discharge Notification Act, including public repository requirements, are waived for any outfall meeting any of the following circumstances, provided Department notification is made in accordance with (h):

- (i) such sign would be inconsistent with any other state or federal statute,
- (ii) the Discharge Notification Requirements contained herein would require that such sign could only be located in an area that is damaged by ice or flooding due to a one-year storm or storms of less severity;
- (iii) instances in which the outfall to the receiving water is located on private or government property which is restricted to the public through fencing, patrolling, or other control mechanisms. Property which is posted only, without additional control mechanisms, does not qualify for this provision;
- (iv) instances where the outfall pipe or channel discharges to another outfall pipe or channel before discharge to a receiving water; or
- (v) instances in which the discharge from the outfall is located in the receiving two-hundred or more feet from the shoreline of the receiving water,

(h) if the permittee believes that any outfall which discharges wastewater from the permitted facility meets any of the waiver criteria listed in (g) above, notification (form enclosed) must be made to the Department's Bureau of Water Permits, Central Office, of such fact, and, provided there is no objection by the Department, a sign and DMR repository for the involved outfall(s) are not required. This notification must include the facility's name, address, telephone number, contact, permit number, outfall number(s), and reason why such outfall(s) is waived from the requirements of discharge notification, The Department may evaluate the applicability of a waiver at any time, and take appropriate measures to assure that the ECL and associated regulations are complied with.

(i) 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 factually correct.

1-2m (1/89)

NEW YORK ST T

Discharge Elimination System
DISCHARGE PERMIT

FEB | 8 1994

Special Conditions (Part 1)

Industrial Code:	YOUTH'.	SPDES Number:	NV
Discharge Class (Toxic Class U):	N	DEC Number:	3-3330-30 2
Malor Drainage Basin:	13	Effective Date (EDP):	
Sub Drainage Basin:	06	Expiration Date (ExDP):	3 / 1 / 99
Water Index Number:	HR-139-13-56	Modification Date(s):	
Compact Area:		Attachment(s):	<u>General Conditions Part</u> <u>Date: 11 90</u>

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 (33 U.S.C. Section 1251 et. seq.) (hereinafter referred to as "the Act").

PERMITTEE NAME AND ADDRESS Attention: S . Thyagaraian

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 (CET,V): (T Goshen county: -Qzang-e- Facility Address: Cross Road
City: Goshen State: NY Zip Code:
NYTM - E: NYTM N: 4

From Outfall No.: 001 at Latitude: 41 0 21' 5 0th & Longitude: 74 0 into receiving waters known as: ditch to tri b. of Wallkill R i. Class: C and; (Eist other Outfalls, Receiving Waters & Water Classifications)

in accordance with the effluent 'imitations, monit0ling requirements and other conditions set forth in Special Conditions (Part 1) and General Conditions (Part '1) 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 125</u>	
Signature: <u>Michael D. Merriman</u>	Date: <u>2 / 11 / 94</u>

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91-20-2b (1/8).SPDES No.: NY 0030384

AEFFLUENT LIMITATIONS AND MONITORING REQU\$REMENTS

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: [X] All Year [] Seasonal from _____ to _____

Outfall Number 001

EFFLUENT LIMITATIONS

Flow 40.00 [MGD] GOD 30
 BOD, 5 Day 30 day arithmetic mean mg/l and tbs/day 10 lbs/45 BOD, 5 Day arithmetic mean 15
 Solids, Suspended 30 day arithmetic mean 30 mg/l and lbs/day
 Solids, Suspended 7 day arithmetic mean 45 mg/l and 10 lbs/day"
 Effluent disinfection required: [] Ail Year from -M.AY-Lä- to October 15

Coliform, Fecal 30 day geometric mean shall not exceed 200/100 mi
 Coliform, Fecal 7 day geometric mean shall not exceed 400/100 ml

Chlorine, Total Residual! Daily
 pH Daily Maximum 6.5 - 8.5 mg/l
 Solids, Settleable Range 0.1 SU
 Chlorine Residual Daily Maximum 0.1 mg/l
 Range in Contact Tank 0.5 - 2.0 mg/l

Maximum

MONITORING REQUIREMENTS

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent
<input checked="" type="checkbox"/> Flow, [] MGD [X] 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 ⁽²⁾	<u>1/Month</u>	<u>Grab</u>		<u>X</u>
[] Nitrogen, TKN (as N), mg/l				
[] Ammonia (as NH ₃), 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 ⁽³⁾	<u>1/Day</u>	<u>Grab</u>		<u>X</u>
[] 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>
[]				
[]				
[]				
[]				

continuous

NOTES: and effluent value shall not exceed 15% and 15 % of influent values for BODE & TSS respectively.

⁽²⁾Ultimate Oxygen Demand shall be computed as follows:

UOD = 1 1/2 x CBOD6 + 4 1/2 x TKN (Total Kjeldahl Nitrogen)
 Monitoring of these parameters is only required during the period when disinfection is required.

01-20-21 (1/89)

SPDES No.: NY 0030384

Pad Page 3 of 3

RECORDING, REPORTING AND ADDITIONAL MONITORING REQUIREMENTS

- a) The permittee shall also refer to the General Conditions (Part 'f) 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 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

- c) A monthly Wastewater Facility Operation Report..." (form 92-15-7) shall be submitted (if box is checked) to the
 [X] Regional Water Engineer and/or [] County Health Department or Environmental Control Agency listed above.
- d) Noncompliance with the provisions of this permit shall be reported to the Department as prescribed in the attached General Conditions (Part II)
- e) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.
- f) 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.

- g) Calculation for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.
- h) 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.
- i) 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 .