

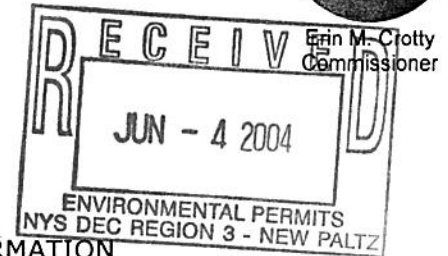
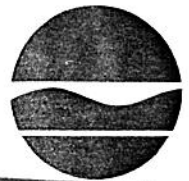
New York State Department of Environmental Conservation

Division of Environmental Permits, 4th Floor

625 Broadway, Albany, New York 12233-1750

Phone: (518) 402-9167 • FAX: (518) 402-9168

Website: www.dec.state.ny.us



June 2, 2004

FACILITY INFORMATION

MICHAEL ENGBER, EXEC.DIR.
LOUIS AUGUST JONAS FOUNDATION INC
9A WEST MARKET STREET
RHINEBECK NY 12572

NAME: CAMP RISING SUN
LOCATION: RHINEBECK (T)
COUNTY: DUTCHESS
DEC NO: 3-1324-00032-00002
SPDES NO: NY 021 9151

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:

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 Lynn Kaplan at (518) 402-9165.

Sincerely,

A handwritten signature in cursive script that reads "William R. Alvance".

Chief Permit Administrator

Enclosure
cc: RPA
RWE
BWP

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



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

PART 1 - NOTICE

Date: 04/13/2004

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

MICHAEL ENGBER, EXEC. DIRECTOR
 LOUIS AUGUST JONAS FOUNDATION INC

Name: CAMP RISING SUN
 Ind. Code: 8999 County DUTCHESS
 DEC No.: 3-1324-00032/00002
 SPDES No.: 021 9151
 Expiration Date: 10/01/2004
 Application Due By: 04/28/2004

9A WEST MARKET STREET
 RHINEBECK NY 12572

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 1, 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 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.

MICHAEL ENGBER
 Name of person signing application (see instructions on back)

EXECUTIVE DIRECTOR
 Title

Signature

Date

4/15/04

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

Effective Date: 10, 01, 04 Expiration Date: 10, 01, 09

William R. Adriance

NYSDEC - Division of Environmental Permits
 Bureau of Environmental Analysis
 50 Wolf Road, Albany, NY 12233-1750

Permit Administrator

Address:

Signature

Date

William R. Adriance

6/2/04

This permit together with the previous valid permit for this facility issued 09, 14, 94 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 §621.14, 6NYCRR §754.4 or 6NYCRR §757.1 existing at the time this permit is issued or which arise thereafter.

Attachments: General Conditions dated _____



| | |
|---|---------------------------------|
| Please enter the numbers from your current permit | DEC ID <u>3-1324-0003210002</u> |
| | SPDES Number NY <u>021 9151</u> |

QUESTIONNAIRE

for SPDES Private, Commercial & Institutional (PCI) Renewal Applications

Please answer the following questions about your discharge and return this form with your SPDES Application form. Use additional sheets as necessary.

When was your current permit issued (ie: signed by a Department representative)? Date / /

| Yes | No | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has the SPDES permit for your facility been modified in the past 5 years? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have any changes been made to your disposal system? If yes, please describe: _____ _____ _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has there been an increase in wastewater discharge quantities to or from your disposal system above what was listed (see design flow) on your permit? If yes, explain: _____ _____ _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Have there been a physical expansion or other modifications to your facility? If yes, please describe: _____ _____ _____ |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Has there been a change in the type, size or nature of the activity or business being conducted at your facility? If yes, please describe: _____ _____ _____ |

APPLICATION FORM "D"
for a State Pollutant Discharge Elimination System (SPDES) Permit

(A SPDES Application When Signed by a Permit Issuing Official Becomes a SPDES Permit)



PLEASE PRINT OR TYPE

| | | | |
|---|--|---|--|
| APPLICATION TYPE <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification | | IF RENEWAL OR MODIFICATION, GIVE PREVIOUS NUMBER NY- 0219151 | |
| OWNER'S NAME (Corporate, Partnership, Individual) THE LOUIS AUGUST JONAS FOUNDATION, INC. | | TYPE OF OWNERSHIP <input checked="" type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Public | |
| OWNER'S MAILING ADDRESS (Street, City, State, Zip Code) 2 RHINEBECK SAVINGS VILLAGE PLAZA, RHINEBECK, N.Y. 12572 | | | |
| REFER ALL CORRESPONDENCE TO: (Name, Title and Address) SAME | | TELEPHONE NUMBER (914) 876-4331 | |
| FACILITY NAME CAMP RISING SUN | | FACILITY LOCATION (Street or Road) CENTER ROAD | |
| CITY, TOWN OR VILLAGE T/CLINTON | | COUNTY DUTCHESS | |
| GIVE EXPLICIT DIRECTIONS TO LOCATION 2100' SOUTH OF INTERSECTION CR*18 & CR*19 ON THE EAST SIDE OF CR*18 | | | |
| NATURE OF BUSINESS OR FACILITY SUMMER CAMP | | POPULATION SERVED (See Instructions) 65 CAMPERS + 15 STAFF = 80 TOTAL | |
| FREQUENCY OF DISCHARGE All Year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If No, Specify Number of Months <u>2</u> All Week? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Number of Days _____ | | | |
| DOES YOUR DISCHARGE CONTAIN OR IS IT POSSIBLE FOR YOUR DISCHARGE TO CONTAIN ONE OR MORE OF THE FOLLOWING SUBSTANCES ADDED AS A RESULT OF YOUR OPERATIONS, ACTIVITIES OR PROCESSES? Please check: <input type="checkbox"/> Aluminum <input type="checkbox"/> Ammonia <input type="checkbox"/> Beryllium <input type="checkbox"/> Cadmium <input type="checkbox"/> Chlorine <input type="checkbox"/> Chromium <input type="checkbox"/> Copper <input type="checkbox"/> Cyanide <input type="checkbox"/> Grease <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> Nickel <input type="checkbox"/> Oil <input type="checkbox"/> Phenols <input type="checkbox"/> Selenium <input type="checkbox"/> Zinc <input checked="" type="checkbox"/> None of These | | | |

| | | | |
|--|---|---|--|
| DISCHARGE DATA (Use additional forms, if necessary) (See Instructions) | | | |
| OUTFALL NO. I-E | <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Existing <input type="checkbox"/> Expansion | TYPE OF WASTE DOMESTIC | TYPE OF TREATMENT SEPTIC/LEACH FIELD |
| DESIGN FLOW 650 Gal/Dav | | SURFACE DISCHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, Name of Receiving Waters _____ Classification _____ Waters Index Number _____ | |
| SUBSURFACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, Name of Nearest Surface Water LITTLE WAPPINGER CREEK | | Distance 100' + Ft. | SOIL TYPE/DEPTH OF WATER TABLE LOW/GRANUL > 7'-10" |
| OUTFALL NO. I-F | <input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Existing <input type="checkbox"/> Expansion | TYPE OF WASTE FILTER BACKWASH | TYPE OF TREATMENT LEACH FIELD |
| DESIGN FLOW 525 Gal/Dav | | SURFACE DISCHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, Name of Receiving Waters _____ Classification _____ Waters Index Number _____ | |
| SUBSURFACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, Name of Nearest Surface Water LITTLE WAPPINGER CREEK | | Distance 170' + Ft. | SOIL TYPE/DEPTH OF WATER TABLE LOW/GRANUL > 7'-10" |
| OUTFALL NO. | <input type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Existing <input type="checkbox"/> Expansion | TYPE OF WASTE | TYPE OF TREATMENT |
| DESIGN FLOW | | SURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Name of Receiving Waters _____ Classification _____ Waters Index Number _____ | |
| SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, Name of Nearest Surface Water | | Distance | SOIL TYPE/DEPTH OF WATER TABLE |

I hereby affirm under penalty of perjury that information provided on this form and any attached supplemental forms 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.

| | | | |
|--|----------------|----------------------------|------------------------|
| APPLICANT'S SIGNATURE (see Instructions) <i>David T. Ives</i> | DATE 7/8/94 | PRINTED NAME DAVID IVES | TITLE EXC. DIRECTOR |
|--|----------------|----------------------------|------------------------|

| | | | |
|---|--|--|--|
| PERMIT VALIDATION SECTION (Department of Environmental Conservation Use Only) 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 provisions of the Federal Water Pollution Control Act, as amended by the Federal Water Pollution Control Act Amendments of 1972, P.L. 92-500, October 18, 1972 (33 U.S.C. §1251 et. seq.) (hereinafter referred to as "the Act"), and subject to the attached conditions. | | APPLICATION NUMBER (DEC#3-1324-32/1-0) NY- 0219151 <i>RDB</i> | |
| Signature of Permit Issuing Official <i>Michael D. Merriman</i> | | DATE Sept. 14, 1994 | |
| EFFECTIVE DATE 10/1/94 | | EXPIRATION DATE 10/1/99 | |
| ATTACHMENTS: Special Conditions pg 3 of 5 Other Conditions pg 4 of 5 Additional Conditions pg 5 of 5 | | | |

| | | | | | | | | | | | | | | | | |
|------|-------------|-------------|-------------|----------------|--------------|--------|-----------|-----------|----------------|--------------|-----------------|--------|-------------|--------------|--------|------------|
| CARD | Type Est 66 | Type Own 68 | SIC CODE 70 | # Out Falls 73 | Dis Class 74 | CARD 3 | Region 71 | County 72 | Major Basin 74 | Sub Basin 76 | Compact Area 78 | CARD 6 | Latitude 53 | Longitude 58 | CARD 7 | Lim Ind 57 |
|------|-------------|-------------|-------------|----------------|--------------|--------|-----------|-----------|----------------|--------------|-----------------|--------|-------------|--------------|--------|------------|

| | |
|---------------------------------|-----------------|
| APPLICATION NO. NY - 0219151 | |
| EFFECTIVE DATE | EXPIRATION DATE |
| PAGE | OF |

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

APPLICATION FORM "D" FOR A STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT
Continuation Sheet for Multiple Outfalls

(PLEASE PRINT OR TYPE)

| | | |
|--|------------------------------------|---|
| APPLICANT'S NAME (Corporate, Partnership or Individual) THE LOUIS AUGUST JONAS FOUNDATION, INC. | | IF RENEWAL OR MODIFICATION, GIVE PREVIOUS N.Y. PERMIT NO. NY - 0219151 |
| CITY NAME CAMP RISING SUN | CITY, TOWN OR VILLAGE TICLINTON | COUNTY DUTCHESS |

PERMIT DATA (Use additional forms, if necessary) (See Instructions)

| | | | | | |
|------------------|---|--|---------------------------|--|---------------------------|
| ALL NO. A | <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE SANITARY | TYPE OF TREATMENT SEPTIC & LEACHFIELD | DESIGN FLOW 320 Gal./D |
|------------------|---|--|---------------------------|--|---------------------------|

| | | | |
|--|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input checked="" type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|------------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | LITTLE WAPPINGERS CREEK | 360 Ft. | SANDY LOAM | 77' |

| | | | | | |
|------------------|---|--|---------------------------|--|---------------------------|
| ALL NO. B | <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE SANITARY | TYPE OF TREATMENT SEPTIC/LEACHFIELD | DESIGN FLOW 300 Gal./D |
|------------------|---|--|---------------------------|--|---------------------------|

| | | | |
|--|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input checked="" type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|------------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | LITTLE WAPPINGERS CREEK | 340 Ft. | SANDY LOAM | 77' |

| | | | | | |
|------------------|---|--|---------------------------|--|---------------------------|
| ALL NO. C | <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE SANITARY | TYPE OF TREATMENT SEPTIC/LEACHFIELD | DESIGN FLOW 450 Gal./D |
|------------------|---|--|---------------------------|--|---------------------------|

| | | | |
|--|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input checked="" type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|------------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | LITTLE WAPPINGERS CREEK | 600 Ft. | SANDY LOAM | 6.5' |

| | | | | | |
|------------------|---|--|-------------------------------------|--|----------------------------|
| ALL NO. D | <input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE SANITARY & KITCHEN | TYPE OF TREATMENT SEPTIC/LEACHFIELD | DESIGN FLOW 3750 Gal./D |
|------------------|---|--|-------------------------------------|--|----------------------------|

| | | | |
|---------------------------------|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|--------------------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | LITTLE WAPPINGERS CREEK | 940 Ft. | GRAVELLY SILT LOAM | 77' |

| | | | | | |
|---------|--|--|---------------|-------------------|-------------|
| ALL NO. | <input type="checkbox"/> Proposed <input type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE | TYPE OF TREATMENT | DESIGN FLOW |
| | | | | | Gal. |

| | | | |
|---------------------------------|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|-----------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | | Ft. | | |

| | | | | | |
|---------|--|--|---------------|-------------------|-------------|
| ALL NO. | <input type="checkbox"/> Proposed <input type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE | TYPE OF TREATMENT | DESIGN FLOW |
| | | | | | Gal. |

| | | | |
|---------------------------------|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|-----------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | | Ft. | | |

| | | | | | |
|---------|--|--|---------------|-------------------|-------------|
| ALL NO. | <input type="checkbox"/> Proposed <input type="checkbox"/> Existing | <input type="checkbox"/> Replacement <input type="checkbox"/> Expansion | TYPE OF WASTE | TYPE OF TREATMENT | DESIGN FLOW |
| | | | | | Gal. |

| | | | |
|---------------------------------|------------------------------------|----------------|------------------|
| FACE DISCHARGE | If "Yes", Name of Receiving Waters | Classification | Waters Index No. |
| Yes <input type="checkbox"/> No | | | |

| | | | | |
|---------------------------------|---|----------|-----------|----------------|
| SURFACE DISCHARGE | If "Yes", Name of nearest Surface Water | Distance | SOIL TYPE | Depth to Water |
| Yes <input type="checkbox"/> No | | Ft. | | |

SPECIAL CONDITIONS - PROPOSED OR EXPANDED FACILITIES

1. THAT no construction of the waste disposal facilities shall commence without written approval of the Department or its designated field office.
2. THAT the facilities shall be fully constructed and completed in compliance with the engineering report, plans and specifications as approved, and any additional standards which are consistent with the State Law and Code, as specified in writing (letter of approval) by the Department or its designated field office.
3. THAT the construction of the facilities shall be under the supervision of a person or firm qualified to practice professional engineering in the State of New York under the Education Law of the State of New York, whenever engineering services are required by such law for such purposes.
4. THAT before operation commences, where such facilities are under the supervision of a professional engineer, he shall certify to the Department or its designated field office and to the permittee that the constructed facilities have been fully completed in accordance with the approved engineering report, plans and specifications, permit and letter of approval.

SPECIAL CONDITION - FACILITIES WITH SEPTIC TANKS

1. THAT if a septic tank is installed as part of the treatment system, it shall be inspected by the permittee or his agent for scum and sludge accumulation at intervals not to exceed one year's duration, and that such accumulation will be removed before the depth of either exceeds one-fourth ($\frac{1}{4}$) of the liquid depth, so that no settleable solids or scum will leave in the septic tank effluent. Such accumulation shall be disposed of in an approved manner.

TRANSFER OF OWNERSHIP

Any permittee who intends to transfer a SPDES permit is required to notify the Department in advance of the transfer. In the case of a change of ownership only, notice to the Department is required prior to change; in the case of an ownership change accompanied by a change or proposed change in wastewater characteristics, a minimum of 180 days prior notice to the Department is required. The terms and conditions of this permit are binding on the successors or assigns in interest of the original permittee.

PERMIT RENEWAL

The permittee shall file for renewal of this permit no later than 180 days prior to the expiration date by submitting any forms, fees, or supplemental information which may be required by the Department.

ADDITIONAL CONDITIONS - SUBSURFACE SYSTEMS

1. The Final Effluent Limitation for this permit is a flow limit of 5,995 gpd.
2. Monitoring, Recording and Reporting requirements: None.
3. In accordance with the Special Conditions - Proposed or Expanded Facilities, the permittee shall obtain final approval of plans for the waste disposal facilities from the Dutchess County Health Department, Environmental Health Service, 387-391 Main Mall 3rd Floor, Poughkeepsie, New York 12601.

STATE ENVIRONMENTAL QUALITY REVIEW

Under the State Environmental Quality Review Act (SEQR), the project associated with this permit is classified as an Unlisted Action and the Department of Environmental Conservation (DEC) has determined that it will not have a significant effect on the environment. Other involved agencies may reach an independent determination of environmental significance for this project.

DISTRIBUTION:

J. Marcogliese DOW, Tarrytown
Dutchess County Health Department
R. Hannaford, BWFD, Albany
E. Martin, Paggi & Martin
E. Zicca (1st page only)

RDB:jan

additional.conds(jan)