



J.C. Calderon <jccarchitect@gmail.com>

Camp Rising Sun, Oriole Mills Road, Red Hook Facility, # NY 0104221

18 messages

Gandhi, Vijay (DEC) <vijay.gandhi@dec.ny.gov>

Fri, Jan 8, 2016 at 1:12 PM

To: "jccarchitect@gmail.com" <JCCARCHITECT@gmail.com>

Cc: "Roy, Aparna (DEC)" <aparna.roy@dec.ny.gov>

John,

As requested, please find the attached Camp Rising Sun SPDES permit, located at Oriole Mills Road, Red Hook Facility - # NY 0104221.

The May 9, 1984 letter from the Department allows the permittee to continue operation under this permit.

Please let me know if you need more information.

Thanks,

Vijay

Vijay Gandhi

NYSDEC, Region 3

Division of Water

New Paltz, NY 12561

Ph: (845) 256-3147



Permit.SPDES.NY0104221.1984-05-09.Camp Rising Sun Oriole Mills Road Facility.pdf

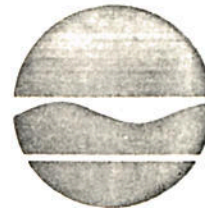
2839K

J.C. Calderon <jccarchitect@gmail.com>

Fri, Jan 8, 2016 at 1:56 PM

New York State Department of Environmental Conservation

21 South Putt Corners Road
New Paltz, NY 12561
914-255-5453



Henry G. Williams
Commissioner

Handwritten signature in blue ink, likely of Henry G. Williams.

May 9, 1984

RECEIVED

The Louis August Jonas Foundation, Inc.
10 Depot Square
Englewood, NJ 07631

MAY 16 1984

NYSDEC
WHITE PLAINS

RE: Facility Name: Camp Rising Sun
County: Dutchess
SPDES No.: NY-010 4221
UPA Tracking No.: 3084-0434

This is to acknowledge receipt of your SPDES renewal application, the required fee, and the signed agreement suspending the Uniform Procedures Act time requirements. You will be allowed to continue operation under your existing permit pursuant to Section 401 of the State Administration Procedures Act until the Department is able to process your application.

Until further notice, all terms and conditions remain as written in the existing permit.

Very truly yours,

Handwritten signature of Barbara B. Rinaldi in black ink.

Office of Regulatory Affairs
Region 3

cc: Permit Administration Section
Region 3 - Division of Water
Dutchess County Health Department

RECEIVED
MAY 21 1984
NYSDEC
New Paltz

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
202 Mamaroneck Avenue, White Plains, New York 10601

file
original
also
signed

April 3, 1980

Mr. William B. Dubey, Executive Director
The Louis August Jonas Foundation, Inc.
Camp Rising Sun
P.O. Drawer 33
Walden, NY 12586

Re: SPDES PERMIT - Camp Rising Sun
Red Hook, Dutchess County

Dear Mr. Dubey:

Enclosed for your use is an executed State Pollutant Discharge Elimination System (SPDES) Permit for the above project. Please read the entire permit so that you are aware of the various conditions contained in it.

The following items are of special interest:

1. Final Effluent Limitations
These are the effluent conditions that your disposal system will be required to meet.
2. Monitoring, Recording and Reporting
Your attention is directed to the offices to which reports are to be submitted.

If you have any questions, please call the writer or your local County Health Department.

Very truly yours,

Cesare Manfredi
Cesare J. Manfredi, P.E.
Senior License Investigator

CJM/vg
Enclosure
cc: Dutchess County Health Dept.

APPLICATION FORM "D" FOR A STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES) PERMIT (Becomes A SPDES Permit When Signed By Permit Issuing Official)

(PLEASE PRINT OR TYPE)

LOCATION TYPE <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification		IF RENEWAL OR MODIFICATION, GIVE PREVIOUS NO. NY - 0104221	
APPLICANT'S NAME (Corporate, Partnership or Individual) The Louis August Jonas Foundation, Inc., Camp Rising Sun		TYPE OF OWNERSHIP <input checked="" type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Public	
APPLICANT'S MAILING ADDRESS (Street, City, State, Zip Code) P.O. Drawer 33, Walden, NY 12586			
FOR ALL CORRESPONDENCE TO: (Name, Title and Address) William B. Dubey, Executive Director (Above address)		TELEPHONE NO. (Include Area Code) 914 778-5400	
FACILITY NAME Camp Rising Sun		FACILITY LOCATION (Street or Road) Oriole Mills Road	
CITY, TOWN OR VILLAGE Red Hook		GIVE EXPLICIT DIRECTIONS TO LOCATION, IF NECESSARY	
NATURE OF BUSINESS OR TYPE OF FACILITY Resident Summer Camp		POPULATION SERVED (See Instructions) 75-80	
FREQUENCY OF DISCHARGE All Year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No", Specify No. of Months _____ All Week? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No", Specify No. 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			

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

FALL NO. 2	<input checked="" type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Existing <input type="checkbox"/> Expansion	TYPE OF WASTE Sanitary	TYPE OF TREATMENT Septic Tank, Leach field	DESIGN FLOW 3000 Gal/Day
FACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Name of Receiving Waters Sawkill		
SURFACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Name of nearest Surface Water Sawkill		
Distance 500 Ft.		SOIL TYPE Loam		
FALL NO. 1	<input type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Existing <input type="checkbox"/> Expansion	TYPE OF WASTE Sanitary	TYPE OF TREATMENT Septic Tank, Sand Filter Chlorination	DESIGN FLOW 2100 Gal/Day
FACE DISCHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes", Name of Receiving Waters Sawkill Creek		
SURFACE DISCHARGE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If "Yes", Name of nearest Surface Water Sawkill Creek		
Distance Ft.		SOIL TYPE H 158-13		
FALL NO. 1	<input type="checkbox"/> Proposed <input type="checkbox"/> Replacement <input type="checkbox"/> Existing <input type="checkbox"/> Expansion	TYPE OF WASTE	TYPE OF TREATMENT	DESIGN FLOW Gal/Day
FACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Name of Receiving Waters		
SURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes", Name of nearest Surface Water		
Distance Ft.		SOIL TYPE		

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. The 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>William B. Dubey</i>	Date 3-7-80	Printed Name William Dubey	Title Executive Director
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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.

Signature of Permit Issuing Official
Charles J. Mansueti 4/7/80

SD	Type Est	Type Own	SIC Code	# Out Falls	Dis Class	CARD	Region	County	Major Basin	Sub Basin	Compact Area	CARD	Latitude	Longitude	CARD	Lim Ind
66	68	70	73	74	76	3	71	72	74	76	78	6	53 41 15 8	58 59 13 5	64	7 57

9-1 (8/77)

APPLICATION NO.

NY- 0104221

EFFECTIVE DATE

February 19, 1980

EXPIRATION DATE

February 19, 1985

ATTACHMENTS:

- 1) Effluent Limits
- 2) Part II General Conditions
- 3) Location Map

MAR 10 1980

DUT. COUNTY HEALTH DEPT.

NAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

uring the period beginning February 19, 1980 and lasting until February 19, 1985
 he discharges from the permitted facility shall be limited and monitored by the
 ermittee as specified below:

Outfall Number	Effluent Parameter	Discharge Limitations				Monitoring Reqmts.	
		kg/day Daily Avg.	(lbs/day) Daily Max.	Other Units Daily Avg.	(Specify) Daily Max.	Measurement Frequency	Sample Type
001	See Page 3, Tables 1 & 2						
002	Flow	-	-	-	3,000 gpd	continuous	meter

The pH shall not be less than standard units nor greater than standard units and
 shall be monitored as follows:

Samples taken in compliance with the monitoring requirements specified above shall be taken
 at the following location(s): influent

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 unit
 as specified herein, during any calendar day.

FINAL EFFLUENT LIMITATIONS

the period beginning February 19, 1980 and lasting until February 19, 1985
from the permitted facility shall be limited and monitored by the permittee
defined below:

TABLE I

Effluent Limitations (Maximum Limits except where otherwise indicated)

(X) Flow	30 day arithmetic mean	2100	() MGD (X) GPD
(X) BOD ₅	30 day arithmetic mean	15 mg/l and	0.26 lbs/day (1)
(X) BOD ₅	7 day arithmetic mean	25 mg/l and	0.44 lbs/day
() BOD ₅	Daily	mg/l and	lbs/day
() UOD ⁽²⁾	Daily	mg/l and	lbs/day
(X) Suspended Solids	30 day arithmetic mean	30 mg/l and	0.52 lbs/day (1)
(X) Suspended Solids	7 day arithmetic mean	45 mg/l and	0.79 lbs/day
() Suspended Solids	Daily	mg/l and	lbs/day
() Effluent disinfection required: () all year			
(X) Seasonal from June 1, to August 31			
Fecal Coliform 30 day geometric mean shall not exceed 200/100 ml			
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 0.5-2.0 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 mg/l.			
() Total Coliform	Daily		/100 ml
() Total Kjeldahl Nitrogen	Daily		/mg/l as N
() Ammonia	Daily		/mg/l as NH ₃
() Dissolved Oxygen	Minimum	greater than	mg/l
(X) pH	Range	6.5 to 8.5	
(X) Settleable Solids	Daily	0.1	ml/l
() Phosphorus	Daily		mg/l as P
() Total Nitrogen	Daily		mg/l as N
()			

TABLE 2

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent:
Total Flow, MGD	Continuous	Meter	X	or X
BOD ₅ , mg/l	1/Oper. Season	4 hr. composite		X
Suspended Solids, mg/l	1/Oper. Season	4 hr. composite		X
Fecal Coliform, No./100 ml	Monthly	Grab		X
Total Coliform, No./100 ml				
Total Kjeldahl Nitrogen, mg/l as N				
Ammonia, mg/l as NH ₃				
Dissolved Oxygen, mg/l				
pH	Monthly	Grab		X
Settleable Solids, ml/l	Monthly	Grab		X
Residual Chlorine, mg/l	Daily	Grab		X (4)
Phosphorus, mg/l as P				
Temperature, °C	1/Oper. Season	Grab		X
Total Nitrogen, mg/l as N				
Visual Observation				

and effluent values shall not exceed 15 % of influent values.

UOD (Ultimate Oxygen Demand) shall be computed and reported as follows:

UOD = $1\frac{1}{2} \times \text{EOD}_5 + 4\frac{1}{2} \times \text{TKN}$ (Total Kjeldahl Nitrogen).

applicable only in the Interstate Sanitation District.

sample contact chamber effluent and final effluent if limits are specified for both.

MONITORING, RECORDING AND REPORTING

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

b) The monitoring information required by this permit shall be summarized and reported by submitting a completed and signed Discharge Monitoring Report form once every 12 months to the Department of Environmental Conservation and other appropriate regulatory agencies at the offices specified below. The first report will be due no later than May 28, 1979. Thereafter, reports shall be submitted no later than the 28th of the following month(s): May

Chief, Waste Source Monitoring Section
New York State Department of Environmental Conservation
Room 300 - 50 Wolf Road - Albany, NY 12233

Regional Engineer
New York State Department of Environmental Conservation
202 Mamaroneck Avenue
White Plains, NY 10601

Dutchess County Health Department
22 Market Street
Poughkeepsie, NY 12601

c) Monthly Wastewater Treatment Plant Operator's Reports (form BMW 88) shall be submitted to the Dutchess County Health Department.

d) Each submitted Discharge Monitoring Report shall be signed as follows:

1. If submitted by a corporation, by a principal executive officer of at least the level of vice president, or his duly authorized representative, if such representative is responsible for the overall operation of the facility from which the discharge described in the Discharge Monitoring Report originates;

2. If submitted by a partnership, by a general partner;

3. If submitted by a sole proprietor, by the proprietor;

4. If submitted by a municipality, State or Federal agency, or other public entity; by a principal executive officer, ranking elected official, commanding officer, or other duly authorized employee.

e) Unless otherwise specified, all information submitted on the Discharge Monitoring Form shall be based upon measurements and sampling carried out during the most recently completed reporting period.

f) Blank Discharge Monitoring Report Forms are available at the above address.

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 pipe discharge 001

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
STATE POLLUTANT DISCHARGE ELIMINATION SYSTEM (SPDES)

DISCHARGE PERMIT

OTHER CONDITIONS

GENERAL

This permit is issued under the provisions of Article 17 of the Environmental Conservation Law and is further subject to the following additional conditions:

- ☒ 1. THAT the permit shall be maintained on file by the permittee.
- ☒ 2. THAT the permit is revocable or subject to modification or change pursuant to Article 17 of the Environmental Conservation Law.
- ☒ 3. THAT issuance of this permit by the Department and the receipt thereof by the Applicant does not supersede, revoke or rescind an order or modification thereof on consent or determination by the Commissioner issued heretofore by the Department or any of the terms, conditions or requirements contained in such order or modification thereof.
- ☒ 4. THAT all discharges authorized by this permit shall be consistent with the provisions, terms, requirements and conditions of this permit.
- ☒ 5. THAT facility expansions, production increases or process modifications by the permittee which result in new or increased discharges or pollutants into the waters of the state shall be reported by the permittee by submission of a new SPDES application.
- ☒ 6. THAT the discharge of any pollutant not identified and authorized by this permit or the discharge of any pollutant more frequently than or at a level in excess of that permitted by this permit shall constitute a violation of the terms of the permit.
- ☒ 7. THAT this permit may be modified, suspended or revoked where the Department finds:
 - a) a violation of any term of the permit;
 - b) that the permit was obtained by misrepresentation or failure to disclose fully all relevant facts, or;
 - c) a change in conditions or the existence of a condition which requires either a temporary or permanent reduction or elimination of the authorized discharge.
- ☒ 8. THAT the facilities shall not receive or be committed to receive wastes beyond their design capacity as to volume and character of wastes treated, nor shall the facilities be changed or modified or otherwise altered as to type, degree or capacity of treatment provided, disposal of treated effluent, or treatment and disposal of separated scum, liquids, solids or combinations thereof resulting from the treatment process without prior written approval of the designated field office.
- ☒ 9. THAT the facilities shall be continuously operated and maintained to the

9. (cont.)

satisfaction of the Commissioner and to comply with the Environmental Conservation Law and all applicable laws, ordinances, codes, rules and regulations.

- ☒ 10. THAT should any unusual situation occur caused by a deviation from normal operation and creating a potentially hazardous condition, the permittee will immediately notify the designated field office when such condition begins and when the condition ceases.
- ☒ 11. THAT applicable water quality standards shall not be violated.
- ☒ 12. THAT no material identifiable as inadequately treated sewage shall be allowed to reach the ground surface or surface waters.
- ☒ 13. THAT upon the availability of public sewers connection to the municipal system shall be made.

SPECIAL CONDITIONS - PROPOSED OR EXPANDED FACILITIES

- ☒ 14. THAT no construction of the waste disposal facilities shall commence without written approval of the Department or its designated field office.
- ☒ 15. 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.
- ☒ 16. 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.
- ☒ 17. 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

- ☒ 18. 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

- ☒ 19. 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

- ☒ 20. THAT 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.

SPECIAL REQUIREMENTS

- ☐ 21. THAT this permit shall not constitute the final realty subdivision approval. The final subdivision plans must be submitted to and approved by the Dutchess County Health Department.
- ☐ 22. THAT the number of lots specified on the permit is a maximum number; the actual number of lots shall be determined after a technical review of the subdivision plans is given based upon existing codes, rules, regulations, and policies pertaining to realty subdivisions.

Doty Hill

M I L

RED HOOK



Camp Rising Sun

Shanks Pond

Rock City

BM 334

Sepasco Lake

PROJECT: CAMP RISING SUN

U.S.G.S.
ROCK CITY N.Y.