

## ATTACHMENT – MONITORING REQUIREMENTS WATER PLANT CASTLE POINT

Vendor shall not rely solely on below table, and shall verify with NYSDOH and the federal government in regards to testing frequency and the period in which test must be conducted in order to comply with NYSDOH regulations

GROUP	FREQUENCY	DUE DATE
Lead & Copper	10/ every 12 months (Distribution)	
Asbestos	9 Years (per entry source) *	1/31/2024
IOCG1 Prim. & Sec.Table 8B)	Yearly per entry point	By 12/31/2018
Nitrate	Yearly ( if ,5mg/l) *	3/5/2019
TTHM & HAA5	1/plant/quarter (distribution)	
DBP Precursors	Monthly	
POCs (Table 9D) + MTBE	Yearly per source *	
SOCs (Table 9C) Combined	18 Months per entry source*	12/31/2018
Filter Effluent Turbidity	Every 4 hours or continuously	
Distribution Turbidity	5 sites per week	
Distribution Total Coliform Bacteria	2 per month (Distribution)	
Radiological	9 years per entry point *	
DBPMax Disinfection Byproducts	1 Sample Yearly	9/30/19

**ATTACHMENT – SCHEDULE OF CAMPUS LABORATORY WATER ANALYSIS  
CASTLE POINT**

<b>PARAMETER</b>	<b>FREQUENCY</b>
<b>Iron</b>	Twice per month
<b>Escherichia Coli</b>	Twice per month
<b>Total Coliform</b>	Twice per month
<b>Alkalinity- CaCO<sub>3</sub></b>	Twice per month
<b>pH</b>	Twice per month
<b>Sediment</b>	Twice per month
<b>Silicate</b>	Twice per month
<b>Total Metal Digestion</b>	Twice per month

**ATTACHMENT – SCHEDULE OF CAMPUS LABORATORY WATER ANALYSIS -  
MONTROSE**

<b>PARAMETER</b>	<b>FREQUENCY</b>
<b>Iron</b>	Twice per month
<b>Escherichia Coli</b>	Twice per month
<b>Total Coliform</b>	Twice per month
<b>Alkalinity- CaCO<sub>3</sub></b>	Twice per month
<b>pH</b>	Twice per month
<b>Sediment</b>	Twice per month
<b>Silicate</b>	Twice per month
<b>Total Metal Digestion</b>	Twice per month

**ATTACHMENT - SCHEDULE OF BUILDINGS FOR COLIFORM ANALYSIS - CASTLE  
POINT**

[illegible]

**ATTACHMENT – SCHEDULE OF BUILDINGS FOR COLIFORM ANALYSIS - MONTROSE**

<b>MONTH</b>	<b>BUILDING / LOCATION</b>
October	B- 7, 13, 28, 29, MAIN AT BOUNDARY
November	B- 4, 5, 30
December	B- 1, 12, 27, 36
January	B- 3, 6, 26, 1 <sup>ST</sup> WATER TOWER # 34
February	B- 2, 14, 31
March	B- 15, 36, 52
April	B- 7, 13, 17, 29, 2 <sup>nd</sup> WATER TOWER # 54
May	B- 4, 16, 30
June	B- 1, 12, 19
July	B- 3, 6, 18, 20, 31
August	B- 14, 24, 31
September	B- 15, 23, 52

**ATTACHMENT - SCHEDULE OF BUILDINGS FOR RESIDUAL CHLORINE  
ANALYSIS - CASTLE POINT**

<b>BUILDINGS</b>	<b>FREQUENCY</b>
B- 9	WEEKLY
B-20	WEEKLY
B-35	WEEKLY
B-16	WEEKLY
STP	WEEKLY

# ATTACHMENT – PERMIT REQUIREMENTS CASTLE POINT

Meet Current Castle Point WWTP NYS DEC SPDES Permit NY0020087 requirements including but not limited to:

Coliform P/A 44 annually. They are scheduled periodically throughout the year.

Heterotrophic plate count 44 annually. Sites same as above coliform test

In accordance with page 6 of SPDES permit NY0020087 attached. Use the list from the attachment for this section. There are more tests required then outlined below.

BOD5 Influent and Effluent monthly

TSS Influent and Effluent monthly

Nitrogen/Ammonia N monthly

## ATTACHMENT – PERMIT LIMITS, LEVEL AND MONITORING CASTLE POINT SPDES PERMIT NUMBER NY0020087 (PAGE 6)

OUTFALL No.	LIMITATIONS APPLY:					RECEIVING WATER		EFFECTIVE	EXPIRING	
001	All year unless otherwise noted					Hudson River		EDPM	ExDP	
PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	TYPE	LIMIT	UNITS	LIMIT	UNITS	SAMPLE FREQUENCY	SAMPLE TYPE	LOCATION		
								INF.	EFF.	
Flow	Monthly Average	0.40	MGD			Continuous	Recorder	X		
BOD	30-Day Arithmetic Mean	30	mg/l	100	lbs/day	1/month	6 hr Composite	X	X	1
BOD	7-Day Arithmetic Mean	45	mg/l	150	lbs/day	1/month	6 hr Composite			
Solids, Suspended	30-Day Arithmetic Mean	30	mg/l	100	lbs/day	1/month	6 hr Composite	X	X	1
Solids, Suspended	7-Day Arithmetic Mean	45	mg/l	150	lbs/day	1/month	6 hr Composite		X	
Solids, Settleable	Daily Maximum	0.3	ml/l			Daily	Grab		X	
pH	Range	6.0-9.0	SU			Daily	Grab		X	
Nitrogen,	Daily	Monitor	mg/l			1/month	Grab		X	

Ammonia (as N)	Maximum									
Temperature	Daily Maximum	Monitor	Deg C			Daily	Grab	X	X	
<b>Effluent Disinfection Required: <input type="checkbox"/> All Year <input checked="" type="checkbox"/> Seasonal from May 1<sup>st</sup> to October 1<sup>st</sup></b>										
Coliform, Fecal	30-Day Geometric Mean	200	No./ 100 ml			1/month	Grab		X	
Coliform	7-Day Geometric Mean	400	No./ 100 ml			1/month	Grab		X	
Coliform	6 Hr Geometric Mean	800	No./ 100 ml			See Footnote	See Footnote		X	2
Coliform	Individual Sample	2400	No./ 100 ml			See Footnote	See Footnote		X	2
Coliform	Daily Maximum	.375	Mg/l			Daily	Grab		X	3,4

CASTLE POINT FOOTNOTES:

- (1) AND EFFLUENT SHALL NOT EXCEED 15% AND 15% OF INFLUENT CONCENTRATION VALUES FOR BOD & TSS RESPECTIVELY.
- (2) THIS IS AN INTERSTATE ENVIRONMENT COMMISSION (IEC) REQUIREMENT. THE PERMITTEE IS NOT REQUIRED TO PERFORM THIS SAMPLING BUT SHALL BE REQUIRED TO MEET THE PERMIT LIMIT AT ALL TIMES. EPA, DEC OR IEC MAY PERFORM SAMPLING.



## ATTACHMENT – PERMIT REQUIREMENTS MONTROSE

Meet Current Montrose WWTP NYS DEC SPDES Permit NY0021326 requirements including but not limited to:

Coliform P/A 44 annually. They are scheduled periodically throughout the year.

Heterotrophic plate count 44 annually. Sites same as above coliform test

In accordance with page 3 of SPDES permit NY002136 attached. Use the list from the attachment for this section. There are more tests required then outlined below.

BOD5 Influent and Effluent monthly

TSS Influent and Effluent monthly

Nitrogen/Ammonia N monthly

Total Coliform monthly May 1st -Oct 31st (during chlorination period)

Fecal Coliform monthly May-Oct (during chlorination period)

## ATTACHMENT 3 – PERMIT LIMITS, LEVEL AND MONITORING MONTROSE

### SPDES PERMIT NUMBER NY0021326 (PAGE 3)

OUTFALL No.	LIMITATIONS APPLY:					RECEIVING WATER		EFFECTIVE	EXPIRING	
001	All year unless otherwise noted					Hudson River		EDPM	ExDP	
PARAMETER	EFFLUENT LIMIT					MONITORING REQUIREMENTS				FN
	TYPE	LIMIT	UNITS	LIMIT	UNITS	SAMPLE FREQUENCY	SAMPLE TYPE	LOCATION		
								INF.	EFF.	
Flow	Monthly Average	0.40	MGD			Continuous	Recorder	X		
BOD	30-Day Arithmetic Mean	30	mg/l	100	lbs/day	1/month	6 hr Composite	X	X	1
BOD	7-Day Arithmetic Mean	45	mg/l	150	lbs/day	1/month	6 hr Composite			
Solids, Suspended	30-Day Arithmetic Mean	30	mg/l	100	lbs/day	1/month	6 hr Composite	X	X	1
Solids, Suspended	7-Day Arithmetic Mean	45	mg/l	150	lbs/day	1/month	6 hr Composite		X	
Solids, Settleable	Daily Maximum	0.3	ml/l			Daily	Grab		X	
pH	Range	6.0-9.0	SU			Daily	Grab		X	
Nitrogen,	Daily	Monitor	mg/l			1/month	Grab		X	

Ammonia (as N)	Maximum									
Temperature	Daily Maximum	Monitor	Deg C			Daily	Grab	X	X	
<b>Effluent Disinfection Required: <input type="checkbox"/> All Year <input checked="" type="checkbox"/> Seasonal from May 1<sup>st</sup> to October 1st</b>										
Coliform, Fecal	30-Day Geometric Mean	200	No./ 100 ml			1/month	Grab		X	
Coliform	7-Day Geometric Mean	400	No./ 100 ml			1/month	Grab		X	
Coliform	6 Hr Geometric Mean	800	No./ 100 ml			See Footnote	See Footnote		X	2
Coliform	Individual Sample	2400	No./ 100 ml			See Footnote	See Footnote		X	2
Coliform	Daily Maximum	.375	Mg/l			Daily	Grab		X	3,4

**MONTROSE FOOTNOTES:**

- (1) AND EFFLUENT SHALL NOT EXCEED 15% AND 15% OF INFLUENT CONCENTRATION VALUES FOR BOD & TSS RESPECTIVELY.
- (2) THIS IS AN INTERSTATE ENVIRONMENT COMMISSION (IEC) REQUIREMENT. THE PERMITTEE IS NOT REQUIRED TO PERFORM THIS SAMPLING BUT SHALL BE REQUIRED TO MEET THE PERMIT LIMIT AT ALL TIMES. EPA, DEC OR IEC MAY PERFORM SAMPLING.
- (3) AN INTERIM TOTAL RESIDUAL CHLORINE LIMIT OF 0.5-2.0 MG/L IS IN EFFECT UNTIL THE DISINFECTION SYSTEM IS UPGRADED TO MEET THE FINAL EFFLUENT LIMIT OF 0.375 MG/L IN ACCORDANCE WITH THE SCHEDULE OF COMPLIANCE ON PAGE 4 OF THIS PERMIT
- (4) FINAL EFFLUENT LIMIT

**COUNTY OF DUTCHESS  
DEPARTMENT OF BEHAVIORAL &  
COMMUNITY HEALTH**

85 Civic Center Plaza – Suite 106  
Poughkeepsie, NY 12601

**2017 PERMIT TO OPERATE A  
PUBLIC WATER SUPPLY**

**This is to certify that**

CASTLE POINT MEDICAL CENTER

NY1319255

**Legal Name of Public Water Supply**

**Public Water Supply (PWS) #**

**Located In the ( T / V / C ) of** FISHKILL (T)

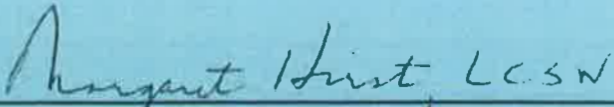
**Owned by** U S DEPT OF VETERAN AFFAIRS

**is granted permission to operate said Public Water Supply in compliance with the provisions of the New York State and Dutchess County Sanitary Codes.**

**This Permit is granted subject to any and all applicable State, Local and Municipal laws, ordinances, rules, and regulations.**

**Permit is Valid until January 31, 2018**

February 16, 2017  
**Date Issued**

  
**Margaret Hirst, LCSW-R  
Acting Commissioner**

**Permit must be posted and is non-transferable**

# New York State Department of Environmental Conservation

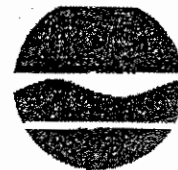
## Division of Environmental Permits, 4<sup>th</sup> Floor

625 Broadway, Albany, New York 12233-1750

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

Website: [www.dec.state.ny.us](http://www.dec.state.ny.us)

*Breen*



Erin M. Crotty  
Commissioner

July 23, 2001

### Facility Information

JOHN CLIFFE CHIEF  
FACILITY MANAGEMENT SERVICES  
ROUTE 9  
MONTROSE NY 10548

Facility: Hudson Valley Health Care System  
Montrose Campus  
SPDES No. 002 1326  
DEC No. 3-5522-00062/00002

Dear SPDES Permittee:

This letter grants reissuance of the State Pollutant Discharge Elimination System (SPDES) permit described above. This new SPDES permit becomes effective August 1, 2001 and will expire on August 1, 2006. This letter, together with the previously extended SPDES permit, constitutes authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in your previous permit, including any modifications and any special or general conditions attached thereto. The effluent limitations, monitoring requirements, record keeping and reporting schedule (if any) contained in your previous permit remain applicable during the new permit term. The Department maintains the authority to initiate a modification of the permit on grounds specified in 6NYCRR §621.14, 6NYCRR §754.4 or 6NYCRR §757.1, for causes existing at the time of this approval or which arise thereafter.

As a reminder, SPDES permits are renewed at a central location in Albany at the address above. 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  
21 South Putt Corners Road  
New Paltz, NY 12561-1696  
Tel. (914) 256-3059

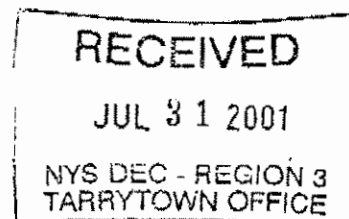
If you have any questions regarding this permit or need to obtain a copy of your previous permit, you may contact the Division of Environmental Permits at the address above. Please refer to the DEC and SPDES numbers when you are corresponding with any DEC office or when you are applying to renew or modify this permit. If you have already filed an application for modification of your permit, it will be processed separately through the appropriate regional office.

Sincerely,

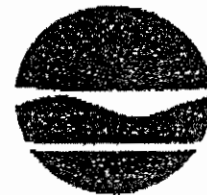
*William R. Adriance*

William R. Adriance  
Chief Permit Administrator

cc: RPA  
RWE  
BWP



New York State Department of Environmental Conservation  
Region 3  
21 South Platt Corners Road  
New Paltz, NY 12561-1696  
914-255-5453



Thomas C. Jorling  
Commissioner

September 8, 1992

Attn: William F. Welner  
U.S. Veterans Administration

PT 9A

Montrose, Ny. 12548

PERMIT EXTENSION

Re: Facility Name: Veterans Administration Medical Ctr  
County: Westchester  
Town: Cortlandt  
SPDES Number: NY0021326  
UPA Tracking #: 3-5522-62/2-0

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.

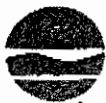
Until further notice, all terms and conditions remain as written in the existing permit. Please attach a copy of this permit extension letter to your current permit. Thank you.

Very truly yours,

A. J. Creskub, Jr.

Deputy Regional Permit  
Administrator  
Region 3

cc: Albany - BWFD, R. Hannaford (3505)  
C. Manfredi, Region 3 Water  
Westchester County Health Department



## State Pollutant Discharge Elimination System (SPDES)

## DISCHARGE PERMIT

## Special Conditions (Part 1)

RECEIVED

Industrial Code \_\_\_\_\_  
 Discharge Class (CL) 02  
 Toxic Class (TX) N  
 Major D.B. 13  
 Sub D.B. 01  
 Water Index Number Hudson River

Facility ID Number: NY-0021326 MAR 17 1988  
 UPA Tracking Number: 3-5522-62-2  
 Effective Date (EDP): April 1, 1988  
 Expiration Date (ExDP): April 1, 1993 SPDES  
 Modification Date(s): WIFE PLANS  
 Attachment(s): General Conditions (Part II, 2.85)

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 U.S.C. §1251 et. seq.) (hereinafter referred to as "the Act").

Attn: \_\_\_\_\_

Permittee Name: U.S. Veterans AdministrationStreet: Albany Post Road, Rt. 9ACity: Montrose State: N.Y. Zip Code: 10548

is authorized to discharge from the facility described below:

Facility Name: F.D.R. V.A. HospitalLocation (C,T,V): (T) Cortlandt County: WestMailing Address (Street): Albany Post RoadMailing Address (City) Montrose State: New York Zip Code: 10548from Outfall No. 001 at: Latitude 41°14'15" & Longitude 73°55'50"into receiving waters known as: Hudson River Class SB

and: (list other Outfalls, Receiving Waters &amp; Water Classification)

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.

DEPUTY PERMIT ADMINISTRATOR Alexander F. Ciesluk, Jr.	DATE ISSUED <u>3/15/88</u>	ADDRESS 21 South Putt Corners Road New Paltz, NY 12561
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Distribution: Dr. Baker, EPA  
 C. Manfredi/J. Marcogliese ✓  
 B. Hannaford - BWFD  
 W.C.H.D.

Alexander F. Ciesluk, Jr.  
 SIGNATURE

Final EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTSDuring the Period Beginning April 1, 1988and lasting until April 1, 1993

the discharges from the permitted facility shall be limited and monitored by the permittee as specified below:

Outfall  
Number

TABLE 1

Effluent Limitations (Maximum Limits except where otherwise indicated)

001	(X) Flow	30 day arithmetic mean	<u>0.4</u>	(X) MGD ( ) GPD
	(X) BOD <sub>5</sub>	30 day arithmetic mean	<u>30</u> mg/l and <u>100</u> lbs/day(*1)	
	(X) BOD <sub>5</sub>	7 day arithmetic mean	<u>45</u> mg/l and <u>150</u> lbs/day	
	(X) BOD <sub>5</sub> 6 cons. hr.	<del>xxxx</del> Sample	<u>50</u> mg/l and <u>—</u> lbs/day	
	( ) UOD (*2)	Daily	<u>—</u> mg/l and <u>—</u> lbs/day	
	(X) Suspended Solids	30 day arithmetic mean	<u>30</u> mg/l and <u>100</u> lbs/day(*1)	
	(X) Suspended Solids	7 day arithmetic mean	<u>45</u> mg/l and <u>150</u> lbs/day	
	(X) Suspended Solids 6 cons. hr	<del>xxxx</del> Sample	<u>50</u> mg/l and <u>—</u> lbs/day	
	( ) Effluent disinfection required: ( ) all year			
	(X) Seasonal from <u>May 15</u> to <u>Oct. 15</u>			
	(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	
	(X) Fecal Coliform	6 hour geometric mean shall not exceed	800/100 ml (*3)	
	(X) Fecal Coliform	No individual sample may exceed	2400/100 ml (*3)	
	If chlorine is used for disinfection, a chlorine residual of <u>0.5-2.0</u> 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 <u>—</u> mg/l.			
	( ) Total Coliform	Daily	<u>—</u> /100 ml	
	( ) Total Kjeldahl Nitrogen	Daily	<u>—</u> /mg/l as N	
	( ) Ammonia	Daily	<u>—</u> /mg/l as NH <sub>3</sub>	
	( ) Dissolved Oxygen	Minimum	greater than <u>—</u> mg/l	
	(X) pH	Range	<u>6.0</u> to <u>9.0</u>	
	(X) Settleable Solids	Daily	<u>0.3</u> ml/l	
	( ) Phosphorus	Daily	<u>—</u> mg/l as P	
	( ) Total Nitrogen	Daily	<u>—</u> mg/l as N	
	( ) <u>—</u>			

TABLE 2

## Monitoring Requirements

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent
<input checked="" type="checkbox"/> Total Flow, MGD	Cont.	N/A	X	
<input checked="" type="checkbox"/> BOD <sub>5</sub> , mg/l	1/Mo.	6 hr. comp.	X	X
<input checked="" type="checkbox"/> Suspended Solids, mg/l	1/Mo.	6 hr. comp.	X	X
<input checked="" type="checkbox"/> Fecal Coliform, No./100 ml	1/Mo.	Grab		X
<input type="checkbox"/> Total Coliform, No./100 ml				
<input type="checkbox"/> Total Kjeldahl Nitrogen, mg/l as N				
<input type="checkbox"/> Ammonia, mg/l as NH <sub>3</sub>				
<input type="checkbox"/> Dissolved Oxygen, mg/l				
<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				

NOTE: (\*1) and effluent values shall not exceed 15 % of influent values.

(\*2) (Ultimate Oxygen Demand) shall be computed and reported as follows:

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

(\*3) applicable only in the Interstate Sanitation District.

(\*4) sample contact chamber effluent and final effluent if limits are specified for both.





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: 07/18/2005

Permittee Contact Name, Title, Address

Facility and SPDES Permit Information

FMS  
 JOHN CLIFFE  
 ROUTE 9  
 MONTROSE

NY 10548

Name: CASTLE POINT MEDICAL CENTER  
 Ind. Code: 8999 County DUTCHESS  
 DEC No.: 3-1330-00050/00009  
 SPDES No.: 002 0087  
 Expiration Date: 05/01/2006  
 Application Due By: 11/02/2005

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.

Name of person signing application (see instructions on back)

Title

Signature

Date

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

Effective Date: \_\_\_/\_\_\_/\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_

Address:

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

Permit Administrator

Signature

Date

This permit together with the previous valid permit for this facility issued \_\_\_/\_\_\_/\_\_\_ 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 \_\_\_/\_\_\_

(6/01)

## INSTRUCTIONS FOR PERMIT RENEWAL State Pollutant Discharge Elimination System (SPDES) Permits

### DETAILED INSTRUCTIONS

1. **QUESTIONNAIRE:** Read these instructions and enclosed "Questionnaire" carefully. Answer all relevant questions and return the completed questionnaire with this application.
2. **OTHER FORMS:** You may receive additional forms that are not mentioned in the discussion accompanying this notice. These additional forms must be completed and returned with your application or your application will be considered incomplete. For example: Any facility located in Brooklyn, Queens, Nassau or Suffolk counties will receive an application supplement entitled Discharges Within Sole Source Aquifers which must be submitted.
3. **PART 1 - NOTICE:** Check the information in this section carefully. Make any appropriate corrections on the page.
4. **PART 2 - APPLICATION:** Read the certification carefully and fill in the blanks. Print or type the name and title of the person who will sign the application in the blanks. Acceptable signatures are as follows:
 

<u>Organization</u>	<u>Required Signature</u>
• Corporation	Principal executive officer of at least vice-president level or a duly authorized representative who is responsible for the overall operation of the facility.
• Partnership	General partner.
• Sole proprietorship or owner	Proprietor or owner
• Municipality, state, federal, or public facility	Principal executive officer, other ranking elected official, or other duly authorized employee.
5. **FILING THE PERMIT APPLICATION:** Use the envelope provided with this notice to mail the one page NOTICE/RENEWAL APPLICATION/PERMIT form, completed QUESTIONNAIRE, and any other forms requiring a response that you received with this notice to: NYSDEC - Environmental Permits, Bureau of Environmental Analysis, 625 Broadway, Albany, NY 12233-1750. For questions, phone: (518) 402-9170 Keep a copy for your records.

**CAUTION:** This Albany address must only be used for permit renewal activities. Other questions concerning your permit, including all **modification requests**, should be directed to the Regional Permit Administrator for the DEC region that issued your initial permit (or refer to the enclosed list of Regional Filing Locations).
6. **PUBLIC NOTIFICATION:** The Department must publish a notice of its intention to renew your permit. Comments submitted to the Department will be used to judge whether your permit may need to be modified in the future.
7. **PERMIT:** Following public notice, you will receive a copy of the NOTICE/RENEWAL APPLICATION/PERMIT with PART 3 - PERMIT, filled in and signed. Attach this page to your current permit. The new effective and expiration dates will be indicated.
8. **THE DEPARTMENT NO LONGER ASSESSES SPDES PERMIT APPLICATION FEES.** This change in legislation does not affect the yearly Regulatory Fee which you must still pay.



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Please enter  
the numbers  
from your  
current permit

DEC ID 3-1330-00050100009

SPDES Number NY 002-0087

## 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 04 12 5 101

Yes No

☐ ☒

Has the SPDES permit for your facility been modified in the past 5 years?

☐ ☒

Have any changes been made to your disposal system? If yes, please describe: \_\_\_\_\_

☐ ☒

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: \_\_\_\_\_

☐ ☒

Have there been a physical expansion or other modifications to your facility? If yes, please describe: \_\_\_\_\_

☐ ☒

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: \_\_\_\_\_

## FILING LOCATIONS FOR SPDES APPLICATIONS

**RENEWALS ONLY:** NYSDEC - Division of Environmental Permits, Bureau of Environmental Analysis, 625 Broadway., Albany, NY 12233-1750 For questions, call: (518) 402-9170

**MODIFICATIONS, NEW APPLICATIONS** and other questions concerning your SPDES permit: Follow instructions below.

The Filing Location depends on the county in which the discharge is located. To determine the mailing address for the proper Filing Location, find the county in which the discharge is located in the table below. Use the letter in the "KEY" column to the right of the county name to find the proper mailing address in the list at the right. All applications for modification of SPDES permits under the Environmental Benefit Permit Strategy (EBPS) must be mailed to the appropriate New York State Department of Environmental Conservation (NYSDEC) Regional or Sub-Regional office.

Discharge Location-County	NYSDEC Region	KEY	Discharge Location-County	NYSDEC Region	KEY
Albany	4	D	Ontario	8	L
Allegany	9	M	Orange	3	C
Broome	7	K	Orleans	8	L
Cattaraugus	9	M	Oswego	7	J
Cayuga	7	J	Otsego	4	E
Chautauqua	9	M	Pulnam	3	C
Chemung	8	L	Rensselaer	4	D
Chenango	7	K	Rockland	3	C
Clinton	5	F	St. Lawrence	6	H
Columbia	4	D	Saratoga	5	G
Cortland	7	K	Schenectady	4	D
Delaware	4	E	Schoharie	4	E
Dutchess	3	C	Schuyler	8	L
Erie	9	M	Seneca	8	L
Essex	5	F	Stauben	8	L
Franklin	5	F	Suffolk	1	A
Fulton	5	G	Sullivan	3	C
Genesee	8	L	Tioga	7	K
Greene	4	D	Tompkins	7	K
Hamilton	5	F	Ulster	3	C
Herkimer	6	I	Warren	5	G
Jefferson	6	H	Washington	5	G
Lewis	6	H	Wayne	8	L
Livingston	8	L	Westchester	3	C
Madison	7	J	Wyoming	8	M
Monroe	8	L	Yates	8	L
Montgomery	4	D	Bronx	2	B
Nassau	1	A	Kings	2	B
Niagara	9	M	New York	2	B
Oneida	6	I	Queens	2	B
Onondaga	7	J	Richmond	2	B

## REGIONAL FILING ADDRESSES

## KEY

- A NYSDEC REGION 1\*, Bldg. 40 SUNY Stony Brook, NY 11790-2356;  
Phone: (516) 444-0355
- B NYSDEC REGION 2\*, One Hunters Point Plaza, 47-40 21st Street,  
Long Island City, NY 11101-5407; Phone: (718) 482-4997
- C NYSDEC REGION 3\*, 21 South Putt Corners Rd., New Paltz, NY 12561-1696;  
Phone: (845) 256-3059
- D NYSDEC REGION 4\*, 1150 North Westcott Road., Schenectady, NY 12306-2014;  
Phone: (518) 357-2069
- E NYSDEC REGION 4 SUB-OFFICE\*, Route 10, Jefferson Road, Stamford, NY 12167-9503;  
Phone: (507) 652-7364
- F NYSDEC REGION 5\*, Route 86, PO Box 296, Ray Brook, NY 12977-0296;  
Phone: (518) 897-1234
- G NYSDEC REGION 5 SUB-OFFICE\*, Hudson St Ext., P.O.Box 220,  
Warrensburg, NY 12885-0220; Phone: (518) 623-3671
- H NYSDEC REGION 6\*, State Office Bldg., 317 Washington St., Watertown, NY 13601-2245;  
Phone: (315) 785-2245
- I NYSDEC REGION 6 SUB-OFFICE\*, State Office Building., 207 Genesee St.,  
Utica, NY 13501-2885; Phone: (315) 793-2555
- J NYSDEC REGION 7\*, 615 Erie Boulevard West, Syracuse, NY 13204-2400;  
Phone: (315) 426-7438
- K NYSDEC REGION 7 SUB-OFFICE\*, 1285 Fisher Ave, Cortland NY 13045-1090,  
Phone 607-753-3095
- L NYSDEC REGION 8\*, 6274 East Avon-Lima Rd., Avon, NY 14414-9519;  
Phone: (716) 226-2466
- M NYSDEC REGION 9\*, 270 Michigan Ave., Buffalo, NY 14203-2999;  
Phone: (716) 851-7165

\* Mail Application to "Division of Environmental Permits"

CONTACT THE ABOVE OFFICES FOR QUESTIONS CONCERNING  
APPLICATION SUBMITTAL

ATTACHMENT C

91-20-2 (5/85)



NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

**State Pollutant Discharge Elimination System (SPDES)  
DISCHARGE PERMIT  
Special Conditions (Part 1)**

Industrial Code N/A  
Discharge Class (CL) 02  
Toxic Class (TX) 1  
Major D.B. 13  
Sub D.B. 01

Facility ID Number: NY- 0020087  
UPA Tracking Number: 3085-1024  
Effective Date (EDP): March 1, 1987  
Expiration Date (ExDP): March 1, 1992  
Modification Date(s): \_\_\_\_\_  
Attachment(s): General Conditions (Part II.2/85)

This SPDES permit is issued in compliance with Title 8 of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 U.S.C. §1251 et. seq.) (hereinafter referred to as "the Act").

Attn: Medical Center Director

Permittee Name: Veterans Administration Medical Center

Street: \_\_\_\_\_

City: Castle Point State: NY Zip Code: 12511

is authorized to discharge from the facility described below:

Facility Name: Castle Point Veterans Administration Medical Center

Location (C.T.M): Fishkill County: Dutchess

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

Mailing Address (City) Castle Point State: NY Zip Code: 12511

from Outfall No. 001 at Latitude 73° 58' 15" & Longitude 41° 32' 30"

into receiving waters known as: Hudson River Class B

and: (list other Outfalls, Receiving Waters & Water Classification)

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

DATE ISSUED

ADDRESS

William E. Steidle

JANUARY 30, 1987

21 South Pull Corners Rd.

New Paltz, New York 12561-1398

Distribution:

J. Marcogliese

R. Hannaford, BWFD

Dutchess Co. Health Dept.

TABLE 2

Monitoring Requirements

Parameter	Frequency	Sample Type	Sample Location	
			Influent	Effluent
<input checked="" type="checkbox"/> Total Flow, MGD	Cont.	N/A	X	
<input checked="" type="checkbox"/> BOD <sub>5</sub> , mg/l	1/month	6hr. composite	X	X
<input checked="" type="checkbox"/> Suspended Solids, mg/l	1/month	6hr. composite	X	X
<input checked="" type="checkbox"/> Fecal Coliform, No./100 ml	1/month	Grab		X
<input type="checkbox"/> Total Coliform, No./100 ml				X
<input type="checkbox"/> Total Kjeldahl Nitrogen, mg/l as N				
<input type="checkbox"/> Ammonia, mg/l as NH <sub>3</sub>				
<input type="checkbox"/> Dissolved Oxygen, mg/l				
<input type="checkbox"/> pH				
<input checked="" type="checkbox"/> Settling Solids, ml/l	Daily	Grab	X	X
<input checked="" type="checkbox"/> Residual Chlorine, mg/l	Daily	Grab	X	X
<input type="checkbox"/> Phosphorus, mg/l as P	Daily	Grab		X (*4)
<input checked="" type="checkbox"/> Temperature, °C	Daily	Grab	X	X
<input type="checkbox"/> Total Nitrogen, mg/l as N				
<input type="checkbox"/> Visual Observation				

NOTE: (\*1) and effluent values shall not exceed 15 % of influent values.

(\*2) (Ultimate Oxygen Demand) shall be computed and reported as follows:

$UOD = 1 \frac{1}{2} \times BOD_5 + 4 \frac{1}{2} \times TKN$  (Total Kjeldahl Nitrogen).

(\*3) applicable only in the Interstate Sanitation District.

(\*4) sample contact chamber effluent and final effluent if limits are specified for both.

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
**State Pollutant Discharge Elimination System (SPDES)**

**RENEWAL NOTICE**

FORM: D
DATE OF NOTICE MAY 16 1991

Owner ID: \_\_\_\_\_  
 DEC Number: \_\_\_\_\_  
 Application Due By: 9/10/91

Are these labels correct? If not, see Item 4 below.

Permittee Contact Name, Title, Address

Facility Name, Location, Permit No., Expiration Date

VETERANS ADMINISTRATION HOSPITAL

VETERANS ADMINISTRATION HOSPITAL

HEADQUARTERS

CASTLE POINT

NY 12511

COUNTY- DUTCHESS

NY 002 0087

EXP. DATE 92-03-01

1. The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated. You are required by law to file for a permit renewal at least 180 days prior to expiration of the permit (see "Application Due By" date above).
2. The forms checked below are enclosed and must be completed by you and returned to the office indicated on the enclosed list of "Filing Locations for State Pollutant Discharge Elimination System (SPDES) Permit Applications" along with your application fee in the form of a check or money order, payable to the "New York State Department of Environmental Conservation."
3. If you have any questions regarding the filing of your application, please contact the office where the application should be filed - refer to list of filing locations.
4. If any of the information on the labels affixed above is incorrect, please write the corrections on the labels. In all cases: return this notice (or a corrected copy) with the completed application.

**ATTACHMENTS**

- ☒ Application Fee Schedule and Filing Locations for SPDES Permit Applications
- ☒ SPDES Application Form D (for non-municipal / non-industrial discharges of sewage without the admixture of industrial or other wastes) from private residential, commercial, and institutional (including local, State and Federal) facilities.

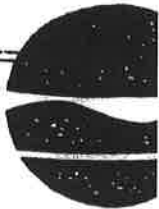
#1 First Step  
Application

CC: Region 3 - Regional Permit Administrator  
 Region 3 - Regional Water Engineer  
 Erie County Dept. of Environment & Planning

*Read the back of this sheet  
 It explains that the Regional  
 permits are indefinitely suspended*



New York State Department of Environmental Conservation  
Region 3  
21 South Platt Corners Road  
New Paltz, NY 12561-1696  
914-255-5453



Thomas C. Jorling  
Commissioner

*Allen Stafford* *August 19, 1991*  
*U.S. Veterans Admin. Medical Center*  
*Castle Point V.A.*  
*Castle Point NY 12511*

PERMIT EXTENSION

Re: Facility Name: *Castle Point Medical Center*  
County: *Dutchess*  
Town: *Fishkill*  
SPDES Number: *NY-0020087*  
UPA Tracking #: *3-1330-50-9*

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. Please attach a copy of this permit extension letter to your current permit. Thank you.

Very truly yours,

*Margaret E. Duke*

Deputy Regional Permit  
Administrator  
Region 3

*#2 Results from  
our application*

cc: Albany - BWFD, R. Hannaford (3505)  
C. Manfredi, Region 3 Water  
*Dutchess* County Health Department

New York State Department of Environmental Conservation



21 South Putt Corners Road, New Paltz, New York 12561-1696  
(914) 255-5453

Henry G. Williams  
Commissioner

IMPORTANT NOTICE TO ALL PERMITTEES

The permit you requested is enclosed. Please read it carefully and note the special conditions that are included in it. The permit is valid for only that activity expressly authorized therein; work beyond the scope of the permit may be considered a violation of law and be subject to appropriate enforcement action.

If a permit sign is enclosed, please protect it from the weather and post it at a conspicuous location at the project site until all work has been completed.

If the permit is associated with a project that will entail construction of new pollution control facilities or modification to existing facilities, plan approval for the system design will be required from the appropriate Departmental Office or delegated local health department.

Please note the expiration date of the permit. Applications for permit renewal should be made well in advance of the expiration date. For specific instructions contact the office below.

If you have any questions on the extent of work authorized or your obligations under the permit, please contact the staff person indicated below at (914) 255-5453.

For  
Regional Permit Administrator  
Division of Regulatory Affairs  
Region 3

By DAVID J. REID

/jb  
DRA-10/85

**FILING LOCATIONS (continued)**

店

**A Robert Greene\*, NYSDEC REGION 1, Bldg. 40 SUNY Stony Brook, NY 11794; Phone: (516) 751-7900** (All applications located in Nassau & Suffolk Counties except those listed under B, C AND D below)

**B Nassau County Health Dept., 240 Old Country Rd., Mineola, NY 11501:  
Phone: (516)535-3314 (All applications for Non-Municipal - Non-Industrial discharges  
located in Nassau Co.)**

**C Suffolk County Dept. of Health Services, County Center, Riverhead, NY 11901; Phone: (516) 848-3312 - (Sewage discharges of less than 30,000 GPD, swimming pool filter backwash and car washes)**

**D** Suffolk County Dept. of Health Services, 15 Horseblock Place, Farmingville, NY 11738; Phone: (516) 451-4648 - (Sewage discharges of 30,000 GPD or more laundromats, auto repair shops, milking parlors, feed lots, farm wheelies, small meat processors).

**E** Barbara Rinaldi\*, NYSDC REGION 2, One Hunters Point Plaza, 47-40 21st St., Long Island City, NY 11101; Phone: (718) 482-4997

**CONTACT THE ABOVE OFFICES FOR QUESTIONS CONCERNING APPLICATION SUBMITTAL**  
**(See Reverse Side For Fee Schedule)**

**New York State Department of Environmental Conservation**

21 South Platt Corners Road, New Paltz, New York 12561-1620

Phone: (845) 256-3000 • FAX: (845) 255-3042

Website: [www.dec.state.ny.us](http://www.dec.state.ny.us)



**FAX COVER SHEET**

TO: Linda DeGasper(sp?) FAX # (914) 788-4309

FROM: Larry Biegel

DATE: 6/21/05 NUMBER OF PAGES (including cover) 5

MESSAGE: Linda - I'm afraid this is all we (in New Paltz) have for this facility. Recommend checking with our Division of Water, Tarrytown suboffice.

Contact: Len Meyerson

Tel. (914) 332-1835 Ext. 350

**FAX MACHINES:**

- (845) 255-4659 - Fish & Wildlife, Hudson River, Lands & Forests & Operations
- (845) 255-3042 - Regional Director, Environmental Permits, Legal, Public Affairs
- (845) 255-0714 - Administration & Real Property
- (845) 255-0716 - Air
- (845) 255-9249 - Law Enforcement
- (845) 255-2987 - Spills Management & Water
- (845) 255-3414 - Solid Materials, Hazardous Materials, Pesticide Regulation
- (845) 255-4238 - Hazardous Waste Remediation
- (845) 256-9219 - Sportsman Education & Wildlife
- (845) 255-3649 - F. Dunwell

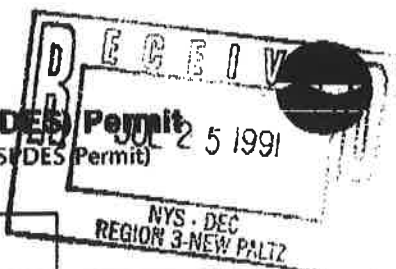
Faxform(c:Ethel(ah))

## NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

# 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 type="checkbox"/> New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification		IF RENEWAL OR MODIFICATION, GIVE PREVIOUS NUMBER NY- 0020087	
OWNER'S NAME (Corporate, Partnership, Individual) VETERANS ADMINISTRATION MEDICAL CENTER		TYPE OF OWNERSHIP <input type="checkbox"/> Corporate <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Public	
OWNER'S MAILING ADDRESS (Street, City, State, Zip Code) CASTLE POINT U.A. MEDICAL CENTER, CASTLE POINT N.Y. 12511			
REFER ALL CORRESPONDENCE TO: (Name, Title and Address) ALLEN STAFFORD Chief Eng Service		TELEPHONE NUMBER (914) 831-2600 5273	
FACILITY NAME VETERANS ADMINISTRATION MEDICAL CENTER		FACILITY LOCATION (Street or Road) Fishkill / WAPPINGER	
CITY, TOWN OR VILLAGE Castle Point		COUNTY Dutchess	
GIVE EXPLICIT DIRECTIONS TO LOCATION U.A. Medical Center Castle Point Route 9D		NATURE OF BUSINESS OR FACILITY HOSPITAL	
POPULATION SERVED (See Instructions) 1,000 4,100		FREQUENCY OF DISCHARGE All Year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, Specify Number of Months _____ All Week? <input 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 checked="" type="checkbox"/> Aluminum <input checked="" type="checkbox"/> Ammonia <input checked="" type="checkbox"/> Beryllium <input type="checkbox"/> Cadmium <input checked="" type="checkbox"/> Chlorine <input checked="" type="checkbox"/> Chromium <input checked="" type="checkbox"/> Copper <input checked="" type="checkbox"/> Cyanide <input checked="" type="checkbox"/> Grease <input checked="" type="checkbox"/> Lead <input checked="" type="checkbox"/> Mercury <input checked="" type="checkbox"/> Nickel <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Phenols <input checked="" type="checkbox"/> Selenium <input checked="" type="checkbox"/> Zinc <input type="checkbox"/> None of These			
DISCHARGE DATA (Use additional forms, if necessary) (See Instructions)			
OUTFALL NO. 001	<input type="checkbox"/> Proposed <input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Replacement <input type="checkbox"/> Expansion	TYPE OF WASTE Institutional waste
TYPE OF TREATMENT Trickling Filter		DESIGN FLOW 250,000 Gal/Day	
SURFACE DISCHARGE <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Receiving Waters Hudson River	
SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Nearest Surface Water	
OUTFALL 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/Day	
SURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Receiving Waters	
SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Nearest Surface Water	
OUTFALL 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/Day	
SURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Receiving Waters	
SUBSURFACE DISCHARGE <input type="checkbox"/> Yes <input type="checkbox"/> No		If YES, Name of Nearest Surface Water	
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) X Allen O. Stafford		DATE 6-17-91	PRINTED NAME Allen O. Stafford
TITLE Chief Engineering		APPLICATION NUMBER NY-	
EFFECTIVE DATE		EXPIRATION DATE	
ATTACHMENTS:			
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		Date	
CARD 1	Type Est 66	Type Own 68	SIC CODE 70 73 74
CARD 3	# Out Falls 76	Dis Class 76	Region 71 72
CARD 6	Major Basin 74	Sub Basin 76	Compact Area 78
CARD 53	Latitude 58 59	Longitude 64	CARD 7 57

**New York State Department of Environmental Conservation**  
**Division of Environmental Permits, Room 538**  
50 Wolf Road, Albany, New York 12233-1750  
Phone: (518) 457-2224 FAX: (518) 457-7759  
Website: www.dec.state.ny.us



September 26, 2000

ROBERT WALTON  
U.S. VETERANS ADMIN.MEDICAL CENTER  
HEADQUARTERS  
CASTLE POINT, NY 12511

Facility Information

CASTLE POINT MEDICAL CENTER  
SPDES #: NY 002 0087  
DEC #: 3-1330-00050/00009  
FISHKILL (T), DUTCHESS CO.

**APPLICATION DUE BY: December 15, 2000**

Dear SPDES Permittee:

Several years ago, in response to your application for permit renewal, the Department of Environment Conservation (DEC) sent a Notice of Permit Continuation to you indefinitely extending your State Pollutant Discharge Elimination System (SPDES) permit. At that time we indicated that this extension would remain in effect until such time that the Department notified you of another course of action. That time has now come.

Enclosed please find a SPDES Form "D" Application for a Private/Commercial/Institutional (P/C/I) wastewater discharge, a fact sheet showing information about your current permit and a Questionnaire. Please complete and return the application and questionnaire in the enclosed envelope addressed to NYSDEC, Division of Environmental Permits, 50 Wolf Road, Albany, NY 12233-1750. If you are no longer discharging and no longer wish to maintain your SPDES permit, you should request a deletion of your permit. If you do this, please describe the reason for deletion (examples: hooked up to municipal sewers or facility closed) and mail your request using the enclosed self addressed envelope discussed above.

This application or request for deletion must be received by the Department by the application due date shown above. If you have sold the facility, please provide us with the name and address of the new owner.

If you have any questions please contact Deborah Knight of my staff at 518-457-3015.

Sincerely,

Barbara B. Rinaldi  
Deputy Chief Permit Administrator

**Attachment**

cc: RPA - Region 3  
RWE - Region 3  
D. Knight

# New York State Department of Environmental Conservation

## FACT SHEET

The Department's electronic records show the following information concerning your permit. You can make corrections by entering the correct information on your application form, and by correcting other information directly on the sheet below and returning it with your application.

DEC Regional Office   
 SPDES Number   
 DEC ID Number   
 Expiration Date   
 Permittee Name   
 Contact Person   
 Permittee Street   
 Permittee City   
 Permittee State   
 Permittee Zip Code

Facility Name   
 Location of Facility   
 County

Receiving Water Name   
 Water Classification   
 Water Index Number

Flow - Process (GPD)*	<input type="text" value="0"/>
Flow - Cooling (GPD)*	<input type="text" value="0"/>
Flow - Sanitary (GPD)*	<input type="text" value="250,000"/>
Flow - Miscellaneous (GPD)*	<input type="text" value="0"/>
Flow - TOTAL (GPD)*	<input type="text" value="250,000"/>

### Please Note:

Your application should give the requested information for each outfall (discharge point) is: Outfall 001, 002, 003, etc. The information on this sheet is only a summary of information used for preparing Regulatory Fee bills and administratively renewing SPDES permits. The best source for the information required by the included application form is your previous application.

\* GPD means Gallons Per Day

Note: If Total Flow=0 it usually means our electronic data does not contain flow information.

### Miscellaneous Information:

In NYC Watershed?   
 Basin/Segment   
 Latitude (Deg. Min. Sec.)   
 Longitude (Deg. Min. Sec.)   
 Industrial Code   
 Discharge Classification

Thursday, September 21, 2000\*

Page 2 of 730

TOTAL P.05