New York State Office of Parks, Recreation and Historic Preservation

Taconic Region • PO Box 308, 9 Old Post Rd, Staatsburg, NY 12580
845-889-4100 Fax: 845-889-8321 www.nysparks.com

Andrew M. Cuomo
Governor

Rose Harvey
Commissioner

Linda G. Cooper
Regional Director

Lucy R. Waletzky
State Council, Chair
Taconic Region, Chair

May 30, 2014

Darci Frinquelli
Counsel's Office
NYS OPRHP
625 Broadway
Albany, NY 12238

Re: US EPA Injection Well Program
Compliance Verification
Various Locations, Taconic Region

The following locations are operated/maintained by other entities:

Quiet Cove Riverfront Park: Operated by Dutchess County through a *Cooperative Operations and Maintenance Agreement* with NYS OPRHP.

University Settlement: Operated by the City of Beacon through a *Cooperative Operations and Maintenance Agreement* with NYS OPRHP.

Taxter Ridge: Operated by the Town of Greenburgh through a *Cooperative Operations and Maintenance Agreement* with the County of Westchester and NYS OPRHP; joint ownership.

Hart's Brook Nature Preserve & Arboretum: Operated by the Town of Greenburgh through a *Cooperative Operations and Maintenance Agreement* with the County of Westchester and NYS OPRHP; joint ownership.

Jay Heritage Center: Operated by the County of Westchester through a *Cooperative Agreement* with NYS OPRHP; joint ownership.

Sincerely,

Garrett L.W. Jobson, RLA
Capital Facilities Regional Manager
Taconic Region

New York State Office of Parks, Recreation and Historic Preservation

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May 30, 2014

Darci Frinquelli
Counsel's Office
NYS OPRHP
625 Broadway
Albany, NY 12238

Re: US EPA Injection Well Program
Compliance Verification
Various Locations, Taconic Region

The following locations do not have any public facilities which generate sewage waste that is conducted to municipal sewer systems nor on-site injection wells. Some of the listed sites have tanks which are pumped out periodically.

Hudson Boat Launch; Columbia County

Walkway over the Hudson State Historic Site; Dutchess County

Hudson Highlands State Park Preserve; Dutchess, Putnam and Westchester Counties

Wonder Lake State Park; Putnam County

Donald Trump State Park; Putnam County

Sincerely,

Garrett L.W. Jobson, RLA
Capital Facilities Regional Manager
Taconic Region

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Taconic Region, Chair

May 30, 2014

Darci Frinquelli
Counsel's Office
NYS OPRHP
625 Broadway
Albany, NY 12238

Re: US EPA Injection Well Program
Compliance Verification
Clinton House – Dutchess County Historical Site
Dutchess County, NY

All sewage waste at Clinton House – Dutchess County Historical Site is conducted to the municipal sewer system.

Sincerely,

Garrett L.W. Jobson, RLA
Capital Facilities Regional Manager
Taconic Region

New York State Office of Parks, Recreation and Historic Preservation

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Lucy R. Waletzky
State Council, Chair
Taconic Region, Chair

May 30, 2014

Darci Frinquelli
Counsel's Office
NYS OPRHP
625 Broadway
Albany, NY 12238

Re: US EPA Injection Well Program
Compliance Verification
Old Croton Aqueduct State Historic Park
Westchester County, NY

All sewage waste at Old Croton Aqueduct State Historic Site is conducted to the municipal sewer system.

Sincerely,

Garrett L.W. Jobson, RLA
Capital Facilities Regional Manager
Taconic Region

New York State Office of Parks, Recreation and Historic Preservation

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Lucy R. Waletzky
State Council, Chair
Taconic Region, Chair

May 30, 2014

Darci Frinquelli
Counsel's Office
NYS OPRHP
625 Broadway
Albany, NY 12238

Re: US EPA Injection Well Program
Compliance Verification
Philipse Manor Hall State Historic Site
Westchester County, NY

All sewage waste at Philipse Manor Hall State Historic Site is conducted to the municipal sewer system.

Sincerely,

Garrett L.W. Jobson, RLA
Capital Facilities Regional Manager
Taconic Region

New York State Office of Parks, Recreation and Historic Preservation

Taconic Region • PO Box 308, 9 Old Post Rd, Staatsburg, NY 12580
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Andrew M. Cuomo
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Lucy R. Waletzky
State Council, Chair
Taconic Region, Chair

May 30, 2014

Darci Frinquelli
Counsel's Office
NYS OPRHP
625 Broadway
Albany, NY 12238

Re: US EPA Injection Well Program
Compliance Verification
Franklin D. Roosevelt State Park
Westchester County, NY

FDR SP park office/ maintenance building sewage waste is conducted to the municipal sewer system; all other public sewage waste at FDR SP is conducted to onsite septic systems. Large capacity, non-residential injection wells are noted on EPA Form 7520-16.

Sincerely,

Garrett L.W. Jobson, RLA
Capital Facilities Regional Manager
Taconic Region

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-04-10

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated at about 0.5 hour per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, includingsuggestions for reducing this burden, Director, Collection Strategies Division (2822), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC20503.

3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Franklin D. Roosevelt State Park

B. STREET ADDRESS/ROUTE NUMBER: 2957 Crompnd Road

C. LATITUDE: DEG 41 | MIN 17 | SEC 00.N

D. LONGITUDE: DEG 73 | MIN 49 | SEC 05.W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Yorktown Heights

G. STATE: NY

H. ZIP CODE: 10598

I. NUMERIC COUNTY CODE: 119

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYS OPRHP

E. STREET/P.O. BOX: PO Box 308

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	9		9		9			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*: Code key: 5W32 - Septic Systems (Drain Field Disposal Method).

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Franklin D. Roosevelt State Park

Description of Facility: State Park. Uses include various public outdoor activities including: picnic areas, playground, swimming pool, hiking, basketball, softball, soccer, disc-golf course, fishing & boating, etc.

Use of Injection Well:

- (7) Comfort Stations (men's & women's restrooms) with septic tanks and subsurface outfall to leach fields.
- (1) Pool bathhouse (men's & women's restrooms & showers) with septic tank and subsurface outfall to leach fields.
- (1) Concession Building (kitchen, men's & women's restrooms) with septic tank and subsurface outfall to leach field.

Type of Waste: Sanitary Sewage

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-05-12

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Lake Taghkanic STate Park

B. STREET ADDRESS/ROUTE NUMBER: 1528 State Route 82

C. LATITUDE

DEG	MIN	SEC
42	05	50.96 N

D. LONGITUDE

DEG	MIN	SEC
73	43	05.91 W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Ancram

G. STATE: NY

H. ZIP CODE: 12502

I. NUMERIC COUNTY CODE: 021

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett L

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYS OPRHP

E. STREET/P.O. BOX: PO Box 308, 9 Old Post Road

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION

A. CLASS AND TYPE		B. NUMBER OF WELLS		C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS				
		COMM	NON-COMM		UC	AC	TA	PA	AN
5	W32	10		10		8			2
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Lake Taghkanic State Park

Description of Facility: State Park

Lake Taghkanic State Park offers a wide variety of recreational activities. The park has campsites, cabin and cottage camping facilities. It also features two beaches, picnic areas, boat launch sites, rowboat, paddleboat and kayak rentals, playgrounds, sports playing fields, a rentable pavilion, and newly renovated recreation hall and showers. In addition, the park has hiking, biking, swimming, fishing, bow hunting, cross-country ski and snowmobile trails. Ice skating and ice fishing are permitted when conditions are appropriate.

Use of injection wells:

All active outfalls contain septic tanks and flow to subsurface leach fields/leach rings.

Outfall #	Location	GPD	Months of usage	Population Served
001	West Beach Bathhouse	65,000	6 months	7500
002	Comfort Station A	2,000	6 months	200
003	Comfort Station B	2,000	6 months	200
004	Comfort Station E	2,000	6 months	200
005	Comfort Station F	2,000	6 months	200
006	Cabin Area	1,400	6 months	60
007	Campground Rec. Hall	4,000	6 months	270
008	Campground Cmft. Sta.	4,000	6 months	200
~~009~~	~~East Beach Complex~~	~~30,000~~	~~6 months~~	~~1000~~
~~013~~	~~Ground Water Remediation~~	~~? GPD~~	~~12 months~~	~~N/A~~

Outfalls 009 & 013 have been abandoned, 4 outfalls(010, 011, 012, 014) have been removed from this listing because they do not meet the flow requirements.

Type of Waste: Sanitary sewage.

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-05-12

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Olana State Historic Site

B. STREET ADDRESS/ROUTE NUMBER: 5720 Route 9-G

C. LATITUDE

DEG	MIN	SEC
42	12	30.30N

D. LONGITUDE

DEG	MIN	SEC
-73	50	6.74W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Hudson

G. STATE: NY

H. ZIP CODE: 12534

I. NUMERIC COUNTY CODE: 021

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett L

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYSOPRHP

E. STREET/P.O. BOX: 9 Old Post Road

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	2		2		2			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Olana State Historic Site

Description of Facility: State Historic Site.

Olana was the home and studio of Fredric Edwin Church, one of the mid-19th century's most famous artists. Historic Site visitors enjoy guided house tours and take part in programs and special events for all ages. A Visitor Center offers an exhibit and museum shop. Family activities are available regularly at the Wagon House Education Center.

Use of injection wells:

Visitor Center and Wagon House Men's and Women's restrooms with septic tanks and subsurface outfalls to absorption fields

Type of Waste: Sanitary sewage.

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-04-10

2. FACILITY ID NUMBER:

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Clermont State Historic Site

B. STREET ADDRESS/ROUTE NUMBER: One Clermot Avenue

C. LATITUDE

DEG	MIN	SEC
42	5	6.31N

D. LONGITUDE

DEG	MIN	SEC
-73	54	0.71W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: German Town

G. STATE: NY

H. ZIP CODE: 12526

I. NUMERIC COUNTY CODE: 021

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett L

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYSOPRHP

E. STREET/P.O. BOX: 9 Old Post Road

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*: [ ] PRIVATE [ ] PUBLIC [ ] SPECIFY OTHER

6. WELL INFORMATION:

A. CLASS	AND TYPE	B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	2		2		2			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Clermont State Historic Site

Description of Facility: State Historic Site.

Site offering various educational and outdoor recreational activities such as guided tours, picnicking, hiking, x-country skiing and bow hunting.

Use of injection wells:

Comfort station with septic tank and subsurface outfall to a tile field.

Visitor Center Men's and Women's restrooms with septic tank and subsurface outfall to an absorption field

Type of Waste: Sanitary sewage.

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-05-12

2. FACILITY ID NUMBER:

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Taconic State Park Copake Falls Area

B. STREET ADDRESS/ROUTE NUMBER: 235 Route 344

C. LATITUDE

DEG	MIN	SEC
42	7	15.55N

D. LONGITUDE

DEG	MIN	SEC
-73	31	10.42W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Copake Falls

G. STATE: NY

H. ZIP CODE: 12517

I. NUMERIC COUNTY CODE:

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett L

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYSOPRHP

E. STREET/P.O. BOX: 9 Old Post Road

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	6		6		6			
5	W10	1		1		1			
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-05-12

2. FACILITY ID NUMBER:

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Taconic State Park Copake Rudd Pond Area

B. STREET ADDRESS/ROUTE NUMBER: 59 Rudd Pond Road

C. LATITUDE

DEG	MIN	SEC
41	59	5.37N

D. LONGITUDE

DEG	MIN	SEC
-73	30	26.09W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Millerton

G. STATE: NY

H. ZIP CODE: 12546

I. NUMERIC COUNTY CODE:

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett L

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYSOPRHP

E. STREET/P.O. BOX: 9 Old Post Road

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*:

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	3		3		3			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Taconic State Park

Description of Facility: State Park.

Park has two developed areas, Copake Falls and Rudd Pond. Campers or day visitors to the park can participate in wide variety of activities including swimming, boating, picnicking, hiking and hunting.

Use of injection wells:

Comfort stations and shower buildings with septic tanks and subsurface outfalls to absorption fields.

"Greenwich" cabins with septic tanks and subsurface outfalls to absorption fields.

"Ironworkers" cabins showers and restrooms untreated wastewater flows to dry well type of subsurface outfalls.

Type of Waste: Sanitary sewage.

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-05-13

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

The public reporting burden for this collection of information is estimated at about 0.5 hour per response including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, includingsuggestions for reducing this burden, Director, Collection Strategies Division (2822), U.S. Environmental Protection Agency, 1200 Pennsylvania Avenue, NW, Washington, DC 20460, and to the Office of Management and Budget, Paperwork Reduction Project, Washington, DC20503.

3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Mills-Norrie State Park

B. STREET ADDRESS/ROUTE NUMBER: 9 Old Post Road

C. LATITUDE

DEG	MIN	SEC
41	50	24.89 N

D. LONGITUDE

DEG	MIN	SEC
73	55	51.57 W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. NUMERIC COUNTY CODE: 027

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYS OPRHP

E. STREET/P.O. BOX: PO Box 308

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*:

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	6		6		6			
5	F	1		1		1			
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

Code key: 5W32 - Septic Systems (Drain Field Disposal Method).

KEY:

DEG = Degree
MIN = Minute
SEC = Second
SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial
AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Mills-Norrie State Park & Staatsburgh SHS

Description of Facility: State Park & SHS. Uses include Taconic Regional HQ, Staatsburg State Historic Site, NYS DEC Environmental Center, golf (including restaurant), marina on Hudson River and various public outdoor activities including camping, picnic areas, hiking, etc.

Use of Injection Well:

- (3) Comfort Stations (men's & women's restrooms, (1) with showers) with septic tanks and subsurface outfall to leach fields.
- (1) Golf course club house with restaurant (men's & women's restrooms & showers and kitchen) with septic tank and subsurface outfall to leach fields.
- (1) Environmental Center & (1) Marina Comfort Station (men's & women's restrooms and showers) with septic tanks and outfall to a sand filter system.
- Mills Mansion (men's and women's restrooms) with septic tank and subsurface outfall to leach fields.
- Taconic Regional HQ (men's & women's restrooms & showers) with septic tank and subsurface outfall to leach fields.

Type of Waste: Sanitary Sewage

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-04-15

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: James Baird State Park

B. STREET ADDRESS/ROUTE NUMBER: 280 Clubhouse Road, Suite 1

C. LATITUDE: DEG 41 | MIN 41 | SEC 17.61 N

D. LONGITUDE: DEG 73 | MIN 47 | SEC 12.83 W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Pleasant Valley

G. STATE: NY

H. ZIP CODE: 12569

I. NUMERIC COUNTY CODE: 027

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYS OPRHP

E. STREET/P.O. BOX: PO Box 308

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*: [ ] PRIVATE [ ] PUBLIC [ ] SPECIFY OTHER [x] STATE [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS: COMM	B. NUMBER OF WELLS: NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS: UC	AC	TA	PA	AN
5	5W32	6		6		6			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*: Code key: 5W32 - Septic Systems (Drain Field Disposal Method).

KEY:

DEG = Degree
MIN = Minute
SEC = Second
SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial
AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
James Baird State Park

Description of Facility: State Park. Uses include various public outdoor activities including: golf (including restaurant), picnic areas, playgrounds, hiking, tennis, basketball, volleyball, softball, etc.

Use of Injection Well:

- (1) Golf Club House (men's & women's restrooms; restaurant) with septic tank and subsurface outfall to leach fields.
- (2) Shelters (men's & women's restrooms) with septic tanks and subsurface outfall to leach fields.
- (3) Comfort Stations (men's & women's restrooms) with septic tanks and subsurface outfall to leach fields.

Type of Waste: Sanitary Sewage

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-04-10

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Clarence Fahnestock Memorial State Park

B. STREET ADDRESS/ROUTE NUMBER: 1498 Route 301

C. LATITUDE: DEG 41 MIN 27 SEC 58.9 N

D. LONGITUDE: DEG 73 MIN 49 SEC 28.8 W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Carmel

G. STATE: NY

H. ZIP CODE: 10512

I. NUMERIC COUNTY CODE: 079

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYS OPRHP

E. STREET/P.O. BOX: PO Box 308

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	6		6		6			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*: Code key: 5W32 - Septic Systems (Drain

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
Clarence Fahnestock Memorial State Park

Description of Facility: State Park. Uses include various public outdoor activities including: hiking, picnicking, camping, boating, fishing, x-country skiing, environmental center lodge & cabins.

Use of Injection Well:

- (3) Comfort Stations (men's & women's restrooms, (2) with showers) with septic tanks and subsurface outfall to leach fields.
- (1) Beach Complex: (kitchen, men's & women's restrooms, showers) with septic tank and subsurface outfall to leach field.
- (1) Environmental Center: Lodge (kitchen, men's & women's restrooms) & cabins (full bathrooms) & comfort stations (men's & women's restrooms & showers) with septic tanks and subsurface outfall to leach fields.
- (1) Office & visitor center: (men's & women's restrooms) with septic tank and subsurface outfall to leach fields.

Type of Waste: Sanitary Sewage

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-05-02

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: John Jay Homestead State Historic Site

B. STREET ADDRESS/ROUTE NUMBER: 400 Jay Street

C. LATITUDE: DEG 41, MIN 14, SEC 52.95N

D. LONGITUDE: DEG -73, MIN 39, SEC 31.56W

E. TOWNSHIP/RANGE: TOWNSHIP | RANGE | SECT | 1/4 SECT

F. CITY/TOWN: Katonah

G. STATE: NY

H. ZIP CODE: 10536

I. NUMERIC COUNTY CODE: 119

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett L

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYSOPRHP

E. STREET/P.O. BOX: 9 Old Post Road

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*: [ ] PRIVATE [ ] PUBLIC [ ] SPECIFY OTHER [x] STATE [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS COMM	B. NUMBER OF WELLS NON-COMM	C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS UC	AC	TA	PA	AN
5	W32	1		1		1			
5	W31	1		1		1			
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*:

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

Inventory of Injection Wells
Additional Facility Information
John Jay Homestead State Historic Site

Description of Facility: State Historic Site.

John Jay Homestead offering various educational and outdoor recreational activities such as guided tours, picnicking, hiking.

Use of injection wells:

Comfort station with septic tank and subsurface outfall to four drywells.

Museum Men's and Women's restrooms with septic tank and subsurface outfall to an absorption field

Type of Waste: Sanitary sewage.

Type or print all information. See reverse for instructions.

OMB No. 2040-0042 Approval Expires 11/30/2014

INVENTORY OF INJECTION WELLS

EPA

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
OFFICE OF GROUND WATER AND DRINKING WATER

(This information is collected under the authority of the Safe Drinking Water Act)

1. DATE PREPARED *(Year, Month, Day)*: 14-04-14

2. FACILITY ID NUMBER:

PAPERWORK REDUCTION ACT NOTICE

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3. TRANSACTION TYPE *(Please mark one of the following)*

- [ ] Deletion
- [x] First Time Entry
- [ ] Entry Change
- [ ] Replacement

4. FACILITY NAME AND LOCATION

A. NAME *(last, first, and middle initial)*: Rockefeller State Park Preserve

B. STREET ADDRESS/ROUTE NUMBER: 125 Phelps Way

C. LATITUDE

DEG	MIN	SEC
41	06	46.51N

D. LONGITUDE

DEG	MIN	SEC
73	50	11.46W

E. TOWNSHIP/RANGE

TOWNSHIP	RANGE	SECT	1/4 SECT

F. CITY/TOWN: Pleasantville

G. STATE: NY

H. ZIP CODE: 10570

I. NUMERIC COUNTY CODE: 119

J. INDIAN LAND *(mark "x")*: [ ] Yes [x] No

5. LEGAL CONTACT:

A. TYPE *(mark "x")*: [x] Owner [x] Operator

B. NAME *(last, first, and middle initial)*: Jobson, Garrett

C. PHONE *(area code and number)*: (845) 889-3840

D. ORGANIZATION: NYS OPRHP

E. STREET/P.O. BOX: PO Box 308

F. CITY/TOWN: Staatsburg

G. STATE: NY

H. ZIP CODE: 12580

I. OWNERSHIP *(mark "x")*:

- [ ] PRIVATE
- [ ] PUBLIC
- [ ] SPECIFY OTHER
- [x] STATE
- [ ] FEDERAL

6. WELL INFORMATION:

A. CLASS AND TYPE		B. NUMBER OF WELLS		C. TOTAL NUMBER OF WELLS	D. WELL OPERATION STATUS				
		COMM	NON-COMM		UC	AC	TA	PA	AN
5	W32	2		2		2			
				0					
				0					
				0					
				0					
				0					
				0					

COMMENTS *(Optional)*: Code key: 5W32 - Septic Systems (Drain Field Disposal Method).

KEY:

DEG = Degree
MIN = Minute
SEC = Second

SECT = Section
1/4 SECT = Quarter Section

COMM = Commercial
NON-COMM = Non-Commercial

AC = Active
UC = Under Construction
TA = Temporarily Abandoned
PA = Permanently Abandoned and Approved by State
AN = Permanently Abandoned and not Approved by State

A o

Inventory of Injection Wells
Additional Facility Information
Rockefeller State Park Preserve

Description of Facility: State Park Preserve. Uses include art gallery and various public outdoor activities including: bridle paths, picnic areas, hiking, fishing, etc.

Use of Injection Well:

- (1) Comfort Station (men's & women's restrooms (compost toilet tanks)) with septic tank and subsurface outfall to leach field.
- Visitor Center (restrooms (compost toilet tanks), shower) with septic tank and subsurface outfall to leach field.

Type of Waste: Sanitary Sewage