



Department of
Environmental
Conservation

**State Pollutant Discharge Elimination System (SPDES)
Application Form: Private, Commercial & Institutional (P/C/I)
Discharge of Treated Sanitary Sewage**

☐ New Application

☐ Renewal Application

☒ Modification Application

SPDES Number **027-1179**

NY#####

DEC Authorization **3 4828 00304**

#-####-####

Applicant/Owner Information

Type of Ownership: ☒ Corporate ☐ Individual
☐ Partnership ☐ Public

Name Taxpayer ID

Oraysa Sewage Works Corp.

Mailing Address

257 Beach 17th St, Far Rockaway, NY 11691

City State Zip

Far Rockaway, NY 11691

Phone Email
516-398-9408 brothman@darchei.org

Contact/Agent Information

Name

Baruch Rothman

Title

Director

Mailing Address

257 Beach 17th St,

City State Zip

Far Rockaway, NY 11691

Phone Email
516-398-9408 brothman@darchei.org

Facility Information

Facility Name Nature of Business or Facility Population Served

Congregation Oraysa

summer camp

920

Street Address City State Zip

228 Todd Rd,

Woodbourne

NY

12788

Municipality Municipality Name County
☒ Town ☐ Village ☐ City Fallsburg SULLIVAN

Additional Facility Location Information (if needed)

Tax Map Information Section Block Lot

10 1 15.4

Certification: I hereby affirm under penalty of perjury that the 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.

Signature of Applicant/Owner

JEFFREY DEALL
Printed Name

PRESIDENT
Title

2/17/25
Date

Applicable discharge data on the following pages must be completed. Discharges from this facility are not authorized until this application form is attached to the permit signed and authorized by the New York State Department of Environmental Conservation or its designated agency.

Please Indicate Whether Your Facility 'Discharges To Groundwater', 'Discharges To Surface Water', or both.

☒ Discharges To Groundwater

☒ Discharges To Surface Water

SPDES Application for P/C/I Discharge of Treated Sanitary Sewage

Discharges To Groundwater - 1 of 1

Facility Name **Congregation Oraysa**

SPDES Number **027-1179**

DEC Authorization **3 4828 00304**

To Add or Remove outfalls, click on the Green + or the Red X respectively.



Complete this page of the application if your facility has any discharges to groundwater. Use additional copies of this page to list additional groundwater outfalls. Sampling information is only required if the disposal system is designed to discharge, or discharges 30,000 GPD or more.

Outfall Information:

Outfall No.	Outfall Status	Design Flow
003	☐ Proposed ☐ Replacement ☒ Existing ☐ Expansion	1,000 Gal/Day
Outfall Location (if subsurface system, indicate center of disposal system area)		
Latitude 41° 46' 56"		
Longitude 74° 34' 07"		

Treatment:

Standard On Site Treatment: Septic Tanks with:	Alternative On Site Treatment: Septic Tanks with:
☒ Absorption Trenches ☐ Cut and Fill Systems	☐ Absorption Trenches Using An Alternative Aggregate ☐ Single-Pass Sand Filters & Pressurized Shallow Narrow Drainfields
☐ Shallow Absorption Trenches ☐ Raised Systems	☐ Shallow Absorption Trenches Using An Alternate Aggregate ☐ Mound Systems
☐ Absorption Beds ☐ Seepage Pits	☐ Absorption Beds Using An Alternate Aggregate ☐ Drip Dispersal or Other Low Profile Dispersal System
☐ Other (describe)	

Frequency of Discharge Months/Year 2 Days/Week 7

Name of Nearest Surface Waters	Distance	Soil Type	Depth To Water Table
Unnamed pond on west side of Todd Road	+/- 1,300 Ft.	WIC	5 + Ft.

SPDES Application for P/C/I Discharge of Treated Sanitary Sewage
Discharges To Surfacewater - 1 of 1

Facility Name

SPDES Number DEC Authorization

To Add or Remove outfalls, click on the Green + or the Red X respectively.



Complete this page of the application if your facility has any discharges to surface water.
Complete this form for each surface water outfall.

Discharge Data

<u>Outfall No.</u>	<u>Outfall Status</u>	<u>Design Flow</u>
001	☐ Proposed ☐ Replacement ☐ Existing ☒ Expansion	48,000 Gal/Day
Outfall Location (end of pipe or conveyance)		
Latitude 41 ° 46 ' 40 "		
Longitude 74 ° 34 ' 01 "		

Type of Treatment

SEPTIC TANKS, RECIRCULATING FILTERS, DISINFECTION

Frequency of Discharge Months/Year Days/Week

Name of Receiving Water	Classification	Water Index Number
Unnamed trib. to Neversink River	B(T)	D-1-51-P57-1

SPDES Application for P/C/I Discharge of Treated Sanitary Sewage

Discharges to Surface Water

Facility Name Congregation Oraysa

SPDES Number 027-1179

DEC Authorization 3 4828 00304

Outfall No. 001

Sampling Information

Include the following sampling information. Please indicate whether the values listed are from sampling results (include the date), estimated from the treatment system design as installed, or estimated from the proposed treatment system design.

Plant Design Pollutant Information	Influent		Effluent		Number of Samples or Source of Estimate
	mg/l	lbs/day	mg/l	lbs/day	
BOD5	220	88	5	2	
Suspended solids	220	888	10	2	
Percent removal, BOD/TSS	98/96	NA	NA	NA	
pH, Range	6.5-8.5	NA	6.5-8.5	NA	
Settleable solids, ml/l	20	8	0.1	0.04	
Solids, total dissolved	500	200	NA	NA	
Dissolved oxygen	2	NA	7	NA	
Ammonia, as N	10	4	1.1	0.44	
Nitrogen, Total, as N	30	12	NA	NA	
Phosphorus, Total, as P	10	4	1	0.4	
Fecal Coliform, MPN	10	NA	200/400	NA	
Total Residual Chlorine (if used)	NA	NA	0.1	NA	
Temperature, Degrees F, Summer	55	NA	60	NA	
Temperature, Degrees F, Winter	NA	NA	NA	NA	