



**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

MAS

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC - Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: December 18, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For review and comment
- For your use
- As requested

RECEIVED  
NYSDEC - REGION 9

DEC 19 2013

FOIL  
REL \_\_\_\_\_ UNREL \_\_\_\_\_

**REMARKS:**

November 2013 DMR

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

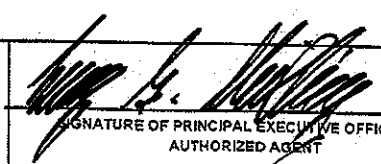
ATTN: JOE BOYLES

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/11/2013	11/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.560	0.560	mg/L		Monthly	GRAB
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	11/16/13
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

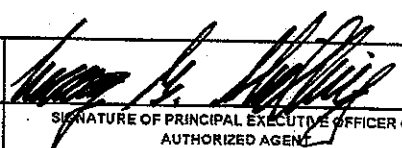
DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)

Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0015	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022	mg/L		Monthly	GRAB
Vanadium, total [as V] 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.019	mg/L		Monthly	GRAB
Zinc, total [as Zn] 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156	mg/L		Monthly	GRAB
Aluminum, total [as Al] 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.410	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4	mg/L		Monthly	GRAB
Phenolics, total 34043 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	11/14/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

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DISCHARGE MONITORING REPORT (DMR)

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RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	1,440	1,440	gal/d	*****	*****	*****	*****		Monthly	EST
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CHECK
00193 10 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.69	*****	7.69	SU		Monthly	GRAB
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.1	mg/L		Monthly	GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.9	mg/L		Monthly	GRAB
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP		585-466-7271		11/16/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Note: Flow rate based on an estimated flow of 1 gpm observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

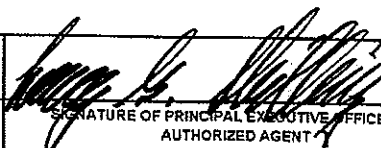
NY0269620	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.390	0.390	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	11/26/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

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DMR Mailing ZIP CODE: 14709

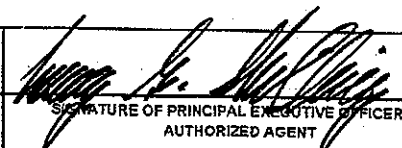
MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
01092 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.430	mg/L		Monthly	GRAB
01105 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total [as Se]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01147 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0046 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		Monthly	GRAB
34043 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.74	ng/L		Monthly	GRAB
71900 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX	ng/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	12/15/13
TYPED OR PRINTED			AREA Code	NUMBER
		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709

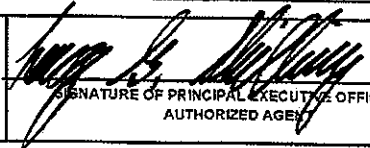
MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total [as Co] 01037 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0012	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
Lead, total [as Pb] 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total [as Tl] 01059 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total [as Ni] 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.62 DAILY MX	mg/L		Monthly	GRAB
Silver, total [as Ag] 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0076 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total [as V] 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Monthly	GRAB

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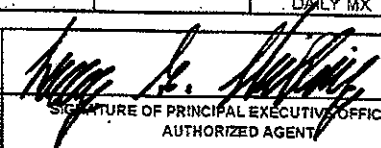
MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	7,200	7,200	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CHECK
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	8.12	*****	8.12	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.9	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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Note: Flow rate based on an estimated flow of 5 gpm observed at the time of sampling.



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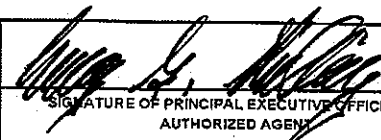
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11/1/2013	11/30/2013

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IRON ACTION LEVELS  
External Outfall

No Discharge

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		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	11/16/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (includes Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6663 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall  
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
pH	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Larry Shilling, VP		585-466-7271		11/15/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

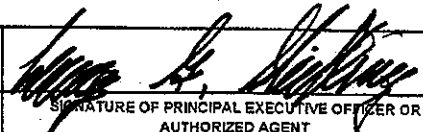
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.970	1.970	mg/L		Monthly	GRAB
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	11/12/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

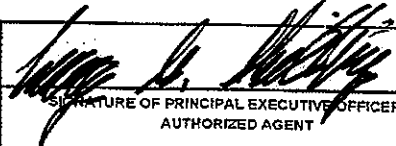
ATTN: JOE BOYLES

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent [as Cr] 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 DAILY MX	mg/L		Monthly	GRAB
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0053	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0144 DAILY MX	mg/L		Monthly	GRAB
Lead, total [as Pb] 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0014	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0099 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total [as V] 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 DAILY MX	mg/L		Monthly	GRAB
Zinc, total [as Zn] 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total [as Al] 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.890	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	12/16/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
11/1/2013	11/30/2013

DMR Mailing ZIP CODE: 14709

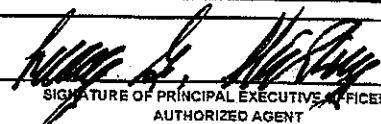
MINOR

(SUBR 09)

Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	36,000	36,000	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CHECK
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	2.7	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.87	*****	7.99	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.0	21.0	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0014	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
TYPED OR PRINTED			Larry Shilling, VP	585-466-7271	11/16/13
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 25 gpm observed at the time of sampling.



MA

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC - Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: November 18, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For review and comment
- For your use
- As requested

RECEIVED  
NYSDEC - REGION 9

NOV 21 2013

**REMARKS:**

October 2013 DMR

FOIL  
REL UNREL

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709

MINOR

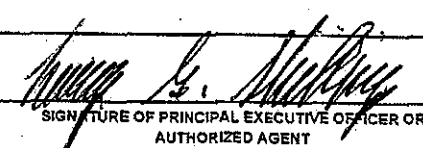
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.150	1.150	mg/L		Monthly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	11/18/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

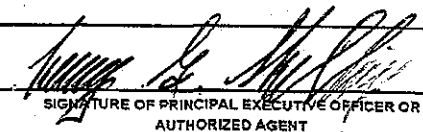
NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0075	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.22	mg/L		Monthly	GRAB
Vanadium, total [as V] 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.019	mg/L		Monthly	GRAB
Zinc, total [as Zn] 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156	mg/L		Monthly	GRAB
Aluminum, total [as Al] 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.760	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4	mg/L		Monthly	GRAB
Phenolics, total 34043 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0109	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	11/19/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMS No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

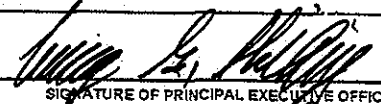
NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area w/  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	878	878	gal/d	*****	*****	*****	*****		Monthly	EST
00056 10 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	EST/MA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CK REQ
00193 10 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.1	3.1	mg/L		Monthly	GRAB
00310 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.07	*****	7.07	SU		Monthly	GRAB
00400 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	9.6	mg/L		Monthly	GRAB
00530 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are strict and penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	11/19/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Note: Flow rate based on measured flow of 500 mL/13 sec observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
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FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

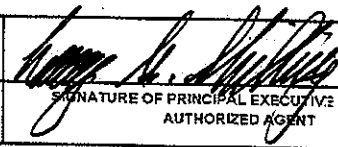
NY0269620	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS:  
External Outfall

ATTN: JOE BOYLES

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe] 01045 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.100	< 0.100	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE	
			585-466-7271	11/19/13	
			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

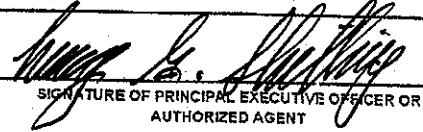
ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SURRE 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01092 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.100	mg/L		Monthly	GRAB
01105 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total [as Se]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01147 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0348 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		Monthly	GRAB
34043 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.53	ng/L		Monthly	GRAB
71900 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and of attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
			585-466-7271	11/19/13
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

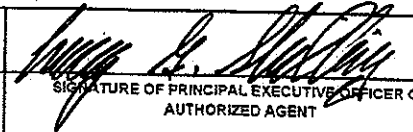
PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall  
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total [as Co]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01037 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0018	mg/L		Monthly	GRAB
01042 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.22 DAILY MX	mg/L		Monthly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01051 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total [as Tl]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01059 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0030	mg/L		Monthly	GRAB
01067 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.32 DAILY MX	mg/L		Monthly	GRAB
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01077 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0076 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total [as V]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01087 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	11/18/13
TYPED OR PRINTED			AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE:

14709

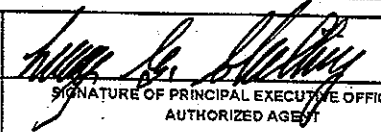
MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	1,440	2,880	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CK REQ
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.64	*****	7.64	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	3 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.0	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	11/18/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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Note: Flow rate based on an estimated flow of 1-2 gpm observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709

MINOR

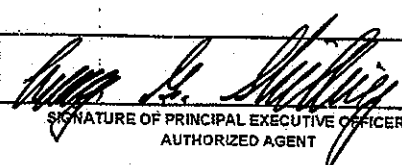
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED			585-466-7271	11/18/13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 8653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709

MINOR

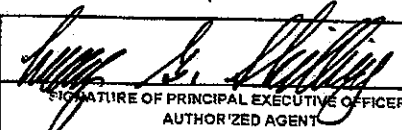
(SUBR 09)

Stormwater Runoff from North of Landfill (Monthly)

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
pH	SAMPLE MEASUREMENT	*****									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.22 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED			585-466-7271	11/19/13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

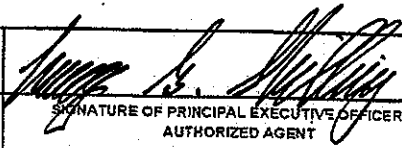
NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.080	3.080	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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TYPED OR PRINTED			Larry Shilling, VP	585-466-7271	11/19/13
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

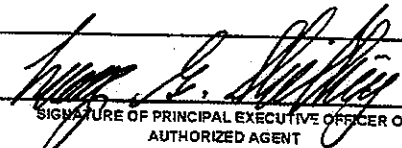
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011	mg/L		Monthly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0038	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0144	mg/L		Monthly	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0013	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0069	mg/L		Monthly	GRAB
Vanadium, total (as V) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014	mg/L		Monthly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11	mg/L		Monthly	GRAB
Aluminium, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			585-466-7271	11/21/13
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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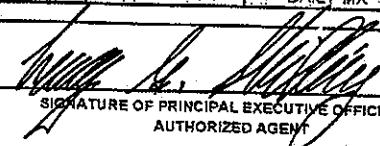
ATTN: JOE BOYLES

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
10/1/2013	10/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
Externe' Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	4,565	4,565	gal/d	*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	EST
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	ESTIMA
00183 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.20	*****	7.88	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	37.2	37.2	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0025	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	11/19/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

Note: Flow rate based on measured flow of 1000 mL/5 sec observed at the time of sampling.



**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC - Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: September 26, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

RECEIVED  
NYSDEC - REGION 9

SEP 27 2013

FOIL  
REL UNREL

**REMARKS:**

July 2013 DMR

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

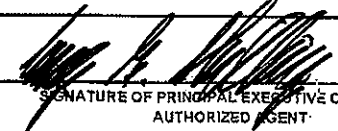
NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUDBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	1,440	1,440	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/yr	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CHECK
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.82	7.40	SU			Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	MINIMUM	MINIMUM	SU			Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	27.5	27.5	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.9	mg/L			Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	mg/L			Monthly	GRAB
Arsenic, total [as As]	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0028	mg/L			Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	mg/L			Monthly	GRAB

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TYPED OR PRINTED			585-466-7271	9/25/13
			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 1 gallon per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

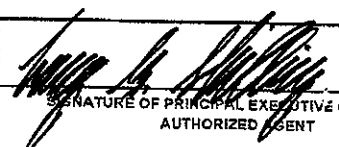
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Chromium, hexavalent [as Cr] 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.11	mg/L		Monthly	GRAB
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.0021	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.014	mg/L		Monthly	GRAB
Lead, total [as Pb] 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.009	mg/L		Monthly	GRAB
Vanadium, total [as V] 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.014	mg/L		Monthly	GRAB
Zinc, total [as Zn] 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.11	mg/L		Monthly	GRAB
Aluminum, total [as Al] 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	1.460	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.4	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	8/1/2013
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

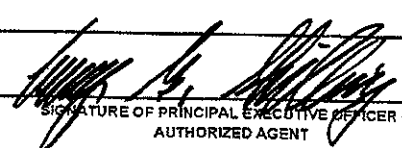
NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
*MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/13	8/2/13

DMR Mailing ZIP CODE: 14709  
MINOR (SUEHR 09)  
IRON ACTION LEVELS  
Extended Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.290	1.290	mg/L		Monthly	GRAB
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	8/25/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0071

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

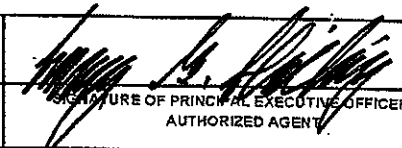
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	EST/MA
00193 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	9/25/13
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ARSA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGÉLICA, NY 14709

NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	9/15/13
TYPED OR PRINTED			AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709

MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****		Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and assemble the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED REPRESENTATIVE	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/25/13
TYPED OR PRINTED			AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0289620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR: (SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total [as Co]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01037 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total [as Cu]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
Lead, total [as Pb]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total [as Tl]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01058 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total [as Ni]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.32 DAILY MX	mg/L		Monthly	GRAB
Silver, total [as Ag]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.1173 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total [as V]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01087 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.01 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP		585-466-7271	9/25/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 8653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

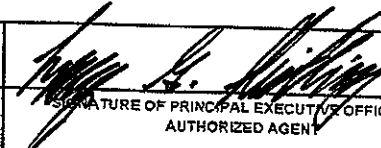
DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total [as Al]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total [as Se]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01147 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0048 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34043 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Mercury, total [as Hg]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
TYPED OR PRINTED			585-466-7271	9/25/13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269520	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709

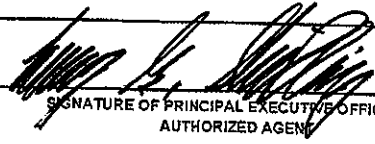
MINOR  
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total [as Fe]	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV.	1 DAILY MAX.	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED			585-466-7271	9/25/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

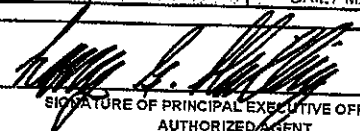
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
6/1/2013	3/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUB) 09  
Stormwater runoff from generally undisturbed area W  
External Outfall

No Discharge

PARAMETER	SAMPLE MEASUREMENT	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE			
Flow rate	PERMIT REQUIREMENT									
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d					Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT									
00193 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX	in					Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT									
00310 1 0 Effluent Gross	PERMIT REQUIREMENT					Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L	Monthly	GRAB
pH	SAMPLE MEASUREMENT									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU	Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT									
00530 1 0 Effluent Gross	PERMIT REQUIREMENT						50 DAILY MX	mg/L	Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT									
00556 1 0 Effluent Gross	PERMIT REQUIREMENT						15 DAILY MX	mg/L	Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT									
00610 1 0 Effluent Gross	PERMIT REQUIREMENT						Req. Mon. DAILY MX	mg/L	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	9/25/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0011

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

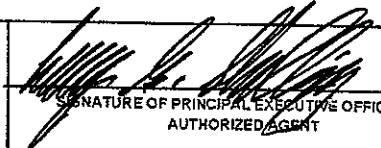
ATTN: JOE BOYLES

NY0269620	104-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing, ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area w/ External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total [as Cu] 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total [as V] 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.019 DAILY MX	mg/L		Monthly	GRAB
Zinc, total [as Zn] 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total [as Al] 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total 34043 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/28/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

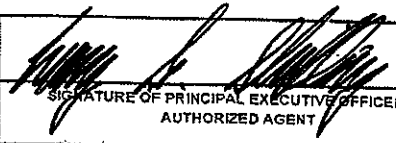
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
8/1/2013	8/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	9/25/13	
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



MAJ

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC – Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: August 27, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

Received  
N.Y.S. DEPT OF  
AUG 28 2013  
ENVIRONMENTAL CONSERVATION  
REGION 9

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

**REMARKS:**

July 2013 DMR

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

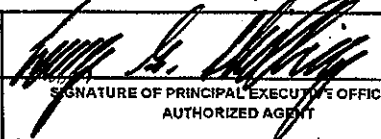
NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	7200	7200	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	CK REQ
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.68	*****	7.90	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	46.7	46.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0035	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	9/13/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements Note: Flow rate based on an estimated flow of 5 gallon per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709

MINOR

(SUBR 09)

Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent (as Cr)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
01032 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0030	mg/L		Monthly	GRAB
01042 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0144	mg/L		Monthly	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0012	mg/L		Monthly	GRAB
01051 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0769	mg/L		Monthly	GRAB
Vanadium, total (as V)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01087 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014	mg/L		Monthly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.010	mg/L		Monthly	GRAB
01092 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.560	mg/L		Monthly	GRAB
01105 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF  
AUG 28 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

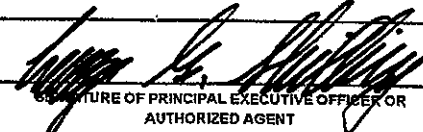
DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.320	2.320	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	DAILY MX	mg/L		Monthly	GRAB

Received  
N.Y.S. DEPT OF  
AUG 28 2013

ENVIRONMENTAL CONSERVATION  
REGION 9

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible, of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	9/29/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d						Monthly	ESTIMA
00193 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT		Req. Mon. DAILY MX	in						Monthly	CK REQ
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT				MINIMUM		MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						10 DAILY MX	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						15 DAILY MX	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT										
	PERMIT REQUIREMENT						0.22 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF

AUG 28 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

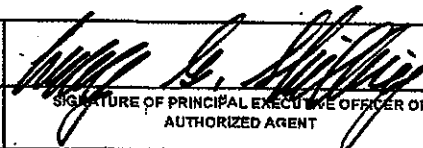
ATTN: JOE BOYLES

NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV.	DAILY MX.	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	APCA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Received  
N.Y.S. DEPT OF

AUG 28 2013

07/18/2013 Page 1

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
**NAME:** HYLAND FACILITY ASSOCIATES  
**ADDRESS:** 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
**FACILITY:** HYLAND LANDFILL  
**LOCATION:** 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
**ATTN:** JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	1/31/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 02)  
 Stormwater Runoff from generally undisturbed area  
 External Outfall  
 No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV.	Req. Mon. DAILY MX.	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX.	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV.	Req. Mon. DAILY MX.	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	8 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX.	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX.	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****				
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX.	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP		585-466-7271	8/23/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF

AUG 28 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total (as Co) 01037 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	11 DAILY MX	mg/L	Monthly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	022 DAILY MX	mg/L	Monthly	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	18 DAILY MX	mg/L	Monthly	GRAB
Thallium, total (as Tl) 01069 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	02 DAILY MX	mg/L	Monthly	GRAB
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	62 DAILY MX	mg/L	Monthly	GRAB
Silver, total (as Ag) 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	0076 DAILY MX	mg/L	Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	19 DAILY MX	mg/L	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF

AUG 28 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709

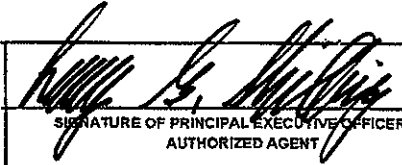
MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	156	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4	mg/L		Monthly	GRAB
Selenium, total (as Se)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01147 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.046	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34043 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.005	mg/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF

AUG 28 2013



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

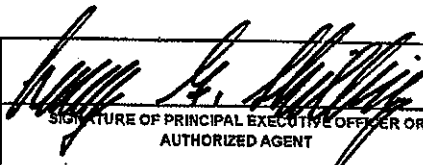
ATTN: JOE BOYLES

NY0269820	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****					
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Reg. Mon. DAILY AV	DAILY MX	mg/L	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED			SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Received  
N.Y.S. DEPT OF

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

AUG 28 2013

07/18/2013 Page 1

ENVIRONMENTAL CONSERVATION  
REGION 9

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0074

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

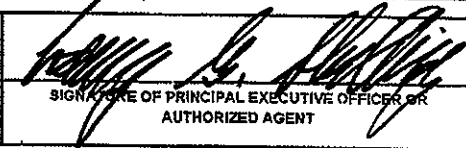
NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00183 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****			*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****			*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			6 MINIMUM		8 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****			*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****		50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****			*****						
00566 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****		15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****			*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****		Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF

AUG 28 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

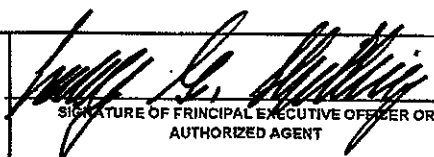
NY0289620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	022 DAILY MX	mg/L		Monthly	GRAB
01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	019 DAILY MX	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	166 DAILY MX	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
34043 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	005 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED			ARSA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Received  
N.Y.S. DEPT OF

AUG 28 2013

07/18/2013 Page 2

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

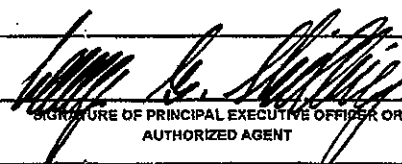
NY0268620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
7/1/2013	7/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV.	1 DAILY MX.	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER ...	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	8/23/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Received  
N.Y.S. DEPT OF

AUG 28 2013



MAS

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC - Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: October 25, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For review and comment
- For your use
- As requested

RECEIVED  
NYSDEC - REGION 9

OCT 28 2013

FOIL  
REL UNREL

**REMARKS:**

**September 2013 DMR**

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0011

DNR Mailing ZIP CODE: 14709  
MINOR: (SUPER)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall  
 No Discharge

PERMIT NUMBER	NY0269820
DISCHARGE NUMBER	001-M
MONITORING PERIOD	
MM/DD/YYYY	9/1/2013
MM/DD/YYYY	9/30/2013

PERMITTEE NAME/ADDRESS (include Facility Name/location if different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6633 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	EX		
Flow rate	1,440	gal/d	1,440					EST
00056 1 0 Effluent Gross	Reg Mon DAILY AV	Reg Mon DAILY MX						Monthly ESTMA
Precipitation, total defined period/1		in						Monthly CK REQ
00133 1 0 Effluent Gross	Reg Mon DAILY MX							Monthly CK REQ
BOD, 5-day, 20 deg. C								Monthly GRAB
00310 1 0 Effluent Gross	Reg Mon DAILY AV	Reg Mon DAILY MX	< 2.0	< 2.0				Monthly GRAB
PH			6.79	7.88				Weekly GRAB
00400 1 0 Effluent Gross			6	9				Weekly GRAB
Solids, total suspended			MINIMUM	MAXIMUM				Weekly GRAB
00530 1 0 Effluent Gross	Reg Mon DAILY AV	Reg Mon DAILY MX	34.9	34.9				Monthly GRAB
Oil & Grease								Monthly GRAB
00566 1 0 Effluent Gross								Monthly GRAB
Arsenic, total [as As]								Monthly GRAB
01002 1 0 Effluent Gross								Monthly GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP
TYPED OR PRINTED	
I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted, I am aware that there are no falsified records for submitting false information, including the possibility of the and improvement the reporting violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
AREA CODE	585-466-7271
NUMBER	10/25/13
DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements  
Note: Flow rate based on an estimated flow of 1 gpm observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name, location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

PERMIT NUMBER	001-M
DISCHARGE NUMBER	9/12/2013
MONITORING PERIOD	MM/DD/YYYY
	9/12/2013

DMR Mailing ZIP CODE: 14708  
MINOR  
(SUBR 03)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall  
 No Discharge

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS			
Chromium, hexavalent [as Cr]							
01032 10 Effluent Gross	PERMIT					Monthly	GRAB
	MEASUREMENT					monthly	GRAB
Copper, total [as Cu]	SAMPLE						
	MEASUREMENT					Monthly	GRAB
01042 10 Effluent Gross	PERMIT					Monthly	GRAB
	MEASUREMENT					monthly	GRAB
Lead, total [as Pb]	SAMPLE						
	MEASUREMENT					Monthly	GRAB
01051 10 Effluent Gross	PERMIT					Monthly	GRAB
	MEASUREMENT					monthly	GRAB
Vanadium, total [as V]	SAMPLE						
	MEASUREMENT					Monthly	GRAB
01087 10 Effluent Gross	PERMIT					Monthly	GRAB
	MEASUREMENT					monthly	GRAB
Zinc, total [as Zn]	SAMPLE						
	MEASUREMENT					Monthly	GRAB
01092 10 Effluent Gross	PERMIT					Monthly	GRAB
	MEASUREMENT					monthly	GRAB
Aluminum, total [as Al]	SAMPLE						
	MEASUREMENT					Monthly	GRAB
01165 10 Effluent Gross	PERMIT					Monthly	GRAB
	MEASUREMENT					monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP	TYPED OR PRINTED
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision with a system designed to ensure the quality and integrity of the information submitted. Based on my inquiry of the person who prepared the information, the information submitted by, or those persons directly responsible for gathering the information, the individual submitted to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>Larry Shilling</i>	DATE
AGSA Code	585-466-7271	10/25/13
NUMBER		
TELEPHONE		

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

PERMIT NUMBER	NY0269820
DISCHARGE NUMBER	001-Q
MONITORING PERIOD	
MM/DD/YYYY	7/1/2013
MM/DD/YYYY	9/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall  
 No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	PERMIT REQUIREMENT	VALUE	UNITS	PERMIT REQUIREMENT			
Chromium, total [as Cr]	*****	*****	*****	mg/L	<0.0020	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0010	DAILY MX	Quarterly	GRAB	PERMIT
Nickel, total [as Ni]	*****	*****	*****	mg/L	0.0030	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0010	DAILY MX	Quarterly	GRAB	PERMIT
Effluent Gross	*****	*****	*****	mg/L	05	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0010	DAILY MX	Quarterly	GRAB	PERMIT
Silver, total [as Ag]	*****	*****	*****	mg/L	>0.0010	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0020	DAILY MX	Quarterly	GRAB	PERMIT
Selenium, total [as Se]	*****	*****	*****	mg/L	>0.0020	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0020	DAILY MX	Quarterly	GRAB	PERMIT
Effluent Gross	*****	*****	*****	mg/L	05	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0020	DAILY MX	Quarterly	GRAB	PERMIT
Effluent Gross	*****	*****	*****	mg/L	05	DAILY MX	Quarterly	GRAB	MEASUREMENT
	*****	*****	*****	mg/L	>0.0020	DAILY MX	Quarterly	GRAB	PERMIT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP	TYPED OR PRINTED
every under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information identified is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are ongoing violations;	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
DATE	585-466-7271	10/25/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments & requirements

Quarterly sample collected on August 1, 2013

EPA Form 3320-1 (Rev. 01/09) Previous editions may be used.

08/13/2013

Page 1



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved

OMB No. 2040-0004

14709

DMR Mailing ZIP CODE:

MINOR

(SUBR 09)  
IRON ACTION LEVELS

External Outfall

No Discharge

PERMITEE NAME/ADDRESS (Include Facility Name/location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE

RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD

ANGELICA, NY 14709

ATTN: JOE BOYLES

PERMIT NUMBER	NY0266620
DISCHARGE NUMBER	001-U
MONITORING PERIOD	
MM/DD/YYYY	9/1/2013
MM/DD/YYYY	9/30/2013

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Iron, total (as Fe)	*****	*****	*****	*****	1.970	mg/L	1.970	mg/L	1	Monthly	GRAB
01045 10 Effluent Gross	*****	*****	*****	*****	1	mg/L	1	mg/L	1	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP	TYPED OR PRINTED
Letty under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the data presented, that the data and information are true and correct; I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing knowingly false information.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE NUMBER
		585-466-7271
		MM/DD/YYYY
		10/25/13
	TELEPHONE	DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

EPA Form 3320-1 (Rev. 01/08) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR (SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)

External Outfall

No Discharge

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	002-M
MONITORING PERIOD	MM/DD/YYYY
MM/DD/YYYY	9/12/2013
MM/DD/YYYY	9/30/2013

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO. OF ANALYSIS	EX	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Flow rate										
00056 10 Effluent Gross	PERMIT	Reg Mon	Reg Mon	DAILY MX					Monthly	ESTIMA
	MEASUREMENT									
	SAMPLE									
Precipitation, total defined period/in	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
00193 10 Effluent Gross	PERMIT	Reg Mon	Reg Mon	DAILY MX					Monthly	CK REQ
	MEASUREMENT									
	SAMPLE									
00400 10 Effluent Gross	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
Solids, total suspended	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
00530 10 Effluent Gross	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
Oil & Grease	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
00556 10 Effluent Gross	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
Copper, total (as Cu)	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									
01042 10 Effluent Gross	PERMIT								Monthly	
	MEASUREMENT									
	SAMPLE									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP
TYPED OR PRINTED	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
AREA CODE	585-466-7271
NUMBER	
HR/DD/YYYY	10/25/13
DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)

Stormwater Runoff from North of Landfill (Quarterly)  
External Outfall

No Discharge  X

PERMIT NUMBER	NY0268920
DISCHARGE NUMBER	002-Q
MONITORING PERIOD	
MM/DD/YYYY	7/1/2013
MM/DD/YYYY	9/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQ. OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE			
Nickel, total [as Ni]	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Zinc, total [as Zn]	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Quarterly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****			
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			
Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		Quarterly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****			

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	TYPED OR PRINTED	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.			
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE	585-466-7271
TELEPHONE NUMBER		DATE	10/25/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	See permit for additional notes, comments & requirements		

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	002-U
MONITORING PERIOD	
MM/DD/YYYY	9/1/2013
MM/DD/YYYY	9/30/2013

Form Approved  
 OMB No. 2040-0004  
 DMR Waiting ZIP CODE: 14709  
 MINOR (SUBR 09)  
 (IRON ACTION LEVELS  
 External Outfall)  
 No Discharge

PARAMETER	QUANTITY OR LOAD			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	VP. UE	UNITS			
Iron, total (as Fe)									
PERMIT MEASUREMENT									
PERMIT REQUIREMENT									
Emittent Gross									

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP	TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowingly violating.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE	NUMBER	NR/DOWNTY
				<i>[Signature]</i>	585-466-7271	10/25/13	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			DATE	TELEPHONE			

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0041

DMP Mailing ZIP CODE 14709

MARK

(SUEP 09)

Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PERMIT NUMBER NY0269620	DISCHARGE NUMBER R13-M
MONITORING PERIOD MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	EX	FREQ	SAMP
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
Flow rate										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY AV	Req Mon				
00056 1 0										
Precipitation, total defined period/in	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY AV	Req Mon				
00193 1 0										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY MX	Req Mon				
BOD, 5-day, 20 deg. C										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY AV	Req Mon				
00310 1 0										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY MX	Req Mon				
00400 1 0										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY MX	Req Mon				
00530 1 0										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY MX	Req Mon				
00556 1 0										
Effluent Gross	PERMIT	MEASUREMENT	SAMPLE	Req Mon	DAILY MX	Req Mon				
00610 1 0										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Larry Shilling, VP	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	AREA CODE 585-466-7271	NUMBER 10/25/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	DATE	TELEPHONE	SM/DOWNTY

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-004

DMR Mailing ZIP CODE: 14709  
MINOR (SUB 02)  
Stormwater Runoff from generally undisturbed area

No Discharge

PERMIT NUMBER	NY0269820
DISCHARGE NUMBER	003-M
MONITORING PERIOD	
MM/DD/YYYY	9/1/2013
MM/DD/YYYY	9/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name, location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6655 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	FREQ.	ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE				
Cobalt, total [as Co]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Copper, total [as Cu]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Lead, total [as Pb]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Thallium, total [as Tl]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Nickel, total [as Ni]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Silver, total [as Ag]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Vanadium, total [as V]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP
TYPED OR PRINTED	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
AREA CODE	585-466-7271
NUMBER	
DATE	10/25/18

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14708

MINOR (SUB 09)

Stormwater Runoff from generally undisturbed area E

External Outfall

No Discharge

PERMIT NUMBER	NY0289820
DISCHARGE NUMBER	003-M
MONITORING PERIOD	MM/DD/YYYY
	9/1/2013
	MM/DD/YYYY
	9/30/2013

PERMITTEE NAME/ADDRESS (include Facility Name/location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Zinc, total [as Zn]	PERMIT	MEASUREMENT		PERMIT	MEASUREMENT				GRAB
	01092 1 0								
Aluminum, total [as Al]	PERMIT	MEASUREMENT		PERMIT	MEASUREMENT				GRAB
	01105 1 0								
Selenium, total [as Se]	PERMIT	MEASUREMENT		PERMIT	MEASUREMENT				GRAB
	01147 1 0								
Phenolics, total	PERMIT	MEASUREMENT		PERMIT	MEASUREMENT				GRAB
	34043 1 0								
Mercury, total [as Hg]	PERMIT	MEASUREMENT		PERMIT	MEASUREMENT				GRAB
	71900 1 0								
	PERMIT	MEASUREMENT		PERMIT	MEASUREMENT				GRAB
	200	DAILY MX	mg/L						Monthly
	005	DAILY MX	mg/L						Monthly
	0048	DAILY MX	mg/L						Monthly
	4	DAILY MX	mg/L						Monthly
	156	DAILY MX	mg/L						Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		LARRY SHILLING, VP	
I certify under penalty of law that this document and all attachments were prepared under my direction or immediate supervision and that I am a duly licensed professional engineer or geologist in the State of New York, and that the information furnished herein is true and correct to the best of my knowledge and belief, and complete, and that there are no omissions or material misstatements of fact. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment or other sanctions.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA CODE	
See permit for additional notes, comments and requirements		NUMBER	
		585-466-7271	
		10/25/13	
		DATE	

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE

RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD

ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	003-U
MONITORING PERIOD	
MM/DD/YYYY	9/1/2013
MM/DD/YYYY	9/30/2013

DMR Mailing ZIP CODE: 14709  
MINOP  
(SUBR 08)  
IRON ACTION LEVELS  
External Outfall

14709

No Discharge

Form Approved  
OMB No. 2040-0004

PARAMETER	QUALITY OR CONCENTRATION			QUANTITY OR LOADING			PERMIT	REQUIREMENT
	NO. EX	UNITS	VALUE	UNITS	VALUE	VALUE		
Iron, total (as Fe)								
01045 10 Effluent Gross								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER		LARRY SHILLING, VP		TYPED OR PRINTED	
I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel prepared all data and information submitted. Based on my best knowledge and belief, the data and information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER	
DATE		585-466-7271		MM/DD/YYYY	
TITLE/PHONE		10/25/13			

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area W

External Outfall

No Discharge

PERMIT NUMBER	NY0208620
DISCHARGE NUMBER	004-M
MONITORING PERIOD	9/1/2013 9/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name, location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO.	FREQUENCY	ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Flow rate								
00056 1 0 Effluent Gross	PERMIT	Req. Mon. DAILY AV.						
	SAMPLE	Req. Mon. DAILY MX						
Precipitation, total defined period/in	PERMIT					Monthly	ESTIMA	
	MEASUREMENT							
00193 1 0 Effluent Gross	PERMIT	Req. Mon. DAILY MX						
	MEASUREMENT					Monthly	CK REQ	
00910 1 0 Effluent Gross	PERMIT	Req. Mon. DAILY AV						
	MEASUREMENT	Req. Mon. DAILY MX				Monthly	GRAB	
PH	PERMIT							
	SAMPLE					Monthly	GRAB	
00400 1 0 Effluent Gross	PERMIT							
	MEASUREMENT					Monthly	GRAB	
Solids, total suspended	PERMIT	MINIMUM	6					
	SAMPLE	MAXIMUM	9			Monthly	GRAB	
00330 1 0 Effluent Gross	PERMIT							
	MEASUREMENT					Monthly	GRAB	
Oil & Grease	PERMIT							
	SAMPLE					Monthly	GRAB	
00566 1 0 Effluent Gross	PERMIT							
	MEASUREMENT					Monthly	GRAB	
Nitrogen, ammonia total (as N)	PERMIT							
	SAMPLE					Monthly	GRAB	
00810 1 0 Effluent Gross	PERMIT							
	MEASUREMENT					Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  
 Larry Shilling, VP  
 TYPED OR PRINTED

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  
 [Signature]

AREA CODE NUMBER  
 585-466-7271  
 DATE  
 10/25/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

14709

DMR Mailing ZIP CODE:

MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area W

External Outfall

No Discharge

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	004-M
MONITORING PERIOD	
M/M/D/YYYY	9/1/2013
M/M/D/YYYY	9/30/2013

PERMITTEE NAME/ADDRESS (include Facility Name/location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			SAMPLE UNITS	EX. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE				
Copper, total [as Cu]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
01042 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Vanadium, total [as V]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
01087 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Zinc, total [as Zn]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
01092 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Aluminum, total [as Al]	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
01105 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
Phenolics, total	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				
34043 1 0 Effluent Gross	PERMIT	*****	*****	*****	*****	*****				
	MEASUREMENT	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP
TYPED OR PRINTED	
<small>certify under penalty of law that the data shown and all attachments were prepared under my direct or supervisory control and that I am a duly licensed professional engineer and a duly licensed environmental engineer in the State of New York. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for submitting knowingly.</small>	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
APMA Code	585-466-7271
NUMBER	10/25/13
REVISION/DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR (SUBR 09)

Stormwater Runoff from generally undisturbed area  External Outfall

No Discharge

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PERMIT NUMBER NY02698620	DISCHARGE NUMBER 004-Q
MONITORING PERIOD	
MM/DD/YYYY 7/1/2013	MM/DD/YYYY 3/30/2013

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO.	EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS				
Lead, total [as Pb]	*****	*****	*****	*****	*****	*****	*****	*****				
0108110 Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****			Quarterly	GRAB
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
Arkmony, total [as Sb]	SAMPLE	*****	*****	*****	*****	*****	*****	*****			Quarterly	GRAB
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				
0108710 Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****			Quarterly	GRAB
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>[Handwritten Signature]</i>
AREA CODE	585-466-7271
NUMBER	10/25/13
DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments & requirements

EPA Form 320-1 (Rev. 01/05) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0011

DMR Facility ZIP CODE: 14709

MINK

(SUEP:08)

IRON ACTION LEVELS

External Outfall

No Discharge

PERMITTEE NAME/ADDRESS (include Facility Name, Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 26 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PERMIT NUMBER NY0269620	DISCHARGE NUMBER 0440
MONITORING PERIOD	
MM/DD/YYYY 9/1/2013	MM/DD/YYYY 9/30/2013

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Iron, total (as Fe)	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERMIT MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
Effluent Cross	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****	*****
											GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP
<small>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am under the duty to prevent anyone from making false or misleading statements, including the possibility of one and implemented for monitoring violations.</small>	
TYPED OR PRINTED	

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>[Signature]</i>
AREA CODE	585
NUMBER	466-7271
TELEPHONE	
DATE	10/25/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



MAS

**LETTER OF TRANSMITTAL**

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

To: Mark Jackson

Division of Water

NYSDEC -- Region 9

270 Michigan Ave.

Buffalo, NY 14203-2999

Date: July 26, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

RECEIVED  
NYSDEC - REGION 9

JUL 29 2013

**REMARKS:**

June 2013 DMR

FOIL  
REL \_\_\_\_\_ UNREL \_\_\_\_\_

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR  
IRON ACTION LEVELS  
(SUBR 09)  
External Outfall

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	003-U
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Iron, total (as Fe)	*****	*****	*****	*****	0.460	mg/L	0.460	mg/L		Monthly	Grab
PERMIT REQUIREMENT	*****	*****	*****	*****	0.460	mg/L	0.460	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER CR	[Signature]
TELEPHONE	585-466-7271	AREA CODE	585
DATE	7/26/13	NUMBER	7/26/13

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 Stormwater Runoff from generally undisturbed area E  
 External Outfall

No Discharge

PERMIT NUMBER	NY0289620
DISCHARGE NUMBER	003-M
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE				
Zinc, total (as Zn)	01092 1 0	MEASUREMENT	< 0.010	mg/L	DAILY MX	156			Monthly	GRAB
	01092 1 0	PERMIT		mg/L	DAILY MX	156			Monthly	GRAB
Aluminum, total (as Al)	01105 1 0	MEASUREMENT	0.500	mg/L	DAILY MX	4			Monthly	GRAB
	01105 1 0	PERMIT		mg/L	DAILY MX	4			Monthly	GRAB
Selenium, total (as Se)	01147 1 0	MEASUREMENT	< 0.0020	mg/L	DAILY MX	0048			Monthly	GRAB
	01147 1 0	PERMIT		mg/L	DAILY MX	0048			Monthly	GRAB
Phenolics, total	34043 1 0	MEASUREMENT	> 0.0050	mg/L	DAILY MX	008			Monthly	GRAB
	34043 1 0	PERMIT		mg/L	DAILY MX	008			Monthly	GRAB
Mercury, total (as Hg)	71900 1 0	MEASUREMENT	3.04	mg/L	DAILY MX	200			Monthly	GRAB
	71900 1 0	PERMIT		mg/L	DAILY MX	200			Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP
TYPED OR PRINTED	
I certify under penalty of law that this document and all attachments were prepared under my direction or I carry out directly or indirectly the duties and responsibilities normally associated with the position of the Principal Executive Officer of the permittee. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
AREA Code	585-466-7271
NUMBER	
MM/DD/YYYY	7/21/13
DATE	
TELEPHONE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE

RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6633 HERDMAN ROAD

ANGELICA, NY 14709

ATTN: JOE BOYLES

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	003-M
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUB 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO.	EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	PERMIT	MEASUREMENT	REQUIREMENT	VALUE				
Cobalt, total (as Co)										GRAB
				< 0.0010						Monthly
Effluent Gross										GRAB
										Monthly
Copper, total (as Cu)										GRAB
										Monthly
Effluent Gross										GRAB
										Monthly
Lead, total (as Pb)										GRAB
										Monthly
Effluent Gross										GRAB
										Monthly
Thallium, total (as Tl)										GRAB
										Monthly
Effluent Gross										GRAB
										Monthly
Nickel, total (as Ni)										GRAB
										Monthly
Effluent Gross										GRAB
										Monthly
Silver, total (as Ag)										GRAB
										Monthly
Effluent Gross										GRAB
										Monthly
Vanadium, total (as V)										GRAB
										Monthly
Effluent Gross										GRAB
										Monthly

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER

Larry Shilling, VP

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing violations.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

585-466-7271

TELEPHONE

DATE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

EPA Form 3320-1 (Rev. 01/09) Previous editions may be used.

06/17/2013

Page 2



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
EPA No. 2040-004

DMR Mailing ZIP CODE 14709  
MINOR (SURF 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall  
 No Discharge

PERMIT NUMBER NY0269620	DISCHARGE NUMBER 103-1
MONITORING PERIOD MM/DD/YYYY 6/1/2013 - 6/30/2013	

PERMITTEE NAME/ADDRESS (include Facility Name/location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO.	EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				
Flow rate	7,200	gal/d					Monthly	EST
0056 10 Effluent Gross	7,200	gal/d					Monthly	ESTIMA
Precipitation, total defined periodin							Monthly	Check
00193 10 Effluent Gross		in					Monthly	CK REQ
BOD, 5-day, 20 deg. C							Monthly	GRAB
MEASUREMENT								
SAMPLE								
00310 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								
00310 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								
00400 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								
00530 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								
00566 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								
00610 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								
00610 10 Effluent Gross							Monthly	GRAB
PERMIT								
MEASUREMENT								
SAMPLE								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	TYPED OR PRINTED
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted to the best of my knowledge and belief, is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of arrest and imprisonment for knowing violations.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	585-466-7271	AREA CODE NUMBER
DATE	7/1/13	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements.  
Note: Flow rate based on an estimated flow of 5 gallons per minute  
observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6633 HERDMAN ROAD  
ANGELICA, NY 14708  
ATTN: JOE BOYLES

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	002-11
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				SAMPLING TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	
Iron, total (as Fe)	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	Monthly
Effluent Gross	01045 10								

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	DATE	7/22/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is true and correct, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for providing false information.		
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
AREA Code	585-466-7271	TELEPHONE	
NUMBER		DATE	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004  
DNR Mailing ZIP CODE: 14709  
MINOR  
(Subr 09)  
Stormwater Runoff from North of landfill (Quarterly)  
External Outfall

No Discharge

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	002-C
MONITORING PERIOD	MM/DD/YYYY
	4/1/2013
	6/30/2013

PERMITTEE NAME/ADDRESS (include Facility Name, location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE	*****	*****	*****	*****	*****	*****	*****			
	MEASUREMENT										
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****			
	REQUIREMENT										
Zinc, total (as Zn)	SAMPLE	*****	*****	*****	*****	*****	*****	*****			
	MEASUREMENT										
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****			
	REQUIREMENT										
01092 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****			
	REQUIREMENT										
01097 1 0	PERMIT	*****	*****	*****	*****	*****	*****	*****			
	REQUIREMENT										
Effluent Gross	PERMIT	*****	*****	*****	*****	*****	*****	*****			
	REQUIREMENT										

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	TYPED OR PRINTED
Signature of Principal Executive Officer or Authorized Agent		
AREA CODE	585-466-7271	NUMBER
DATE	7/2/13	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments & requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name, location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PERMIT NUMBER	NY0269620
DISCHARGE NUMBER	002-M
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall  No Discharge

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	EX NO.	
Flow rate							
00066 1 0 Effluent Gross	PERMIT	Req Mon	DAILY AV				ESTIMA
	MEASUREMENT						
00193 1 0 Effluent Gross	PERMIT	Req Mon	DAILY MX				OK REQ
	MEASUREMENT						
00400 1 0 Effluent Gross	PERMIT						
	MEASUREMENT						
00530 1 0 Effluent Gross	PERMIT						
	MEASUREMENT						
00530 1 0 Oil & Grease	PERMIT						
	MEASUREMENT						
00558 1 0 Effluent Gross	PERMIT						
	MEASUREMENT						
01042 1 0 Effluent Gross	PERMIT						
	MEASUREMENT						

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP
TYPED OR PRINTED	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
AREA CODE	585-466-7271
NUMBER	7/1/13
AMDA CODE	
DATE	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

14709

DMR Mailing ZIP CODE:

MINOR

(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE

RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD

ANGELICA, NY 14709

ATTN: JOE BOYLES

PERMIT NUMBER	NY028920
DISCHARGE NUMBER	001-J
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Iron, total (as Fe)	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
MEASUREMENT	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
Iron, total (as Fe)	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
MEASUREMENT	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB
PERMIT REQUIREMENT	*****	*****	*****	*****	4.430	mg/L	4.430	mg/L	1	Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP
TYPED OR PRINTED	LARRY SHILLING, VP
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>[Signature]</i>
AREA CODE	585-466-7271
NUMBER	585-466-7271
DATE	7/2/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR

(SUBR 09)

Stormwater Runoff from Slopes & CVI Suppression S

External Outfall

No Discharge

PERMIT NUMBER	NY0298620
DISCHARGE NUMBER	001-Q
MONITORING PERIOD	MM/DD/YYYY
	4/1/2013
	MM/DD/YYYY
	6/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Chromium, total (as Cr)											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
01034 10											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
Effluent Gross											GRAB
Nickel, total (as Ni)											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
01067 10											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
Effluent Gross											GRAB
Silver, total (as Ag)											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
01077 10											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
Effluent Gross											GRAB
Selenium, total (as Se)											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
0147 10											GRAB
	SAMPLE										MEASUREMENT
	PERMIT										REQUIREMENT
Effluent Gross											GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	TYPED OR PRINTED
I certify under penalty of law that this document and all attachments were prepared under my direction or explicit or implied authority, based on my knowledge and belief, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		AREA CODE NUMBER
DATE	7/06/13	585-466-7271

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Quarterly sampling was conducted on May 6, 2013.

EPA Form 3320-1 (Rev. 01/06) Previous editions may be used.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall  
 No Discharge

PERMIT NUMBER NY0269620	DISCHARGE NUMBER 001-1A
MONITORING PERIOD MM/DD/YYYY 6/1/2013 MM/DD/YYYY 6/30/2013	

PERMITTEE NAME/ADDRESS (Include Facility Name, Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				
	SAMPLE	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	EX NO.	
Chromium, hexavalent (as Cr)	MEASUREMENT			> 0.010	mg/L			Monthly	GRAB
	PERMIT REQUIREMENT			0.01	mg/L			Monthly	GRAB
Copper, total (as Cu)	MEASUREMENT			0.0042	mg/L			Monthly	GRAB
	PERMIT REQUIREMENT			0.014	mg/L			Monthly	GRAB
Effluent Gross	MEASUREMENT			0.0018	mg/L			Monthly	GRAB
	PERMIT REQUIREMENT			0.009	mg/L			Monthly	GRAB
Vanadium, total (as V)	MEASUREMENT			> 0.0020	mg/L			Monthly	GRAB
	PERMIT REQUIREMENT			0.014	mg/L			Monthly	GRAB
Zinc, total (as Zn)	MEASUREMENT			0.012	mg/L			Monthly	GRAB
	PERMIT REQUIREMENT			0.11	mg/L			Monthly	GRAB
Effluent Gross	MEASUREMENT			4.550	mg/L			Monthly	GRAB
	PERMIT REQUIREMENT			4	mg/L			Monthly	GRAB
Aluminum, total (as Al)	MEASUREMENT				mg/L			Monthly	GRAB
	PERMIT REQUIREMENT				mg/L			Monthly	GRAB
Effluent Gross	MEASUREMENT				mg/L			Monthly	GRAB
	PERMIT REQUIREMENT				mg/L			Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Larry Shilling, VP	TYPED OR PRINTED
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>[Signature]</i>	AREA Code NUMBER 585-466-7271
DATE	MM/DD/YYYY 7/26/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

DMR Mailing ZIP CODE: 14709  
MIN. JR  
(SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall  
 No Discharge

PERMIT NUMBER	NY0269820
DISCHARGE NUMBER	101-14
MONITORING PERIOD	
MM/DD/YYYY	6/1/2013
MM/DD/YYYY	6/30/2013

PERMITTEE NAME/ADDRESS (include Facility Name, Location & District)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		NO.	EX.	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS				

Flow rate	72,000	gal/d	72,000	gal/d	EST	Monthly	ESTIMA
Precipitation, total defined period/in	0	in			CK REQ	Monthly	CK REQ
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT	Req. Mon. DAILY AV		Req. Mon. DAILY AV				
SAMPLE MEASUREMENT			2.1	mg/L			
PERMIT REQUIREMENT			2.1	mg/L			
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT			8.15	SU			
PERMIT REQUIREMENT			8.15	SU			
Effluent Gross					GRAB	Weekly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT			74.0	mg/L			
PERMIT REQUIREMENT			74.0	mg/L			
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							
Effluent Gross					GRAB	Monthly	GRAB
PERMIT REQUIREMENT							
SAMPLE MEASUREMENT							
PERMIT REQUIREMENT							

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP
TYPED OR PRINTED	
I certify under penalty of law that this document and all attachments were prepared under my direct supervision in accordance with a system designed to assure that qualified personnel properly gather and provide the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, and I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
AREA CODE	585-466-7271
NUMBER	
DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements  
Note: Flow rate based on an estimated flow of 50 gallons per minute observed at the time of sampling.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-004

DMR Mailing ZIP CODE: 14709

MINOR

(SURR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PERMIT NUMBER NY0269620	DISCHARGE NUMBER (004-)
MONITORING PERIOD	
MM/DD/YYYY 6/1/2013	MM/DD/YYYY 6/30/2013

PERMITTEE NAME/ADDRESS (include Facility Name/location if Different)  
 NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Iron, total (as Fe)	MEASUREMENT	*****	*****	*****	*****	4.030	mg/L	4.030	mg/L	Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	1	mg/L	SALTY MAX	Monthly	GRAB	

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	Area Code	NUMBER	MM/DD/YYYY
			585-466-7271	7/26/13	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.		TELEPHONE	DATE	

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area   
External Outfall

PERMIT NUMBER NY0269620	MONITORING PERIOD MM/DD/YYYY 4/1/2013
DISCHARGE NUMBER 004-2	MM/DD/YYYY 4/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY ON LOADING				QUALITY OR CONCENTRATION				NO. OF ANALYSIS	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS	VALUE	UNITS			
Lead, total (as Pb)	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
Effluent Gross	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
Artimony, total (as Sb)	SAMPLE	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
01061 1 0	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
01087 1 0	MEASUREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	*****	*****		GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	Larry Shilling, VP	TYPED OR PRINTED
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are certain penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		
AREA Code	585-466-7271	NUMBER
TELEPHONE		DATE
		MM/DD/YYYY

See permit for additional notes, comments & requirements  
There was not discharge from this outfall at the time of quarterly sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area V  
External Outfall  
 No Discharge

PERMIT NUMBER NV0269820	MONITORING PERIOD MM/DD/YYYY 6/1/2013
DISCHARGE NUMBER 004-M	MM/DD/YYYY 6/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6633 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. OF ANALYSIS	EX	FREQUENCY	SAMPLE TYPE
	VALUE	UNITS	VALUE	VALUE	UNITS	VALUE				
Copper, total (as Cu)	SAMPLE	*****	*****	*****	*****	*****	0.0058		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.0058		Monthly	GRAB
Vanadium, total (as V)	SAMPLE	*****	*****	*****	*****	*****	0.0023		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.0023		Monthly	GRAB
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	0.018		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.018		Monthly	GRAB
Zinc, total (as Zn)	SAMPLE	*****	*****	*****	*****	*****	0.018		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.018		Monthly	GRAB
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	0.018		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.018		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE	*****	*****	*****	*****	*****	3.450		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	3.450		Monthly	GRAB
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	3.450		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	3.450		Monthly	GRAB
Phenolics, total	SAMPLE	*****	*****	*****	*****	*****	0.0050		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.0050		Monthly	GRAB
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	0.0050		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.0050		Monthly	GRAB
Effluent Gross	SAMPLE	*****	*****	*****	*****	*****	0.0050		Monthly	GRAB
	PERMIT	*****	*****	*****	*****	*****	0.0050		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP	TYPED OR PRINTED
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	See permit for additional notes, comments and requirements	
DATE	7/26/13	MM/DD/YYYY
TELEPHONE	585-466-7271	NUMBER
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	[Signature]	
AREA CODE	585-466-7271	NUMBER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall  No Discharge

PERMIT NUMBER NY0269620	MONITORING PERIOD MM/DD/YYYY 6/1/2013
DISCHARGE NUMBER 004-1A	MM/DD/YYYY 6/30/2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)  
NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

PARAMETER	QUANTITY OR LOADING		QUALITY OR CONCENTRATION		UNITS	VALUE	VALUE	UNITS	EX	NO. OF ANALYSIS	SAMPLE TYPE
	MEASUREMENT	PERMIT	MEASUREMENT	PERMIT							
Flow rate	MEASUREMENT	1,440	MEASUREMENT	1,440	gal/d					Monthly	EST
	PERMIT	1,440	PERMIT	1,440	gal/d					Monthly	ESTMA
Effluent Gross	REQUIREMENT	DAILY AV	REQUIREMENT	DAILY AV						Monthly	
	SAMPLE		SAMPLE							Monthly	
Precipitation, total defined period/in	REQUIREMENT	0	REQUIREMENT	0	in					Monthly	CHECK
	SAMPLE		SAMPLE							Monthly	CK REQ
Effluent Gross	REQUIREMENT	Req. Mon	REQUIREMENT	Req. Mon						Monthly	GRAB
	MEASUREMENT	2.5	MEASUREMENT	2.5	mg/L					Monthly	GRAB
003710	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	SAMPLE		SAMPLE							Monthly	GRAB
pH	REQUIREMENT	7.25	REQUIREMENT	7.25						Monthly	GRAB
	MEASUREMENT		MEASUREMENT							Monthly	GRAB
Effluent Gross	REQUIREMENT	9	REQUIREMENT	9	SU					Monthly	GRAB
	SAMPLE		SAMPLE							Monthly	GRAB
0040010	REQUIREMENT	MINIMUM	REQUIREMENT	MINIMUM						Monthly	GRAB
	MEASUREMENT	25.0	MEASUREMENT	25.0	mg/L					Monthly	GRAB
Solids, total suspended	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	SAMPLE		SAMPLE							Monthly	GRAB
0053010	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	MEASUREMENT		MEASUREMENT							Monthly	GRAB
Effluent Gross	REQUIREMENT	DAILY MX	REQUIREMENT	DAILY MX						Monthly	GRAB
	SAMPLE		SAMPLE							Monthly	GRAB
Oil & Grease	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	MEASUREMENT		MEASUREMENT							Monthly	GRAB
0055610	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	MEASUREMENT		MEASUREMENT							Monthly	GRAB
Effluent Gross	REQUIREMENT	DAILY MX	REQUIREMENT	DAILY MX						Monthly	GRAB
	SAMPLE		SAMPLE							Monthly	GRAB
Nitrogen, ammonia total (as N)	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	MEASUREMENT		MEASUREMENT							Monthly	GRAB
0061010	REQUIREMENT		REQUIREMENT							Monthly	GRAB
	MEASUREMENT		MEASUREMENT							Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	LARRY SHILLING, VP
TYPED OR PRINTED	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, the information submitted is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	<i>[Signature]</i>
AREA CODE	585-466-7271
NUMBER	7/26/13
MM/DD/YYYY	
TELEPHONE	
DATE	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 1 gallon per minute observed at the time of sampling.



**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

*MRS*

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC – Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: June 27, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

Received  
N.Y.S. DEPT OF  
**JUL 01 2013**  
ENVIRONMENTAL CONSERVATION  
REGION 9

**REMARKS:**

May 2013 DMR

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JCE BOYLES

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SURR 09)  
FROJ ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

Received  
N.Y.S. DEPT OF  
JUL 01 2013  
ENVIRONMENTAL CONSERVATION  
REGION 9

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Larry Shilling, VP			585-466-7271	6/27/13
TYPED OR PRINTED		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

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RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

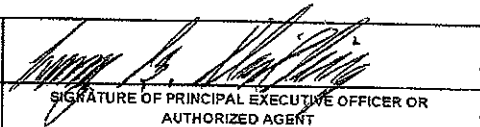
ATTN: JOE BOYLES

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	022	DAILY MX	mg/L		Monthly	GRAB
Vanadium, total (as V)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01087 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	019	DAILY MX	mg/L		Monthly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	156	DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	4	DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
34043 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	005	DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	6/27/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****			*****						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****			*****						
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****	6 MINIMUM	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****			*****						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****		50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****			*****						
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****		15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****			*****						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****			*****		Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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		585-466-7271	
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	
		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-IJ
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709

MINOR

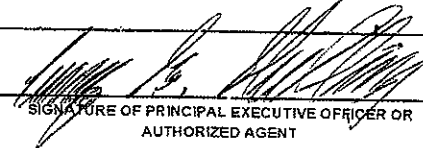
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION			NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	UNITS				
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.690	0.690	mg/L		Monthly	GRAB
01045 1 0 Effluent Cross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	5/27/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

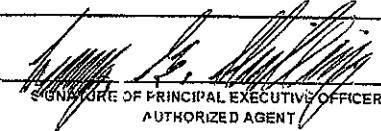
NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 03)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.770	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total (as Se)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01147 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0046 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		Monthly	GRAB
34043 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.04	ng/L		Monthly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.200 DAILY MX	ng/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	6/23/13
TYPED OR PRINTED			AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

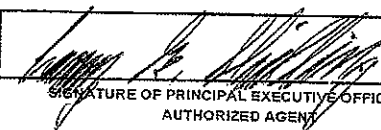
ATTN: JOE BOYLES

NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total (as Co)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01037 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0015	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total (as Tl)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01059 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0018	mg/L		Monthly	GRAB
01067 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.62 DAILY MX	mg/L		Monthly	GRAB
Silver, total (as Ag)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01077 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0076 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total (as V)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01087 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	5/27/13	
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NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	1,440	1,440	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	CK REQ
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.75	*****	6.75	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	C MINIMUM	*****	S MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	18.8	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.9	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP		585-466-7271	6/27/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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Note: Flow rate based on an estimated flow of 1 gallon per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
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PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

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RUTLAND, VT 05702

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ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	002-11
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709

MINOP

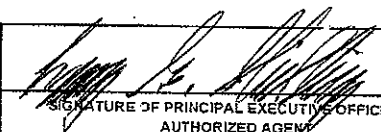
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
0104510 Effluent, Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d						Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT										
00193 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX	in						Monthly	CK REQ
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00530 1 0 Effluent Gross	PERMIT REQUIREMENT						50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT						15 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT										
01042 1 0 Effluent Gross	PERMIT REQUIREMENT						022 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP		585-466-7271	5/27/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

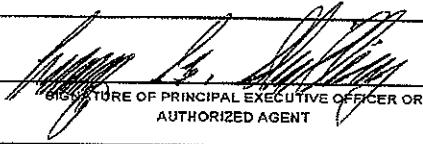
ATTN: JOE BOYLES

NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.150	1.150	mg/L		Monthly	GRAB
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	6/27/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

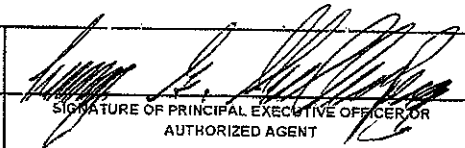
ATTN: JOE BOYLES

NY0269620	001-11
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 DAILY MX	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0022	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0144 DAILY MX	mg/L		Monthly	GRAB
01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0369 DAILY MX	mg/L		Monthly	GRAB
01057 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 DAILY MX	mg/L		Monthly	GRAB
01082 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.330	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271		
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
5/1/2013	5/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

ATTN: JOE BOYLES

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	7,200	7,200	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	CK REQ
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.71	7.78		SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM		SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	21.6	21.6	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.8		mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX		mg/L		Monthly	GRAB
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.0017		mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX		mg/L		Monthly	GRAB

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Larry Shilling, VP		585-466-7271	5/2/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 5 gallon per minute observed at the time of sampling.



MRK

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC - Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: May 24, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

**REMARKS:**

April 2013 DMR

RECEIVED  
NYSDEC - REGION 9

MAY 29 2013

FOIL  
REL \_\_\_\_\_ UNREL \_\_\_\_\_

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	21,600	28,800	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.3	2.3	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.71	*****	7.81	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	14.7	14.7	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.9	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	5 DAILY MX	mg/L		Monthly	GRAB
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP		585-466-7271	5/22/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA CODE

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See Permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 15 to 20 gallons per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.011 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0023	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0144 DAILY MX	mg/L		Monthly	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0069 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.014 DAILY MX	mg/L		Monthly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.940	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	5/29/13	
TYPED OR PRINTED			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
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FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

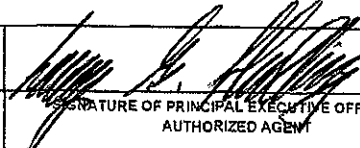
ATTN: JOE BOYLES

NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.010	1.010	mg/L		Monthly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	5/8/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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FACILITY: HYLAND LANDFILL  
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PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
pH	SAMPLE MEASUREMENT	*****									
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	4/22/13
TYPED OR PRINTED			AREA CODE	NUMBER
			MM/DD/YYYY	

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Note: There was no flow observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709

MINOR

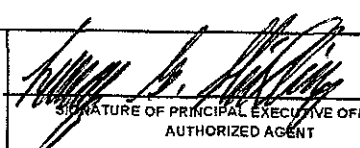
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	5/23/13
TYPED OR PRINTED			AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

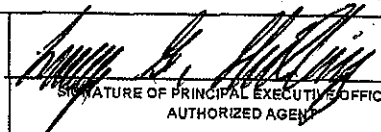
NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	17,280	17,280	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	EST/MA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.60	7.60	7.60	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	9	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.4	2.4	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	50	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.9	< 4.9	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	15	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.050	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			75/24/13	
TYPED OR PRINTED			75/24/13	
			75/24/13	75/24/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 12 gallons per minute observed at the time of sampling.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

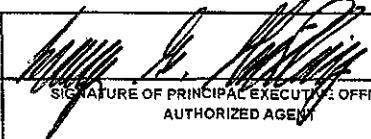
NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total (as Co) 01037 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total (as Tl) 01059 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0012	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.62 DAILY MX	mg/L		Monthly	GRAB
Silver, total (as Ag) 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0076 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP TYPED OR PRINTED			585-466-7271	5/22/13	
			AREA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

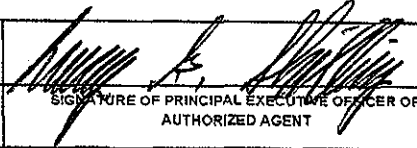
NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from generally undisturbed area & External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		monthly	GRAB
01092 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.410	mg/L		monthly	GRAB
01105 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total (as Se)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		monthly	GRAB
01147 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0046 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		monthly	GRAB
34043 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.18	ng/L		monthly	GRAB
71900 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.200 DAILY MX	ng/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	5/1/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	ARBA CODE	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709

MINOR

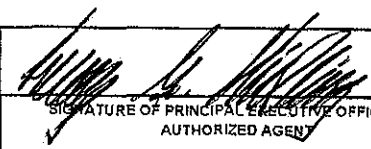
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.320	0.320	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP TYPED OR PRINTED			585-466-7271	5/23/13
			ARSA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

ATTN: JOE BOYLES

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	1,440	1,440	gal/d	*****	*****	*****	*****		monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		monthly	GRAB
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.64	6.64	6.64	SU		monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.3	10.3	mg/L		monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.8	< 4.8	mg/L		monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.050	< 0.050	mg/L		monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	5/22/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Note: Flow rate based on an estimated flow of 1 gallons per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709

MINOR

(SUBR 09)

Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0031	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022	mg/L		Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.019	mg/L		Monthly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.017	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156	mg/L		Monthly	GRAB
Aluminum, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.340	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4	mg/L		Monthly	GRAB
Phenolics, total 34043 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0050	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005	mg/L		Monthly	GRAB

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Larry Shilling, VP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	585-466-7271
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
4/1/2013	4/30/2013

DMR Mailing ZIP CODE: 14709

MINOR

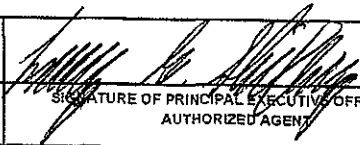
(SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.170	2.170	mg/L		monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	4/22/13
TYPED OR PRINTED			AREA CODE	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.



MA

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

**LETTER OF TRANSMITTAL**

To: Mark Jackson  
Division of Water  
NYSDEC - Region 9  
270 Michigan Ave.  
Buffalo, NY 14203-2999

Date: April 23, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

**REMARKS:**

March 2013 DMR

RECEIVED  
NYSDEC - REGION 9  
APR 25 2013  
REL \_\_\_\_\_ FOIL \_\_\_\_\_ UNREL \_\_\_\_\_

SIGNED: \_\_\_\_\_

**Joseph R. Boyles  
General Manager  
Hyland Facility Associates**

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0269620	031-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3.31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	28,800	28,800	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.71	*****	7.90	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	5.9	5.9	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	4/22/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements

Note: Flow rate is based on an estimated flow of 20 gallons per minute observed at the time of sampling.



PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 8653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

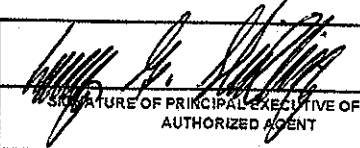
Form Approved  
 OMB No. 2040-0004

NY0269620	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 Stormwater Runoff from Slopes & GW Suppression S  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
01032 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.011	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT							0.0018	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.0144	mg/L		Monthly	GRAB
01051 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.0069	mg/L		Monthly	GRAB
01087 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.014	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.11	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	SAMPLE MEASUREMENT							0.480	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							4	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE	
			585-466-7271	4/22/13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See Permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0269620  
PERMIT NUMBER

001-Q  
DISCHARGE NUMBER

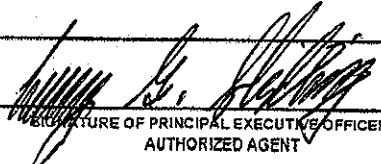
MONITORING PERIOD  
MM/DD/YYYY  
1/1/2013 3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR 09)  
Stormwater Runoff from Slopes & GW Suppression S  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, total (as Cr) 01034 1 0 Effluent Gross	SAMPLE MEASUREMENT						< 0.0020	mg/L		Quarterly	GRAB
	PERMIT REQUIREMENT						.05 DAILY MX	mg/L		Quarterly	GRAB
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT						0.0037	mg/L		Quarterly	GRAB
	PERMIT REQUIREMENT						.05 DAILY MX	mg/L		Quarterly	GRAB
Silver, total (as Ag) 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT						< 0.0010	mg/L		Quarterly	GRAB
	PERMIT REQUIREMENT						.04 DAILY MX	mg/L		Quarterly	GRAB
Selenium, total (as Se) 01147 1 0 Effluent Gross	SAMPLE MEASUREMENT						< 0.0020	mg/L		Quarterly	GRAB
	PERMIT REQUIREMENT						.003 DAILY MX	mg/L		Quarterly	GRAB

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Larry Shilling, VP			585-466-7271	2/22/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments & requirements

Note: Quarterly sampling was conducted on February 06, 2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0269620	001-U
PERMIT NUMBER	DISCHARGE NUMBER

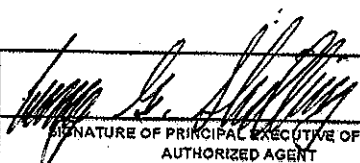
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.480	0.480	mg/L		Monthly	GRAB
01045 10 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	4/22/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 8653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

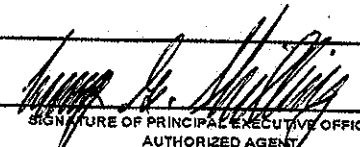
NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d						Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT										
00193 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX	in						Monthly	CK REQ
pH	SAMPLE MEASUREMENT										
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT										
00830 1 0 Effluent Gross	PERMIT REQUIREMENT						50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT										
00556 1 0 Effluent Gross	PERMIT REQUIREMENT						15 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT										
01042 1 0 Effluent Gross	PERMIT REQUIREMENT						.022 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			585-466-7271	4/22/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

There was no discharge from this outfall at the time of sampling.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

NY0269620	002-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2013	3/31/2013

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from North of landfill (Quarterly)  
External Outfall  
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Nickel, total (as Ni)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01087 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.25 DAILY MX	mg/L		Quarterly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.15 DAILY MX	mg/L		Quarterly	GRAB

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Larry Shilling, VP		585-466-7271	4/22/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments & requirements

There was no discharge from this outfall at the time of sampling.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

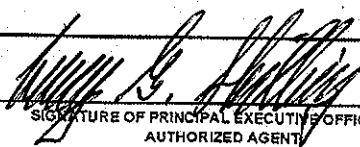
NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
 OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 IRON ACTION LEVELS  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	—	—				
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	4/24/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

There was no discharge from this outfall at the time of sampling.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

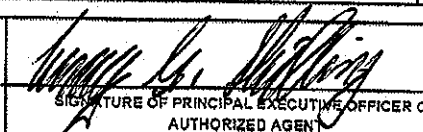
Form Approved  
 OMB No. 2040-0004

NY0269820	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 Stormwater Runoff from generally undisturbed area External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	2,880	4,320	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.61	*****	7.61	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	5.3	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	4/22/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

Note: Flow rate is based on an estimated flow of 2-3 gallons per minute observed at the time of sampling.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0289620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area E  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Cobalt, total (as Co) 01037 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.022 DAILY MX	mg/L		Monthly	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total (as Tl) 01059 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.62 DAILY MX	mg/L		Monthly	GRAB
Silver, total (as Ag) 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.0076 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.19 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	4/24/13	
TYPED OR PRINTED			ARGA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

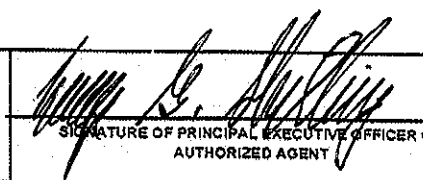
Form Approved  
 OMB No. 2040-0004

NY0268620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 Stormwater Runoff from generally undisturbed area E External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Zinc, total (as Zn)	SAMPLE MEASUREMENT							< 0.010	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT							.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT							0.600	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT							4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total (as Se)	SAMPLE MEASUREMENT							< 0.0020	mg/L		Monthly	GRAB
01147 1 0 Effluent Gross	PERMIT REQUIREMENT							.0046 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT							< 0.0050	mg/L		Monthly	GRAB
34043 1 0 Effluent Gross	PERMIT REQUIREMENT							.005 DAILY MX	mg/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT							3.66	ng/L		Monthly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT							200 DAILY MX	ng/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possible of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	4/23/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

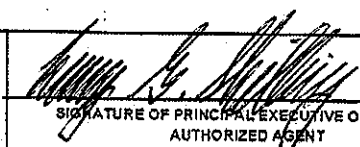
NY0269620	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.470	0.470	mg/L		Monthly	GRAB
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon: DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	3/22/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 8653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

NY0289820	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	2,880	2,880	gal/d	*****	*****	*****	*****		Monthly	EST
00066 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.99	*****	6.99	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	3.5	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	60 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.9	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	585-466-7271
TYPED OR PRINTED		AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Note: Flow rate is based on an estimated flow of 2 gallons per minute observed at the time of sampling.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)


NY0268620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed area W  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Copper, total (as Cu)	SAMPLE MEASUREMENT						0.0014	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT						.022	mg/L		Monthly	GRAB
Vanadium, total (as V)	SAMPLE MEASUREMENT						< 0.0020	mg/L		Monthly	GRAB
01087 1 0 Effluent Gross	PERMIT REQUIREMENT						.019	mg/L		Monthly	GRAB
Zinc, total (as Zn)	SAMPLE MEASUREMENT						< 0.010	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT						.156	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT						1.180	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT						.4	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT						< 0.0050	mg/L		Monthly	GRAB
34043 1 0 Effluent Gross	PERMIT REQUIREMENT						.005	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	4/27/13
TYPED OR PRINTED			AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMS No. 2040-0004

NY0269620	004-Q
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
1/1/2013	3/31/2013

DMR Mailing ZIP CODE: 14709  
 MINOR  
 (SUBR 09)  
 Stormwater Runoff from generally undisturbed area W  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Lead, total (as Pb)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Quarterly	GRAB
01051 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1	DAILY MX		Quarterly	GRAB
Antimony, total (as Sb)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Quarterly	GRAB
01097 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	2	DAILY MX		Quarterly	GRAB

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Larry Shilling, VP		585-466-7271	4/22/13
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments & requirements

Note: Quarterly sampling was conducted on February 06, 2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL

LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
3/1/2013	3/31/2013

Form Approved  
OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709

MINOR

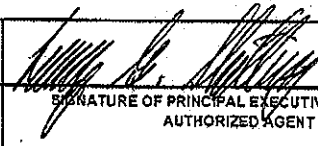
(SUBR 09)

IRON ACTION LEVELS

External Outfall

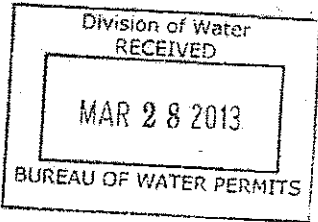
No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.060	1.060	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violators.		TELEPHONE	DATE
Larry Shilling, VP			585-466-7271	4/23/14
TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.



LETTER OF TRANSMITTAL

**Hyland Facility Associates**  
6653 Herdman Road  
Angelica New York 14709  
Phone: (585) 466-7271  
Fax: (585) 466-3206

To: NYSDEC Division of Water  
625 Broadway, 4<sup>th</sup> Floor  
Albany, NY 12233-3506

ATTN: KOON TANG

Date: March 26, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

**REMARKS:**

**Transmitted here within is the February 2013 DMR for the Hyland Facility.**

**SPDES Permit No. NY-0269620**

SIGNED: \_\_\_\_\_

**Joseph R. Boyles**  
**General Manager**  
**Hyland Facility Associates**

Received NYSDEC PWS MAR 28 2013

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 8653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

Division of Water  
 RECEIVED  
 MAR 28 2013

NY0269620  
 PERMIT NUMBER

001-M  
 DISCHARGE NUMBER

MONITORING PERIOD  
 MM/DD/YYYY  
 2/1/2013

MM/DD/YYYY  
 2/28/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (BLPR 08)  
 Stormwater Runoff from Slopes & GW Suppression S  
 External Outfall

No Discharge

Received 10/5-DEC DMC MAR 28 2013

PARAMETER	BUREAU OF WATER PERMITS	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	86,400	86,400	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.73	*****	7.02	SU		Weekly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Weekly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	31.0	31.0	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.7	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0010	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER:  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT  <i>Larry Shilling</i>	TELEPHONE	DATE	
			585-466-7271	3/25/13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See Permit for additional notes, comments and requirements  
 Note: Flow rate is based on an estimated flow of 60 gallons per minute observed at the time of sampling.



PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

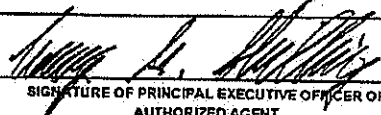
NY0269520	001-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (SUB 09) **RECEIVED NYSDEC RWC MAR 28 2013**  
 Stormwater Runoff from Slopes & GW Suppression S  
 External Outfall

Division of Water  
 RECEIVED  
 - MAR 28 2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.011 DAILY MX	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.0035	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.014 DAILY MX	mg/L		Monthly	GRAB
01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.0014	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.0069 DAILY MX	mg/L		Monthly	GRAB
01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.014 DAILY MX	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0.012	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	2.500	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			585-466-7271	3/25/13
			AREA CODE	NUMBER
				MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See Permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

NY0268620	001-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709

MINOR (SUBR 09)  
 RECEIVED INSTEAD DMR: MAR 28 2013

IRON ACTION LEVELS  
 External Outfall

No Discharge

PARAMETER	BUREAU OF WATER PERMITS QUANTITY OR LOADING	QUALITY OR CONCENTRATION						NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE				UNITS
Iron, total (as Fe) 01045 10 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.120	2.120	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req Mon DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
TYPED OR PRINTED		Larry Shilling, VP	585-466-7271	3/25/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES

ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

Division of Water  
RECEIVED  
  
MAR 28 2013  
  
BUREAU OF WATER PERMITS

NY0269620	002-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709  
MINOR (SUBR-09)  
Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT				*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in.	*****	*****	*****	*****		Monthly	CK REQ
pH	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****			
01042 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

There was no discharge from this outfall at the time of sampling.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

Division of Water  
 RECEIVED  
 MAR 28 2013  
 BUREAU OF WATER PERMITS

NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709

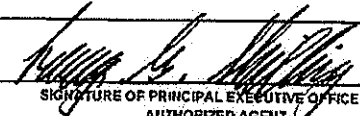
MINOR (SUBR 09)

IRON ACTION LEVELS

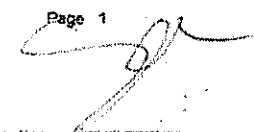
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	*****	*****	*****	*****						
01045 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	3/25/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS (include Facility Name, Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

NY0289620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

Division of Water RECEIVED  
 MAR 28 2013  
 BUREAU OF WATER PERMITS

DMR Mailing ZIP CODE: 14708  
 MINOR (SUBR-09)  
 Stormwater Runoff from generally undisturbed area E  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	2,880	4,320	gal/d	*****	*****	*****	*****		Monthly	EST
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
00193 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	Check
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.7	2.7	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	7.09	7.09	7.09	SU		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	9 MAXIMUM	SU		Monthly	GRAB
00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	3.9	3.9	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	60 DAILY MX	60 DAILY MX	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.8	< 4.8	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	15 DAILY MX	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.050	< 0.050	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

See permit for additional notes, comments and requirements

Note: Flow rate is based on an estimated flow of 2-3 gallons per minute observed at the time of sampling.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

Division of Water  
 RECEIVED  
 MAR 28 2013

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

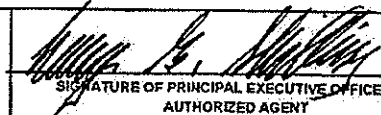
NY0269620	003-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

Form Approved  
 OMB No. 2040-0004

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 Stormwater Runoff from generally undisturbed area E  
 External Outfall

No Discharge

PARAMETER	BUREAU OF WATER PERMITS	QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total (as Co) 01037 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
Thallium, total (as Tl) 01059 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.62 DAILY MX	mg/L		Monthly	GRAB
Silver, total (as Ag) 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0076 DAILY MX	mg/L		Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.19 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP TYPED OR PRINTED			585-466-7271	3/25/13	
			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702  
 FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

Division of Water RECEIVED	NY0269620	003-M
MAR 28 2013	PERMIT NUMBER	DISCHARGE NUMBER
BUREAU OF WATER PERMITS		
MONITORING PERIOD		
MM/DD/YYYY	MM/DD/YYYY	
2/1/2013	2/28/2013	

DMR Mailing ZIP CODE: 14709  
 MINOR (SUBR 09)  
 Stormwater Runoff from generally undisturbed area E  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.240	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
Selenium, total (as Se)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		Monthly	GRAB
01147 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.0046 DAILY MX	mg/L		Monthly	GRAB
Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		Monthly	GRAB
34043 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB
Mercury, total (as Hg)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	2.87	ng/L		Monthly	GRAB
71900 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	200 DAILY MX	ng/L		Monthly	GRAB

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Larry Shilling, VP			
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

Division of Water  
 RECEIVED  
 MAR 28 2013  
 BUREAU OF WATER PERMITS

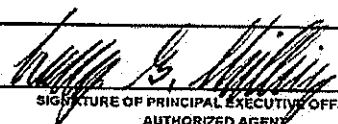
NY0269620	003-U
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709  
 MINOR  
 (SUBR 09)  
 IRON ACTION LEVELS  
 External Outfall

APPROVED BY NYSDOEG BWC MAR 28 2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe)	SAMPLE MEASUREMENT	0.200			0.200	0.200	mg/L			Monthly	GRAB
01045 1-0 Effluent Gross	PERMIT REQUIREMENT				Req. Mon DAILY AV	1 DAILY MX	mg/L			Monthly	GRAB

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Larry Shilling, VP			585-466-7271	3/25/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)



PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

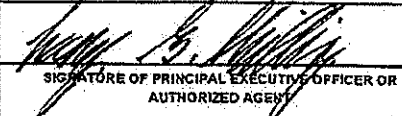
Form Approved  
 OMB No. 2040-0004

Division of Water RECEIVED	NY0269620	004-M
	PERMIT NUMBER	DISCHARGE NUMBER
MAR 28 2013	MONITORING PERIOD	
	MM/DD/YYYY	MM/DD/YYYY
	2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709  
 MINOR (SUB) 091  
 Stormwater Runoff from generally undisturbed area W External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	2,880	4,320	gal/d	*****	*****	*****	*****		Monthly	EST
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		Monthly	ESTIMA
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	Check
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		Monthly	CK REQ
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	GRAB
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		Monthly	GRAB
pH	SAMPLE MEASUREMENT	*****	*****	*****	7.49	7.49	7.49	SU		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	9 MAXIMUM	9	SU		Monthly	GRAB
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	10.5	10.5	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	50 DAILY MX	50	mg/L		Monthly	GRAB
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 4.7	< 4.7	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	15 DAILY MX	15	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 0.050	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY MX	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER  Larry Shilling, VP  TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			585-466-7271	3/25/13

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

Note: Flow rate is based on an estimated flow of 2-3 gallons per minute observed at the time of sampling.

PERMITTEE NAME/ADDRESS (include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD,  
 ANGELICA, NY 14709  
 ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
 DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

Division of Water  
 RECEIVED  
 MAR 28 2013

NY0269620	004-M
PERMIT NUMBER	DISCHARGE NUMBER
MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709  
 MINOR: RECEIVED NYSDEC R/W MAR 28 2013  
 (SUBR 09)  
 Stormwater Runoff from generally undisturbed area W  
 External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS				
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT							0.0022 ✓	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.022	mg/L		Monthly	GRAB
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0020 ✓	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.019	mg/L		Monthly	GRAB
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.010 ✓	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.156	mg/L		Monthly	GRAB
Aluminum, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT							2.160 ✓	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							4	mg/L		Monthly	GRAB
Phenolics, total 34043 1 0 Effluent Gross	SAMPLE MEASUREMENT							< 0.0050 ✓	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT							.005	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge and belief, this information, and the information submitted by the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	3/25/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
 See permit for additional notes, comments and requirements

PERMITTEE NAME/ADDRESS (include Facility Name, Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
 ADDRESS: 25 GREENS HILLS LANE  
 RUTLAND, VT 05702

FACILITY: HYLAND LANDFILL  
 LOCATION: 6653 HERDMAN ROAD  
 ANGELICA, NY 14709

ATTN: JOE BOYLES

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

Form Approved  
 OMB No. 2040-0004

NY0269620	004-U
PERMIT NUMBER	DISCHARGE NUMBER

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
2/1/2013	2/28/2013

DMR Mailing ZIP CODE: 14709

MINOR  
 (SUBR 09)

IRON ACTION LEVELS

External Outfall

No Discharge

Division of Water  
 RECEIVED  
 MAR 28 2013

Received NYSDEC 4100 MAR 28 2013

PARAMETER	NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE	QUANTITY OR LOADING			QUALITY OR CONCENTRATION		
				VALUE	UNITS	PERMITS	VALUE	VALUE	UNITS
Iron, total (as Fe)		Monthly	GRAB					1.700	mg/L
01045 1 0 Effluent Gross		Monthly	GRAB				Req. Mon. DAILY AV	1 DAILY MAX	mg/L

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP		585-466-7271	3/25/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Note: Iron exceeds the action limit. However, in accordance with the permit, this exceedance does not constitute a violation.



*AMB*

**LETTER OF TRANSMITTAL**

**Hyland Facility Associates**

6653 Herdman Road

Angelica New York 14709

Phone: (585) 466-7271

Fax: (585) 466-3206

To: Mark Jackson

Division of Water

NYSDEC – Region 9

270 Michigan Ave.

Buffalo, NY 14203-2999

Date: February 27, 2013

**INFORMATION TRANSMITTED: Hyland DMR**

**TRANSMITTED AS CHECKED BELOW:**

- For your approval
- For your use
- For review and comment
- As requested

**REMARKS:**

January 2013 DMR

RECEIVED  
 MAR 01 2013  
 FOIL  
 REL \_\_\_\_\_ UNREL \_\_\_\_\_

SIGNED: \_\_\_\_\_

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

001-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
Stormwater Runoff from Slopes & GW Suppressi  
External Outfall

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	43,200	43,200	gal/d	*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		monthly	est
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	ESTIMA
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		monthly	check
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	2.1	2.1	mg/L		Monthly	CK REQ
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		monthly	grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.37	*****	6.79	su		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	8 MINIMUM	*****	9 MAXIMUM	SU		weekly	grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	9.9	9.9	mg/L		Weekly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	50 DAILY MX	mg/L		monthly	grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		monthly	grab
Arsenic, total (as As)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0013	mg/L		Monthly	GRAB
01002 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		monthly	grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Larry Shilling, VP TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
		585-466-7271	2/27/10
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) See Permit for additional notes, comments and requirements	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER
			MM/DD/YYYY

Note: Flow rate is based on an estimated flow of 30 gallons per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

001-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709

MINOR

(SUBR 09)

Stormwater Runoff from Slopes & GW Suppression  
External Outfall

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Chromium, hexavalent (as Cr) 01032 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.011 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.0033	mg/L		monthly	grab
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0144 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0069 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		monthly	grab
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.014 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		monthly	grab
Aluminum, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.11 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.630	mg/L		monthly	grab
							.4 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure the qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE		DATE
Larry Shilling, VP		585-466-7271		2/27/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
See Permit for additional notes, comments and requirements

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

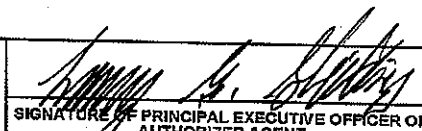
001-U  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.630	0.630	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP TYPED OR PRINTED			585-466-7271	2/27/13	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

002-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)

Stormwater Runoff from North of Landfill (Monthly)  
External Outfall

MONITORING PERIOD  
FROM 01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT										
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d							
Precipitation, total defined period/in	SAMPLE MEASUREMENT									Monthly	ESTIMA
00193 1 0 Effluent Gross	PERMIT REQUIREMENT		Req. Mon. DAILY MX	in							
pH	SAMPLE MEASUREMENT									Monthly	CK REQ
00400 1 0 Effluent Gross	PERMIT REQUIREMENT				6 MINIMUM		9 MAXIMUM	SU			
Solids, total suspended	SAMPLE MEASUREMENT									Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT										
Oil & Grease	SAMPLE MEASUREMENT						50 DAILY MX	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT										
Copper, total (as Cu)	SAMPLE MEASUREMENT						15 DAILY MX	mg/L		Monthly	GRAB
01042 1 0 Effluent Gross	PERMIT REQUIREMENT										
							022 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	TELEPHONE	DATE
Larry Shilling, VP TYPED OR PRINTED		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	585-466-7271
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) See permit for additional notes, comments and requirements		AREA Code	NUMBER
			MM/DD/YYYY

There was not discharge from this outfall at the time of sampling.



NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

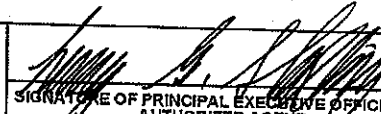
NY0269620	002-U
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

MONITORING PERIOD	
MM/DD/YYYY	MM/DD/YYYY
FROM 01/01/2013	TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****						
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP			585-466-7271	2/22/13	
TYPED OR PRINTED			AREA Code	NUMBER	MM/DD/YYYY
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)					

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS: (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

003-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed ar-  
External Outfall

MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY

01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate	SAMPLE MEASUREMENT	7,200	7,200	gal/d	*****	*****	*****	*****			
00056 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		monthly	est
Precipitation, total defined period/in	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	ESTIMA
00193 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		monthly	check
BOD, 5-day, 20 deg. C	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	CK REQ
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		monthly	grab
pH	SAMPLE MEASUREMENT	*****	*****	*****	6.28	*****	6.28	su		Monthly	GRAB
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	su		monthly	grab
Solids, total suspended	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.8	mg/L		Monthly	GRAB
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		monthly	grab
Oil & Grease	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
00556 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		monthly	grab
Nitrogen, ammonia total (as N)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		monthly	grab

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Larry Shilling, VP TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified persons properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE
			585-466-7271	2/27/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) See permit for additional notes, comments and requirements			AREA Code	NUMBER
				MM/DD/YYYY

Note: Flow rate is based on an estimated flow of 5 gallons per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

003-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709

MINOR  
(SUBR 09)

Stormwater Runoff from generally undisturbed area  
External Outfall

MONITORING PERIOD

FROM MM/DD/YYYY TO MM/DD/YYYY

01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Cobalt, total (as Co) 01037 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****					
Copper, total (as Cu) 01042 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.13 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
Lead, total (as Pb) 01051 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
Thallium, total (as Tl) 01059 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.18 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
Nickel, total (as Ni) 01067 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.02 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
Silver, total (as Ag) 01077 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.62 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0010	mg/L		monthly	grab
Vanadium, total (as V) 01087 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	.0076 DAILY MX	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		monthly	grab
							.19 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to ensure that qualified personnel properly gather and evaluate the information submitted. Based on my knowledge of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE	DATE	
Larry Shilling, VP TYPED OR PRINTED			585-466-7271	2/27/13	
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) See permit for additional notes, comments and requirements			AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709

ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

003-M  
DISCHARGE NUMBER

MONITORING PERIOD  
MM/DD/YYYY TO MM/DD/YYYY  
FROM 01/01/2013 TO 01/31/2013

DMR Mailing ZIP CODE: 14709

MINOR:  
(SUBR 09)  
Stormwater Runoff from generally undisturbed an  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Zinc, total (as Zn) 01092 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	*****		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L			
Aluminum, total (as Al) 01105 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	156 DAILY MX		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	0.220	mg/L			
Selenium, total (as Se) 01147 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	4 DAILY MX		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L			
Phenolics, total 34043 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	0046 DAILY MX		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L			
Mercury, total (as Hg) 71900 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	*****	005 DAILY MX		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	1.92	ng/L			
								200 DAILY MX		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Larry Shilling, VP TYPED OR PRINTED	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons or companies who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE 585-466-7271	DATE 2/27/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) See permit for additional notes, comments and requirements			AREA Code	NUMBER

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

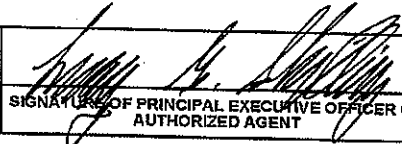
NY0269620	003-U
PERMIT NUMBER	DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

MONITORING PERIOD			
MM/DD/YYYY		MM/DD/YYYY	
FROM 01/01/2013	TO	01/31/2013	

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	0.160	0.160	mg/L		Monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER Larry Shilling, VP TYPED OR PRINTED	I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 	TELEPHONE	DATE
			585-466-7271	2/27/13
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)		AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6653 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

004-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709

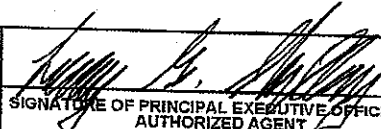
MINOR  
(SUBR 09)

Stormwater Runoff from generally undisturbed area  
External Outfall

MONITORING PERIOD  
FROM MM/DD/YYYY TO MM/DD/YYYY  
01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Flow rate 00056 1 0 Effluent Gross	SAMPLE MEASUREMENT	1,440	2,880	gal/d	*****	*****	*****	*****			
	PERMIT REQUIREMENT	Req. Mon. DAILY AV	Req. Mon. DAILY MX	gal/d	*****	*****	*****	*****		monthly	est
Precipitation, total defined period/in 00193 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	0.0	in	*****	*****	*****	*****		Monthly	ESTIMA
	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	in	*****	*****	*****	*****		monthly	check
BOD, 5-day, 20 deg. C 00310 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	< 2.0	< 2.0	mg/L		Monthly	CK REQ
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	Req. Mon. DAILY MX	mg/L		monthly	grab
pH 00400 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	6.59	*****	6.59	su		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	6 MINIMUM	*****	9 MAXIMUM	SU		Monthly	GRAB
Solids, total suspended 00530 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	7.5	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	50 DAILY MX	mg/L		Monthly	GRAB
Oil & Grease 00556 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 4.8	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	15 DAILY MX	mg/L		Monthly	GRAB
Nitrogen, ammonia total (as N) 00610 1 0 Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.050	mg/L		Monthly	GRAB
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. DAILY MX	mg/L		Monthly	GRAB

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			585-466-7271	2/27/13
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Note: Flow rate is based on an estimated flow of 1 to 2 gallons per minute observed at the time of sampling.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

Form Approved  
OMB No. 2040-0004

PERMITEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: HYLAND FACILITY ASSOCIATES  
ADDRESS: 25 GREENS HILLS LANE  
RUTLAND, VT 05702  
FACILITY: HYLAND LANDFILL  
LOCATION: 6853 HERDMAN ROAD  
ANGELICA, NY 14709  
ATTN: JOE BOYLES

NY0269620  
PERMIT NUMBER

004-M  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709

MONITORING PERIOD

MM/DD/YYYY TO MM/DD/YYYY

01/01/2013 TO 01/31/2013

MINOR  
(SUBR 09)  
Stormwater Runoff from generally undisturbed an  
External Outfall

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
01042 1 0 Effluent Gross Copper, total (as Cu)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0.0014	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.022 DAILY MX	mg/L		Monthly	GRAB
01087 1 0 Effluent Gross Vanadium, total (as V)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0020	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.019 DAILY MX	mg/L		Monthly	GRAB
01092 1 0 Effluent Gross Zinc, total (as Zn)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.010	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.156 DAILY MX	mg/L		Monthly	GRAB
01105 1 0 Effluent Gross Aluminum, total (as Al)	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	1.270	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	4 DAILY MX	mg/L		Monthly	GRAB
34043 1 0 Effluent Gross Phenolics, total	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.0050	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	.005 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling, VP		585-466-7271		2/27/13
TYPED OR PRINTED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
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NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)  
DISCHARGE MONITORING REPORT (DMR)

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NY0289620  
PERMIT NUMBER

004-U  
DISCHARGE NUMBER

DMR Mailing ZIP CODE: 14709  
MINOR  
(SUBR 09)  
IRON ACTION LEVELS  
External Outfall

MONITORING PERIOD

MM/DD/YYYY TO MM/DD/YYYY

FROM 01/01/2013 TO 01/31/2013

No Discharge

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO. EX	FREQUENCY OF ANALYSIS	SAMPLE TYPE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS			
Iron, total (as Fe) 01045 1 D Effluent Gross	SAMPLE MEASUREMENT	*****	*****	*****	*****	1.000	1.000	mg/L		monthly	grab
	PERMIT REQUIREMENT	*****	*****	*****	*****	Req. Mon. DAILY AV	1 DAILY MX	mg/L		Monthly	GRAB

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Larry Shilling		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	585-466-7271
TYPED OR PRINTED		AREA Code	NUMBER
COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)			MM/DD/YYYY