HIGHLAND RESIDENTIAL CENTER
P.O. Box 970
North Chodikee Lake Road
Highland, NY 12528
(914) 691-7223

Mileage: 75 Miles **Approximate Travel Time:** 1 1/4 Hours

Directions from Rensselaer:

Take the NYS Thruway to Exit 18, New Paltz. Turn right onto Route 299 from this exit. Travel East on Route 299 the distance of 3.9 miles, to North Chodikee Lake Road, on the left-hand side. A Division for Youth sign is on the right at this point. Turn left onto North Chodikee Lake Road. Travel One mile to a fork and make a right-hand turn, Proceed to the Traffic Control Gate. Press button to communicate with CPS staff who will provide access to the campus and directions to specific building locations.

Public Transportation:

Amtrak to Poughkeepsie; Metro-North to Poughkeepsie from New York City; Adirondack T railways Bus service from Albany to New Paltz.

Exhibit 4

New York State Department of Environmental Conservation
Division of Environmental Permits
NYSDEC HEADQUARTERS
625 BROADWAY
ALBANY, NY 12233
(518) 402-9167

SPDES PERMIT RENEWAL

9/30/2013

LAWRENCE BRADT
NYS OFFICE OF CHILDREN & FAMILY SERVICE
52 WASHINGTON ST RM 106 S
RENSSELAER NY 12144-2735

Permittee Name: NYS OFFICE OF CHILDREN & FAMILY SERVICES
Facility Name: HIGHLAND RESIDENTIAL CENTER
Ind. Code: 4941 County: ULSTER
DEC 3-5132-00024/00003 SPDES No.: NY0031691
Permit Effective Date: 7/1/2014
Permit Expiration Date; 6/30/2019

Dear Permittee,

The State Pollutant Elimination System (SPDES) permit renewal for the facility referenced above is approved with the new effective and expiration dates. This letter together with the previous valid permit for this facility effective on 07/01/2009 and any subsequent modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified in the previously issued permit(s).

As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit, including applications for permit modification or transfer to a new owner, a name change, and other questions, should be directed to:

Regional Permit Administrator
NYSDEC REGION 3 HEADQUARTERS
m SOUTH PUTT CORNERS RD NEW
PALTZ, NY 12561-1620 (845) 256-3185

If you have already filed an application for modification of your permit, it will be processed separately by that office.

If you have questions concerning this permit renewal, please contact LINDY SUE C'ZUBERNA'.I' at (518) 402,,

Sincerely,

Stuart M. Fox
Deputy Chief Permit Administrator

cc:

RWE

BWC

Exhibit 4

Alexander B. Grannis
Commissioner

RECEIVED
OCT - 3 2013
CAPITAL FACILITIES

New York State Department of Environmental Conservation
Division of Environmental Permits, 4th Floor
625 Broadway, Albany, New York 12233-1750
Phone: (518) 402-9167 • FAX: (518) 402-9168 Website: www.dec.ny.gov

NOV 200B

Larry Bradt

NYS Office of Children & Family Services
52 Washington Street* Room 220 North
Rensselaer, NY 12144

FACILITY INFORMATION
NAME: Highland Residential Center
LOCATION: Lloyd (T)

COUNTY: Ulster

SPDES NO: NY 003 1691
DEC ID NO.: 3-5132-00024/00003

Dear SPDES Permittee:

Enclosed please find a validated NOTICE/RENEWAL APPLICATION/ PERMIT form renewing your State Pollutant Discharge Elimination System (SPDES) permit for the referenced facility, this validated form, together with the previously issued permit (see issuance date of this permit in Part 3 of the NOTICE/RENEWAL APPLICATION/PERMIT form), and any subsequent permit modifications constitute authorization to discharge wastewater in accordance with all terms, conditions and limitations specified therein.

The instructions and other information that you received with. the NOTICE/RENEWAL

APPLICATION/PERMIT package fully described procedures for renewal and modification of your SPDES permit under the Environmental Benefit Permit Strategy (EBPS). As a reminder, SPDES permits are renewed at a central location in Albany in order to make the process more efficient. All other concerns with your permit such as applications for permit modifications, permit transfers to a new owner, name changes, and other questions should be directed to the Regional Permit Administrator at the following address:

Margaret Duke
NYSDEC - Region 3
21 South Putt Corners Road
New York, NY 12561-1696

If you have already filed an application for modification of your permit, it will be processed separately through our regional office. If you have questions concerning this permit renewal/ please contact Lindy Sue Czubernat at (518) 402-9165.

Sincerely,

William R. Alnaine

Chief Permit Administrator

Enclosure

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NOV 17 2008
CAPITAL FACILITIES

RWE
0-5 (5/97)

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

NOTICE 1 RENEWAL APPLICATION 1 PERMIT

Please read ALL Instructions on the back before com letin this a application form, Please TYPE or PRINT clearly In Ink.

PART 1 - NOTICE 09/30/2008

Permittee Contact Name, Address and 6PDES Permit Information

NYS OFFICE OF RESIDENTIAL CENTER ULSTER 220 North ~~261 WEST~~ CHILDREN & FAMILY SERVICE: HIGHLAND LARRY BRADT Ind. Code: 4941 County:

Exhibit 4

52 WAHT.NGTON ST, ROOMDEC No.: 3-5132-00024/00003
RENSSELAÉR NY 12144 SPDES No.: NY 003 1691
Expiration Date: 07/01/2009
Application Due By: 01/02/2009

Are these name(s) & address(es) correct? If not, please write corrections above.

The State Pollutant Discharge Elimination System Permit for the facility referenced above expires on the date indicated, you are required by law to file a complete renewal application at least 180 days prior to expiration of your current permit. Note the "Application Due By" date above, CAUTION: This short application form and attached questionnaire are the only forms acceptable for permit renewal. Sign Part 2 below and mail only thig form and the completed questionnaire using the enclosed envelope. Effective April 1, 1994 the Department no longer assesses SPDES application fees.

If there are changes to your discharge, or to operations affecting the discharge, then in addition to this renewal application, you must also submit a separate permit modification application to the Regional Permit Administrator for the DEC region in which the fa0115ty is located, as required by your current permit. See the reverse side of this page for instructions on filing a modification request.

PART 2 - RENEWAL APPLICATION

CERTIFICATION: I hereby affirm that under penalty of perjury that the information provided on this form and all attachments submitted herewith is true to the best of my knowledge and belief. False statements made here are punishable as a Class A misdemeanor pursuant to gg000n 210ÄSof tilf"nal Law,

Larry Bradt For NYS OCFS — Facility Planner
Name of person signing application (see instructions on back) — Title

Larry Bradt For NYS OCFS — 10-02-08
Signature — Date

RECEIVED NYSDEC OCT 3 AM 9:39

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

Effective Date: 7 1 09 Expiration Date: 6 30 14

William R. Adriance
Permit Administrator

Address: NYSDEC - Division of Environmental Permits
Bureau of Environmental Analysis
625 Broadway, Albany, NY 12233-1750

William R. Adriance — NOV 14 2008
Signature — Date

This permit together with the previous valid permit for this facility issued 7 1 104 and subsequent modifications

This permit together with the previous valid permit for this facility issued constituto authorization to discharge wastewater in accordance with all terms* conditions and limitations specified in the previously issued VQI[d modifications thereof or issued as part of this permit including any special or general conditions attached hereto. Nothing In this permit shall be deemed to waive the Department's authority to initiate a modification of this permit on the grounds specified in 6NYCRR $621.14, 6NYCRR 5754.4 or 6NYCRR 9757.1 existing at the time this permit {8 issued or which arise thereafter.

Atta ~~ehments: General Conditions dated ___/___~~

Exhibit 4

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JUN 1 1989

DIVISION OF WATER
BUREAU OF WASTEWATER FACILITIES DESIGN

91-20-2 (2.86) — 10a

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

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

Industrial Code: N
Discharge Class (CL): 04
Toxic Class (TX): N
Major D.B.: 13 (Hudson)
Sub D.B.: 01
Water Index Number: H-128-P437

Facility ID Number: NY- 003 1691
UPA Tracking Number: 5132-24-3
Effective Date (EDP): July 1, 1989
Expiration Date (ExDP): July 1, 1994
Modification Date(s):
Attachment(s): General Conditions (Part II, 2/85)

This SPDES permit is issued in compliance with Title 8 Of Article 17 of the Environmental Conservation Law of New York State and in compliance with the Clean Water Act, as amended, (33 u,S.C. ST 251 et. seq.) (hereinafter referred to as "the Act").

Attn: Hal Mller, Dlgtricc Supervisor

Permittee Name:

N.Y.S. Division for Youth

Street: P. O Box 970, North Chodikee Lake Road

City:

Highland State: NY Zip Code: 12528

Is authorized to discharge from the facility described below:

•Facility Name:

Highland Training School

Location (C,T,V): Lloyd County: Ulster

Mailing Address (Street): see above

Mailing Address (City): State: Zip code:

from Outfall No. 001 at: Latitude 41° 46' 15" & Longitude 73° 58' 55"

ers known as: Chodikee Lake Class A

into receiving waters known as:

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

002 Chodikee Lake, Class A

in accordance with the effluent limitations, monitoring requirements and other conditions set forth in this permit.

This permit and the authorization to discharge shall expire on midnight of the expiration date shown above and the permittee shall not discharge after the expiration date unless this permit has been renewed, or extended pursuant to law. To be authorized to discharge beyond the expiration date. the permittee shall apply for permit renewal as prescribed by Sections 17-0803 and 17-0804 of the Environmental Conservation Law and parts 621, 752, and 755 of the Departments' rules and regulations.

PERMIT ADMINISTRATOR Deputy	DATE ISSUED	ADDRESS 21 S. Putt Corners Rd. New Paltz, NY 12561-1696
William E. Steidle	MAY 25, 1989	

Distribution: J. Sansalone
B. Zicca
R. Hannaford
Ulster Co. DOH
EPA Region 2 (NYC)

SIGNATURE

Distribution; J. Sansalone B,
Zicca
R. Hannaford

FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the Period Beginning

July 1, 1989 July 1, 1989 and lasting

until July 1, 1994

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

Outfall Number	Effluent Limitations (Maximum Limits except where otherwise indicated)	TABLE 1
001	(x) Flow	30 day arithmetic mean 57,ooo
	(x) BOD5	30 day arithmetic mean 30 mg/l and
	(x) BOD5	7 day arithmetic mean 45 mg/l and
	( ) BOD5	Daily —mg/l and
	( ) VOD (*2)	Daily ——mg/t and
	(x) Suspended Solids	30 day arithmetic mean 30 mg/l and
	(x) Suspended Solids	7 day arithmetic mean cmg/! and
	( ) Suspended Solids	Daily ——mg/l and

(x) Effluent disinfection required: (x) ail year
( ) Seasonal from

(x) Fecal Coliform 30 day geometric mean shall not exceed 200/100 ml

(x)

( ) Fecal Coliform 7 day geometric mean shall not exceed 400/100 ml

( )

Fecal Coliform . 6 hour geometric mean shall not exceed 800/100 ml (f3) Fecal Coliform No individual sample may exceed 24001100 ml (*3)

If chlorine is used for disinfection, a chlorine residual of •0 mgll shall' be maintained in the chlorine contact chamber whenever disinfection is required. If specified here, the chlorine residual in the final discharge shall not exceed ——— mg/l

Total Coliform Daily

( ) Total Kjeldahl Nitrogen Daily ——-/mg/l

Ammonia	Daily	—.—/mg/t
( )Dissolved Oxygen	Minimum	greater than
6.5		
(.x)pH	Range	to
0.3		
(xSettjeabfe Solids	Daily	

( )Phosphorus Daily ——mg/i as P ( )Total Nitrogen Daily mg/l as N

CONTENDED ON NEXT PACE

High led

9+20-261(2/86)—30a Facility ID # NY-003 003 1691

DEC3-5132-24/3-0

TABLE 2

Monitoring Requirements

	Parameter	Frequency	Sample Type	Sample Location Effluent	Sample Location Influent
	Effluent	Continuous	Recording	x	x
☒	Total Flow, MCD or	4/year	6hr. Composite	x	x
☒	BOD5, mg/l	4/year	6hr. Composite	x	x
☒	Suspended Solids, mg/l	4/year	Grab		x
☐	Fecal Coliform, No./100 ml				
☐	Total Coliform, No.1100 mi				
☐	Total Kjeldahl Nitrogen, mg/l as N				
☒	Ammonia, mg/l as NH3	Daily	Grab	x	x
☒	Dissolved Oxygen, mglt pH	Daily	Grab	x	x
☒	Settleable Solid5. mill	Daily	Grab		x (*4)
	Residual Chlorine, mg/t				
	Phosphorus, mg/l as P	Daily			x
	Temperature, ºC				
	Total Nitrogen, mg/l as N				
	Visual Observation				

NOTE: (•i) and effluent v,åkuos % of influent values.
{•2) (Ultimate Oxygen Demand). Shall be computed and reported as ollows:UOD ' 1li2 x BOD5 4 1/2 x TKN (Total Kieldahl Nitrogen).
(*3) applicable only in the Interstate Sanitation District.
('4) sample contact chamber effluent and final effluent if limits are specified for both.

H lord

FINAL EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

During the Period Beginning JULY 1, 1989

and lasting until JULY 1, 1994

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

Outfa Number & Effluent Parameter	Daily Avg.	Daily Max.	Units	Minimum Monitoring Requirements Frequency	Type
002 Suspended Solids	20	40	mg/l	Monthly	Grab
	Discharge Limitations			Measurement Frequency	Sample Type
Settleable Solida	--	0.1	ml/1	Monthly	Grab
Chlorine, Total Residual	--		mg/ 1	Daily	Gr ab
pH (range)	(6.5 -	8.5)		Daily	Crab
Aluminum		4.0	mg/l	Quattter Iy	Grab*

* At discharge from settling pond

ACTION LEVEL REQUIREMENTS

The parameters listed below have been reported present in the discharge but at levels that currently do not require water quality technology based limits. Action levels have been established which if exceeded WII! result in re. consideration of Water Quality and Technology based limits,

Routine action level monitoring results, if not provided for on the Discharge Monitoring Report (DMR) form, shall be appended to the DMR for the period during which the sampling was conducted.

If any of the action levels ts exceeded, the permittee shall undertake a short-term, high-intensity monitoring program for this parameter, Sam pies identical to those required for routine monitoring purposes shall be taken on each of at least three operating days and analyzed. Results shall be expressed in terms of both concentration and mass, and shall be submitted no later than the end of the third month following the month when the action level was first exceeded. Results may be appended to a DMR or transmitted under separate covet to the same addresses. If levels higher than the action levels are confirmed, the result shall constitute a revised application and the permit shall be reopened for consideration of revised action levels or effluent limits.

The permittee is not authorized to discharge any of the listed parameters at levels which may cause or contribute to a violation of water quality standards.

			Minimum Monitoring Requirements	
Outfall Number and Effluent Parameter	Action Level	Units	Measurement Frequency	Sample Type
002 Iron and Man genese		1bg/D	Quarterly	Grab*

* At discharge from settling pond

MONITORING, RECORDING AND REPORTINC

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

b) The monitoring information required by this permit shall be:

Summarized, signed and retained for a period of three years from the date of sampling for subsequent inspection by the Department or its designated agent,

Summarized and reported by submitting completed and signed Discharge Monitoring Report forms once every ——— month(s) to the locations specified below. Blank forms available at department offices fisted below.

The first report will be due no later than

.Thereafter, reports shall be submitted no later than the 28th of the following month(s):

Department of Environmental Conservation
Regional Water Engineer
21 South Putt Comers Road
New Paltz, NY 12561-1696
Attn: J. Sangalone

Department of Environmental Conservation
Division of Water
50 Wolf Road,
Albany, New York 12233

(Applicable only if checked)

———————————————,Chief
Permit Administration Branch
Planning & Management Division
USEPA Region Il, 26 Federal Plaza
New York, New York 1027b

gha

c) Monthly Wastewater Treatment Plant Operators Reports be submitted to the Regional Engineer and County Health Department or County Environmental Control Agency specified above,

d) Monitoring must be conducted according to test procedures approved under 40 CFR Part 136, unless other test procedures have been specified in this permit.

e) If the permittee monitors any pollutant more frequently than required by the permit, using test procedures approved under 40 CFR 136 or as specified in the permit the results of this monitoring shall be included in the calculations and recording of the data on the Discharge Monitoring Reports.

i) Calculations for all limitations which require averaging of measurements shall utilize an arithmetic mean unless otherwise specified in this permit.

g) Unless otherwise specified, all information recorded on the Discharge Monitoring Report shall be based upon measurements and sampling carried out during the most recently completed reporting period,

h) On or after April 1, 1984. any laboratory test or sample analysis required by this permit for which the State Commissioner of Health issues certificates of approval pursuant to section five hundred two of the Public Health Law shall be conducted by a laboratory which has been Issued a certificate of approval. Inquiries

regarding laboratory certification should be sent to the Laboratory Certification Quality Assurance Croup, New York State Health Department Center for Laboratories and Research, Division of Environmental Sciences, The Nelson A, Rockefeller Empire State Plaza Albany, New York 12201.