

**Annual/Quarterly Report**

A. This MSW, Industrial or Ash Landfill Annual Report for the year of operation from

January 1, 2009 to December 31, 2009.

B. Quarterly Report for: Quarter 1 Quarter 2 Quarter 3  Quarter 4

**SECTION 1 - Owner/Facility Information**

Facility Name Chemung County Sanitary Landfill NYSDEC Activity Code # -----  
 Facility Location 1488 County Road 60 State NY Zip 14861  
 Facility Contact Carla M. Canjar Phone # (585) 797 - 5941  
 Contact e-mail address carla.canjar@casella.com Fax # (585) 526 - 5459  
 Town Lowman County Chemung NYSDEC Region # 8  
 NYS Planning Unit Chemung County (A list of NYS Planning Units can be found at the end of this report.)  
 360 Permit # 8-0728-00004/00013-0 Issued 02/21/06 Expires 02/20/16  
 Owner Name Chemung County Phone # (607) 737 - 2031  
 Mailing Address 203 Lake Street, Elmira State NY Zip 14901

**SECTION 2 - Site Life**

1. Landfill Capacity Utilized Last Year (reporting year).
  - a. What is the estimated landfill capacity that was utilized during the reporting year?  
136,907 Cubic Yards of Airspace
  - b. What is the estimated in-situ waste density for the reporting year?  
0.92 Tons/Cubic Yard

Please do not report units as pounds per cubic yard.

2. Remaining Constructed Capacity
  - a. What is the remaining capacity of the landfill that is already constructed?  
152,952 Cubic Yards of Airspace
  - b. What is the estimated remaining life of the constructed capacity?  
0 Years 10 Months  
 at 160,000 Tons/Year.\*

\* Please note that this tonnage rate must include all materials placed in the landfill, i.e., waste, soil, cover, alternative daily covers, etc.

- c. Is the tonnage rate reported under 2.b. based on (select one):
  - Last year's disposal amount?
  - Estimated future disposal?
  - Permit limit?
  - Other (explain): \_\_\_\_\_

3. Permitted Capacity Still to be Constructed

- a. What is the remaining but not yet constructed landfill capacity that is authorized by a Part 360 permit?

994,879 Cubic Yards of Airspace

- b. What is the projected life of capacity reported in 3a.?

5 Years 9 Months

at 160,000 Tons/Year.\*

\* Please note that this tonnage rate must include all materials disposed in the landfill, i.e., waste, and soil and alternative daily covers.

- c. Is the tonnage rate reported under 3.b. based on (select one):

       Last year's disposal amount?

  X   Estimated future disposal?

       Permit limit?

Other (explain):

4. Capacity Proposed in a Part 360 Permit Application

What is the capacity of any expansion proposed in a Part 360 permit application that has been submitted to the Department but not authorized by a permit as of the end of the reporting period?

      N/A       Cubic Yards of Airspace

5. Estimated Potential Future Capacity Not Permitted or in an Application (optional)

What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?

      N/A       Cubic Yards of Airspace

**SECTION 3 - Primary Leachate**

Name of off-site leachate treatment facility(s) utilized: Chemung County Sewer District

Does the landfill have a constructed liner and a leachate collection system?   X   Yes        No

Enter the quantity of primary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding Acreage, by Cell: (Note: For double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems.

Cells	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	1, 2, 3, 4 Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 24.2 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January	170,050.02						170,050.02					
February	217,343.84						217,343.84					
March	272,966.98						272,966.98					
April	182,140.38						182,140.38					
May	121,082.95						121,082.95					
June	164,587.88						164,587.88					
July	90,020.77						90,020.77					
August	222,267.99						222,267.99					
September	221,888.07						221,888.07					
October	191,427.57						191,427.57					
November	54,670.00						54,670.00					
December	149,202.92						149,202.92					
ANNUAL	2,057,649.37						2,057,649.37					

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL	0	0	0	0	0	0	0	0	0	0	0	0

Submit (attached to this form) a copy of the maintenance logs which document compliance with the Operation and Maintenance Manual's schedule for the routine annual flushing and inspection of the primary leachate collection and removal system. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

The above referenced information is included in Attachment A of this report.

Submit (attached to this form) a tabulated compilation of the semi-annual primary leachate quality data collected throughout the year including a summary comparing this year's data with the previous year's data and a summary discussion of results. This list should identify sample location(s) and method of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

The above referenced information is included in the Quarterly Environmental Monitoring Reports, prepared by On-site Technical Services, submitted to the State under separate cover.

**SECTION 4 - Secondary Leachate**

Does landfill have a double liner system with a secondary leachate collection and removal system?  Yes  No

Submit (attached to this form) a tabulated compilation of the semi-annual secondary leachate quality data collected throughout the year including a summary comparing this year's data with all previous years' data and a summary discussion of results. This list should identify sample location(s) and methods of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

The above referenced information is included in the Quarterly Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

Please report total cost for the year, not cost/gal.

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ 20,099.74

Total quantity treated: 2,009,973.87 gal

Enter the quantity of secondary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding Acreage, by Cell:

Cells 1	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	2,3,4 Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January	1,435.80						1,435.80					
February	771.30						771.30					
March	360.80						360.80					
April	1,348.30						1,348.30					
May	26.00						26.00					
June	340.20						340.20					
July	232.50						232.50					
August	430.80						430.80					
September	208.20						208.20					
October	358.20						358.20					
November	184.90						184.90					
December	1,482.40						1,482.40					
ANNUAL	7,179.4						7,179.4					

	SECONDARY LEACHATE RECIRCULATED (GALLONS)						SECONDARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL	0	0	0	0	0	0	0	0	0	0	0	0

**SECTION 5 – Beneficial Use Materials**

For each type of waste material that the Department has approved for use as alternate daily cover, intermediate cover, or other landfill material, provide the annual weight in tons and use (i.e., daily cover, intermediate cover, etc.)

Type of Solid Waste	Weight (tons/year)	Use	Source* Facility and Location
Aggregate/Concrete	81.02	Daily Cover	*
Contaminated Soil	13,686.96	Daily Cover	*
Foundry Sand	4,743.80	Daily Cover	*
Glass			
Industrial Waste (Please specify)			
Core Room Sand	1,687.78	Daily Cover	*
MSW/Wood Ash			
Paper Mill Sludge			
Processed C&D			
Shredder Fluff			
Tire Chips			
Wood/Wood Chips			
Other (Please specify)			
Various Sludges	5,659.49	Daily Cover	*
Filter Cake	1,000.15	Daily Cover	*
Total	26,859.2		

\* Provide NYS Planning Unit, County and State. If material is from a solid waste facility also provide facility name.

\*The following information is proprietary to our business. The information is available at the facility for NYSDEC review.

**Percent Alternative Daily Cover (ADC) Calculation**

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 26.98%

Please note the calculation is:

Tons ADC (from table above)/Tons Solid Waste (from table in Section 6)x 100

and **Not:**

Tons ADC / (Tons Solid Waste + ADC) x 100

## SECTION 6 - Quantity of Solid Waste Disposed

### A. Quantity Disposed by Month/Year

Provide the tonnages of solid waste disposed. Exclude Beneficial Use Material amounts reported in Section 5 and Materials Recovered amounts reported in Section 7. Specify the methods used to measure the quantities disposed and the percentages measured by each method:

100 % Scale Weight

\_\_\_\_ % Estimated

\_\_\_\_ % Truck Count

\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Ash (Coal)							
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)	351.93	1,008.06	498.05	492.79	347.71	195.81	0
Industrial Waste (Including Industrial Process Sludges)	852.85	1,218.77	1,824.40	1,638.33	1,223.12	1,038.21	840.16
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	9,623.23	8,692.49	6,147.29	5,538.24	6,133.59	6,694.24	6,943.35
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Other (Please specify)							
<b>Total Tons Disposed</b>	10,828.01	10,919.32	8,469.74	7,669.36	7,704.42	7,928.26	7,783.51

**SECTION 6 - Quantity of Solid Waste Disposed (continued)**

**A. Quantity Disposed by Month/Year**

Type of Solid Waste	Tip Fee (\$)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Ash (Coal)								
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)	*	0	0	0	0	401.02	3,295.37	13.34
Industrial Waste (Including Industrial Process Sludges)	*	888.59	1,086.89	868.33	3,042.37	905.25	15,472.27	62.64
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	*	6,288.01	6,776.32	6,708.13	5,589.13	5,648.52	80,782.54	327.05
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Other (Please specify)								
<b>Total Tons Disposed</b>		7,176.60	7,863.21	7,576.46	8,631.50	6,999.79	99,550.18	403.04

\* The following information is proprietary to our business. The information is available at the facility for NYSDEC review.



**B. Quantity Disposed by Facility's Service Area**

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received (or Direct Haul), the corresponding NYS Planning Unit, the County/Province and State/Country and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. The total amount reported here should equal the total amount reported in Section 6A (Quantity Received by Month/Year). **DO NOT REPORT IN CUBIC YARDS!**

Specify transport method and percentages of total waste transported by each: PLEASE REFER TO APPENDIX B FOR FACILITY SERVICE AREA INFORMATION.

100 % Road                      \_\_\_\_\_ % Rail  
 \_\_\_\_\_ % Water                \_\_\_\_\_ % Other (specify: \_\_\_\_\_)

Explain which waste types and service areas below are included in these transport methods All waste was transported to the site via road.

B. Quantity Disposed by Facility's Service Area					
Type of Solid Waste	NYS Planning Unit	County or Province	State or Country	Solid Waste Management Facility (Name & Location)	Quantity (tons)
Asbestos	(Example)	(Monroe)	(NY)	(Monroe County Transfer Station, Rochester)	(2,000)
	(Monroe)				
	(NEST)	(Erie)	(NY)	(Direct Haul)	(500)
	(WFLSWMA)	(Yates)	(NY)	(Appleton Transfer Station, Penn Yan)	(1,000)
Ash (Coal)	(Monroe)	(Monroe)	(NY)	(Rochester Transfer Station, Rochester)	(100)

**B. Quantity Disposed by Facility's Service Area**

Type of Solid Waste	NYS Planning Unit	County or Province	State or Country	Solid Waste Management Facility (Name & Location)	Quantity (tons)
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)					
Industrial Waste (Including Industrial Process Sludges)					
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)					

**B. Quantity Disposed by Facility's Service Area**

Type of Solid Waste	NYS Planning Unit	County or Province	State or Country	Solid Waste Management Facility (Name & Location)	Quantity (tons)
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Other (Please specify)					
<b>Total Tons Disposed</b>					

\* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
 DIVISION OF SOLID & HAZARDOUS MATERIALS  
 SECTION 7 – RECYCLABLES & RECOVERED MATERIALS

- N/A

<b>FACILITY NAME:</b>		<b>REGISTRATION OR PERMIT #:</b>
<b>MATERIALS QUANTITIES RECOVERED</b> (Report only in tons. A list of conversion factors is included at the end of this Section)		
<b>DESTINATIONS</b> (Indicate facilities where recyclables were shipped. Be specific as possible. "Recycled" is NOT a destination)		
RECYCLABLE MATERIAL	TONS RECYCLED (out of facility)	DESTINATION FACILITIES (Location & Address)
<b>PAPER:</b>		
Newspaper		
Magazines		
Corrugated Cardboard		
Office Paper		
Junk Mail		
Paperboard / Boxboard		
Other Paper (specify) _____		
<b>TOTAL PAPER RESIDUE (tons):</b>		
<b>GLASS:</b>		
Container Glass		
Non – Container Glass (e.g. windows, vases)		
Industrial Scrap Glass		
<b>TOTAL GLASS RESIDUE (tons):</b>		

**RECYCLABLES & RECOVERED MATERIALS**  
(continued)

RECYCLABLE MATERIAL	TONS RECYCLED (out of facility)	DESTINATION FACILITIES (Location & Address)
<b>METAL:</b>		
Tin & Aluminum Containers		
Aluminum Foil / Trays		
Enameled Appliances / White Goods		
Bulk Metal		
Industrial Scrap Metal		
Other Metal (specify)		
<b>TOTAL METAL RESIDUE (tons):</b>		
<b>PLASTIC:</b>		
PET (plastic #1)		
HDPE (plastic #2)		
Other Rigid Plastics (#3 - #7)		
Plastic Film & Bags		
Industrial Scrap Plastic		
<b>TOTAL PLASTIC RESIDUE (tons):</b>		

**RECYCLABLES & RECOVERED MATERIALS**

*(continued)*

RECYCLABLE MATERIAL	TONS RECYCLED (out of facility)	DESTINATION FACILITIES (Location & Address)
<b>MISCELLANEOUS:</b>		
Textiles		
Commingled (paper & containers)		
Commingled (containers)		
Electronics		
Other (specify)		
Brush, Branches, Trees & Stumps		
Leaves & Grass		
Food Scraps		
<b>TOTAL MISCELLANEOUS RESIDUE (tons):</b>		

**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM – cans – whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC – HDPE – whole	1 cubic yard	0.012 tons			
CORRUGATED – loose	1 cubic yard	0.15 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC – HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans - whole	1 cubic yard	0.08 tons
			PLASTIC – mixed (e.g. grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

**SECTION 8 - Unauthorized Solid Waste**

Has unauthorized solid waste been received at the Landfill during the reporting period? \_\_\_\_\_ Yes  No

If yes, give information below for each incident (attach additional sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

**Radiation Monitoring**

Does your facility use a fixed radiation monitor? \_\_\_\_\_ Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit. - N/A

Does your facility use a portable radiation monitor? \_\_\_\_\_ Yes  No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit. - N/A

If the radiation monitors been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

**SECTION 9 - Waste in Place**

**Summary by Waste Type and Year**

Include all active and inactive sections of the landfill. Report waste disposed annually by type, if known, in tons per year. Report total waste disposed, if breakdown of types is not available. In the case where more than one landfill section operated in a given year identify each separately, if known. If the annual amount is not available, report the quantities for a range of years. If you include amounts from old, closed landfills then clearly identify them on the table and explain below. In each row, report quantities disposed each year (or group of years if individual years unknown) for each waste type. Report cumulative WIP at bottom (sum of annual quantities disposed). Add additional sheets as necessary.

Year	MSW (tons)	Asbestos Waste (tons)	Ash (tons)	C&D Debris (tons)	Industrial Waste (tons)	Petroleum Contaminated Soil (tons)	Sewage Treatment Plant Sludge (tons)	Other* (tons)	Year(s) Total (tons)	Identify Landfill Section(s) Used
<b>WIP Cumulative Total</b>										

\* Other waste could include, but not limited to, yard waste, paper, wood, textiles, or diapers.

Overall in place volume \_\_\_\_\_ cubic yards

Method for determining waste composition, if known. \_\_\_\_\_

Explain if closed landfills are included above \_\_\_\_\_

\*The above referenced information is included in the Report Attachments. Chart provided in attachments, includes waste from closed landfills.

**Waste Summary by Landfill Section**



Provide waste in place information for all landfill sections.

Number of landfill sections: 3

Sections 1 & 2

Original\* section used (years) from 1974 to 1988

Section Footprint 24 acres

Capped with approved final cover system Yes X No \_\_\_\_\_

Percent capped 100%

Waste in Place: \_\_\_\_\_ Tons 1,256,504 Cubic Yards, if known

(Estimated CY based on 1,300 lb/cy average density)

Next\* section used (years) from 1989 to present

Section Footprint 24.2 acres

Capped with approved final cover system Yes X No \_\_\_\_\_

Percent capped 17%

Waste in Place: \_\_\_\_\_ Tons 2,605,213 Cubic Yards, if known

\* If there are additional landfill sections, phases or cells, please provide the same waste in place information on additional sheets and attach to form.

### SECTION 10 - Landfill Gas

Does the landfill have a landfill gas collection & control system?

Yes X No \_\_\_\_\_

If Yes: Active X Passive X

Number of gas wells: 16 vertical gas wells, 2 horizontal collectors

Total landfill footprint acreage Active MSW LF = approx. 28.95 acres, Active C&D LF = approx. 12.8 acres

Total landfill acreage from which gas is collected 13.36 acres

Landfill sections from which gas is collected Active MSW Landfill, Area 5 Landfill, Active C&D Landfill

Landfill acreage from which gas is collected for energy recovery 0

Measured Methane Generation Rate\*, k 0.04 yr.-

Measured Potential Methane Generation Capacity\*, L<sub>o</sub> 100 m<sup>3</sup>/Mg

NMOC Concentration\* 58.3 ppmv as hexane (2009 Tier II Report)

Does the landfill require a Title V Permit? Yes X No \_\_\_\_\_

Name of Landfill Gas Recovery (gas to energy or other use) Facility: N/A

\* Note: If Concentration NMOC, L<sub>o</sub> and k are not known or included, default values will be used to calculate the NMOCs emissions from the Landfill.

**Flare**

Number of Flares: 4

Type of Flare: Opened Flare 4 Enclosed Flare \_\_\_\_\_

3 passive solar flares

1 793 cfm open flare

Please report units in cubic feet

Quantity of Gas Collected and Flared Annually 196,919,583 cubic feet

Flare Hours of Operation per Year 8,760 hours/year

Methane Percentage in Landfill Gas before processing 50 %

Methane Destruction efficiency 98 %

**Gas To Energy** - N/A

Number of Internal Combustion Engines: \_\_\_\_\_

Please report units in cubic feet

Quantity of Gas collected for Internal Combustion Engine Annually \_\_\_\_\_ cubic feet

Methane Destruction efficiency \_\_\_\_\_ %

Number of turbine driven generators: \_\_\_\_\_

Please report units in cubic feet

Quantity of Gas Collected for Turbine Annually \_\_\_\_\_ cubic feet

Methane Destruction efficiency \_\_\_\_\_ %

Methane Percentage in Landfill Gas before processing \_\_\_\_\_ %

Utility Company Receiving Electricity \_\_\_\_\_

**Gas Processed for Use (Other than gas to electricity)** - N/A

Quantity of Gas Collected for Processing \_\_\_\_\_

Methane Percentage in Landfill Gas before processing \_\_\_\_\_ %

On-site or Off-site User of Gas \_\_\_\_\_

**Landfill Gas Recovery Facility/Landfill Data** - N/A

Facility Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact e-mail address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Operation and maintenance cost for calendar year: \$ \_\_\_\_\_

Does the LGRF experience shut downs: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate reasons for shut downs. List required submissions that have been attached to this form or the reasons for not attaching a required piece of information:

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Year landfill opened: 1974 Anticipated landfill closure date: 2030

**Results of Condensate Sampling - N/A**

Submit (attached to this form) condensate quality monitoring results accomplished in accordance with condensate sampling. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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**Landfill Gas Utilized For Energy Recovery - N/A**

Provide the following information for the landfill gas conversion facility. DO NOT INCLUDE FLARED!

	Landfill Gas Collected for Energy Recovery (Cubic Feet)	Steam* Generated (Cubic Feet)	Electricity* Generated (K.W.H.)	Gas Produced for use other than electricity generation (Cubic Feet)	Condensate Generated (Gallons)	Facility Operation (Hours)
January						
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
ANNUAL TOTAL						

\* Provide where applicable.

Normal Weekdays of Operation \_\_\_\_\_ Normal Hours of Operation \_\_\_\_\_

Electricity Generated and used onsite \_\_\_\_\_ KWH

Gas Produced and used onsite \_\_\_\_\_ cubic feet

Describe the collection, storage, treatment and disposal techniques used in managing the condensate:

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**SECTION 11 - Cost Estimates and Financial Assurance Documents**

Submit (attached to this form) any required cost estimates and financial assurance documents for closure, post-closure care, and applicable corrective measures, all reflecting adjustments for inflation and any changes to the Closure, Post Closure or Closure Maintenance Plans to indicate updated dollars for the year of operation for which the Annual Report is made. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

The cost estimate and financial assurance documentation is included in Attachment  
C. The bond amounts will be revised after construction of Cell IV-B this summer.

**SECTION 12 - Problems**

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

No problems were encountered during the reporting period.

**SECTION 13 - Changes**

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

No changes were noted during the reporting period.

**SECTION 14 - Analytical Results**

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

## **SECTION 15 - Comparing Data**

Submit (attached to this form) tables or graphical representations comparing current water quality with existing water quality and with upgradient water quality. These comparisons may include Piper diagrams, Stiff diagrams, tables, or other analyses. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

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## **SECTION 16 - Discussion of Results**

Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

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## **SECTION 17 - Summaries of Monitoring Data**

Submit (attached to this form) a summary of the water quality information presented in Sections 13 and 14 for the year of operation for which the Annual Report is made, noting any changes in water quality which have occurred throughout the year. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

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## **SECTION 18 - Data Quality Assessment**

Submit (attached to this form) any required data quality assessment reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

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**SECTION 19 - Surface Impoundments**

Does this landfill have a surface impoundment?        X   Yes        No

If yes, there are separate water quality reporting requirements for surface impoundments. Namely, for each surface impoundment, repeat Sections 12 through 15 above for Quarterly Reports and Section 11 above for Annual Reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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The following information is included in the Environmental Monitoring reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

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**SECTION 20 - Permit/Consent Order Reporting Requirements**

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?             Yes   X   No

If yes, identify the reporting requirements with their respective responses below, attaching additional sheets as necessary. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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**SECTION 21 - Signature and Date By Owner or Operator**

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Solid & Hazardous Materials  
Bureau of Solid Waste, Reduction & Recycling  
625 Broadway, 9<sup>th</sup> Floor  
Albany, New York 12233-7253  
Fax 518-402-9041  
Email address: [bwrrfann@gw.dec.state.ny.us](mailto:bwrrfann@gw.dec.state.ny.us)**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

  
Signature

2/25/10  
Date

Gerald A. Leone, Jr.  
Name (Print or Type)

Regional Engineer  
Title (Print or Type)

1862 State Routes 5 & 20  
Address

Stanley  
City

New York, 14561  
State and Zip

(585) 526 - 4420  
Phone Number

ATTACHMENTS:  YES  NO  
(Please check appropriate line)

**APPENDIX B**

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**Facility Service Area Information**



CHEMUNG COUNTY LANDFILL - FACILITY SERVICE AREA

WASTE TYPE	COUNTY	STATE	TONNAGE	
Mixed Municipal Solid Waste	Chemung	NY	26674.42	
Mixed Municipal Solid Waste	Chenango	NY	12266.52	
Mixed Municipal Solid Waste	Orange	NY	1011.69	
Mixed Municipal Solid Waste	Otsego	NY	556.85	
Mixed Municipal Solid Waste	Rockland	NY	60.86	
Mixed Municipal Solid Waste	Schuyler	NY	674.97	
Mixed Municipal Solid Waste	Steuben	NY	296.13	
Mixed Municipal Solid Waste	Suffolk	NY	1426.69	
Mixed Municipal Solid Waste	Tioga	NY	26544.09	
Mixed Municipal Solid Waste	Tompkins	NY	4435.89	
Mixed Municipal Solid Waste	Ulster	NY	1043.17	
Mixed Municipal Solid Waste	Various	NJ	31.65	
Mixed Municipal Solid Waste	Bradford	PA	5216.29	
Mixed Municipal Solid Waste	Tioga	PA	543.32	
			80782.54	TOTAL TONNAGE
Construction & Demolition Debris	Broome	NY	97.73	
Construction & Demolition Debris	Chemung	NY	2528.33	
Construction & Demolition Debris	Schuyler	NY	40.29	
Construction & Demolition Debris	Steuben	NY	2.07	
Construction & Demolition Debris	Tioga	NY	133.64	
Construction & Demolition Debris	Tompkins	NY	13.34	
Construction & Demolition Debris	Bradford	PA	464.06	
Construction & Demolition Debris	Tioga	PA	15.91	
			3295.37	TOTAL TONNAGE
Industrial Waste	Chemung	NY	10597.69	
Industrial Waste	Greene	NY	8.26	
Industrial Waste	Nassau	NY	121.61	
Industrial Waste	Orange	NY	2029	
Industrial Waste	Otsego	NY	2.44	
Industrial Waste	Rockland	NY	1524.45	
Industrial Waste	Steuben	NY	16.35	
Industrial Waste	Tioga	NY	675.66	
Industrial Waste	Tompkins	NY	181.83	
Industrial Waste	Warren	NY	288.34	
Industrial Waste	Various	CT	17.44	
Industrial Waste	Bradford	PA	2.85	
Industrial Waste	Tioga	PA	6.35	
			15472.27	TOTAL TONNAGE

**APPENDIX D**

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**Waste in Place Summary**

# SOLID WASTE DISPOSAL SUMMARY

## Chemung County Landfill

Year	Municipal Solid Waste	C&D Debris (tons)	Asbestos	Industrial Waste	Ash(tons)	Sludge (Tons)	Contaminated Soil (tons)	Total Tons	Area of Landfill
74-82	272216	59059	0	126340	1608	28154	22143	509520	1
83-88	164146	35600	0	76183	970	16977	13352	307228	2
1991								68952	3
1992								53994	3
1993								68505	3
1994								78040	3
1995								81939	3
1996								72974	3
1997								71389	3
1998								75995	3
1999								87373	3
2000								86486	3
2001								84247	3
2002								81079	3
2003	56571	2470	0	21716	0	4314	2824	87895	3
2004	56144	5625	0	25383	0	4515	969	92636	3
2005	79779	0	0	24239	0	3078	403	107499	3
2006*	101303	6736	0	11532	0	16	17	119604	3
2007*	103952	1970	0	96001	0	0	0	201923	3
2008*	94141	8024	0	16190	0	0	0	118356	3
2009*	80783	3295	0	15472	0	0	0	99550	3
<b>Total</b>	<b>1009035</b>	<b>122780</b>	<b>0</b>	<b>413056</b>	<b>2578</b>	<b>57054</b>	<b>39708</b>	<b>2555184</b>	

**NOTES**

\* Tonnage Numbers do not include material utilized as a BUD.

2006 numbers 16,308.5 tons of flood waste