Annual/Quarterly Report

A. Annual Report for the year of operation from January, 2008 to December, 2008.

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

SECTION 1 - Owner/Facility Information

Facility Name_ Hyland Facility Associates NYSDEC Activity Code # 02S17

Facility Location 6653 Herdman Road, State NY Zip 14709

Facility Contact Joseph R. Boyles Phone # (585) 466 - 7271

Contact e-mail address joe.boyles@casella.com Fax # (585) 466 - 3206

Town Angelica County Allegany NYSDEC Region # 9

360 Permit # 9-0232-00003/0000-2 Issued 10/10/2007 Expires 05/01/2015

Owner Name Hyland Facility Associates Phone # (585) 466 - 7271

Mailing Address 6653 Herdman Road, Angelica State NY Zip 14709

SECTION 2 - Site Life

NOTE: See Attachment No. 8 for more details

1. Landfill Capacity Utilized Last Year (reporting year).

   a. What is the estimated landfill capacity that was utilized during the reporting year?

   427,983 Cubic Yards of Airspace

   b. What is the estimated in-site waste density for the reporting year?

   0.74 (excludes BUD) Tons/Cubic Yard

2. Remaining Constructed Capacity

   a. What is the remaining capacity of the landfill that is already constructed?

   553,292 (includes 3b) Cubic Yards of Airspace

   b. What is the estimated remaining life of the constructed capacity?

   _____ Years 13 Months

   at 1,200 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:

   Yes Last year's disposal amount? (Yes or No)

   Yes Estimated future disposal? (Yes or No)

   Yes Permit limit? (Yes or No)

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?

9,863,420 Cubic Yards of Airspace

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

16.3 Years _____ Months

at 1,200 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:

Yes Last year's disposal amount? (Yes or No)

Yes Estimated future disposal? (Yes or No)

Yes Permit limit? (Yes or No)

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: Wellsville WWTP/ Hornell WWTP

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.

	PRIMARY LEACHATE COLLECTED (GALLONS) HYLAND DETERMINES LEACHATE QUANTITIES BY THE LEVEL OF THE SURFACE IMPOUNDMENTS				PRIMARY LEACHATE TREATED OFF SITE (GALLONS)			
	Cells Combined 1,2,3	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cells 1, 2 and 3. Leachate from cells transferred to Tank/Bay for Disposal.	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January	469,425	N/A	N/A	N/A	457,211	N/A	N/A	N/A
February	354,034	N/A	N/A	N/A	242,804	N/A	N/A	N/A
March	1,284,247	N/A	N/A	N/A	686,934	N/A	N/A	N/A
April	634,989	N/A	N/A	N/A	914,964	N/A	N/A	N/A
May	440,990	N/A	N/A	N/A	410,743	N/A	N/A	N/A
June	479,788	N/A	N/A	N/A	290,893	N/A	N/A	N/A
July	502,540	N/A	N/A	N/A	593,662	N/A	N/A	N/A
August	572,973	N/A	N/A	N/A	877,145	N/A	N/A	N/A
September	667,900	N/A	N/A	N/A	583,447	N/A	N/A	N/A
October	410,191	N/A	N/A	N/A	458,942	N/A	N/A	N/A
November	534,715	N/A	N/A	N/A	459,333	N/A	N/A	N/A
December	512,667	N/A	N/A	N/A	475,325	N/A	N/A	N/A
ANNUAL	**6,864,459**	**N/A**	**N/A**	**N/A**	**6,451,403**	**N/A**	**N/A**	**N/A**

	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				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
February				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
March				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
April				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
May				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
June				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
July				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
August				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
September				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
October				N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
November	40,000			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
December	106,000			N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ANNUAL	**146,000**			**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

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:
See attachment #9

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: See Attachment #3

SECTION 4 - Secondary Leachate

Does landfill have a double liner system with a secondary leachate collection and removal system? X 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:
See Attachment #3

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: $ 393,638.22

Total quantity treated: 6,560,637 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:

	SECONDARY LEACHATE COLLECTED (GALLONS)							SECONDARY LEACHATE TREATED OFF SITE (GALLONS)						
	Cell 1 A/B 9.6 Acres	Cell 1 C/D 7.9 Acres	Cell 2 E/F 7.0 Acres	Cell 2 G/H 4.3 Acres	Cell 3A 7.7 Acres	Bay 1	Bay 2	Cell 1 A/B 9.6 Acres	Cell 1 C/D 7.9 Acres	Cell 2 E/F 7.0 Acres	Cell 2 G/H 4.3 Acres	Cell 3A 7.7 Acres	Bay 1	Bay 2
January	1411	1713	292	474	N/A	N/A	N/A	1411	1713	292	474	N/A	N/A	N/A
February	670	1097	12	1041	0	0	0	670	1097	12	1041	0	0	0
March	467	1015	0	1080	7	61	0	467	1015	0	1080	7	61	0
April	316	359	0	171	1409	31	40	316	359	0	171	1409	31	40
May	894	714	530	322	1240	31	8	894	714	530	322	1240	31	8
June	759	776	0	342	1938	37	32	759	776	0	342	1938	37	32
July	546	523	101	262	1582	29	29	546	523	101	262	1582	29	29
August	564	451	574	409	70814	52	17	564	451	574	409	70814	52	17
September	413	437	199	545	4710	0	0	413	437	199	545	4710	0	0
October	443	333	123	829	1257	35	0	443	333	123	829	1257	35	0
November	461	340	70	769	914	0	0	461	340	70	769	914	0	0
December	257	448	573	411	425	0	0	257	448	573	411	425	0	0
ANNUAL	**7,201**	**8,206**	**2,474**	**6,655**	**84,296**	**276**	**126**	**7,201**	**8,206**	**2,474**	**6,655**	**84,296**	**276**	**126**

	SECONDARY Leachate Recirculated (Gallons)							SECONDARY Leachate Treated ON Site (Gallons)						
	Cell 1 A/B 9.6 Acres	Cell 1 C/D 7.9 Acres	Cell 2 E/F 7.0 Acres	Cell 2 G/H 4.3 Acres	Cell 3A 7.7 Acres	Bay 1	Bay 2	Cell 1 A/B 9.6 Acres	Cell 1 C/D 7.9 Acres	Cell 2 E/F 7.0 Acres	Cell 2 G/H 4.3 Acres	Cell 3A 7.7 Acres	Bay 1	Bay 2
January	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
February	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
March	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
April	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
May	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
June	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
July	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
August	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
September	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
October	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
November	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
December	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
ANNUAL	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

SECTION 5 - Alternative Daily Cover

For each type of waste material that the Department has approved for use as alternate daily cover, intermediate cover, or other la !l 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/Glass			
Wood/Wood Chips			
MSW/Wood Ash	41.91	Daily Cover	**
Processed C&D	24,454.22	Daily Cover	**
Foundry Sand			
Industrial Waste (Specify: Ceramic Tile)	1,159.20	Road BUD	**
Paper Mill Sludge			
Contaminated Soil	4,376.29	Daily Cover	**
Shredder Fluff	4,760.98	Daily Cover	**
Other (Specify: Tire Chips)	8,175.96	Daily Cover	**
T ·l	42,968.56		

* Provide for name, if ADC from facility. Provide County and state, if not from facility.
** Customer information is considered proprietary to our business - this information is available for DEC review at the facility.

Percent Alternative Daily Cover (ADC)Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = _____

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

Percent ADC 2008: 42,968.56 ADC Tons/ 281,195 Waste Tons x 100 = 15.3%

SECTION 6 - Quantity of Solid Waste Disposed

Provide the tonnages of solid waste disposed. Exclude Alternative Daily Cover amounts reported in Section 5 and Materials Recovered amounts reported in Section 10.

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)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	11,262.01	11,761.96	15,489.15	19,722.23	22,468.42	23,180.88	21,993.03
Construction & Demolition (C&D Debris)	2,615.54	2,333.87	3,278.55	4,678.62	4,418.55	3,882.57	4,916.56
Asbestos Waste	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Industrial Waste (Including Industrial Process Sludges)	332.47	323.79	308.74	330.69	327.11	5,610.71	2,801.71
Ash (Coal)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ash (MSW Energy Recovery)	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sewage Treatment Plant Sludge	460.22	278.73	1,088.38	2,020.31	2,940.77	3,808.90	3,095.84
Petroleum Contaminated Soil	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Treated Regulated Medical Waste	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (Specify: BUD Materials: Bud ADC & Road Base)	4,282.80	2,811.39	3,173.88	4,705.30	4,512.55	4,738.88	2,511.04
Total Tons Disposed	18,953.04	17,509.74	23,338.70	31,457.15	34,667.40	41,221.94	35,318.18

Type of Solid Waste	Tip Fee ($)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		17,407.60	15,168.32	12,874.95	14,407.55	12,937.62	198,673.72	632.72
Construction & Demolition (C&D Debris)		4,118.89	4,009.79	4,491.66	3,005.44	1,557.70	43,307.74	137.92
Asbestos Waste		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Industrial Waste (Including Industrial Process Sludges)		373.58	392.44	3,632.26	432.64	410.19	15,276.33	48.65
Ash (Coal)		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ash (MSW Energy Recovery)		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sewage Treatment Plant Sludge		2,236.10	1,739.56	1,890.53	2,156.10	2,221.32	23,936.76	76.23
Petroleum Contaminated Soil		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Treated Regulated Medical Waste		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Other (Specify: BUD Materials: Bud ADC & Road Base)		5,081.44	2,818.68	6,570.89	1,015.71	746.00	42,968.56	136.84
Total Tons Disposed		29,217.61	24,128.79	29,460.29	21,017.44	17,872.83	324.163.11	1,032.37

Note: Daily average was based upon the 314 days that the landfill was open.

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), and the county & state or province & country from which waste was received. Note: "Direct Haul" means waste hauled directly to your Solid Waste Management Facility (SWMF) which did not go through another SWMF. Only County/Province and State/County are required for direct haul.

Specify transport method and percentages of total waste transported by each:

100 % Road _____% Rail

_____% Water _____% Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

Facility's Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)			**Customer information is considered proprietary to our business - this information is available for DEC review at the facility.**	
Construction & Demolition (C&D) Debris				
Asbestos Waste				

Facility's Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Industrial Waste (Including Industrial Process Sludges)				
Ash (Coal)				
Ash (MSW Energy Recovery)				
Sewage Treatment Plant Sludge				
Petroleum Contaminated Soil				
Treated Regulated Medical Waste *				

Facility's Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Other (Specify:_____ _____ _____ _____)				
Total Tons Received				

* List generators that provide you Certificates of Treatment forms and quantities from each _____

SECTION 7 - Unauthorized Solid Waste

Has unauthorized solid waste been received at the Landfill during the reporting period? _____ Yes __XX__ 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 __XX__ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? _____ Yes _____ No

Identify Manufacturer _____ and Model _____ of fixed unit.

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 8 - 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)	C&D Debris (tons)	Asbestos Waste (tons)	Industrial Waste (tons)	Ash (tons)	Sewage Treatment Plant Sludge (tons)	Petroleum Contaminated Soil (tons)	MSW/ C&D Mixed (tons)	Year(s) Total (tons)	Identify Landfill Section(s) Used
1998	31,099	3,251	0	2,707	0	0	0	8,711	45,768	Cell 1
1999	41,288	15,539	865	13,847	0	72	0	73,053	144,664	Cell 1
2000	78,821	32,722	6,406	11,315	1,966	635	1,115	47,465	108,445	Cell 1
2001	18,805	6,422	655	1,956	0	1,781	242	199,923	229,784	Cell 1
2002	18,437	6,004	0	7,560	0	2,037	89	190,833	224,960	Cell 1
2003	4,951	2,316	0	26,299	0	1,741	0	197,010	232,317	Cell 1 & 2
2004*	170,313	17,178	0	16,402	0	21,939	0	-	225,836	Cell 1 & 2
2005	201,150	9,218	0	13,069	0	7,421	0	-	230,858	Cell 1 & 2
2006	212,848	942	0	4,603	0	12,680	0	-	213,073	Cell 1 & 2
2007	230,729	23,240	0	4,449	0	32,216	0	-	290,634	Cell 1 & 2
2008	198,674	43,308	0	15,276	0	23,937	0	-	281,195	Cell 1, 2 & 3
WIP Cumulative Total	**1,027,115**	**160,140**	**7,926**	**117,483**	**1,966**	**104,459**	**1446**	**716,995**	**2,227,534**	

* MSW and MSW/CD Commingled not reported separately after 2003.

Explain if closed landfills are included above _____

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: All of the Cells and Subcells are contiguous- There are three Cells

Original* section used (years) from 1998 to Current (This is Cells 1&2)

Capped with approved final cover system Yes Interim Cover No _____

Percent capped ~70% w/Interim Final Cover

Waste in Place: 2,067,917 Tons (using .62 tons/yd^3 as the density factor)

Next* section used (years) from 2007 to Present (this is Cell 3a & 3b))

Capped with approved final cover system Yes Interim Cover No _____

Percent capped 40 % w/Interim Final Cover _____

Waste in Place: 258,688 Tons (using .62 tons/yd^3 as the density factor)

* 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 9 - Landfill Gas

Does the landfill have a landfill gas collection & control system?
Yes _X_ No ____ If Yes: Active _X_ Passive ___

Number of gas wells: 17 vertical/11 horizontal

Total landfill footprint acreage 36.5 acres

Total landfill acreage from which gas is collected 28.8 acres

Landfill acreage from which gas is collected for energy recovery 28.8 acres

Measured Methane Generation Rate*, k Default Value

Measured Potential Methane Generation Capacity*, L_o Default Value m^3/Mg

NMOC Concentration* 266 ppmv as hexane *(Tier 2 Testing – July 2008)*

Does the landfill require a Title V Permit? Yes _X_ No _____ *(Draft Permit Issued in 2008, not finalized in 2008)*
Name of Landfill Gas Recovery (gas to energy or other use) Facility: _Hyland LFGTE Facility_____

* Note: If Concentration NMOC, Lo and k are not known or included, default values will be used to calculate the NMOCs emissions from the Landfill.

Flare

Number of Flares: _1

Type of Flare: Opened Flare ___X___ Enclosed Flare _____

Quantity of Gas Collected and Flared Annually ___618.425__ mmcf** (Assuming average *1800 cfm until engine startup August 29, 2008)*

Flare Hours of Operation per Year __5726__hours/year *(Assuming 99% operation until engine startup)*

Gas To Energy

Number of Internal Combustion Engines: __3__

Quantity of Gas collected for Internal Combustion Engine Annually _249.685_ mmcf**

Number of turbine driven generators: _____

Quantity of Gas Collected for Turbine Annually _____ mmcf**

Methane Percentage in Landfill Gas before processing _47_ %

Utility Company Receiving Electricity ___NYSEG_____

Gas Processed for Use (Other than gas to electricity)

Quantity of Gas Collected for Processing _____

On-site or Off-site User of Gas _____

**mmcf (million cubic feet)

Landfill Gas Recovery Facility/Landfill Data

Facility Contact Peter Zeliff, Jr. Phone # (585) 590-0278

Contact e-mail address jr@ieslfge.com Fax # (585) 948-8584

Operation and maintenance cost for calendar year: $ 111,815

Does the LGRF experience shut downs: X 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:

Utility trips, maintenance and repairs lead to periodic shutdowns at the facility.

Year landfill opened: 1998 Anticipated landfill closure date: 2025

Results of Condensate Sampling

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:

Please Refer to Attachment # 5 (for discussion) and attachment 6.1 for data

Landfill Gas Utilized For Energy Recovery

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

	Landfill Gas Collected for Energy Recovery (Cu. Ft.)	Steam* Generated (Cu. Ft.)	Electricity* Generated (K.W.H.)	Gas Produced for use other than electricity generation (Cu. Ft.)	Condensate Generated (Gallons)	Facility Operation (Hours)
January	0		0			0
February	0		0			0
March	0		0			0
April	0		0			0
May	0		0			0
June	0		0			0
July	0		0			0
August	6,186,000		299,977			94
September	55,092,056		2,671,130			661
October	60,541,181		2,935,330			730
November	61,312,970		2,972,750			714
December	66,552,338		3,226,780			737
ANNUAL TOTAL	249,684,545		12,105,967			2,939

* Provide where applicable.

Normal Weekdays of Operation 7 days Normal Hours of Operation 24 hours

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

SECTION 10 - Material Recovered

For each type of solid waste recovered for recycling or composting, fill in the weight (tons) or volume (cubic yards), AND indicate the main destination facility where it was sent. Please write the NAME of the destination facility.

Note: Your facility may not be authorized to take all of the solid waste types on this form. If your facility is a registered Recyclables Handling & Recovery Facility please complete "Recyclables Handling & Recovery Facility Report Form" instead of completing this page.

xx **NO RECYCLING AT THIS FACILITY**. If your facility recovered zero materials for recycling or composting during report period, check the box.

IF THERE WERE RECYCLED MATERIALS AT YOUR FACILITY, COMPLETE THIS CHART

Tons or cubic yards were obtained by:

_____ Scale Weight _____ Truck Count

_____ Estimated _____ Other (Specify:_____)

Type of Solid Waste Recovered for Recycling	Weight or Volume (Indicate tons/year or cubic yards/year)	Name of Destination Facility and Location
Paper		
Glass		
Plastic		
Metal Containers		
Bulk Metal		
Aluminum		
Asphalt		
Aggregate & Concrete		
Wood & Wood Chips		
Electronics		
Yard Waste		
Other (Specify:_____)		
Total Recovered		If you have BOTH tons and cubic yards of materials, skip the "Total Recovered' box.

For "Other" categories, please specify the material. Add additional sheets, if necessary.

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:

See Attachment # 11

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 unreported or significant problems

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

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:

Please Refer to Attachment # 5 (for discussion) and attachment 6.1 for data

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:

Please Refer to Attachment # 5 (for discussion) and attachment 6.1 for data

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:

Please Refer to Attachment # 5 (for discussion) and attachment 6.1 for data

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:

Please Refer to Attachment # 5 (for discussion) and attachment 6.1 for data

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:

Please Refer to Attachment # 5 (for discussion) and attachment 6.1 for data

SECTION 19 - Surface Impoundments

Does this landfill have a surface impoundment? __XX__ 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:

_____

_____

_____

_____

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? __x__ Yes _____ 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:

Additional permit requirements for the 4th Quarter of 2008, as specified in Special Conditions #84 & #85:

#84.a. Amounts of waste . . . received from each New York State county on a county by county basis, from the United States on a state by state basis and from outside the country on a nation by nation basis.

Hyland: See Attachment #1

#84.b. Report on the receipt of unauthorized wastes received during the quarter.

See Attachment #10

#84.c. The amount of leachate collected and hauled off-site on a daily basis and the disposal location. The daily logs of leachate level in the leachate storage tank shall be provided as well.

Hyland: See Attachment #2

#84.d. The amounts of liquid collected from the secondary collection system on a daily basis.

Hyland: See Attachment #2

#84.e. The monthly Action Leakage Rate for the secondary collection system of each cell or subcell of the landfill.

Hyland: See Attachment #2

#84.f. The date when liquid is detected in any leak location, including the liquid removed from each location. This includes all leak detection locations including but not limited to those identified on the most recent approved weekly leachate inspection log.

Hyland: See Attachment #7

#84.g. The amount of ADC received during the quarter with a breakdown of how much was used, as well as the volume that is stockpiled on site.

Hyland: See Section 5. There was no appreciable amount of ADC stockpiled at the end of the quarter.

#84.h. Results from the monitoring of the gas monitoring wells around the perimeter of the landfill.

Hyland: See Attachment #5 (in the text there is a chart)

#84.i. The analytical results for any condensate samples collected during the quarter being reported,

Hyland: Please see Attachments 5 & 6

#84.j. The amount of condensate collected, the disposal location and the number of gas extraction wells/laterals in operation.

Hyland: Hyland collects condensate into the leachate collection system; the condensate is not metered (in compliance with NYSDEC approved design plans). All condensate is mixed with primary leachate and treated offsite at either the Wellsville or the Hornell WWTP (although other treatment location options are available). Eleven Vertical wells and fourteen horizontal wells are in operation. See Section 9 for Well and Lateral information

#84.k. The amount of groundwater removed from each groundwater suppression system on a weekly basis. After Cell 5 is constructed, a flow rate shall be determined once per week. Weekly measurements shall occur during the operational life of the landfill and not during post-closure.

Hyland: Hyland does not currently monitor the flow total from the groundwater suppression system (in compliance with NYSDEC approved design plans).

#84.l. The number of trucks delivering waste and ADC material to the site each day.

Hyland: See Attachment #1

#84.m. The amount of BUD material (drainage/ADC/road) delivered to the site each day, amount of material used and amount stored.

Hyland: See Attachment #4. There was no appreciable amount of BUD materials stockpiled at the end of the quarter. There is minimal BUD stockpiled – most ADC is used immediately

#85a. **Amounts of waste . . . received from each New York State county on a county by county basis, from the United States on a state by state basis and from outside the country on a nation by nation basis.**

Hyland: See Attachment #1

#85.b. Copies of current and up-to-date contracts with a minimum of 2 wastewater treatment facilities for the disposal of leachate for the up-coming year. In addition, copies of current and up-to-date contracts with the back-up hauler for the upcoming year shall be provided.

Hyland: Annual Requirement – See Attachments 12 & 13

#85.c. Any changes to the Fill Progression Plan or modifications to the landfill.

Hyland: No Changes

#85.d. An updated cost estimate for closure/post-closure activities to reflect inflation and/or any changes that may impact closure or post-closure

Hyland: Annual Requirement **- See Attachment 11 for Updated Closure & post-Closure Estimates**

#85.e. An updated topographic map (based on Fall conditions) of the site. Included with the topographic map shall be a discussion on the amount of waste received, the remaining volume/life of the site and a soil balance for the site. The soil balance shall include: the amount of soil required for cover, closure and other activities; the amount of soil remaining in the permitted borrow area; and the amount of soil that needs to be imported.

Hyland: Annual Requirement **– See Attachment 8 and Attachment 15**

#85.f. Unusual events or accidents at the landfill and response by landfill personnel.

***Hyland: Annual Requirement* – Nothing of significance or has not been previously reported to NYSDEC**

#85.g. Any changes in water quality which have occurred throughout the report year and a summary of the water quality information.

Hyland: Annual Requirement - See Attachments 5&6

#85.h. Any approved changes from the approved plans, reports and specifications or permit, along with a justification for the change.

Hyland: Annual Requirement – There have been no changes or deviations from approved plans or permits

#85.i. Summary Report for the active gas system including the amount of gas burned and condensate collected.

***Hyland: Annual Requirement* - Please see Section 9**

#85.j. A detailed plan covering the next three years of operation and construction activities. The plan shall indicate which areas will be constructed, operated and/or closed.

Hyland:

Note: All Forcasts are dependent upon volume of waste received

2009 – Hyland plans to construct Cell 3c and operate in Cell 3 (overlayed upon Cell 2)
2010 – Hyland plans to construct Cell 4a and operate in Cells 3 & 4 (assuming construction approval). Should settlement complete, Hyland plans to cap the north slope of Cell 1 (Cap 1)
2010 – No construction scheduled. Hyland plans to operate in Cells 3 & 4,

#85.k. Completed Landfill Gas Recovery Facility Annual Report

Annual Requirement – See Attachment 14

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 fax or mail to:

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th Floor
Albany, New York 12233-7253
Fax 518-402-9041

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	_____ Date
Joseph R. Boyles Name (Print or Type)	General Manager Title (Print or Type)
6653 Herdman Road Address	Angelica City
NY State and Zip	(585) 466 - 7271 Phone Number

ATTACHMENTS: xx YES ____ NO
(Please check appropriate line)