# ANNUAL/QUARTERLY REPORT

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

January, 2011 to December, 2011

B. Quarterly Report for: ___Quarter 1 ___Quarter 2 ___Quarter 3 XX (annual) Quarter 4

## SECTION 1 – OWNER / FACILITY INFORMATION

| | | | |
|---|---|---|---|
| **FACILITY NAME:** Hyland Facility Associates | | | |
| **FACILITY ADDRESS:** 6653 Herdman Road | **FACILITY CITY:** Angelica | **STATE:** NY | **ZIP CODE:** 14709 |
| **FACILITY TOWN:** Angelica | **FACILITY COUNTY:** Allegany | **FACILITY PHONE NUMBER:** 591-466-7271 | |
| **FACILITY NYS PLANNING UNIT:** Allegany County | **NYSDEC REGION #:** 9 | | |
| **360 PERMIT #:** 9-0232-00003/00002 | **DATE ISSUED:** 10/10/2007 | **DATE EXPIRES:** 05/01/2015 | **NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:** 02S17 |
| **FACILITY CONTACT:** Joseph R. Boyles | **CONTACT PHONE NUMBER:** 591-466-7271 | **CONTACT FAX NUMBER:** 55-466-3206 | |
| **CONTACT EMAIL ADDRESS:** Joe.boyles@casella.com | | | |
| **OWNER NAME:** Hyland Facility Associates | **OWNER PHONE NUMBER:** 591-466-7271 | **OWNER FAX NUMBER:** 591-466-3206 | |
| **OWNER ADDRESS:** 6653 Herdman Road | **OWNER CITY:** Angelica | **STATE:** NY | **ZIP CODE:** 14709 |

## 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?

   235419 (from between surveys 11/2/10 to 11/2/11) Cubic Yards of Airspace

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

   Between Surveys: 1.1 Tons/Cubic Yard

2. Remaining Constructed Capacity

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

   239734 (as of 11/2/11 Survey) Cubic Yards of Airspace

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

   .8 Years _____ Months

   at 312,000 MSW + ADC 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?

   X 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?

   9733784 Cubic Yards of Airspace

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

   34.3 Years _____ Months

   at 312,000 MSW + ADC 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?

   _____ Estimated future disposal?

   x 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: Wellsville WWTP & Jamestown WWTP

Does the landfill have a constructed liner and a leachate collection system? XX 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) | | | | | | PRIMARY LEACHATE TREATED OFF SITE (GALLONS) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cell 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A | Cell 1,2&3 40 Acres | Leachate combined when hauled to WWTP | N/A | N/A | N/A | N/A |
| January | 805,419 | n/a | n/a | n/a | n/a | n/a | 790,529 | n/a | n/a | n/a | n/a | n/a |
| February | 1,165,733 | n/a | n/a | n/a | n/a | n/a | 821,705 | n/a | n/a | n/a | n/a | n/a |
| March | 958,958 | n/a | n/a | n/a | n/a | n/a | 1,030,033 | n/a | n/a | n/a | n/a | n/a |
| April | 780,203 | n/a | n/a | n/a | n/a | n/a | 724,511 | n/a | n/a | n/a | n/a | n/a |
| May | 1,224,421 | n/a | n/a | n/a | n/a | n/a | 1,056,688 | n/a | n/a | n/a | n/a | n/a |
| June | 1,586,243 | n/a | n/a | n/a | n/a | n/a | 1,613,427 | n/a | n/a | n/a | n/a | n/a |
| July | 1,444,136 | n/a | n/a | n/a | n/a | n/a | 1,736,458 | n/a | n/a | n/a | n/a | n/a |
| August | 1,258,495 | n/a | n/a | n/a | n/a | n/a | 1,057,163 | n/a | n/a | n/a | n/a | n/a |
| September | 787,544 | n/a | n/a | n/a | n/a | n/a | 882,373 | n/a | n/a | n/a | n/a | n/a |
| October | 1,223,849 | n/a | n/a | n/a | n/a | n/a | 1,379,996 | n/a | n/a | n/a | n/a | n/a |
| November | 1,163,307 | n/a | n/a | n/a | n/a | n/a | 1,114,941 | n/a | n/a | n/a | n/a | n/a |
| December | 1,015,112 | n/a | n/a | n/a | n/a | n/a | 895,740 | n/a | n/a | n/a | n/a | n/a |
| ANNUAL | 13,413,420 | n/a | n/a | n/a | n/a | n/a | 13,097,564 | n/a | n/a | n/a | n/a | n/a |

| | PRIMARY LEACHATE RECIRCULATED (GALLONS) | | | | | | PRIMARY LEACHATE TREATED ON SITE (GALLONS) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cell 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A | Cell 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

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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:

**Attachment 6**

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:

**Attachment 10**

## 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:

**Attachment 10**

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: $ ~$800,000.00

Total quantity treated: 13,097,564 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 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A | Cell 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A |
| January | 2,613 | n/a | n/a | n/a | n/a | n/a | See Primary Section. | n/a | n/a | n/a | n/a | n/a |
| February | 3,074 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| March | 3,139 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| April | 3,277 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| May | 2,702 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| June | 2,393 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| July | 2,052 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| August | 2,400 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| September | 2,760 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| October | 3,179 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| November | 1,354 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| December | 2,050 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |
| ANNUAL | 30,993 | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a | n/a |

| | SECONDARY LEACHATE RECIRCULATED (GALLONS) | | | | | | SECONDARY LEACHATE TREATED ON SITE (GALLONS) | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Cell 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A | Cell 1,2&3 40 Acres | N/A | N/A | N/A | N/A | N/A |
| January | See Primary Section | n/a | n/a | n/a | n/a | n/a | See Primary Section | 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |
| 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 |

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## SECTION 5 – BENE IAL 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, use (i.e., daily cover, intermediate cover, etc.), and source of material. (If material is from a solid waste facility also provide facility name, address, NYS Planning Unit, County/ Province, and State/Country.) **Refer to the list of NYS Planning Units that can be found at the end of this report.**

| Type of Solid Waste | Weight (tons/year) | Use | NYS Planning Unit | County or Province | State or Country | Source (Facility and Address) |
|---|---|---|---|---|---|---|
| **Aggregate/Concrete** | 130 | Road | | | | |
| **Contaminated Soil** | 7,024 | ADC & Road | | | | |
| **Foundry Sand** | | | | | | |
| **Glass** | | | | | | |
| **Industrial Waste** (specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| **MSW/Wood Ash** | 69 | ADC | | | | |
| **Paper Mill Sludge** | | | | | | |
| **Processed C&D** | 6,938 | Road | | | | |
| **Shredder Fluff** | 23,897 | ADC | | | | |
| **Tire Chips** | | | | | | |
| **Wood/Wood Chips** | | | | | | |
| **Other: Drill Cuttings/Sandblast** | 2,312 | ADC | | | | |
| Salt Sludge | 243 | ADC | | | | |
| C&D Debris/Tiles | 3,911 | ADC & Road | | | | |
| **Total ADC** | 44,463 | | | | | |
| **Total Beneficial Use Materials** | 10,919 | | | | | |

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

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 17.29

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 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ash (Coal) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ash (MSW Energy Recovery) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Construction & Demolition Debris (mixed) | 894.11 | 720.36 | 769.69 | 1,392.21 | 1,204.56 | 1,443.79 | 1,939.90 |
| Industrial Waste (Including Industrial Process Sludges) | 1,090.44 | 927.06 | 899.20 | 1081.57 | 2,129.98 | 6870.56 | 351.11 |
| Mixed Municipal Solid Waste (Residential, Institutional & Commercial) | 5,462.86 | 5,497.40 | 8,736.65 | 8,295.17 | 11,233.63 | 13,876.19 | 10,901.17 |
| Oil/Gas Drilling Waste | 10,570.34 | 6,000.90 | 6,722.13 | 6,790.29 | 5,100.08 | 9,783.96 | 9,293.08 |
| Petroleum Contaminated Soil | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sewage Treatment Plant Sludge | 221.91 | 224.20 | 481.75 | 559.03 | 2,007.36 | 2,309.92 | 1993.50 |
| Treated Regulated Medical Waste | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (specify) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | |
| | | | | | | | |
| Total Tons Disposed | 18,239.66 | 13,369.86 | 17,609.42 | 18112.27 | 21,675.61 | 34,290.42 | 24,418.70 |

## 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 | | 0 | 0 | 0 | 0 | 345.92 | 345.92 | 1.11 |
| Ash (Coal) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ash (MSW Energy Recovery) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Construction & Demolition Debris (mixed) | | 2,358.72 | 2,258.90 | 1,624.59 | 718.54 | 590.36 | 15,915.61 | 50.91 |
| Industrial Waste (Including Industrial Process Sludges) | | 543.76 | 494.45 | 357.77 | 261.86 | 303.50 | 15,311.26 | 48.92 |
| Mixed Municipal Solid Waste (Residential, Institutional & Commercial) | | 12,901.09 | 10,783.42 | 12,465.55 | 13,534.74 | 11,620.17 | 125,248.04 | 400.15 |
| Oil/Gas Drilling Waste | | 10,308.22 | 9,319.22 | 4,316.45 | 7,293.50 | 4,822.92 | 90,315.03 | 288.54 |
| Petroleum Contaminated Soil | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sewage Treatment Plant Sludge | | 455.16 | 302.34 | 309.14 | 491.43 | 691.59 | 10,041.33 | 32.08 |
| Treated Regulated Medical Waste | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other (specify) | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | |
| | | | | | | | | |
| Total Tons Disposed | | 26,566.95 | 23,158.27 | 19,073.50 | 22,294.07 | 18,374.46 | 257,177.19 | 821.65 |

**Daily Average Based on 313 Days Permitted**

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

Identify the fa 's service area by indicating the type of solid was See Attachn. t 1 anagement facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province nd the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" mean 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:

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

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

| B. SERVICE AREA | | | | | |
|---|---|---|---|---|---|
| **TYPE OF SOLID WASTE** | **SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)** | **SERVICE AREA STATE OR COUNTRY** | **SERVICE AREA COUNTY OR PROVINCE** | **SERVICE AREA NYS PLANNING UNIT** | **TONS RECEIVED** |
| **Asbestos** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| **Ash (Coal)** | | | | | |
| | | | | | |
| | | | | | |
| **Ash (MSW Energy Recovery)** | | | | | |
| | | | | | |
| | | | | | |
| **Construction & Demolition Debris (mixed)** | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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## B. SERVICE AREA

| TYPE OF SOLID WASTE | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT | TONS RECEIVED |
|---|---|---|---|---|---|
| Industrial Waste (Including Industrial Process Sludges) | | | | | |
| | | | | | |
| | | | | | |
| Mixed Municipal Solid Waste (Residential, Institutional & Commercial) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Oil/Gas Drilling Waste | | | | | |
| | | | | | |
| Petroleum Contaminated Soil | | | | | |
| | | | | | |
| Sewage Treatment Plant Sludge | | | | | |
| | | | | | |
| Treated Regulated Medical Waste (TRMW)* | | | | | |
| | | | | | |
| Other (specify) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | TOTAL RECIEVED (tons): | |

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

## SECTION 7 – RECYCLABLES & RECOVERED MATERIALS

### A. Quantity of Recyclable Mater ceived by Facility's Service Area

This Section Not Applicable

Identify the facility's service area by indicating the d Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/C ng Unit from which waste was 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. DO NOT REPORT IN CUBIC YARDS!

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

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

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

| SERVICE AREA | | | | | |
|---|---|---|---|---|---|
| **RECYCLABLE MATERIAL** | **SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)** | **SERVICE AREA STATE OR COUNTRY** | **SERVICE AREA COUNTY OR PROVINCE** | **SERVICE AREA NYS PLANNING UNIT** | **TONS RECEIVED** |
| **Brush, Branches, Trees, & Stumps** | | | | | |
| | | | | | |
| **Commingled Containers** (metal, glass, plastic) | | | | | |
| | | | | | |
| **Commingled Paper** (all grades) | | | | | |
| | | | | | |
| **Electronics** | | | | | |
| | | | | | |
| **Food Scraps** | | | | | |
| | | | | | |
| **Leaves & Grass** | | | | | |
| | | | | | |
| **Single Stream** (total) | | | | | |
| | | | | | |
| **Other** (specify) | | | | | |
| | | | | | |
| | | | | **TOTAL RECIEVED (tons):** | _____ |

## B. Quantity of Recyclable Material Recovered

Identify the name of the destination facility to which the recyclable material was sent from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount of recyclable material transported. **Refer to the list of NYS Planning Units that can be found at the end of this report.** DO NOT REPORT IN CUBIC YARDS!

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

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

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

_____

| PAPER RECOVERED | | | | | |
|---|---|---|---|---|---|
| **RECYCLABLE MATERIAL** | **DESTINATION FACILITY** (Name & Address) | **DESTINATION STATE OR COUNTRY** | **DESTINATION COUNTY OR PROVINCE** | **DESTINATION NYS PLANNING UNIT** | **TONS RECYCLED** (out of facility) |
| **Corrugated Cardboard** | | | | | |
| | | | | | |
| **Junk Mail** | | | | | |
| | | | | | |
| **Magazines** | | | | | |
| | | | | | |
| **Newspaper** | | | | | |
| | | | | | |
| **Office Paper** | | | | | |
| | | | | | |
| **Paperboard / Boxboard** | | | | | |
| | | | | | |
| **Other Paper** (specify) | | | | | |
| | | | | | |
| | | | | | |
| | | | | **TOTAL PAPER RECYCLED (tons):** | |
| **PAPER RESIDUE (tons):** _____ | **DISPOSAL DESTINATION:** (Name, Address, & State) _____ | | | | |

## GLASS RECOVERED

| RECYCLABLE MATERIAL | DESTINATION FACILITY (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT | TONS RECYCLED (out of facility) |
|---|---|---|---|---|---|
| Container Glass | | | | | |
| Industrial Scrap Glass | | | | | |
| Other Glass (specify) | | | | | |
| | | | | | |

TOTAL GLASS RECYCLED (tons): _____

GLASS RESIDUE (tons): _____ DISPOSAL DESTINATION: (Name, Address, & State) _____

## METAL RECOVERED

| RECYCLABLE MATERIAL | DESTINATION FACILITY (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT | TONS RECYCLED (out of facility) |
|---|---|---|---|---|---|
| Aluminum Foil / Trays | | | | | |
| Bulk Metal | | | | | |
| Enameled Appliances / White Goods | | | | | |
| Industrial Scrap Metal | | | | | |
| Tin & Aluminum Containers | | | | | |
| Other Metal (specify) | | | | | |
| | | | | | |

TOTAL METAL RECYCLED (tons): _____

METAL RESIDUE (tons): _____ DISPOSAL DESTINATION: (Name, Address, & State) _____

**B. Quantity of Recyclable Material Recovered** (continued)

| PLASTIC | | | | | |
|---|---|---|---|---|---|
| RECYCLABLE MATERIAL | DESTINATION FACILITY (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT | TONS RECYCLED (out of facility) |
| PET (plastic #1) | | | | | |
| | | | | | |
| HDPE (plastic #2) | | | | | |
| | | | | | |
| Other Rigid Plastics (#3 - #7) | | | | | |
| | | | | | |
| Industrial Scrap Plastic | | | | | |
| | | | | | |
| Plastic Film & Bags | | | | | |
| | | | | | |
| Other Plastics (specify) | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

TOTAL PLASTIC RECYCLED (tons): _____

PLASTIC RESIDUE (tons): _____

DISPOSAL DESTINATION:
(Name, Address, & State) _____

## B. Quantity of Recyclable Material Recovered (continued)

**MISCELLANEOUS**

| RECYCLABLE MATERIAL | DESTINATION FACILITY (Name & Address) | DESTINATION STATE OR COUNTRY | DESTINATION COUNTY OR PROVINCE | DESTINATION NYS PLANNING UNIT | TONS RECYCLED (out of facility) |
|---|---|---|---|---|---|
| Commingled Containers | | | | | |
| | | | | | |
| | | | | | |
| Commingled Paper & Containers | | | | | |
| | | | | | |
| | | | | | |
| Electronics | | | | | |
| | | | | | |
| | | | | | |
| Textiles | | | | | |
| | | | | | |
| | | | | | |
| Other (specify) | | | | | |
| | | | | | |
| | | | | | |

TOTAL MISCELLANEOUS RECYCLED (tons): _____

MISC. RESIDUE (tons): _____ DISPOSAL DESTINATION: (Name, Address, & State) _____

## 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 | 0.015 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 (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 __X__ 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? __XX__ Yes _____ No

Identify Manufacturer __Ludlum Measurements__ and Model _____ of fixed unit.

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

Identify Manufacturer __Ludlum Measurements__ and Model __ICS-4000__ of fixed unit.

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

| Incident Number | Received | | Hauler | Origin | Truck Number | Reading | Disposal Status | Removed | |
|---|---|---|---|---|---|---|---|---|---|
| | Date | Time | | | | | | Date | Time |
| 121611-1 | 12/16/11 | 10:14 | Casella Transportation | Chemung, NY | 8231 TRL 70939 | Initial-38.5 kcps Last- 24.0 kcps | Disposed with DEC Approval | 12/28/11 | 7:00 am |
| 121611-2 | 12/16/11 | 11:03 | Casella Transportation | Chemung, NY | 8255 TRL 70759 | Initial-53.9 kcps Last- 31.2 kcps | Disposed with DEC Approval | 12/27/11 | 2:30 pm |
| | | | | | | | | | |
| | | | | | | | | | |

## 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) | MSW/C&D Mixed (tons) | Other* (tons) Drilling Waste | Year(s) Total (tons) | Identify Landfill Section(s) Used |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1998-2000 | 151,208 | 7,271 | 1,966 | 51,512 | 27,869 | 1,115 | 707 | 129,229 | 0 | 370,877 | CELL 1 |
| 2001 | 18,805 | 655 | 0 | 6,422 | 1,956 | 242 | 1,781 | 199,923 | 0 | 229,790 | CELL 1 |
| 2002 | 18,437 | 0 | 0 | 6,004 | 7,560 | 89 | 2,037 | 190,833 | 0 | 224,960 | CELL 1 |
| 2003 | 4,951 | 0 | 0 | 2,316 | 26,299 | 0 | 1,741 | 197,010 | 0 | 232,317 | CELL 1&2 |
| 2004 | 107,313 | 0 | 0 | 17,178 | 16,402 | 0 | 21,939 | 0 | 0 | 225,832 | CELL 1&2 |
| 2005 | 201,150 | 0 | 0 | 9,218 | 13,069 | 0 | 7,421 | 0 | 0 | 230,918 | CELL 1&2 |
| 2006 | 212,908 | 0 | 0 | 942 | 4,603 | 0 | 12,680 | 0 | 0 | 231,073 | CELL 1&2 |
| 2007 | 230,729 | 0 | 0 | 23,240 | 4,449 | 0 | 32,216 | 0 | 0 | 290,634 | CELL 1&2 |
| 2008 | 198,674 | 0 | 0 | 43,308 | 15,276 | 0 | 23,937 | 0 | 0 | 281,195 | CELL 1,2&3 |
| 2009 | 145,897 | 0 | 297 | 27,178 | 7,396 | 0 | 31,427 | 0 | 0 | 212,195 | CELL 1,2&3 |
| 2010 | 108,719 | 0 | 0 | 18,588 | 164,519 | 0 | 19,239 | 0 | 0 | 311,065 | CELL 1,2&3 |
| 2011 | 125,248 | 346 | 0 | 15,916 | 15,311 | 0 | 10,041 | 0 | 90,315 | 257,177 | CELL 1,2&3 |
| **WIP Cumulative Total** | 1,523,979 | 8,272 | 2,263 | 221,822 | 304,709 | 1,446 | 165,166 | 716,955 | 90,315 | 3,097,967 | |

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

Overall in place volume ~2.2M cubic yards

Method for determining waste composition, if known. Scale Tickets & Truck Manifests

Explain if closed landfills are included above not included

**Waste Summary by Landfill Section**

Provide waste in place information for all landfill sections.

Number of landfill sections: ____

Landfill Sections are Contiguous and are all in Operation- There are no closed Sections.

Original* section used (years) from ____

Section Footprint _____ acres

Capped with approved final cover system Yes _____ No _____

Percent capped _____

Waste in Place: _____ Tons _____ Cubic Yards, if known

years) from _____ to _____

_____ acres

Capped with approved final cover system Yes _____ No _____

Percent capped _____

Waste in Place: _____ Tons _____ 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 ___

Number of gas wells: __46_____

Total landfill footprint acreage _39.4____

Total landfill acreage from which gas is collected _28.3____

Landfill sections from which gas is collected ___Cells 1 and 2_____

Landfill acreage from which gas is collected for energy recovery _28.3____

Measured Methane Generation Rate*, k _____

Measured Potential Methane Generation Capacity*, $L_o$ _____ $m^3/Mg$

NMOC Concentration* __211_____ ppmv as hexane

Does the landfill require a Title V Permit? Yes _X_____ No _____

Name of Landfill Gas Recovery (gas to energy or other use) Facility: ___Hyland Gas to Energy Plant_____

* 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

**Open and Enclosed Flares located at the Landfill and the Landfill Gas Recovery Facility:**

Number of Flares: 1

Type of Flare: Opened Flare X Enclosed Flare _____

Quantity of Gas Collected and Flared Annually 1,890,822 cubic feet
Flare Hours of Operation per Year 57 hours/year
Methane Percentage in Landfill Gas before flaring 51 %
Methane Destruction efficiency 98 %

**Candlestick Flares:**

Number of Candlestick Flares n/a
Estimate of Gas Flared Candlestick Flare _____ cubic feet

## Gas To Energy

Number of Internal Combustion Engines: 3

Quantity of Gas collected for Internal Combustion Engine Annually 791,964,970 cubic feet
Methane Destruction efficiency 97 %
Methane Percentage in Landfill Gas before combustion 52 %
Utility Company Receiving Electricity NYISO/NEISO

## Gas Processed for Use (Other than gas to electricity)

Quantity of Gas Collected for Processing _____ cubic feet
Methane Percentage in Landfill Gas before processing _____ %
On-site or Off-site User of Gas _____

## Landfill Gas Recovery Facility/Landfill Data

Facility Contact Joseph Boyles Phone # ( 591 ) 466 - 7271

Contact e-mail address Joe.boyles@casella.com Fax # ( 591 ) 466 - 3206

Operation and maintenance cost for calendar year: $ 1,557,283

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 breaker trips, gas collection system repairs, requests by the utility to shut down the plant, facility maintenance, high oxygen trips, high vacuum trips, parts replacement**

Year landfill opened: 1998 Anticipated landfill closure date: 2031

## 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:

**See Section 10**

## Landfill Gas Utilized For Energy Recovery

Provide the following information for the landfill gas recovered for energy. **DO NOT INCLUDE THE GAS FLARED!**

| | Landfill Gas Collected for Energy Recovery (Cubic Feet) | Steam* Generated (Cubic Feet) | Total Electricity* Generated for onsite and offsite use (K.W.H.) | Total Gas Processed for use other than electricity generation (Cubic Feet) | Condensate Generated (Gallons) | Facility Operation (Hours) |
|---|---|---|---|---|---|---|
| January | 73,102,109 | N/A | 3,450,790 | N/A | Commingled with leachate | 742 |
| February | 64,624,190 | N/A | 3,069,810 | N/A | " | 672 |
| March | 72,635,255 | N/A | 3,387,950 | N/A | " | 731 |
| April | 66,103,543 | N/A | 3,199,770 | N/A | " | 715 |
| May | 62,720,642 | N/A | 3,125,580 | N/A | " | 710 |
| June | 67,631,639 | N/A | 3,220,150 | N/A | " | 716 |
| July | 61,181,419 | N/A | 2,711,380 | N/A | " | 740 |
| August | 59,362,748 | N/A | 2,677,590 | N/A | " | 731 |
| September | 63,687,552 | N/A | 3,099,470 | N/A | " | 718 |
| October | 66,583,777 | N/A | 3,252,750 | N/A | " | 740 |
| November | 66,431,547 | N/A | 3,160,510 | N/A | " | 719 |
| December | 66,431,547 | N/A | 3,090,480 | N/A | " | 744 |
| ANNUAL TOTAL | 791,964,970 | | 37,446,230 | | | 8,678 |

* Provide where applicable.

Normal Weekdays of Operation 7 days per week Normal Hours of Operation 24 hours per day

Electricity Generated and used/marketed offsite 35,807,830 KWH
Electricity Generated and used onsite 1,638,400 KWH
Gas Processed and used/marketed offsite _____ cubic feet
Gas Processed and used onsite _____ cubic feet

Describe the collection, storage, treatment and disposal techniques used in managing the condensate:
Condensate generated in the horizontal gas collectors drains back into the landfill cell's leachate collection system where it commingles with leachate. Leachate and condensate is then pumped via pipe to a lined holding pond. Condensate generated by the landfill gas collection system and the LFGTE plant is removed by a series of knockout tanks that discharge via pipe to the lined holding pond. Liquid that

collects in the holding pond is removed by pumping into a tanker truck and hauled to a waste treatment facility.

## 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 Section 7**

## 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**

## 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:

**See Section 10**

## 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:

**See Section 10**

## 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:

**See Section 10**

## SECTION 17 - 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:

**See Section 10**

## SECTION 18 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 15 and 16 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:

**See Section 10**

## 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 14 through 17 above for Quarterly Reports and Section 18 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:

**See Section 10**

## 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 2011, as specified in Special Conditions #90 and #91:**

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

***Hyland: See Attachment #1***

**#90. Report on the receipt of unauthorized wastes received during the quarter.**

***Hyland: There was no unauthorized waste received during the quarter.***

**#90. 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*

#90. The amounts of liquid collected from the secondary collection system on a daily basis. The monthly Action Leakage Rate for the secondary collection system of each cell or subcell of the landfill.

*Hyland: See Attachment #2*

#90. 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 #4. There was no leakage from pipes, only liquid from air vent & some stormwater present (est. 5-10 gallons in the quarter).*

#90. 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 Attachment #3. There was approximately 5000 cy of material stockpiled at the end of the 4th quarter.*

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

*Hyland: See Attachment #10 (there is a chart in the text)*

#90. The analytical results for any condensate samples collected during the quarter being reported.

*Hyland: See Attachment #10.*

#90. The amount of condensate collected, the disposal location and the number of gas extraction well/laterals in operation.

*Hyland: Hyland collects condensate into the leachate collection system; the condensate is not metered (in compliance with NYSDEC approval design plans). All condensate is mixed with primary leachate and treated offsite at either the Wellsville, Jamestown or Westfield WWTP or recirculated.*

*See Section 10 for Gas Well Information*

#90. 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 volume from the groundwater suppression system (in compliance with NYSDEC approved design plans).Cell 5 will be in operation in a few years.*

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

*Hyland: See Attachment #1*

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

*Hyland: See Attachment #3. There was approximately 5000 cy of material stockpiled at the end of the 4th quarter.*

**#91.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 county on a nation by nation basis.**

***Hyland: See Attachment #1***

**#91. 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: see Attachments #8&9***

**#91. Any changes to the Fill Progression Plan or modification to the landfill.**

***Hyland: No Changes***

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

***Hyland: See Attachment #7***

**#91. An updated topographic map (based on Fall conditions) of the site. Included with the topographic may 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: See Attachment #5***

**#91. Unusual events or accidents at the landfill and response by landfill personnel.**

***Hyland: Nothing to report that has not been previously reported***

**#91. Any change in water quality which have occurred throughout the report year and a summary of the water quality information.**

***Hyland: See Attachment #10 for monitoring information***

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

***Hyland: No unapproved changes***

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

***Hyland: See Section 10 and Title V Reporting. Hyland does not track condensate volumes in compliance with NYSDEC Approved plans.***

**#91. Completed Landfill Gas Recovery Facility Annual Report**

***Hyland: Submitted to Division of Air Resources***

**#91. 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. A schedule for all activities shall be included.**

*Hyland: Hyland plans to construct Cell 4B during the 2012 construction season. Hyland plans to construct Cell 4C during the 2013 construction season. Cell 4C will provide enough airspace for approximately three years. Hyland currently plans to cap the north slope in 2013.*

## 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 Materials Management**
**Bureau of Permitting and Planning**
**625 Broadway**
**Albany, New York 12233-7260**
**Fax 518-402-9041**
**Email address: swpermit@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 | _____ Date |
| Joseph R. Boyles Name (Print or Type) | General Manager Title (Print or Type) |
| joe.boyles@casella.com Email (Print or Type) | |
| 6653 Herdman Road Address | Angelica City |
| New York, 14709 State and Zip | ( 591 ) 466 - 7271 Phone Number |

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