

LONG ISLAND LANDFILL ANNUAL/QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2018.

A. This annual report is for the year of operation from January 01, 2017 to December 31, 2017

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

SECTION 1 – FACILITY INFORMATION

| FACILITY INFORMATION | | | |
|---|--|--|---|
| FACILITY NAME: Northern U Ashfill | | | |
| FACILITY LOCATION ADDRESS: Patton Avenue | FACILITY CITY: West Babylon | STATE: N.Y. | ZIP CODE: 11704 |
| FACILITY TOWN: Babylon | FACILITY COUNTY: Suffolk | FACILITY PHONE NUMBER: 631-422-7640 | |
| FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Babylon | | | NYSDEC REGION #: 1 |
| 360 PERMIT #: 1-4720-00628-00005 | DATE ISSUED: 4/8/00 | DATE EXPIRES: 4/30/05 | NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 52S39 |
| FACILITY CONTACT: Victoria A. Russell | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | CONTACT PHONE NUMBER: 631-422-7640 | CONTACT FAX NUMBER: 631-422-7686 |
| CONTACT EMAIL ADDRESS: tvetri@townofbabylon.com | | | |
| OWNER INFORMATION | | | |
| OWNER NAME: Town of Babylon | OWNER PHONE NUMBER: 631-957-3000 | OWNER FAX NUMBER: 631-422-7686 | |
| OWNER ADDRESS: 200 East Sunrise Highway | OWNER CITY: Lindenhurst | STATE: N.Y. | ZIP CODE: 11757 |
| OWNER CONTACT: Thomas Vetri | OWNER CONTACT EMAIL ADDRESS: tvetri@townofbabylon.com | | |
| OPERATOR INFORMATION | | | |
| OPERATOR NAME: | <input checked="" type="checkbox"/> same as owner | <input checked="" type="checkbox"/> public <input type="checkbox"/> private | |
| PREFERENCES | | | |
| Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address | | | |
| <input checked="" type="checkbox"/> Other (provide): 281 Phelps Lane, Room 23, North Babylon, N.Y. 11703-4045 | | | |
| Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact | | | |
| <input type="checkbox"/> Other (provide): | | | |
| Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact | | | |
| <input type="checkbox"/> Other (provide): | | | |

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| <p>Did you operate in 2017? <input checked="" type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 21. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: http://www.dec.ny.gov/chemical/52706.html.</p> |
|--|

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?

0 Cubic Yards of Airspace

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

1.45 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?

0 Cubic Yards of Airspace

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

0 Years 0 Months

at 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. The tonnage rate reported under 2.b. is based on (select one):

___ The amount of materials placed in the landfill in the reporting year

___ 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?

N/A Cubic Yards of Airspace

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

N/A Years Months

at 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. The tonnage rate reported under 3.b. is based on (select one):

___ The amount of materials placed in the landfill in the reporting year

___ 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?

0 Cubic Yards of Airspace

SECTION 3 – PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: Clear Flo/SCDPW Bergen Point

Does the landfill have a constructed liner and a leachate collection system? 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.

For **each cell**, please report the **acreage** and the **primary leachate** amount.

PRIMARY LEACHATE COLLECTED (GALLONS)

PRIMARY LEACHATE TREATED OFF SITE (GALLONS)

| Cell 1 <u>11.25</u> Acres | Cell 2 <u>6.9</u> Acres | Cell 3 ____ Acres | Cell 4 ____ Acres | Cell 5 ____ Acres | Cell 6 ____ Acres | Cell 1 <u>11.25</u> Acres | Cell 2 <u>6.9</u> Acres | Cell 3 ____ Acres | Cell 4 ____ Acres | Cell 5 ____ Acres |
|---------------------------------|----------------------------|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------------|----------------------------|-------------------------|-------------------------|-------------------------|
| 62,583 | 74,424 | | | | | 62,583 | 74,424 | | | |
| 65,610 | 191,227 | | | | | 65,610 | 191,227 | | | |
| 39,954 | 217,789 | | | | | 39,954 | 217,789 | | | |
| 82,779 | 197,734 | | | | | 82,779 | 197,734 | | | |
| 64,909 | 244,507 | | | | | 64,909 | 244,507 | | | |
| 65,794 | 209,859 | | | | | 65,794 | 209,859 | | | |
| 42,881 | 43,708 | | | | | 42,881 | 43,708 | | | |
| 43,615 | 53,076 | | | | | 43,615 | 53,076 | | | |
| 39,104 | 65,736 | | | | | 39,104 | 65,736 | | | |
| 33,473 | 13,807 | | | | | 33,473 | 13,807 | | | |
| 24,213 | 79,321 | | | | | 24,213 | 79,321 | | | |
| 36,040 | 31,045 | | | | | 36,040 | 31,045 | | | |
| 600,955 | 1,422,033 | | | | | 600,955 | 1,422,033 | | | |

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 |
|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
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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:

See Maintenance Logs attached

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:

N/A

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:

N/A

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

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

\$ TBD

Total quantity treated: 3,605,248 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**:

For **each cell**, please report the **acreage** and the **secondary leachate amount**.

SECTION 5 – BENEFICIAL USE DETERMINATION MATERIALS

For each type of waste material that the Department has approved for use as alternative 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 (See Attached List of NYS Planning Units) | County or Province | State or Country | Source (Facility and Address) |
|---|--------------------|-----|--|--------------------|------------------|-------------------------------|
| Aggregate/Concrete | | | | | | |
| Dredge Spoils | | | | | | |
| Glass | | | | | | |
| MSW/Wood Ash | | | | | | |
| Processed C&D | | | | | | |
| Tire Chips | | | | | | |
| Wood/Wood Chips | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| Total ADC | | | | | | |
| Total Beneficial Use Determination Materials | | | | | | |

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

SECTION 6 - SOLID WASTE DISPOSED

Percentages of solid waste disposed. Exclude Beneficial Use Determination Material amounts reported in Section 5. Methods used to measure the quantities disposed and the percentages measured by each method:

Scale Weight _____ % Estimated

Check Count _____ % Other (Specify: _____)

| Solid Waste | Tip Fee (\$/Ton) | January (tons) | February (tons) | March (tons) | April (tons) | May (tons) | June (tons) | Total Year (tons) |
|----------------------------|------------------|----------------|-----------------|--------------|--------------|------------|-------------|-------------------|
| Energy | Varies | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| In & Debris | | | | | | | | |
| Authorization (In Debris) | | | | | | | | |
| (Specify) | | | | | | | | |
| Total Tons Disposed | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| Solid Waste | August (tons) | September (tons) | October (tons) | November (tons) | December (tons) | Total Year (tons) |
|-----------------------|---------------|------------------|----------------|-----------------|-----------------|-------------------|
| Energy | 0 | 0 | 0 | 0 | 0 | 0 |
| In & Debris | | | | | | |
| Non Waste (In Debris) | | | | | | |
| (Specify) | | | | | | |
| Disposed | 0 | 0 | 0 | 0 | 0 | 0 |

SECTION 7 – SERVICE AREA OF SOLID WASTE RECEIVED

Identify the service area of the material. The Total Tons Received reported below should equal the Total Tons Received in Section 6 (SOLID WASTE DISPOSED). DO NOT REPORT IN CUBIC YARDS!

1) *Direct hauled from the generator of the material.* In the case where the material is hauled to your facility from the generator (i.e. hauled from residences, job sites, commercial establishments, etc.), "Direct Haul" is the appropriate response in Column 2 under "Service Area." Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) *Sent to your facility from another solid waste management facility.* Material may be sent to your facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

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 OF SOLID WASTE RECEIVED | | | | | |
|--|--|-------------------------------|---------------------------------|--|---------------|
| TYPE OF SOLID WASTE | SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul" | SERVICE AREA STATE OR COUNTRY | SERVICE AREA COUNTY OR PROVINCE | SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units) | TONS RECEIVED |
| Ash (MSW Energy Recovery) | N/A | | | | 0 |
| Construction and Demolition Debris (mixed) | | | | | |
| Emergency Authorization Waste (Storm Debris) | | | | | |
| Other (specify) | | | | | |
| TOTAL RECEIVED (tons): | | | | | 0 |

SECTION 8 – UNAUTHORIZED SOLID WASTE

Unauthorized solid waste been received at the facility during the reporting period?

No Yes If yes, give information below for each incident (attach additional sheets if necessary):

| Received | Type Received | Date Disposed | Disposal Method & Location |
|----------|---------------|---------------|----------------------------|
| | | | |
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Radiation Monitoring

Does the facility use a fixed radiation monitor? Yes No

If yes, manufacturer _____ and Model _____ of fixed unit.

Does the facility use a portable radiation monitor? Yes No

If yes, manufacturer _____ and Model _____ of fixed unit.

When 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 |
| | | | | | | | | | |
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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 |
|-----------------------------|------------|-----------------------|---------------------|-------------------|-------------------------|------------------------------------|--------------------------------------|---------------|----------------------|-----------------------------------|
| 2002 | | | 595,000 | | | | | | 595,000 | Original |
| 2003 | | | 73,250 | | | | | | 73,250 | Expansion |
| 2004 | | | 129,057 | | | | | | 129,057 | Expansion |
| 2005 | | | 174,704 | | | | | | 174,704 | Expansion |
| 2006 | | | 152,726 | | | | | | 152,726 | Expansion |
| 2007 | | | 123,016 | | | | | | 123,016 | Expansion |
| 2008 | | | 138,490 | | | | | | 138,490 | Expansion |
| 2009 | | | 114,593 | | | | | | 114,593 | Expansion |
| 2010 | | | 87,955.2 | | | | | | 87,955.2 | Expansion |
| 2011 | | | 60,351.63 | | | | | | 60,351.63 | Expansion |
| 2012 | | | 21,105.7 | | | | | | 21,105.7 | Expansion |
| 2013 | | | 60.58 | | | | | | 60.58 | Expansion |
| 2014 | | | 132.9 | | | | | | 132.9 | Expansion |
| 2015 | | | 516.26 | | | | | | 516.26 | Expansion |
| 2016 | | | 28.6 | | | | | | 28.6 | Expansion |
| 2017 | | | 0 | | | | | | 0 | Expansion |
| WIP Cumulative Total | | | 1,670,984.87 | | | | | | 1,670,984.87 | |

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

Overall in place volume 1,152,403.5 cubic yards.

Method for determining waste composition, if known.

Explain if closed landfills are included above Old Northern U included under "Original" section

Waste Summary by Landfill Section

Waste in place information for all landfill sections.

Landfill sections: 1
Section used (years) from 4/92 to 5/02 Next section used (years) from 5/03 to Present
Footprint 6.9 acres Section Footprint 11.25 acres
Approved final cover system Yes No Capped with approved final cover system Yes No
Percent capped 100
Waste in Place: 595,000 Tons 410,345 Cubic Yards, if known Waste in Place: 1,075,984.8 Tons 742,058.5 Cubic Yards,

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

Landfill have a landfill gas collection & control system?

0 1 If Yes: Active Passive

Gas wells: _____
Footprint acreage _____
Acreage from which gas is collected _____
Sections from which gas is collected _____
Acreage from which gas is collected for energy recovery _____
Ethane Generation Rate*, k _____
Potential Methane Generation Capacity*, L_o _____ m³/Mg
Concentration* _____ ppmv as hexane
Landfill require a Title V Permit? Yes _____ No _____
Landfill Gas Recovery (gas to energy or other use) Facility: _____

Concentration NMOC, L_o 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: N/A

Type of Flare: Opened Flare _____ Enclosed Flare _____

Please report units in cubic feet

Quantity of Gas Collected and Flared Annually _____ cubic feet

Flare Hours of Operation per Year _____ hours/year

Methane Percentage in Landfill Gas before flaring _____ %

Methane Destruction efficiency _____ %

Candlestick Flares:

Number of Candlestick Flares: N/A

Estimate of Gas Flared Candlestick Flare _____ cubic feet

Gas To Energy

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 _____ %

Methane Percentage in Landfill Gas before combustion _____ %

Utility Company Receiving Electricity _____

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 _____ 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:

Year landfill opened: _____ Anticipated landfill closure date: _____

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:

N/A

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 | | | | | | |
| 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/marketed offsite _____ KWH

Electricity Generated and used onsite _____ 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:

SECTION 11 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure and post-closure care?

- Yes No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 12 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

- Yes No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 13 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

- Yes No If yes, attach additional sheets identifying changes with a justification for each change.

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, "Groundwater Monitoring Program Results – June 2017", dated November 28, 2017.

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, "Groundwater Monitoring Program Results – June 2017", dated November 28, 2017.

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, "Groundwater Monitoring Program Results – June 2017", dated November 28, 2017.

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, "Groundwater Monitoring Program Results – June 2017", dated November 28, 2017.

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, "Groundwater Monitoring Program Results – June 2017", dated November 28, 2017.

SECTION 19 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

- Yes No If yes, repeat Sections 12 through 16 above for Quarterly Reports and Section 18 above for Annual report. Attach additional submissions required by this section.

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 No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

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: SWMFannualreport@dec.ny.gov

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

February 9, 2018

Date

Victoria A. Russell

Name (Print or Type)

Commissioner

Title (Print or Type)

ivetri@townofbabylon.com

Email (Print or Type)

281 Phelps Lane, Room 23

Address

North Babylon

City

New York, 11703-4045

State and Zip

(631) 422 - 7640

Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)