The Authority
ONEIDA-HERKIMER SOLID WASTE AUTHORITY

1600 Genesee Street, Utica, New York 13502
T 315.733.1224 | F 315.733.2305
ohswa.org

Preserving the environment through integrated recovery and disposal.

February 27, 2018

Ms. Yuan Zeng
NYSDEC – Region 6
317 Washington Street
Watertown, NY 13601

Re: 2017 4th Quarter and Annual Report
Oneida-Herkimer Regional Landfill
Permit #6-3024-00009/00007

Dear Ms. Zeng:

Attached please find the 2017 Fourth Quarter report including Environmental Monitoring Report and Annual Report including 2017 Annual Landfill Closure and Post Closure Cost Estimating Documents for the Oneida-Herkimer Regional Landfill in Ava, New York.

Please feel free to contact me with any questions.

Sincerely,

James V. Biamonte
Environmental Coordinator

JVB/aag

cc: William A. Rabbia, Executive Director
Sarah Harrison, NYSDEC – Utica w/attachment
Central Office NYSDEC – Albany w/attachment

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Clear Form

MSW, INDUSTRIAL OR ASH LANDFILL ANNUAL/QUARTERLY REPORT

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

A. **This annual/quarterly 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 ☒ Quarter 4

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION

FACILITY NAME: Oneida Herkimer Regional Landfill			
FACILITY LOCATION ADDRESS: 7044 State Rte 294	**FACILITY CITY:**	**STATE:** NY	**ZIP CODE:** 13309
FACILITY TOWN: Ava	**FACILITY COUNTY:** Oneida	**FACILITY PHONE NUMBER:** (315) 358-4068	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Oneida Herkimer Solid Waste Authority		**NYSDEC REGION #:** 6	

360 PERMIT #: 6-3024-00009/00007	**DATE ISSUED:** 3/19/04	**DATE EXPIRES:** 3/18/19	**NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:**

FACILITY CONTACT: Josh Olbrys	☒ public ☐ private	**CONTACT PHONE NUMBER:** (315) 358-4069	**CONTACT FAX NUMBER:**
CONTACT EMAIL ADDRESS: josho@ohswa.org			

OWNER INFORMATION

OWNER NAME: Oneida Herkimer Solid Waste Authority	**OWNER PHONE NUMBER:** (315) 733-1224	**OWNER FAX NUMBER:** (315) 733-2305	
OWNER ADDRESS: 1600 Genesee Street	**OWNER CITY:** Utica	**STATE:** NY	**ZIP CODE:** 13502
OWNER CONTACT: James V. Biamonte	**OWNER CONTACT EMAIL ADDRESS:** jimb@ohswa.org		

OPERATOR INFORMATION

OPERATOR NAME: ■ *same as owner*	☒ **public** ☐ **private**

PREFERENCES

Preferred address to receive correspondence: ☐ *Other (provide):*	☐ *Facility location address*	☒ *Owner address*
Preferred email address: ☐ *Other (provide):*	☐ *Facility Contact*	☒ *Owner Contact*
Preferred individual to receive correspondence: ☐ *Other (provide):*	☐ *Facility Contact*	☒ *Owner Contact*

Did you operate in 2017? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 22. 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 .

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?

   377,777 Cubic Yards of Airspace

   Please do not report units as pounds per cubic yard.

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

   .97 Tons/Cubic Yard

2. Remaining Constructed Capacity

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

   2,724,304 Cubic Yards of Airspace

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

   8 Years 10 Months

   at 300,000 Tons/Year.*

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

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

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

   X Estimated future disposal

   _____ Permit limit

   Other (explain): _____

3. Permitted Capacity Still to be Constructed

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

   22,235,549 Cubic Yards of Airspace

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

   67 Years 5 Months

   at 320,000 Tons/Year.*

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

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

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

   X Estimated future disposal

   _____ Permit limit

   Other (explain): _____

4. Capacity Proposed in a Part 360 Permit Application

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

None _____ 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?

None _____ Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: City of Rome WWTP, Oneida County WWTP

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 8.98 Acres	Cell 2 7.11 Acres	Cell 3 7.06 Acres	Cell 4 ___Acres	Cell 5 9.27 Acres	Cell 6 8.95 Acres	Cell 1 ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	2,591,356											
February	2,284,709											
March	2,251,179											
April	2,234,323											
May	1,596,805											
June	1,214,435											
July	1,132,353											
August	1,195,439											
September	898,032											
October	978,060											
November	1,354,470											
December	1,424,275											
ANNUAL	19,155,436											

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

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 attached, weekly pump station & tank inspection log. Weekly leachate Transfer manhole inspection log & daily inspection log.

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 attached Environmental Monitoring Report.

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:

See attached Environmental Monitoring Report.

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

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

Total quantity treated: 19,155,436 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.

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 18.8 Acres	Cell 2 16.8 Acres	Cell 3 7.06 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	782	2,057	904									
February	668	2,065	1,224									
March	650	2,060	1,447									
April	645	1,912	1,427									
May	656	2,278	1,324									
June	592	2,282	1,557									
July	570	1,936	1,182									
August	650	1,587	917									
September	687	1,432	729									
October	589	1,505	714									
November	593	1,509	1,188									
December	663	1,522	1,048									
ANNUAL	7,745	22,145	13,661									

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

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						
Contaminated Soil	57,086.26	Daily Cover	See Attached List	Attachment	NY	See Attachment
Foundry Sand						
Glass	4,845.12	Drainage	OHSWA	Oneida	NY	Oneida Herkimer Recycling Ctr. Utica, NY
Industrial Waste (specify)						
MSW/Wood Ash	9.06	Daily Cover	OHSWA	Herkimer	NY	Nick's Lake Campground
Paper Mill Sludge						
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips	51.73	Road Base	OHSWA	Oneida	NY	Pallet Processing Facility, Utica, NY
Other (specify)						
Approved BUD	7,193.13	Daily Cover	Madison Co.	Madison	NY	Prime Material Recovery, Canastota, NY
Total ADC	64,288.45					
Total Beneficial Use Determination Materials	69,185.30					

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 24.07

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

rovide the tonnages of solid waste disposed. Exclude Beneficial Use Material amounts reported in Section 5 and Recyclable Material amounts reported in Section 8.
pecify the methods used to measure the quantities disposed and the percentages measured by each method:

00 % 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	406.85	717.97	209.97	325.35	547.74	191.89	539.75
Ash (Coal)							
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)	2,938.98	3,314.74	3,586.81	4,581.79	5,499.19	6,249.88	6,940.00
Industrial Waste (Including Industrial Process Sludges)	177.73	119.67	244.57	165.43	111.91	176.62	121.38
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	13,120.32	11,348.12	13,104.92	13,736.73	16,086.58	16,144.87	15,551.35
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil	0	0	0	1,752.71	3,838.48	2,132.22	1,010.00
Sewage Treatment Plant Sludge	582.32	1,267.33	645.50	851.79	1,609.48	913.54	725.92
Treated Regulated Medical Waste	38.21	38.50	39.99	34.59	49.46	43.18	35.57
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Disposed	17,264.41	16,806.33	17,831.76	21,448.39	27,742.84	25,852.20	24,923.97

SECTION 6 - SOLID WASTE DISPOSED (continued)

Type of Solid Waste	Tip Fee ($/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos		888.80	963.43	666.17	89.36	129.48	5,676.76	18.19
Ash (Coal)								
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)		7,922.37	7,044.47	7,930.68	6,989.87	4,638.35	67,637.13	216.79
Industrial Waste (Including Industrial Process Sludges)		147.84	237.99	376.52	141.20	215.51	2,236.37	7.17
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		15,545.28	14,415.82	14,784.24	14,415.76	12,138.48	170,392.44	546.13
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil		36.07	0	0	144.64	314.48	9,228.60	29.58
Sewage Treatment Plant Sludge		1,518.05	544.46	1,070.03	1,014.40	640.71	11,383.53	36.49
Treated Regulated Medical Waste		43.33	35.32	41.43	36.70	41.34	477.62	1.53
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Disposed		26,101.74	23,241.49	24,869.07	22,831.93	18,118.35	267,032.45	855.88

SECTION 7 – SERVICE AREA OF SOLID WASTE RECEIVED

lentify the service area of the waste. The Total Tons Received reported below should equal the Total Tons Disposed in Section 6 (Solid Waste Disposed). DO OT REPORT IN CUBIC YARDS!

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

) *Sent to your facility from another solid waste management facility. Waste may be sent to your transfer station from another solid waste management facility. In this case, lease report the tonnage by waste type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit /here the sending facility is located.*

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 _____

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**
Asbestos	Direct Haul	NY	Oneida	OHSWA	5,676.76
			Herkimer		
Ash (Coal)					
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)	Direct Haul	NY	Oneida	OHSWA	67,637.13
	Eastern Transfer Station Utica, NY		Herkimer		
	Western Transfer Station Rome, NY				

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**
	Direct Haul	NY	Oneida	OHSWA	2,236.37
Industrial Waste (Including Industrial Process Sludges)			Herkimer		
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Direct Haul	NY	Oneida	OHSWA	170,392.44
	Eastern Transfer Station Utica, NY		Herkimer		
	Western Transfer Station Rome, NY				
	Webb Transfer Station, Old Forge, NY				
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil	Direct Haul	NY	Oneida	OHSWA	9,228.60
			Herkimer		
Sewage Treatment Plant Sludge	Direct Haul	NY	Oneida	OHSWA	11,383.53
			Herkimer		
Treated Regulated Medical Waste (TRMW)*	Direct Haul	NY	Oneida	OHSWA	477.62
			Herkimer		
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
				TOTAL RECEIVED (tons):	267,032.45

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each Faxton/St. Lukes Health Care

SECTION 8 –LANDFILL RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

☐ Yes; Complete Section 9 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: http://www.dec.ny.gov/chemical/52706.html .

■ No; Complete Section 9 for material recovered from the mixed solid waste stream and for material received as source separated.

A. Service Area of Recyclable Material Received

dentify the service area of the material. DO NOT REPORT IN CUBIC YARDS!

) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your facility from the generator (i.e. hauled from residences, commercial stablishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and lanning unit where it was generated; or

) Sent to your facility from another solid waste management facility. Recyclables may be sent to your facility from another solid waste management facility. In this case, please report ıe 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 ɔcated.

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

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED					
MATERIAL	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
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
				TOTAL RECEIVED (tons):	0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS

B. Material Recovered

Identify the name of the destination facility to which the material was sent from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount of 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 material transported by each:

_____% Road _____% Rail _____% Water _____% Other (specify: _____)

Explain which materials and destinations below are included in these transport methods _____

PAPER RECOVERED					
RECOVERED MATERIAL	**DESTINATION** (Name & Address)	**DESTINATION STATE OR COUNTRY**	**DESTINATION COUNTY OR PROVINCE**	**DESTINATION NYS PLANNING UNIT** (See Attached List of NYS Planning Units)	**TONS RECOVERED** (out of facility)
Commingled Paper (all grades)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
				TOTAL PAPER RECOVERED (tons):	0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

GLASS RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					
				TOTAL GLASS RECOVERED (tons):	0

METAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)					
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
				TOTAL METAL RECOVERED (tons):	0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

PLASTIC RECOVERED					
RECOVERED MATERIAL	**DESTINATION** (Name & Address)	**DESTINATION STATE OR COUNTRY**	**DESTINATION COUNTY OR PROVINCE**	**DESTINATION NYS PLANNING UNIT** (See Attached List of NYS Planning Units)	**TONS RECOVERED** (out of facility)
Mixed Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
				TOTAL PLASTIC RECOVERED (tons):	0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					
				TOTAL MIXED MATERIAL RECOVERED (tons):	0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
Tires	Oneida Herkimer Recycling Center, Utica, NY	NY	Oneida	OHSWA	19.03
				TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):	19.03

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 9 – UNAUTHORIZED SOLID WASTE

as unauthorized solid waste been received at the facility during the reporting period?

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

Date Received	Type Received	Date Disposed	Disposal Method & Location

Radiation Monitoring

Does your facility use a fixed radiation monitor? _____ Yes ___■___ No

dentify Manufacturer _____ and Model _____ of fixed unit.

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

dentify Manufacturer _____ and Model _____ of portable unit.

f 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

SECTION 10 - 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
2006	35,445.21	0	0	1,157.27	1,909.84	14,613.11	355.78	0	53,481.21	1
2007	182,720.56	881.64	0	58,685.59	3,023.17	45,598.46	9,243.36	0	300,152.72	1 & 2
2008	178,069.44	7,050.84	0	52,640.05	4,390.76	67,095.44	11,110.03	0	320,356.56	1 & 2
2009	174,637.20	2,491.07	0	51,558.73	16,266.72	64,661.10	11,397.48	1,773.50	322,785.80	1 & 2
2010	171,830.99	3,716.18	0	51,676.98	10,526.40	78,000.00	10,315.30	1,530.16	327,595.99	1, 2 & 3
2011	170,379.60	17,596.98	0	48,252.65	1,763.08	27,325	10,614.54	741.18	276,673.03	1, 2 & 3
2012	164,163.08	4,731.74	0	50,402.02	1,788.63	43,591	12,528.84	509.39	277,714.70	2 & 3
2013	166,813.67	4,511.92	0	57,445.11	1,722.10	55,404.85	9,540.68	470.92	295,909.25	1, 2, 3
2014	165,856.77	11,440.92	0	48,801.97	1,944.31	25,560.08	10,005.28	448.49	264,057.82	1,2,3,&5
2015	165,397.05	6,573.57	0	49,013.77	2,629.83	41,667.87	11,763.23	492.32	277,537.64	5, 6
WIP Cumulative Total	[illegible]	[illegible]	0	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	

Overall in place volume _____ cubic yards

Method for determining waste composition, if known. _____

Explain if closed landfills are included above N/A

SECTION 10 - 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
2016	166,909.96	5,234.83	0	49,609.06	2,153.67	60,554.79	10,902.53	501.03	295,865.87	5.6
2017	170,392.44	5,676.76	0	67,637.13	2,236.37	66,314.86	11,383.53	477.62	324,118.71	2,3,6
WIP Cumulative Total	1,912,615	69,908	0	586,881	50,335	590,387	119,161	6,945	3,336,252	1,2,3,5,6

Overall in place volume 3,495,992 cubic yards

Method for determining waste composition, if known. Scale Records

Explain if closed landfills are included above N/A

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: 5

Original* section used (years) from 10/06 to Present

Section Footprint 41.55 acres

Capped with approved final cover system Yes _____ No ■

Percent capped 0%

Waste in Place: 3,336,252 Tons _____ Cubic Yards, if known

Next* section used (years) from _____ to _____

Section Footprint _____ 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 11 - LANDFILL GAS

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

Number of gas wells: 82

Total landfill footprint acreage 41.55

Total landfill acreage from which gas is collected _____

Landfill sections from which gas is collected 1,2,3,5&6

Landfill acreage from which gas is collected for energy recovery _____

Measured Methane Generation Rate*, k 0.050

Measured Potential Methane Generation Capacity*, L_o 170 m^3/Mg

NMOC Concentration* 97 ppmv as hexane

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

Name of Landfill Gas Recovery (gas to energy or other use) Facility: Oneida Herkimer Rencurable Energy 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

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

Number of Flares: 2

Type of Flare: Opened Flare X Enclosed Flare _____

Please report units in cubic feet

Quantity of Gas Collected and Flared Annually 107,015,026 cubic feet
Flare Hours of Operation per Year 6,501 hours/year
Methane Percentage in Landfill Gas before flaring 48.2 %
Methane Destruction efficiency 99 %

Candlestick Flares:

Number of Candlestick Flares 0
Estimate of Gas Flared Candlestick Flare N/A cubic feet

Gas To Energy

Please report units in cubic feet

Number of Internal Combustion Engines: 2

Quantity of Gas collected for Internal Combustion Engine Annually 547,609,972 cubic feet
Methane Destruction efficiency 97 %
Methane Percentage in Landfill Gas before combustion 49.1 %
Utility Company Receiving Electricity Boonville Municipal Commission

Gas Processed for Use (Other than gas to electricity)

Quantity of Gas Collected for Processing N/A 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 Rich Stojek Phone # (716) 713 - 1359

Contact e-mail address rstojek@wm.com 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:

Maintenance - Submissions forwarded under Title V

Year landfill opened: 2006 Anticipated landfill closure date: 2084

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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:

Attached

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	42,726,000	N/A	2,035,183	N/A	427	1,239
February	43,148,000		2,057,273		490	1,344
March	48,320,000		2,291,058		1,296	1,385
April	45,925,000		2,213,910		597	1,372
May	44,068,000		2,088,006		749	1,413
June	45,714,000		2,106,023		1,178	1,370
July	43,730,000		2,052,538		1,598	1,339
August	46,821,000		2,148,658		1,701	1,381
September	48,201,000		2,190,106		1,657	1,464
October	50,339,000		2,360,968		742	1,557
November	42,646,000		2,022,255		615	1,242
December	49,075,000		2,353,712		471	1,515
ANNUAL TOTAL	550,713,000		25,919,690		11,521	16,621

* Provide where applicable.

Normal Weekdays of Operation 7 Normal Hours of Operation 24

Electricity Generated and used/marketed offsite 25,919.690 KWH
Electricity Generated and used onsite 0 KWH
Gas Processed and used/marketed offsite N/A cubic feet
Gas Processed and used onsite N/A cubic feet

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

Piped into leachate collection system.

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SECTION 12 - 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 13 – 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 14 – 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 15 - 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 attached Environmental Monitoring Report

SECTION 16 - 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 attached Environmental Monitoring Report

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SECTION 17 - 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 attached Environmental Monitoring Report

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:

See attached Environmental Monitoring Report

SECTION 19 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 16 and 17 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 attached Environmental Monitoring Report

SECTION 20 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

☐ Yes ■ No If yes, repeat Sections 15 through 18 above for Quarterly Reports and Section 19 above for Annual report. Attach additional submissions required by this section.

SECTION 21 - 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 22 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing 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

2/27/18
Date

William A. Rabbia
Name (Print or Type)

Executive Director
Title (Print or Type)

billr@ohswa.org
Email (Print or Type)

1600 Genesee St.
Address

Utica
City

NY 13502
State and Zip

(315) 733-1224
Phone Number

ATTACHMENTS: ☒ YES ☐ NO
(Please check appropriate line)

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