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: CHENANGO COUNTY LANDFILL			
FACILITY LOCATION ADDRESS: 439 CR 47	**FACILITY CITY:** NORWICH	**STATE:** NY	**ZIP CODE:** 13815
FACILITY TOWN: PHARSALIA	**FACILITY COUNTY:** CHENANGO	**FACILITY PHONE NUMBER:** 607-337-1769	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). CHENANGO COUNTY		**NYSDEC REGION #:** 7	

360 PERMIT #: 7-0848-00005/00003	**DATE ISSUED:** 07/08/15	**DATE EXPIRES:** 07/7/25	**NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:** 09816
FACILITY CONTACT: SHAWN G. FRY P.E.L.S.	☒ public ☐ private	**CONTACT PHONE NUMBER:** 607-337-1710	**CONTACT FAX NUMBER:** 607-336-8988
CONTACT EMAIL ADDRESS: SHAWNF@CO.CHENANGO.NY.US			

OWNER INFORMATION

OWNER NAME: CHENANGO COUNTY	**OWNER PHONE NUMBER:** 607-337-1710	**OWNER FAX NUMBER:** 607-336-8988	
OWNER ADDRESS: 79 REXFORD ST	**OWNER CITY:** NORWICH	**STATE:** NY	**ZIP CODE:** 13815
OWNER CONTACT: SHAWN G. FRY P.E.L.S.	**OWNER CONTACT EMAIL ADDRESS:** SHAWNF@CO.CHENANGO.NY.US		

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

CHENANGO COUNTY TREASURER'S OFFICE
DELINQUENT TAX SERVICES
COUNTY OFFICE BUILDING

5 Court Street, Norwich, N.Y. 13815

ARDEAN E. YOUNG
FIRST DEPUTY COUNTY TREASURER

WILLIAM C. CRAINE
COUNTY TREASURER

BARBARA R. STRIER
SECOND DEPUTY COUNTY TREASURER

February 23, 2018

To Whom It May Concern:

Pursuant to the authority of Resolution 209-97 duly adopted by the Board of Supervisors of Chenango County on the 11th day of August 1997 and Resolution 229-17P adopted on the 11th day of December 2017, an amount totaling $3,001,214.88 is appropriated for Chenango County Landfill Closure Reserve purposes as of 12/31/17.

Sincerely,

William C. Craine
Chenango County Treasurer

Cc: Shawn Fry
Chenango County Highway Supervisor

DEPARTMENT OF PUBLIC WORKS

79 Rexford Street
Norwich, N.Y. 13815-1199
Highway — (607) 337-1710
Waste — (607) 337-1790
Fax: (607) 336-8988

Shawn G. Fry,
P.E., L.S. Director

December 31, 2017

Financial Assurance Chenango County
Pharsalia Landfill

Dedicated Trust Fund: $\frac{\text{Closure Cost Estimate - Value of Trust}}{\text{Y(landfill life)}}$

$$\frac{\$1,423,548^{*} + \$1,442,891.31^{**} - \$2,861,214.88}{1.43 \text{ years}}$$

= $3,653.45 (payment)

$2,861,214.88 + 140,000.00 = $3,001,214.88

Current value of Chenango County Landfill Closure Reserve = $ 3,001,214.88

*$203,364/Acre x 7.0 Acres = $1,423,548 – remaining in Cell 1, 2, 3 to be capped.

$130,331/Acre Actual Closure Cost, 2009 Chenango County Landfill with 10% contingency = $143,364 + $60,000 Acre Engineering = $203,364

** Post Closure Cost converted into Equal Series Annual Payments into Present Worth

Leachate Disposal – 1,905,904 GPY @ $0.046/G = $87,671.58

(GPY based on – Wehran Engineering 1991 Design Report, 385 GPAD x 364 DPY x 13.6 Ac = 1,905,904 GPY @ $0.046 disposal cost per gallon, including transportation = $87,671.58

Water Quality Testing: $8,000
Based on 2012-2013 contract fees, Upstate Laboratories. This cost reflects a single round of testing per year.

Utility Cost: $7,153.14
(Utility Charge $16,030 on 2,660,283 gallons of leachate, groundwater and secondary containment processed. After closure 1,187,110 equates to $7,153.14)

Miscellaneous annual repair: $2,000

Current Rate: Future Value
$87,671.58 + 7,153.14 + 8,000.00 + 2,000.00 = $104,824.72(13.7648)*** = 1,442,891.31

Wehran's Report, Cell 1 Net Waste Capacity 243,000 cyds
Cell 2 Net Waste Capacity 417,000 cyds
Cell 3 Net Waste Capacity 277,000 cyds

Remaining Life of Cell 1, 2, 3

262,905 cyds (end of 2013) Cells 1, 2 & 3 – remaining air space
- 48,286 cyds (used in 2014)
214,619 cyds remaining
- 38,481 cyds (used in 2015)
176,138 cyds remaining
- 46,072 cyds (used in 2016)
130,066 cyds remaining
- 60,655 cyds (used in 2017)

$$69{,}401 \text{ cyds} / \frac{38{,}481 \text{ cyds/yr} + 46{,}072 \text{ cyds/yr} + 60{,}655 \text{ cyds/yr}}{3} = 1.43 \text{ years}$$

*A 3 acre section Cell 1 Closure was completed in 2002, $63,834 expended in 2003 for closure. An additional 1.6 acres of Cell 1 & Cell 2 closed in 2007. In 2009, 2.0 acres were closed along the sides slopes on Cell 1 and Cell 2, making 6.6 acres of the existing landfill closed. Engineering for the 2009 closure $120,000 or $60,000 per acre, Construction Cost for Closure $130,331

*** The post closure cost is based upon a 6% inflationary cost. (P/A,6%,30 years)

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?

   60,655 Cubic Yards of Airspace

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

   0.88 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?

   104,265 Cubic Yards of Airspace

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

   1 Years 9 Months

   at 53,229 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):

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

   no Estimated future disposal

   no 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?

   1,760,000 Cubic Yards of Airspace

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

   29 Years 1 Months

   at 53,229 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):

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

   no Estimated future disposal

   no 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?

_____ 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?

_____ Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: CITY OF NORWICH 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 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	94214	77473	266864				94214	77473	266864			
February	95239	72861	272300				95239	72861	272300			
March	110785	81498	305430				110785	81498	305430			
April	127926	93639	426232				127926	93639	426232			
May	128595	91493	398944				128595	91493	398944			
June	121064	86109	339302				121064	86109	339302			
July	123436	85534	358582				123436	85534	358582			
August	118552	79712	272650				118552	79712	272650			
September	85885	74919	211686				85885	74919	211686			
October	68385	69465	208436				68385	69465	208436			
November	79004	68656	201674				79004	68656	201674			
December	74515	66461	179802				74515	66461	179802			
ANNUAL	1227600	947820	3441902				1227600	947820	3441902			

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	0	0	0				0	0	0			
February	0	0	0				0	0	0			
March	0	0	0				0	0	0			
April	0	0	0				0	0	0			
May	0	0	0				0	0	0			
June	0	0	0				0	0	0			
July	0	0	0				0	0	0			
August	0	0	0				0	0	0			
September	0	0	0				0	0	0			
October	0	0	0				0	0	0			
November	0	0	0				0	0	0			
December	0	0	0				0	0	0			
ANNUAL	0	0	0				0	0	0			

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

ATTACHED REPORT FROM R.C.A.C.

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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FROM MICRO-BAC LABS

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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FORM MICRO-BAC LABS

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

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: $ 177,696.77

Total quantity treated: 6,326,028 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 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	4230	320	0				4230	320	0			
February	3222	517	0				3222	517	0			
March	3838	160	1				3838	160	1			
April	3805	350	1				3805	350	1			
May	3309	319	0				3309	319	0			
June	2160	382	1				2160	382	1			
July	4729	4360	1				4729	4360	1			
August	1011	147	0				1011	147	0			
September	609	0	489				609	0	489			
October	437	259	1				437	259	1			
November	3309	132	0				3309	132	0			
December	1767	142	0				1767	142	0			
ANNUAL	32426	7088	494				32426	7088	494			

	SECONDARY LEACHATE RECIRCULATED (GALLONS)						SECONDARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 6.2 Acres	Cell 2 4.2 Acres	Cell 3 3 Acres	Cell 4 3.7 Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	0	0	0				0	0	0			
February	0	0	0				0	0	0			
March	0	0	0				0	0	0			
April	0	0	0				0	0	0			
May	0	0	0				0	0	0			
June	0	0	0				0	0	0			
July	0	0	0				0	0	0			
August	0	0	0				0	0	0			
September	0	0	0				0	0	0			
October	0	0	0				0	0	0			
November	0	0	0				0	0	0			
December	0	0	0				0	0	0			
ANNUAL	0	0	0				0	0	0			

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						
Foundry Sand						
Glass						
Industrial Waste (specify)						
MSW/Wood Ash						
Paper Mill Sludge						
Processed C&D	12383.42	ALT. DAILY COVER	Chenango County	Chenango Cou	NY	ROYAL CARTING, HOPEWELL, NY
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
Total ADC	12383.42					
Total Beneficial Use Determination Materials	12383.42					

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 30.32%

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

Provide the tonnages of solid waste disposed. Excludes Beneficial Use Material amounts reported in Section 5 and Recyclable Material amounts reported in Section 8. 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	50.65	0	3.27	2.55	160.28	177.90	1.12
Ash (Coal)	0	0	0	0	0	0	0
Ash (MSW Energy Recovery)	0	0	0	0	0	0	0
Construction & Demolition Debris (mixed)	204.81	38.58	62.89	155.59	163.99	170.20	218.51
Industrial Waste (including Industrial Process Sludges)	371.05	350.79	438.52	281.07	449.77	278.87	371.78
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	2122.16	2130.49	2198.38	3014.56	3327.36	3462.49	3030.60
Oil/Gas Drilling Waste	0	0	0	0	0	0	0
Petroleum Contaminated Soil	0	0	0	0	0	0	0
Sewage Treatment Plant Sludge	7.24	55.63	46.51	45.65	68.90	3.99	0
Treated Regulated Medical Waste	0	0	0	0	0	0	0
Emergency Authorization Waste (Storm Debris)	0	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0
Total Tons Disposed	2755.91	2575.49	2749.57	3499.42	4170.30	4093.45	3622.01

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	58	27.79	0	160.71	4.58	.04	588.89	2.13
Ash (Coal)	0	0	0	0	0	0	0	0
Ash (MSW Energy Recovery)	0	0	0	0	0	0	0	0
Construction & Demolition Debris (mixed)	58	157.94	107.82	225.59	152.92	100.43	1759.27	6.37
Industrial Waste (including Industrial Process Sludges)	58	459.67	416.51	443.85	327.58	518.47	4707.93	17.06
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	58	3034.39	2939.68	2764.57	2608.81	2293.84	32927.39	119.30
Oil/Gas Drilling Waste	0	0	0	0	0	0	0	0
Petroleum Contaminated Soil	0	0	0	0	0	0	0	0
Sewage Treatment Plant Sludge	58	19.69	22.08	46.04	546.61	0	862.34	3.12
Treated Regulated Medical Waste	0	0	0	0	0	0	0	0
Emergency Authorization Waste (Storm Debris)	0	0	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0	0
Total Tons Disposed		3699.48	3486.09	3640.76	3640.50	2912.78	40845.76	147.99

SECTION 7 – SERVICE AREA OF SOLID WASTE RECEIVED

Identify 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 NOT REPORT IN CUBIC YARDS!

1) 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 establishments, 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 and planning unit where it was generated; or

2) 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, please 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 where 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	Chenango County	Chenango County	588.89
Ash (Coal)					
	N/A				
Ash (MSW Energy Recovery)					
	N/A				
Construction & Demolition Debris (mixed)	DIRECT HAUL	NY	Chenango County	Chenango County	608.39
	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	1008.55
	6701 NYS RTE 12, Norwich	NY	Chenango County	Chenango County	
	BRISBEN TRANSFER STATION	NY	Chenango County	Chenango County	142.33
	COUTERMARSH RD, GREENE	NY	Chenango County	Chenango County	

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
Industrial Waste (Including Industrial Process Sludges)	DIRECT HAUL	NY	Chenango County	Chenango County	4707.93
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	DIRECT HAUL	NY	Chenango County	Chenango County	19877.07
	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	8928.70
	6701 NYS RTE 12, NORWICH, NY 13815				
	BRISBEN TRANSFER STATION	NY	Chenango County	Chenango County	4121.62
	COUTERMARSH RD, GREENE, NY 13778				
Oil/Gas Drilling Waste					
	N/A				
Petroleum Contaminated Soil					
	N/A				
Sewage Treatment Plant Sludge	DIRECT HAUL	NY	Chenango County	Chenango County	862.34
Treated Regulated Medical Waste (TRMW)*					
	N/A				
Emergency Authorization Waste (Storm Debris)					
	N/A				
Other (specify)	N/A				
				TOTAL RECEIVED (tons):	40845.82

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each N/A

Reprinted (12/17)

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

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

1) 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 establishments, 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 planning unit where it was generated; or

2) 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 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.

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	DIRECT HAUL	NY	Chenango County	Chenango County	7
Food Scraps					
Yard Waste (curbside)	DIRECT HAUL	NY	Chenango County	Chenango County	6
Other (specify)					
				TOTAL RECEIVED (tons):	13

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:

100 % 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	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	22.86
	6701 NYS HWY 12, NORWICH, NY 13815				
Junk Mail	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	8.00
	6701 NYS HWY 12, NORWICH, NY 13815				
Magazines					
Newspaper	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	7.00
	6701 NYS HWY 12, NORWICH, NY 13815				
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
				TOTAL PAPER RECOVERED (tons):	37.86

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	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	7.68
	6701 NYS RTE 12, NORWICH				
Industrial Scrap Glass					
Other Glass (specify)					
				TOTAL GLASS RECOVERED (tons):	7.68

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	WEITSMAN & SON, OWEGO, NY	NY	Broome County	Broome County	2.85
Industrial Scrap Metal					
Tin & Aluminum Containers	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	7.22
	6701 NYS RTE 12, NORWICH				
Other Metal (specify)	WEITSMAN & SONS, OWEGO, NY	NY	Broome County	Broome County	22.09
SOURCE SEPARATED	BULK METAL				
				TOTAL METAL RECOVERED (tons):	32.16

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)	NORTH NORWICH TRANSFER STATION 6701 NYS HWY 12, NORWICH, NY 13815	NY	Chenango County	Chenango County	4.78
HDPE (plastic #2)	NORTH NORWICH TRANSFER STATION 6701 NYS HWY 12, NORWICH, NY 13815	NY	Chenango County	Chenango County	9.15
Other Rigid Plastics (#3 - #7)	NORTH NORWICH TRANSFER STATION 6701 NYS HWY 12, NORWICH, NY 13815	NY	Chenango County	Chenango County	3.75
Industrial Scrap Plastic					
Plastic Film & Bags	NORTH NORWICH TRANSFER STATION	NY	Chenango County	Chenango County	1.00
Other Plastics (specify)	6701 NYS RTE 12 NORWICH				
				TOTAL PLASTIC RECOVERED (tons):	18.68

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	SUNNKING, 4 OWENS RD, BROCKPORT, NY	NY	Monroe County	Monroe County	8.14
Textiles					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
			TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):		8.14

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	0.68 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 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

Has 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

Identify Manufacturer LUDLUM and Model 3503 of fixed unit.

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

Identify Manufacturer LUDLUM and Model 3 SURVEY METER of portable 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

Waste in Place
2017

Year	MSW (tons)	Asbestos Waste (tons)	Ash (tons)	C&D Debris (tons)	Industrial Waste (tons)	Petrolium Contaminated Soil (tons)	Sewage Treatment Plant Sludge (tons)	Other (tons)	Year(s) Total (tons)	Identify Landfill Section(s) Used
1994	18263.44	0	0	1609.01	995.3	0	0	18.7	20886.45	1
1995	18891.38	0	0	1165.37	0	0	549.92	58.46	20665.13	1
1996	20034.08	0	0	1791.99	277.46	0	770.16	49.49	22923.18	1
1997	19414.86	85.58	0	1504.12	429.01	0	9.39	41.16	21484.12	1
1998	14013.78	96.74	0	1139.63	3775.21	0	86.05	33.23	19144.64	1
1999	11521.98	63.86	0	583.04	6120.67	0	226.99	19.7	18516.24	1
2000	18630.17	0	0	606.83	1708.13	0	188.03	20.43	21153.59	1&2
2001	18571.47	74.9	0	530.81	1315.85	0	487.99	20.44	21001.46	1&2
2002	15356.05	262.11	0	894.35	6427.89	0	722.11	19.24	23681.75	1&2
2003	18696.28	221.15	0	1383.94	1190.51	0	903.46	18.23	22413.57	1&2
Sub Total	173393.49	804.34	0	11189.09	22240.03	0	3944.10	299.08	211870.13	1&2
2004	17847.45	177.4	0	1337.03	3711.3	0	912.77	12.57	23998.52	1&2
2005	17997.76	83.52	0	1161.61	4511.32	0	532.87	22.68	24309.76	1&2
2006	25447.23	2479.12	0	2188.45	3866.12	0	560.16	18.69	34549.77	1&2
2007	20276.9	109.8	0	2693.63	4864.71	0	436.82	19.5	28401.36	1&2
2008	17627.6	311.1	0	2522.09	5128	0	591.02	3.8	26183.61	1&2
2009	18519.31	83.75	0	3682.35	3955.74	0	853.72	0	27094.87	1&2
2010	20366.91	133.59	0	2294.26	8026.85	0	599	0	31420.61	1&2
2011	28426.25	86.44	0	2814.69	3871.95	0	699.85	0	35899.18	1&2&3
2012	21195.42	60.98	0	1717.16	4256.72	0	739.16	0	27969.44	1&2&3
2013	22291.82	583.85	0	1509.9	3666.1	0	619.2	88.04	28758.91	1&2&3
Sub Total	389390.14	4913.89	0	33110.26	68098.84	0	10478.67	464.36	500456.16	1&2&3
2014	17752.73	256.97	0	3505.72	1956.71	0	365.55	0	23837.68	1&2&3
2015	16095.16	76.37	0	1189.36	3665.86	0	749.48	0	21776.22	1&2&3
2016	26968.72	285.17	0	1538.02	4169.05	0	990.61	0	33946.57	1&2&3
2017	32927.39	588.89	0	1759.27	4707.93	0	862.34	0	40845.82	1&2&3
2018										
2019										
2020										
2021										
2022										
2023										
WIP Cumulative Total	477134.14	6121.29	0	41097.63	82598.38	0	13446.65	464.36	620862.45	1,2,3

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: 3

Original* section used (years) from 1994 to current

Section Footprint 6.2 acres

Capped with approved final cover system Yes ■ No ____

Percent capped 37%

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

Next* section used (years) from 2000 to current

Section Footprint 4.2 acres

Capped with approved final cover system Yes ■ No ____

Percent capped 12%

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: NONE

Total landfill footprint acreage 28

Total landfill acreage from which gas is collected NONE

Landfill sections from which gas is collected ____

Landfill acreage from which gas is collected for energy recovery ____

Measured Methane Generation Rate*, k ____

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

NMOC Concentration* ____ 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: ____

* 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.

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections

Number of landfill sections: 3

Original* section used (years) from previous to page

Section Footprint _____ acres

Capped with approved final cover system Yes ■ No _____

Percent capped _____

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

Next* section used (years) from 2008 to current

Section Footprint 3 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: NONE

Total landfill footprint acreage 28

Total landfill acreage from which gas is collected NONE

Landfill sections from which gas is collected _____

Landfill acreage from which gas is collected for energy recovery _____

Measured Methane Generation Rate*, k _____

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

NMOC Concentration* _____ 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: _____

* 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: 12

Type of Flare: Opened Flare 12 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 _____
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 SHAWN G. FRY P.E.L.S. Phone # (607) 337 - 1710

Contact e-mail address SHAWNF@CO.CHENANGO.NY.US Fax # (607) 336 - 9983

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: 1994 Anticipated landfill closure date: 2053

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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:

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 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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FROM MICRO-BAC LABS

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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FROM MICRO-BAC LABS

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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FROM MICRO-BAC LABS

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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FROM MICRO-BAC LABS

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:

MONITORING SUMMARY WILL BE FORWARDED UNDER SEPARATE COVER FROM MICRO-BAC LABS

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

Shawn G. Fry — Signature

2/23/2018 — Date

SHAWN G. FRY P.E.L.S. — Name (Print or Type)

DIRECTOR OF PUBLIC WORKS — Title (Print or Type)

SHAWNF@CO.CHENANGO.NY.US — Email (Print or Type)

79 REXFORD ST — Address

NORWICH — City

NY 13815 — State and Zip

(607) 337-1710 — Phone Number

ATTACHMENTS: [X] YES [ ] NO
(Please check appropriate line)

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REFUSE INSPECTIONS PHARSALIA LANDFILL 2017

Date	Hauler	Permit #	Findings
1/6/2017	GMC P/U	R49920	MSW & RECYCLABLES
1/13/2017	DODGE P/U	R50164	MSW
1/20/2017	GMC P/U	R42625	MSW & RECYCLABLES
1/26/2017	JEEP	R48213	MSW & RECYCLABLES
2/10/2017	GMC P/U	R50737	MSW & RECYCLABLES
2/17/2017	CHEVY P/U	R50735	MSW & RECYCLABLES
2/24/2017	CHEVY P/U	R49004	MSW & RECYCLABLES
3/3/2017	TOYOTA P/U	R43507	MSW & RECYCLABLES
3/10/2017	FORD P/U	R49235	MSW & RECYCLABLES
3/24/2017	TOYOTA P/U	R47989	MSW & RECYCLABLES
3/31/2017	FORD P/U	R40562	MSW & RECYCLABLES
4/20/2017	FORD P/U	R49554	MSW & RECYCLABLES
5/15/2017	DODGE P/U	R51154	CD & MSW
5/19/2017	FORD P/U	R49264	MSW & TIRES
5/24/2017	CHEVY P/U	R41147	MSW & RECYCLABLES
6/5/2017	GMC P/U	R39920	MSW
6/9/2017	CHRYSLER VAN	R51174	MSW & RECYCLABLES
6/17/2017	NONE	R42366	MSW & RECYCLABLES
7/7/2017	FORD P/U	R51160	MSW & RECYCLABLES

REFUSE INSPECTIONS PHARSALIA LANDFILL 2017

Date	Hauler	Permit #	Findings
7/21/2017	FORD P/U	R41304	MSW & RECYCLABLES
8/11/2017	TOYOTA P/U	R46923	MSW
8/21/2017	CHEVY P/U	R44362	MSW
8/25/2017	DODGE P/U	R46013	MSW & RECYCLABLES
9/14/2017	CHEVY P/U	R49273	CD & RECYCLABLES
9/29/2017	CHEVY P/U	R50167	MSW & RECYCLABLES
10/6/2017	CHEVY P/U	R47995	MSW & RECYCLABLES
10/20/2017	FORD P/U	R42010	MSW & RECYCLABLES
11/3/2017	FORD P/U	R48382	MSW & RECYCLABLES
11/9/2017	FORD P/U	R46910	MSW & RECYCLABLES
11/16/2017	DODGE P/U	R46565	MSW & RECYCLABLES
11/24/2017	FORD P/U	R45820	MSW & RECYCLABLES
12/6/2017	FORD P/U	R51160	MSW & RECYCLABLES
12/11/2017	FORD EDGE	R48714	MSW & RECYCLABLES
12/28/2017	CHEVY P/U	R41517	MSW & RECYCLABLES

REFUSE INSPECTIONS PHARSALIA LANDFILL 2017

Date	Hauler	Permit #	Findings
1/6/2017	CCDPW/BUTCH	607	MSW
1/12/2017	LAING/NEVIN	C002626	MSW
1/20/2017	OV/MIKE	C002665	MSW
1/27/2017	BERT ADAMS/MIKE	CHOBANI	MSW
2/9/2017	BERT ADAMS/BENNY	C002681	MSW
2/17/2017	BERT ADAMS/BENNY	10167TC	MSW
2/21/2017	2DUMP/CLAIN	C002659	MSW
2/21/2017	RICCELLI/N/A	34031PC	CD
3/9/2017	WALL/BRANDON	C0026287	MSW
3/17/2017	OV/MIKE	C002665	MSW
3/24/2017	BERT ADAMS/ALEX	CHOBANI	MSW
3/31/2017	CCDPW/PAT	N/A	MSW
4/7/2017	WALL/BRANDON	C002667	MSW
4/12/2017	SNOW/WAYNE	C002275	MSW
4/21/2017	OV/PENNEY	C002318	MSW
5/5/2017	JB STALLION/NA	C002688	MSW
5/12/2017	BERT ADAMS/BENNY	C002681	MSW
5/19/2017	OV/MIKE	C002665	MSW
5/25/2017	ALL AROUND EXEC/NATTIE	C001057	CD-ASBESTOS
5/31/2017	BERT ADAMS/CHRIS	C002681	MSW

REFUSE INSPECTIONS PHARSALIA LANDFILL 2017

Date	Hauler	Permit #	Findings
6/9/2017	CCDPW/PAT	600	MSW
6/15/2017	JB STALLION/JOHN	C002688	CD
6/23/2017	WALL/BRANDON	C002667	MSW
6/26/2017	HR REFUSE/JAMES	C002703	MSW
7/5/2017	WALL/BRANDON	C002267	MSW
7/10/2017	JEREMY COLLINS/EDDIE	C002635	CD
7/20/2017	SNOW/WAYNE	C002275	CD
7/28/2017	CCDPW/BUTCH	604	MSW
8/2/2017	BERT ADAMS/NATE	38717-JW	MSW
8/11/2017	SNOW/TODD	C002253	CD
8/17/2017	WALL/BRANDON	C002667	MSW
8/23/2017	BERT ADAMS/ART	C002681	MSW
9/1/2017	ROYAL CARTING/DENNIS	C002685	CD-COVER
9/8/2017	HR REFUSE/OPIE	C002710	CD
9/15/2017	BERT ADAMS/ALEX	CHOBANI	MSW
9/22/2017	OV/PENNEY	C002318	MSW
9/29/2017	OV/MIKE	65257MD	MSW
10/6/2017	OV/MIKE	C002665	MSW
10/20/2017	BERT ADAMS/JOSH	C002285	SLUDGE
10/26/2017	WALL/BRANDON	C002667	MSW

REFUSE INSPECTIONS PHARSALIA LANDFILL 2017

Date	Hauler	Permit #	Findings
11/1/2017	BERT ADAMS/JIM	C002691	MSW
11/13/2017	WALL/BRANDON	C002667	MSW
11/16/2017	SNOW/WAYNE	C002275	MSW
11/24/2017	CCDPW/PAT	600	MSW
11/28/2017	WALL/BRANDON	C002667	CD
12/8/2017	BERT ADAMS/	RAYMONDS	MSW
12/15/2017	BERT ADAMS/ALEX	KERRY	PRESS CAKE
12/22/2017	OV/MIKE	C002665	MSW
12/29/2017	CCDPW/KEITH	607	MSW

Shawn G. Fry,
P.E., L.S. Director

DEPARTMENT OF PUBLIC WORKS

79 Rexford Street
Norwich, N.Y. 13815-1199
Highway — (607) 337-1710
Waste — (607) 337-1790
Fax: (607) 336-8988

CHENANGO COUNTY - PHARSALIA LANDFILL
EXPLOSIVE GAS SURVEY READING LOG

TIME	LOCATION NUMBER	RESULT (<20% LEL)
8:00 am	Maintenance Garage (in floor drain)	0
8:05 am	1*	0
8:10 am	2*	0
8:15 am	3	0
8:20 am	4	0
8:25 am	5	0
8:30 am	6	0
8:35 am	7	0
8:40 am	8	0
8:45 am	9	0
8:50 am	10	0
8:55 am	11	0
9:00 am	12	0
9:05 am	13*	0
9:15 am	14*	0
9:20 am	15*	0
9:25 am	16*	0
9:30 am	17*	0
9:35 am	18*	0
9:40 am	19*	0
9:45 am	20*	0
9:50 am	Leachate Collection Bldg(Pump Bldg)	0
9:55 am	Vat of Pump Bldg	0
10:00 am	Sideriser Bldg #1	0
10:05 am	Sideriser Bldg #2	0
10:10 am	Sideriser Bldg #3	0
10:15 am	Sideriser Bldg #4	0
10:20 am	Basement Admin. Bldg	0

WIND DIRECTION: NE

DATE: 03/28/17 TEST CONDUCTED BY D. Dolgos, K. Trammel

* = 2" Mon. Wells

Shawn G. Fry,
P.E., L.S. Director

DEPARTMENT OF PUBLIC WORKS

79 Rexford Street
Norwich, N.Y. 13815-1199
Highway — (607) 337-1710
Waste — (607) 337-1790
Fax: (607) 336-6988

CHENANGO COUNTY - PHARSALIA LANDFILL
EXPLOSIVE GAS SURVEY READING LOG

TIME	LOCATION NUMBER	RESULT (<20% LEL)
8:00 am	Maintenance Garage (in floor drain)	0
8:05 am	1*	0
8:10 am	2*	0
8:15 am	3	0
8:20 am	4	0
8:25 am	5	0
8:30 am	6	0
8:35 am	7	0
8:40 am	8	0
8:45 am	9	0
8:50 am	10	0
8:55 am	11	0
9:00 am	12	0
9:05 am	13*	0
9:10 am	14*	0
9:15 am	15*	0
9:20 am	16*	0
9:25 am	17*	0
9:30 am	18*	0
9:35 am	19*	0
9:40 am	20*	0
9:45 am	21*	0
9:50 am	Leachate Collection Bldg(Pump Bldg)	0
9:55 am	Vat of Pump Bldg	0
10:00 am	Sideriser Bldg #1	0
10:05 am	Sideriser Bldg #2	0
10:10 am	Sideriser Bldg #3	0
10:15 am	Sideriser Bldg #4	0
10:20 am	Basement Admin. Bldg	0

WIND DIRECTION: NE

DATE: 06/02/17 TEST CONDUCTED BY D. Hendricks, K. Trammel

* = 2" Mon. Wells

Shawn G. Fry,
P.E., L.S. Director

DEPARTMENT OF PUBLIC WORKS

79 Rexford Street
Norwich, N.Y. 13815-1199
Highway — (607) 337-1710
Waste — (607) 337-1790
Fax: (607) 336-8988

CHENANGO COUNTY - PHARSALIA LANDFILL
EXPLOSIVE GAS SURVEY READING LOG

TIME	LOCATION NUMBER	RESULT (<20% LEL)
8:00 am	Maintenance Garage (in floor drain)	0
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8:20 am	4	0
8:25 am	5	0
8:30 am	6	0
8:35 am	7	0
8:40 am	8	0
8:45 am	9	0
8:50 am	10	0
8:55 am	11	0
9:00 am	12	0
9:05 am	13*	0
9:10 am	14*	0
9:15 am	15*	0
9:20 am	16*	0
9:25 am	17*	0
9:30 am	18*	0
9:35 am	19*	0
9:40 am	20*	0
9:45 am	21*	0
9:50 am	Leachate Collection Bldg (Pump Bldg)	0
9:55 am	Vat of Pump Bldg	0
10:00 am	Sideriser Bldg #1	0
10:05 am	Sideriser Bldg #2	0
10:10 am	Sideriser Bldg #3	0
10:15 am	Sideriser Bldg #4	0
10:20 am	Basement Admin. Bldg	0

WIND DIRECTION: NE
DATE: 09/15/17 TEST CONDUCTED BY: D. Dolgos, K. Trammel
* = 2" Mon. Wells

Shawn G. Fry,
P.E., L.S. Director

DEPARTMENT OF PUBLIC WORKS

79 Rexford Street
Norwich, N.Y. 13815-1199
Highway — (607) 337-1710
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CHENANGO COUNTY - PHARSALIA LANDFILL
EXPLOSIVE GAS SURVEY READING LOG

TIME	LOCATION NUMBER	RESULT (<20% LEL)
8:00 am	Maintenance Garage (in floor drain)	0
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8:20 am	4	0
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8:30 am	6	0
8:35 am	7	0
8:40 am	8	0
8:45 am	9	0
8:50 am	10	0
8:55 am	11	0
9:00 am	12	0
9:05 am	13*	0
9:10 am	14*	0
9:15 am	15*	0
9:20 am	16*	0
9:25 am	17*	0
9:30 am	18*	0
9:35 am	19*	0
9:40 am	20*	0
9:45 am	21*	0
9:50 am	Leachate Collection Bldg(Pump Bldg)	0
9:55 am	Vat of Pump Bldg	0
10:00 am	Sideriser Bldg #1	0
10:05 am	Sideriser Bldg #2	0
10:10 am	Sideriser Bldg #3	0
10:15 am	Sideriser Bldg #4	0
10:20 am	Basement Admin. Bldg	0

WIND DIRECTION: NE

DATE: 12/06/17 TEST CONDUCTED BY D. Dolgos, D. Hendricks

* = 2" Mon. Wells

Conductivity & Total Dissolved

	Sediment Basin A	Sediment Basin B
Date	Conductivity	Conductivity
1/6/2017	290	230
1/13/2017	200	180
1/20/2017	180	150
1/26/2017	260	190
2/3/2017	290	130
2/10/2017	260	200
2/16/2017	300	230
2/24/2017	190	120
3/1/2017	280	220
3/8/2017	280	250
3/17/2017	180	210
3/24/2017	240	230
3/31/2017	230	120
4/7/2017	240	190
4/14/2017	220	190
4/19/2017	250	190
4/26/2017	240	180
5/4/2017	270	190
5/12/2017	260	200

Conductivity & Total Dissolved

	Sediment Basin A	Sediment Basin B
Date	Conductivity	Conductivity
5/18/2017	260	200
5/24/2017	260	200
6/2/2017	260	200
6/9/2017	250	210
6/16/2017	250	200
6/23/2017	260	200
6/30/2017	250	180
7/8/2017	250	190
7/14/2017	230	190
7/21/2017	230	190
7/28/2017	220	160
8/4/2017	220	180
8/10/2017	240	190
8/16/2017	230	180
8/25/2017	280	210
8/31/2017	270	220
9/8/2017	290	210
9/15/2017	290	210

Conductivity & Total Dissolved

	Sediment Basin A	Sediment Basin B
Date	Conductivity	Conductivity
9/22/2017	280	210
9/29/2017	200	240
10/6/2017	300	240
10/13/2017	320	220
10/20/2017	270	240
10/27/2017	280	220
11/3/2017	270	220
11/9/2017	280	230
11/17/2017	240	250
11/24/2017	350	220
12/1/2017	270	240
12/8/2017	360	250
12/14/2017	320	280
12/21/2017	300	240
12/29/2017	390	260

AMOUNT COLLECTED IN GROUNDWATER RELIEF SYSTEM
PORE PRESSURE RELIEF SYSTEM
CHENANGO COUNTY LANDFILL 2017

DATES	GALLONS
January	19,427
February	18,413
March	20,192
April	22,041
May	21,524
June	19,562
July	25,705
August	18,100
September	15,583
October	16,310
November	19,477
December	18,905

CHENANGO COUNTY LANDFILL
SEMI-ANNUAL STORAGE CAPACITY CHECK
SEDIMENTATION PONDS
LEACHATE STORAGE TANKS

1. Sedimentation Pond A:

   A. Depth of Pond 5'6"
   B. Depth of Mud, 6/06/17 10.6"
   C. Depth of Mud, 11/7/17 10.9"

2. Sedimentation Pond B:

   A. Depth of Pond 5'4.5"
   B. Depth of Mud, 6/06/17 3.4"
   C. Depth of Mud, 11/7/17 3.9"

3. Leachate Storage Tank#1 Level:

   A. 6/06/17 0%
   B. 11/7/17 19.8%

4. Leachate Storage Tank#2 Level:

   A. 6/06/17 54.4%
   B. 11/7/17 34.6%

SHAWN G. FRY, P.E., L.E.

CHENANGO COUNTY DEPARTMENT OF PUBLIC WORKS DATE: DECEMBER 2017 SHEET 1 OF 1	PLAN 2016 FILL PROGRESSION LIMITS CELL NO. ONE & TWO & THREE TOWN OF PHARSALIA SCALE 1" = 100' DRAWING: PHDRAME	DRAWN BY: RSR	CHECKED BY: SGF
		REVISIONS:	

SHARON D. FRY, P.E. L.S.

CHENANGO COUNTY
DEPARTMENT OF PUBLIC WORKS

DATE: DECEMBER 2017 SHEET 1 OF 1

PLAN
2016 FILL PROGRESSION LIMITS
CELL NO. ONE & TWO & THREE
TOWN OF PHARSALIA

SCALE: 1" = 100' DRAWING: PHASE#2

DRAWN BY: RSR	CHECKED BY: SDF
REVISIONS:	

SIGNED & DTY. P.E., L.S.

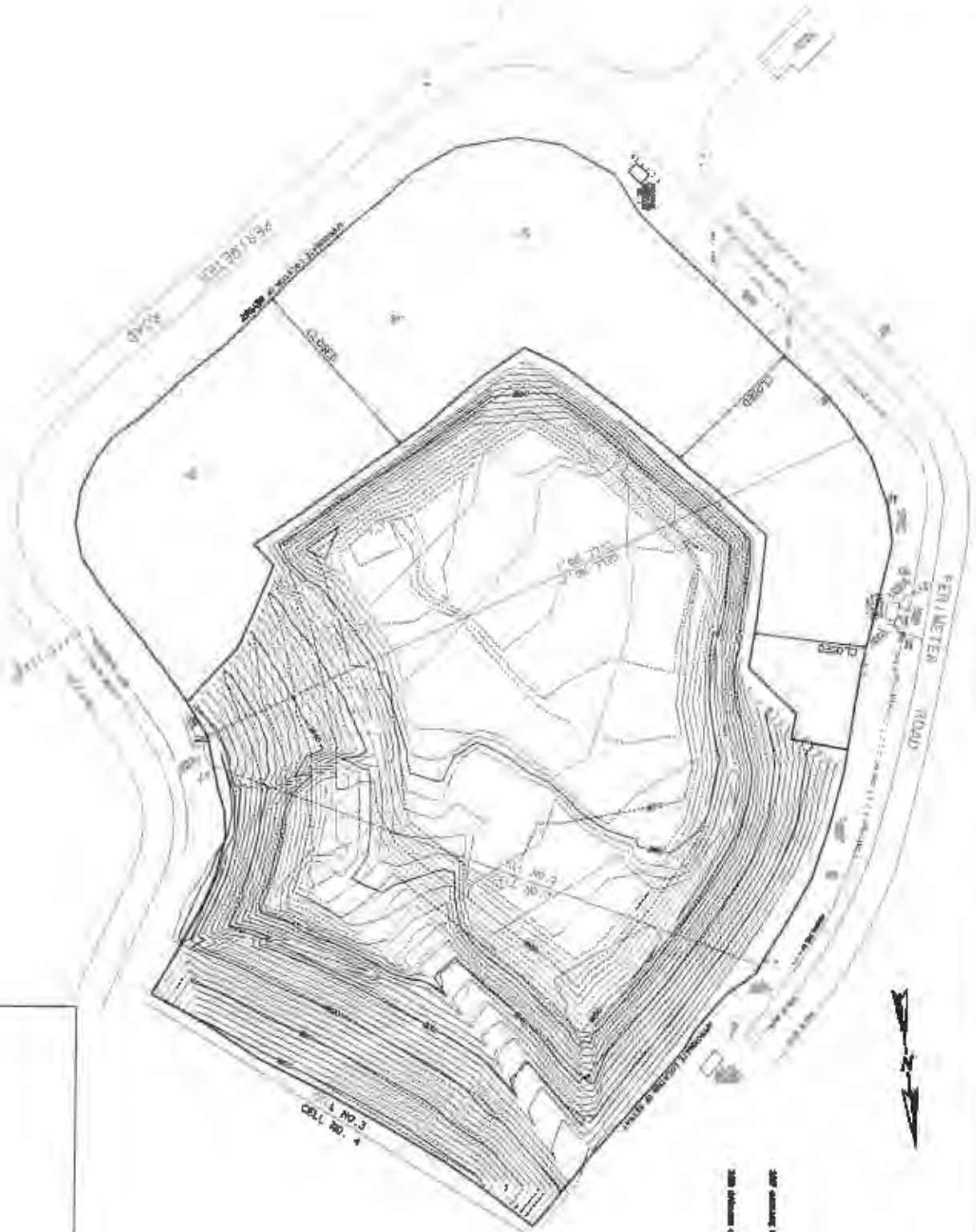
CHENANGO COUNTY
DEPARTMENT OF PUBLIC WORKS

DATE: DECEMBER 2017 SHEET 1 OF 1

PLAN
2016 FILL PROGRESSION LIMITS
CELL NO. ONE & TWO & THREE
TOWN OF PHARSALIA

SCALE: 1" = 150' DRAWING: PHASING

DRAWN BY: RSR	CHECKED BY: SMF
REVISIONS:	



SHAWN G. FAY, P.E., L.S.

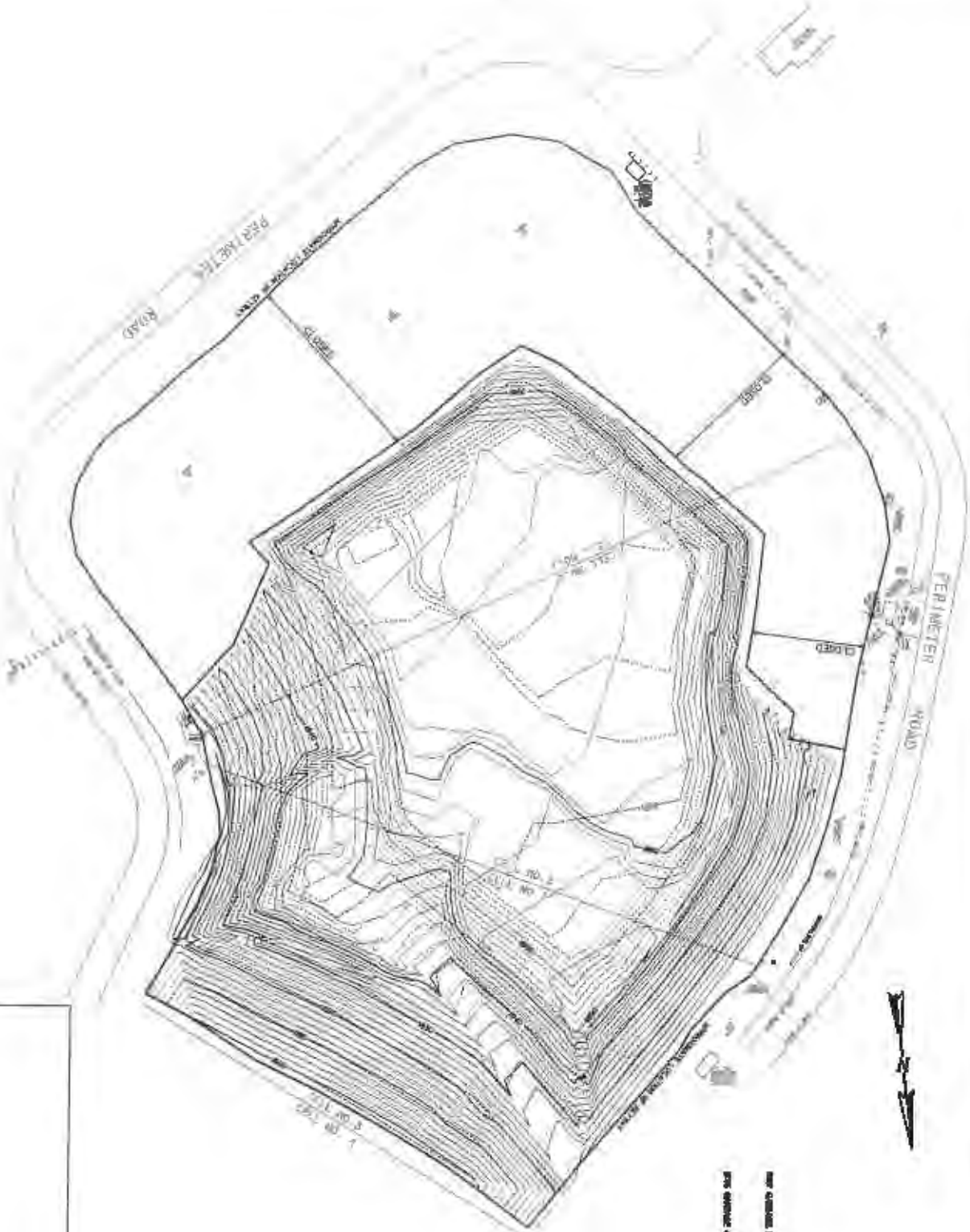
CHENANGO COUNTY
DEPARTMENT OF PUBLIC WORKS

DATE: DECEMBER 2017 SHEET 1 OF 1

PLAN
2016 FILL PROGRESSION LIMITS
CELL NO. ONE & TWO & THREE
TOWN OF PHARSALIA

SCALE: 1" = 150' DRAWING: P16ENG

DRAWN BY: RSF	CHECKED BY: SGF
REVISIONS	



SHAWN G. FRY, P.E., L.S.

CHENANGO COUNTY
DEPARTMENT OF PUBLIC WORKS

DATE: DECEMBER 2017 SHEET 1 OF 1

PLAN
2016 FILL PROGRESSION LIMITS
CELL NO. ONE & TWO & THREE
TOWN OF PHARSALIA

SCALE: 1" = 150' DRAWING: PHASE.DWG

DRAWN BY: RSR	CHECKED BY: SGF
REVISIONS:	

CHENANGO COUNTY VOUCHER

(To be completed by claimant)

Claimant: R.C. A.C. Inc Date: 9/4/17

Address: 298 Malta Ave, Ballston NY 12020

Taxpayer Identification Number (SSN/EIN) 14-1730505

(Must be completed to ensure payment)

Please check if: ☒ Incorporated ☐ Tax Exempt ☐ Political Subdivision ☐ County Employee

Nature of Claim: For Furnishing Personnel and Equipment to Perform Annual Cleaning and Inspection of the Landfill Leachate and Drainage Lines.

CHENANGO COUNTY, ss:

Total Amount of Claim $ 16,362.50

Deponent says ... he is the sole claimant in the foregoing account, and that all above information regarding said account is correct, that the disbursements and services charged herein have in fact been made or rendered and goods supplied, and that no part of the same has been paid or satisfied.

DATE

Signature of Claimant

Against: CHENANGO COUNTY, NORWICH, NEW YORK 13815

(For Department Use Only)

(CHECK IF APPROPRIATE)

DATE	DESCRIPTION	INVOICE #	ACCOUNT #	ENCUM #	AMOUNT	RENT	PERS SVCE	INVTY
	Leachate + Drainage Line Ins.	2017-610	A8092.51		16362.50			

TOTAL $ 16,362.50

I Certify that the merchandise, materials or services enumerated in this claim have been received and that the quantity and quality thereof are as specified in such claim; that the services specified were performed and the contract price therefore has been earned, that they were necessary for and have been, or will be, applied to the use of this department.

8/31/17
DATE

Signature of Department Head

Remit Payment To:
298 Malta Avenue
Ballston Spa, NY 12020

INVOICE SUB-TOTAL AMOUNT		$16,362.50
Sales Tax	Tax Exempt	$0.00
TOTAL AMOUNT [illegible]		$16,362.50

We are required to collect New York State Sales Taxes on any project for which we do not have an exempt certificate on file.

A8092.51
PO 1636
9/4/17

R.C.A.C., Inc.

NYS Certified WBE
296 Malta Avenue
Ballston Spa, NY 12020
Phone: 518/885-3436

Invoice No.	2017-610

Date	Reference
August 1, 2017	
Terms	Net 30 Days

Bill to:

Chenango County Dept. of Public Works
79 Rexford Street
Norwich, NY 13815-1790

Reference/Ship to:

Chenango County Landfill

Description	Unit	Quantity	Unit Price	Total
For furnishing Personnel & Equipment to clean GW/Sec/Prl LCRS, Above Ground Storage Tank and Various Drains as per Agreement dated 11July2017	Lump Sum			$16,362.60

RECEIVED
AUG 0 3 2017
Chenango County
Department of Public Works

8/1/17

Remit Payment To:
296 Malta Avenue
Ballston Spa, NY 12020

INVOICE SUB-TOTAL AMOUNT		$16,362.60
Sales Tax	Tax Exempt	$0.00
TOTAL AMOUNT DUE INVOICE		$16,362.60

We are required to collect New York State Sales Taxes on any project for which we do not have an exempt certificate on file.

A 8092.51
PO 1636
Pd 9/4/17

RCAC, Inc.

A NYS Certified WBE Company
286 Maple Avenue
Ballston Spa, NY 12020
Phone: 518/885-3430
Facsimile: 518/885-3490

DAILY SUMMARY REPORT

DATE	17Jul2017
DAY	Monday
JOB #	2017-810

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

	Mobilized crew and equipment to Norwich, NY.
	Set vac truck up at Tank #2 (rear). Topped jet cleaner off with water and set it up at tank. Set up vac hoses and gear and removed hatch bolts from both covers. Debris is visible on floor approximately 2" across with small piles. Began removing debris, while pushing debris into small piles with broom and squeegee – some debris is wet, some is dry.
	Noticed that the debris going into vac truck caused powder to enter into filter side box and on filters, causing operating temperature to increase. Took vac truck and cleaner up to top of landfill, cleaned vac truck of debris and washed out boxes and filters. Parked truck for overnight, letting vac truck cool and filters to dry.

RCAC, Inc.

A NYS Certified WBE Company

286 Malta Avenue
Ballston Spa, NY 12020

Phone: 518/885-3430
Facsimile: 518/885-3490

DAILY SUMMARY REPORT

DATE	18Jul2017
DAY	Tuesday
JOB #	2017-610

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

	Set back up at rear tank. Watered down debris on tank floor prior to removing (reducing static charge) and started removing debris using vac truck while pushing debris to vac hose. Removed most of the debris this way. Used cleaner truck to wash/remove debris from walls, bolts, floor and sump hole. All debris removed, tank is clean and pictures taken. Reinstalled hatch doors and re-bolted to closed position. Kevin, with the landfill, asked for pictures for tank install guys.
	Topped off water in cleaner.
	Decanted vac truck.
	Secured equipment for overnight.

RCAC, Inc.

A NYS Certified WBE Company
298 Malta Avenue
Ballston Spa, NY 12020
Phone: 518/885-3430
Facsimile: 518/885-3430

DAILY SUMMARY REPORT

DATE	19Jul2017
DAY	Wednesday
JOB #	2017-610

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

	Asked by Kevin to start with secondaries, primaries and then groundwater.
	Set cleaner up at Cell 2 Secondary #1. Made passes out to total of +/-350' to finish line.
	Set up at Secondary #2 on Cell 1. Made passes out to +/-590' – hits hard.
	Topped off cleaner with water.
	Set up at Cell 1 Secondary #3. Made passes out to total of +/-350' to finish line.
	Set up at Cell 1 Secondary #4. Made passes out to total of +/-350' to finish line.
	Topped off cleaner with water.
	Set up at Cell 1 Secondary #5. Made passes out to total of +/-375 to finish line.
	Set up at Cell 1 Secondary C/O #6. Made passes out to total of +/-400' to finish line.
	Topped off cleaner with water.
	Set cleaner up at Collection Toe Drain. Made passes out to total of +/-600' to finish line. Note: +/-150' further than previous year (2016.)
	Topped off cleaner with water.
	Secured equipment for overnight.

RCAC, Inc.

A NYS Certified WBE Company
298 Malta Avenue
Ballston Spa, NY 12020
Phone: 518/885-3430
Facsimile: 518/885-3430

DAILY SUMMARY REPORT

DATE	20Jul2017
DAY	Thursday
JOB #	2017-610

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

	Set cleaner up at Cell 1 Secondary C/O #6B. Made passed out to +/-490' to finish line.
	Topped off cleaner with water.
	Set cleaner up at Cell 2 C/O #7. Made passed out to total of +/600' to finish line.
	Topped off cleaner with water.
	Set cleaner up at Cell 2 C/O #8. Made passes out to total of +/-400' to finish line. Nozzle did get hung up in spots.
	Topped off cleaner with water.
	Set cleaner up at Cell 2 C/O #9. Made passes out to total of +/-380' to finish line.
	Topped off cleaner with water.
	Kevin (landfill) asked us to remove debris from trench under load-out. Set up at leachate load-out with cleaner and vac truck. Trench is approximately 1' across and 14' wide, with 6" of debris. Removed debris and flushed line going into Pump Station to tanks.
	Set up at Pump Station and removed load of water. Sprayed and washed down floats, pumps, structure.
	Decanted vac truck.
	Topped off cleaner with water.
	Secured equipment for demobilization.

RCAC, Inc.

A NYS Certified WBE Company

298 Malta Avenue
Ballston Spa, NY 12020

Phone: 518/885-3430
Facsimile: 518/885-3430

DAILY SUMMARY REPORT

DATE	21Jul2017
DAY	Friday
JOB #	2017-610

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

Demobilized crew and equipment to Ballston Spa, NY.

RCAC, Inc.

A NYS Certified WBE Company
296 Malta Avenue
Ballston Spa, NY 12020
Phone: 518/885-3450
Facsimile: 518/885-3430

DAILY SUMMARY REPORT

DATE	24Jul2017
DAY	Monday
JOB #	2017-610

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

	Set cleaner up at Cell 2 Secondary #10 to finish from Friday. Made passes out to total +/-480'.
	Set cleaner up at Cell 3 Sideriser Secondary C/O. Made passes out to +/-550 to finish.
	Set cleaner up on Cell 3 Secondary C/O #11. Made passes out to +/-540'. Finished all secondaries.
	Topped off water in cleaner.
	Set up at Phase 3 Cell 3 Primary C/O #11 on back near pond. Made passes out to total +/-515.
	Set up at Cell 2 Primary C/O #1. Made passes out to total +/-350 to finish.
	Topped off water in cleaner.
	Set up at Cell 2 Primary C/O #2. Made passes out to total +/-600'.
	Set up at Cell 1 Primary C/O #3. Made passes out to total +/-300'.
	Set up at Cell 1 Primary C/O #4. Made passes out to total +/-350'.
	Topped off water in cleaner.
	Set up at Cell 1 Primary C/O #5. Made passes out to total +/-350'.
	Set up at Cell 1 Primary C/O #6. Made passes out to total +/-400'.
	Set up at Cell Sideriser C/O. Made passes out to total +/-500'.
	Topped off water in cleaner.
	Set up at Primary 6B. Made passes out to total +/-490'.
	Set up at Cell 2 Primary #8. Made passes out to total +/-650'.
	Set up at Cell 2 Primary #9. Made passes out to total +/-380'.
	Topped off water in cleaner.
	Set up at Cell 2 Primary #10. Made passes out to total +/-480'.
	Set up at Cell 2 Primary #11. Made passes out to total +/-490'.
	Topped off water in cleaner.
	Set up at Cell 3 Sideriser Building C/O. Made passes on primary out to +/-550'. Replaced blind flange.
	Topped off water in cleaner.
	Secured equipment for overnight.

RCAC, Inc.

A NYS Certified WBE Company
296 Malta Avenue
Ballston Spa, NY 12020
Phone: 518/688-3430
Facsimile: 518/688-3430

DAILY SUMMARY REPORT

DATE	25Jul2017
DAY	Tuesday
JOB #	2017-610

CLIENT	Chenango County Landfill	**LOCATION**	Norwich, NY
EQUIPMENT	Jet Cleaner, Vacuum Truck, Truck #4, Support Trailer		
PERSONNEL	R. Glodich, M. Winnie	**OPERATION**	Tank & Line Cleaning

	Set cleaner truck up at first groundwater C/O (on Cell 2 backside). Made passes out to total +/-350'.
	Set cleaner up on Cell 1 GW #2. Made passes out to total +/-400'
	Set cleaner up at GW #3. Made passes out to total +/-350'
	Topped off water in cleaner.
	Set up at GW #4 Cell 1. Made passes out to total +/-350'
	Set up at GW #5. Made passes out to total +/-350'.
	Set up at GW #6. Made passes out to total +/-390'.
	Topped off water in cleaner.
	Set up at GW #6B. Made passes out to total +/-480'.
	Set up at Cell 2 GW #7. Made passes out to total +/-570'.
	Set up at Cell 2 GW #8. Made passes out to total +/-380'.
	Topped off water in cleaner.
	Set up at Cell 2 GW #9. Made passes out to total +/-400'.
	Set up at Cell 2 GW #10. Made passes out to total +/-480'.
	All primaries, secondaries and groundwaters are finished.
	Topped off water in cleaner.
	Set cleaner up at MH #5 on header (gravity), which has backwards C/O near Maintenance Building - +/-150'.
	Set cleaner up at MH #3. Made passes through MH #4 - +/-550'.
	Topped off water in cleaner.
	Set cleaner up at MH #1. Made passes through MH #2 to finish header.
	Secured equipment and area for demobilization.
	Demobilized crew and equipment to Ballston Spa, NY.