

# MSW, INDUSTRIAL OR ASH LANDFILL ANNUAL/QUARTERLY REPORT

- 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: Pine Tree Landfill			
FACILITY LOCATION ADDRESS: 4708 Town Line Rd	FACILITY CITY: McGraw	STATE: NY	ZIP CODE: 13101
FACILITY TOWN: Solon	FACILITY COUNTY: Cortland	FACILITY PHONE NUMBER: 607- 753 - 5345	
FACILITY NYS PLANNING UNIT: Cortland County			NYSDEC REGION #: 7
360 PERMIT #: 70-84/0400	DATE ISSUED: 03/01/1987	DATE EXPIRES: 03/10/1992	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Gregory Ernst	<input checked="" type="checkbox"/> public <input type="checkbox"/> private Closed	CONTACT PHONE NUMBER: 607-753-5329	CONTACT FAX NUMBER: 607-753-0329
CONTACT EMAIL ADDRESS: gernst@cortland-co.org			
OWNER INFORMATION			
OWNER NAME: Cortland County	OWNER PHONE NUMBER: 607-753-5345	OWNER FAX NUMBER: 607-756-0329	
OWNER ADDRESS: 60 Central Ave.	OWNER CITY: Cortland	STATE: NY	ZIP CODE: 13045
OWNER CONTACT: Gregory Ernst	OWNER CONTACT EMAIL ADDRESS: gernst@cortland-co.org		
OPERATOR INFORMATION			
OPERATOR NAME:	<input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Other (provide):	<input type="checkbox"/> Facility location address	<input checked="" type="checkbox"/> Owner address	
Preferred email address: <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Facility Contact	<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Other (provide):	<input checked="" type="checkbox"/> Facility Contact	<input type="checkbox"/> Owner Contact	

Did you operate in 2016?  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?

\_\_\_\_\_ Cubic Yards of Airspace

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

\_\_\_\_\_ Tons/Cubic Yard

### 2. Remaining Constructed Capacity

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

\_\_\_\_\_ Cubic Yards of Airspace

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

\_\_\_\_\_ Years \_\_\_\_\_ Months

at \_\_\_\_\_ Tons/Year.\*

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

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

\_\_\_\_\_ The amount of materials placed in the landfill in the reporting year

\_\_\_\_\_ Estimated future disposal

\_\_\_\_\_ 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?

\_\_\_\_\_ Cubic Yards of Airspace

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

\_\_\_\_\_ Years \_\_\_\_\_ Months

at \_\_\_\_\_ Tons/Year.\*

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

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

\_\_\_\_\_ The amount of materials placed in the landfill in the reporting year

\_\_\_\_\_ Estimated future disposal

\_\_\_\_\_ Permit limit

Other (explain): \_\_\_\_\_

4. Capacity Proposed in a Part 360 Permit Application

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

\_\_\_\_\_ 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: \_\_\_\_\_

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.)

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1	Cell 2	Cell 3	Cell 4			Cell 1	Cell 2	Cell 3	Cell 4		
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1	Cell 2	Cell 3	Cell 4			Cell 1	Cell 2	Cell 3	Cell 4		
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:

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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:

#### 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:

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

Total quantity treated: \_\_\_\_\_ gal

Enter the quantity of secondary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding **Acreage, by Cell**:

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1	Cell 2	Cell 3	Cell 4			Cell 1	Cell 2	Cell 3	Cell 4		
January												
February												
March												
April												
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

	SECONDARY LEACHATE RECIRCULATED (GALLONS)						SECONDARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1	Cell 2	Cell 3	Cell 4			Cell 1	Cell 2	Cell 3	Cell 4		
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						
Foundry Sand						
Glass						
Industrial Waste (specify)						
MSW/Wood Ash						
Paper Mill Sludge						
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
<b>Total ADC</b>						
<b>Total Beneficial Use Determination Materials</b>						

### Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations:      Total Tons ADC/Total Tons Waste Disposed x 100 = \_\_\_\_\_

Please note the calculation **is**: Tons ADC (from table above)/Tons Solid Waste (from table in Section 6) x 100 and **Not**: Tons ADC / (Tons Solid Waste + ADC) x 100

## SECTION 6 - SOLID WASTE DISPOSED

Provide the tonnages of solid waste disposed. Exclude 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:

\_\_\_\_\_ % 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							
Ash (Coal)							
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)							
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
<b>Total Tons Disposed</b>							



**SECTION 6 - SOLID WASTE DISPOSED** (continued)

260 working days

Type of Solid Waste	Tip Fee (\$/Ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Ash (Coal)								
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)								
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
<b>Total Tons Disposed</b>								

## 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:

\_\_\_\_\_ % 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
<b>Asbestos</b>					
<b>Ash (Coal)</b>					
<b>Ash (MSW Energy Recovery)</b>					
<b>Construction &amp; Demolition Debris (mixed)</b>					

**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)					
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)					
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					

**TOTAL RECEIVED (tons):**

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

## 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					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					<b>0</b>

## 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)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>0</b>

**SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

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

**SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

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

**SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS** (continued)

**B. Material Recovered**

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



**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:					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b> _____					

**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 - uncompactd	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC – styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compactd	1 cubic yard 0.5 tons
NEWSPRINT - compactd	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

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 \_\_\_\_\_ and Model \_\_\_\_\_ of fixed unit.

Does your facility use a portable radiation monitor? \_\_\_\_ Yes \_\_\_\_ No

Identify Manufacturer \_\_\_\_\_ and Model \_\_\_\_\_ 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

## 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
<b>WIP Cumulative Total</b>										

Overall in place volume \_\_\_\_\_ cubic yards

Method for determining waste composition, if known.

Explain if closed landfills are included above:

\* Non-friable asbestos had been tracked and recorded as C&D debris, Friable ACM is not accepted at this landfill.

### Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: \_\_\_\_

Cell 1A 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

Cell 1B 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

Cell 2A 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

### **SECTION 11 - LANDFILL GAS**

Does the landfill have a landfill gas collection & control system?

Yes \_\_\_\_ No \_\_\_\_

If Yes: Active \_\_\_\_ Passive \_\_\_\_

Number of gas wells: \_\_\_\_\_

Total landfill footprint acreage \_\_\_\_

Total landfill acreage from which gas is collected \_\_\_\_\_

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<sub>o</sub> \_\_\_\_\_ m<sup>3</sup>/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, L<sub>o</sub> 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: \_\_\_\_\_

Type of Flare: Opened Flare \_\_\_\_\_ Enclosed Flare \_\_\_\_\_

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: \_\_\_\_\_

Quantity of Gas collected for Internal Combustion Engine Annually \_\_\_\_\_ cubic feet

Methane Destruction efficiency \_\_\_\_\_ %

Methane Percentage in Landfill Gas before combustion \_\_\_\_\_ %

Utility Company Receiving Electricity \_\_\_\_\_

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

Quantity of Gas Collected for Processing \_\_\_\_\_ cubic feet

Methane Percentage in Landfill Gas before processing \_\_\_\_\_ %

On-site or Off-site User of Gas \_\_\_\_\_

**Landfill Gas Recovery Facility/Landfill Data**

Facility Contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Contact e-mail address \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Operation and maintenance cost for calendar year: \$ \_\_\_\_\_

Does the LGRF experience shut downs: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, indicate reasons for shut downs. List required submissions that have been attached to this form or the reasons for not attaching a required piece of information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Year landfill opened: \_\_\_\_\_ Anticipated landfill closure date: \_\_\_\_\_

**Results of Condensate Sampling**

Submit (attached to this form) condensate quality monitoring results accomplished in accordance with condensate sampling. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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**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:

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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?

Will submit under separate cover

## **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:

## **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:

## 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:

## 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:

## 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:

## 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 one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning  
625 Broadway  
Albany, New York 12233-7260  
Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

  
Signature

3/9/18  
Date

Gregory Ernst  
Name (Print or Type)

Supervisor, Solid Waste Management  
Title (Print or Type)

gernst@cortland-co.org  
Email (Print or Type)

60 Central Ave.  
Address

Cortland  
City

NY 13045  
State and Zip

(607) 753- 5329  
Phone Number

ATTACHMENTS: \_\_\_ YES \_\_\_X\_\_\_ NO  
(Please check appropriate line)

