

MSW, INDUSTRIAL OR ASH LANDFILL ANNUAL/QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2016.

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: Cortland County Landfill			
FACILITY LOCATION ADDRESS: 4708 Town Line Rd	FACILITY CITY: McGraw	STATE: NY	ZIP CODE: 13101
FACILITY TOWN: Cortlandville	FACILITY COUNTY: Cortland	FACILITY PHONE NUMBER: 607-753-0328	
FACILITY NYS PLANNING UNIT: Cortland County			NYSDEC REGION #: 7
360 PERMIT #: 7-1122-0052/00007	DATE ISSUED: 11/12/14	DATE EXPIRES: 11/11/24	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 12S01
FACILITY CONTACT: Gregory Ernst	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	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?

48,088 Cubic Yards of Airspace

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

0.51 Tons/Cubic Yard

2. Remaining Constructed Capacity

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

1,142,309 Cubic Yards of Airspace

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

24 Years 7 Months

at 23,726 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?

0 Cubic Yards of Airspace

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

0 Years 0 Months

at n/a 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):

n/a The amount of materials placed in the landfill in the reporting year

n/a Estimated future disposal

n/a Permit limit

Other (explain): _____

4. Capacity Proposed in a Part 360 Permit Application

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

n/a Cubic Yards of Airspace

5. Estimated Potential Future Capacity Not Permitted or in an Application (optional)

What is the estimated capacity of any potential future expansion at the facility that is not yet authorized by a permit or proposed in a Part 360 permit application that has been submitted to the Department?

n/a Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: City of Cortland 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.)

	PRIMARY LEACHATE COLLECTED (GALLONS)					PRIMARY LEACHATE TREATED OFF SITE (GALLONS)				
	Cell 1A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04 Acres		Cell 1 A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04 Acres	
January	39,512	612,525	622,075	No garbage		39,512	612,525	622,075	No garbage	
February	34,422	333,245	843,368	No garbage		34,422	333,245	843,368	No garbage	
March	24,309	281,835	526,834	No garbage		24,309	292,515	526,834	No garbage	
April	17,464	365,655	128,842	No garbage		17,464	365,655	128,842	No garbage	
May	21,961	239,890	494,052	No garbage		21,961	239,890	494,052	No garbage	
June	26,781	312,535	575,678	No garbage		26,781	312,535	575,678	No garbage	
July	36,171	495,460	665,190	No garbage		36,171	495,460	665,190	No garbage	
August	10,353	117,345	229,619	No garbage		10,353	117,345	229,619	No garbage	
September	9,376	103,370	209,756	No garbage		9,376	103,370	209,756	No garbage	
October	32,293	509,240	495,829	No garbage		32,293	509,240	495,829	No garbage	
November	26,996	309,825	586,105	No garbage		26,996	309,825	586,105	No garbage	
December	12,606	110,625	323,858	No garbage		12,606	110,625	323,858	No garbage	
ANNUAL	292,244	3,791,550	5,701,206	No garbage		292,244	3,581,530	5,743,453	No garbage	

	PRIMARY LEACHATE RECIRCULATED (GALLONS)					PRIMARY LEACHATE TREATED ON SITE (GALLONS)				
	Cell 1A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04 Acres		Cell 1A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04 Acres	
January	0	0	0	No garbage		0	0	0	No garbage	
February	0	0	0	No garbage		0	0	0	No garbage	
March	0	0	0	No garbage		0	0	0	No garbage	
April	0	0	0	No garbage		0	0	0	No garbage	
May	0	0	0	No garbage		0	0	0	No garbage	
June	0	0	0	No garbage		0	0	0	No garbage	
July	0	0	0	No garbage		0	0	0	No garbage	
August	0	0	0	No garbage		0	0	0	No garbage	
September	0	0	0	No garbage		0	0	0	No garbage	
October	0	0	0	No garbage		0	0	0	No garbage	
November	0	0	0	No garbage		0	0	0	No garbage	
December	0	0	0	No garbage		0	0	0	No garbage	
ANNUAL	0	0	0	No garbage		0	0	0	No garbage	

	SECONDARY LEACHATE COLLECTED (GALLONS)					SECONDARY LEACHATE TREATED OFF SITE (GALLONS)				
	Cell 1 A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04Acres		Cell 1 A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04 Acres	
January	0	190	493	No garbage		0	190	493	No garbage	
February	0	330	406	No garbage		0	330	406	No garbage	
March	0	375	442	No garbage		0	375	442	No garbage	
April	201	705	383	No garbage		201	705	383	No garbage	
May	0	85	559	No garbage		0	85	559	No garbage	
June	0	50	561	No garbage		0	50	561	No garbage	
July	0	41	1,025	No garbage		0	41	1,025	No garbage	
August	0	44	719	No garbage		0	44	719	No garbage	
September	0	0	581	No garbage		0	0	581	No garbage	
October	0	160	558	No garbage		0	160	558	No garbage	
November	0	200	371	No garbage		0	200	371	No garbage	
December	0	100	325	No garbage		0	100	325	No garbage	
ANNUAL	201	2,280	6,423	No garbage		201	2,280	6,423	No garbage	

	SECONDARY LEACHATE RECIRCULATED (GALLONS)					SECONDARY LEACHATE TREATED ON SITE (GALLONS)				
	Cell 1 A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04Acres		Cell 1 A 9 Acres	Cell 1 B 9.68 Acres	Cell 2 A 6.91 Acres	Cell 2 B 7.04Acres	
January	0	0	0	No garbage		0	0	0	No garbage	
February	0	0	0	No garbage		0	0	0	No garbage	
March	0	0	0	No garbage		0	0	0	No garbage	
April	0	0	0	No garbage		0	0	0	No garbage	
May	0	0	0	No garbage		0	0	0	No garbage	
June	0	0	0	No garbage		0	0	0	No garbage	
July	0	0	0	No garbage		0	0	0	No garbage	
August	0	0	0	No garbage		0	0	0	No garbage	
September	0	0	0	No garbage		0	0	0	No garbage	
October	0	0	0	No garbage		0	0	0	No garbage	
November	0	0	0	No garbage		0	0	0	No garbage	
December	0	0	0	No garbage		0	0	0	No garbage	
ANNUAL	0	0	0	No garbage		0	0	0	No garbage	

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	506.29	ADC	Onondaga Co	Onondaga	NY	5762 Celi Drive, East Syracuse, NY
Foundry Sand	6.91	ADC	Cortland Co	Cortland	NY	Gallery of Machines, 20 Front Street, Marathon, NY
Glass						
Industrial Waste (specify)						
MSW/Wood Ash						
Paper Mill Sludge						
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
Total ADC	513.2					
Total Beneficial Use Determination Materials	513.2					

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 2.14

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
 Reprinted (10/15)

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:

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	11	0	19	1	1	10	6
Ash (Coal)							
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)	112	111	130	158	225	463	466
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	1,201	1,125	1,249	1,413	1,794	1,412	1,225
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	306	261	368	274	410	439	310
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Disposed	1,630	1,497	1,766	1,846	2,429	2,324	2,007

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	65	0	0	1	0	0	49	0.19
Ash (Coal)								
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)	65	564	570	473	259	269	3,801	14.91
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	65	1,310	1,253	1,359	1,637	1,204	16,181	63.45
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge	65	330	385	365	209	243	3,899	15.29
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Disposed		2,204	2,208	2,197	2,105	1,716	23,930	93.84

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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Asbestos	Direct Haul	NY	Cortland	Cortland County	49
Ash (Coal)					
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)	Direct Haul	NY	Cortland	Cortland County	3,801

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)	Direct haul	NY	Cortland	Cortland County	16,181
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge	City of Cortland WWTP	NY	Cortland	Cortland County	3,884
	Village of Marathon WTP	NY	Cortland	Cortland County	15
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					

TOTAL RECEIVED (tons): 23,930

* 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)					
TOTAL RECEIVED (tons):					0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS

B. Material Recovered

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

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

 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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECOVERED <small>(out of facility)</small>
Commingled Paper <small>(all grades)</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
TOTAL PAPER RECOVERED (tons):					0

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

GLASS RECOVERED

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

METAL RECOVERED

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal (from MSW)	Weitsman Shredding, Owego, NY	NY	Tioga	Tioga	88.75
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons):					88.75

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

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

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)	Casella Waste of Ontario	NY	Ontario County		3,022
	3555 County Rd 49				
	Stanley NY				
Other (specify)					
TOTAL MIXED MATERIAL RECOVERED (tons):					3,022

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	REACT	NY	Chemung County		191
	225 Colonial Dr., Horseheads, NY 14845				
Textiles					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other:					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					191

VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM – cans – whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – PET – flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – PET – baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC – styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC – HDPE – whole	1 cubic yard	0.012 tons			
CORRUGATED – loose	1 cubic yard	0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC – HDPE – baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

SECTION 9 – UNAUTHORIZED SOLID WASTE

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
2017	16,181	49	0	3,801	0	0	3,899	0	23,930	2A
2016	15,918	79	0	3,300	0	0	4,102	48	23,447	2A
2015	15,948	0*	0	7,916	0	0	2,755	0	26,619	2A
2014	15,811	0*	0	4,674	0	0	2,677	11,364	34,526	1B, 2A
2013	16,232	0*	0	5,788	0	0	2,763	4,665	29,448	1B, 2A
2012	18,228	0*	0	6,359	0	0	2,849	0	27,436	2A
2011	18,610	0*	0	3,692	0	0	2,394	0	24,696	2A
2005 - 2010	193,187	0*	0	14,496	0	0	25,631	0	233,314	1B
1991 - 2001	187,758	0*	0	35,036	0	0	26,569	0	249,363	1A
WIP Cumulative Total	481,955	128	0	81,762	0	0	69,537	16,029	649,332	1A, 1B, 2A

Overall in place volume 1,386,535 cubic yards

Method for determining waste composition, if known. **Visual inspection/customer inquiry at scales.**

Explain if closed landfills are included above: **WIP above include closed cells 1A and 1B of the West Side Landfill, No other closed landfills are provided.**

* 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: 3 Cells

Cell 1A section used (years) from 1991 to 2001

Section Footprint 9.0 acres

Capped with approved final cover system Yes No

Percent capped 100

Waste in Place: 249,363 Tons _____ Cubic Yards, if known

Cell 1B section used (years) from 2001 to 2014

Section Footprint 9.68 acres

Capped with approved final cover system Yes No

Percent capped 75

Waste in Place: 271,503 Tons _____ Cubic Yards, if known

Cell 2A section used (years) from 2011 to Present

Section Footprint 6.91 acres

Capped with approved final cover system Yes No

Percent capped 0

Waste in Place: 175,843 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 25.59

Total landfill acreage from which gas is collected 9.68

Landfill sections from which gas is collected Cell 1B

Landfill acreage from which gas is collected for energy recovery 0

Measured Methane Generation Rate*, k _____

Measured Potential Methane Generation Capacity*, L_o _____ m³/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_o and k are not known or included, default values will be used to calculate the NMOCs emissions from the Landfill.

Flare

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

Number of Flares: _____

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 5

Estimate of Gas Flared Candlestick Flare 27,594,000 cubic feet

Gas To Energy

Number of Internal Combustion Engines: 0

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 0 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:

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?

See attached.

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:

Water quality reports are submitted to NYSDEC Region 7 and the Albany Office as they are received. A copy of the Fourth Quarter 2017 groundwater report and NPDES DMRs are attached.

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:

Water quality reports are submitted to NYSDEC Region 7 and the Albany Office as they are received. A copy of the Fourth Quarter 2017 groundwater report and NPDES DMRs are attached.

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:

Water quality reports are submitted to NYSDEC Region 7 and the Albany Office as they are received. A copy of the Fourth Quarter 2017 groundwater report and NPDES DMRs are attached.

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:

Water quality reports are submitted to NYSDEC Region 7 and the Albany Office as they are received. A copy of the Fourth Quarter 2017 groundwater report and NPDES DMRs are attached.

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:

Water quality reports are submitted to NYSDEC Region 7 and the Albany Office as they are received. A copy of the Fourth Quarter 2017 groundwater report and NPDES DMRs are attached.

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

3/1/18
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 NO
(Please check appropriate line)