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: Madison County landfill

FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
6663 buyea road	Canasota	NY	13163

FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:
Lincoln	Madison	315-363-8408

FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).

NYSDEC REGION #:

360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
7-2538-00011/00005	1/26/18	11/01/27	27S15

FACILITY CONTACT:	☒ public ☐ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
James A. Zecca		315-361-8408	315-361-1524

CONTACT EMAIL ADDRESS: james.zecca@madisoncounty.ny.gov

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:
Madison County Department of Solid Waste	315-361-8408	315-361-1524

OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
P.O Box 27	Wampsville	NY	13163

OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:
James A. Zecca	james.zecca@madisoncounty.ny.gov

OPERATOR INFORMATION

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

PREFERENCES

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

Preferred email address: ☒ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):*

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

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

☐ No; Complete and submit Sections 1 and 22. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: http://www.dec.ny.gov/chemical/52706.html .

SECTION 2 - SITE LIFE

1. Landfill Capacity Utilized Last Year (reporting year).

   a. What is the estimated landfill capacity that was utilized during the reporting year?

   80,897 Cubic Yards of Airspace

   Please do not report units as pounds per cubic yard.

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

   0.7 Tons/Cubic Yard

2. Remaining Constructed Capacity

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

   582,859.20 Cubic Yards of Airspace

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

   6 Years 9 Months

   at 60,000 Tons/Year.*

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

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

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

   _____ Estimated future disposal

   X Permit limit

   Other (explain): At historical waste density of 0.69 tons/cy

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?

   9,002,017 Cubic Yards of Airspace

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

   103 Years 6 Months

   at 60,000 Tons/Year.*

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

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

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

   _____ Estimated future disposal

   X Permit limit

   Other (explain): At historical waste density of 0.69 tons/cy

4. Capacity Proposed in a Part 360 Permit Application

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

none _____ Cubic Yards of Airspace

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

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

none _____ Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: Oneida, Rome 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)					
	Phase 1 Cell 1 7.6 ac. Acres	Phase 2 Cell 2 6.75 ac. Acres	Phase 3 Cell 3 6.34 ac. Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres	See Note Cell 1 * ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	43,041	176,400	292,050				417,427.30					
February	24,999	170,957	321,090				697,344.50					
March	36,993	274,579	389,730				569,416.00					
April	47,880	337,578	415,140				1,371,324.80					
May	25,502	189,379	787,380				946,916.10					
June	22,579	170,857	1,282,710				922,146.80					
July	19,152	120,657	1,488,630				1,520,280.20					
August	14,111	77,516	295,350				184,411.70					
September	17,539	79,128	322,410				423,093.00					
October	15,221	57,153	257,730				284,953.50					
November	34,271	133,156	1,506,780				1,477,541.5					
December	31,147	125,698	346,830				509,742.50					
ANNUAL	332,435	1,913,058	7,708,830				9,324,598.30					

*Entire Site. The leachate quantities treated off-site represents the total volume of leachate that was hauled from both primary and secondary leachate collections, as well as the leachate generated from the East Side Landfill.

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
	Phase 1 Cell 1 7.6 ac. Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres	Cell 1 ___Acres	Cell 2 ___Acres	Cell 3 ___Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres
January												
February												
March												
April												
May												
June	61,127.40											
July												
August	61,258.80											
September												
October												
November												
December												
ANNUAL	122,386.20											

No Leachate Treated On Site

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 are maintenance logs for the West Side Landfill for 2017.

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:

Refer to the "Fourth Quarter/Annual Review- Environmental Monitoring Report" for the Madison County Landfill Submitted by Barton and Loguidice. D.P.C under separate cover.

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:

Refer to the "Fourth Quarter/Annual Review- Environmental Monitoring Report" for the Madison County Landfill Submitted by Barton and Loguidice. D.P.C under separate cover.

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

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

Total quantity treated: 9,324,598 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.

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

NOTE; Secondary leachate quantities are commingled with primary leachate quantities; please refer to the "Fourth Quarter/Annual Review-Environmental Monitoring Report" For exact values

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

SECTION 5 – BENEFICIAL USE DETERMINATION MATERIALS

For each type of waste material that the Department has approved for use as alternative daily cover, intermediate cover, or other landfill material, provide the annual weight in tons, use (i.e., daily cover, intermediate cover, etc.), and source of material. (If material is from a solid waste facility also provide facility name, address, NYS Planning Unit, County/ Province, and State/Country.) **Refer to the list of NYS Planning Units that can be found at the end of this report.**

Type of Solid Waste	Weight (tons/year)	Use	NYS Planning Unit (See Attached List of NYS Planning Units)	County or Province	State or Country	Source (Facility and Address)
Aggregate/Concrete						
Contaminated Soil	1054.36	ADC	Madison County	Madison Count	NY	
Foundry Sand	291.98	ADC	Madison County	Madison Count	NY	
Glass	455.40	DRAINAGE MAT'1	Madison County	Madison Count	NY	
Industrial Waste (specify)						
MSW/Wood Ash	11780.53	ADC	Madison County	Madison Count	NY	
Paper Mill Sludge						
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
Total ADC	13126.87					
Total Beneficial Use Determination Materials	13582.27					

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:

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							
Ash (Coal)							
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)	323.83	301.66	301.02	542.52	823.6	828.31	787.45
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	2879.26	2517.28	27.89.91	3140.39	3661.32	3509.25	3228.64
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge	1029.05	796.83	695.73	813.46	777.21	557.06	531.75
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Disposed	4232.14	3588.77	3786.66	4496.37	5262.17	4894.62	4547.84

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								
Ash (Coal)								
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)	Varies	1031.92	710.46	567.26	767.89	1663.41	8,649.37	23.97
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Varies	3387.36	3257.17	3286.98	3447.95	4016.73	39122.24	
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge	Varies	481.25	510.03	535.59	594.02	449.59	7,744.57	21.22
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Disposed		4900.53	4477.66	4389.83	4809.86	6129.73	55,516.18	

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					
Ash (Coal)					
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)	Direct Haul	NY	Madison County	Madison County	8,649.37

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	Madison County	Madison County	34,896.53
	Madison County Transfer Station	NY	Madison County	Madison County	4,049.39
	MRF Residue	NY	Madison County	Madison County	176.32
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge	Direct Haul	NY	Madison County	Madison County	4,845.40
	Direct Haul	NY	Out of County		2,890.17
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
				TOTAL RECEIVED (tons):	55,516.18

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

SECTION 8 –LANDFILL RECYCLABLE & RECOVERED MATERIALS

Is your facility <u>also</u> 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) <u>Direct hauled from the generator of the recyclables</u>. 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) <u>Sent to your facility from another solid waste management facility</u>. 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
Scrap Metal	Direct Haul	NY	Madison County	Madison County	450.36
Commingled Containers (metal, glass, plastic)					
Confidential Paper	Direct Haul	NY	Madison County	Madison County	8.44
Commingled Paper (all grades)					
Tires	Direct Haul and Madison County TS	NY	Madison County	Madison County	66.28
Single Stream (total)					
Brush, Branches, Trees, & Stumps	Direct Haul and Madison County TS	NY	Madison County	Madison County	323.45
Batteries	Direct Haul and Madison County TS	NY	Madison County	Madison County	2.44
Yard Waste (curbside)	Direct Haul and Madison County TS	NY	Madison County	Madison County	14.25
Miscellaneous	Direct Haul and Madison County TS	NY	Madison County	Madison County	5.40
Other (specify) Textiles	Direct Haul and Madison County TS	NY	Madison County	Madison County	81.41
Reusable Goods	Direct Haul and Madison County TS	NY	Madison County	Madison County	3.15
				TOTAL RECEIVED (tons):	955.95

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					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					
Confidential Paper	Confidata	NY			8.44
				TOTAL PAPER RECOVERED (tons):	8.44

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):	

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)	Upstate Shredding	NY	Tioga County	Tioga County	450.36
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					
				TOTAL METAL RECOVERED (tons):	450.36

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)					
Mixed AG, Rigid Film	Prima America Corp-Groveton,NH	NH			**
				TOTAL PLASTIC RECOVERED (tons):	

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):	

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	Salvation Army Chittenango, NY 13037	NY	Madison County	Madison County	81.41
Brush, Branches, Trees, & Stumps	Chipped on-site for Public Use	NY	Madison County	Madison County	323.45
Batteries	Interstate Battery				2.44
Food Scraps	RCR&R				0.0
Yard Waste (curbside)	Composted On-Site for Public Use	NY	Madison County	Madison County	14.25
Other (specify)					
Tires	Seneca Meadows Landfill	NY	Madison County	Madison County	66.28
Reusable Goods	Madison County ReUse Store	NY	Madison County	Madison County	3.15
				TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):	440.98

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
WIP Cumulative Total										

See Attached Waste In Place Summary (Attachment 1)

Overall in place volume _____ cubic yards

Method for determining waste composition, if known. Scale record

Explain if closed landfills are included above West Side Landfill section 1 has Temporary and permanent capping system in place and is included in previous years totals

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: 3

Section 1

Original* section used (years) from 1996 to 2012

Section Footprint 7.6 acres

Capped with approved final cover system Yes ■ No _____

Percent capped 61.8

Waste in Place: 401,658 Tons 536,985 Cubic Yards, if known

Section 2

Next* section used (years) from 2003 to Present

Section Footprint 6.75 acres

Capped with approved final cover system Yes _____ No ■

Percent capped 0

Waste in Place: 542,041 Tons 474,425 Cubic Yards, if known

Section 3 used from 2009 to present and encompasses 12.54 acres, none of which has been capped. It has approximately 348,611 tons in place (approximately 498,015 cubic yards).

*If there are additional phases/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: 61 Vertical Wells, Horizontal Wells and Trench Collectors

Total landfill footprint acreage 45.5 West Side=20.5 ac.; East Side (Section II Closed Landfill) = 25 ac.

Total landfill acreage from which gas is collected 38

Landfill sections from which gas is collected Phase 1,2 and 3 (West Side), Section II (East SIde)

Landfill acreage from which gas is collected for energy recovery 38

Measured Methane Generation Rate*, k default

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

NMOC Concentration* 75/66** ppmv as hexane **West Side LF/East Side

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

Name of Landfill Gas Recovery (gas to energy or other use) Facility: WM Canastota Renewable Energy

* 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: 1

Type of Flare: Opened Flare X 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 47 %
Methane Destruction efficiency >99 %

Candlestick Flares:

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

Gas To Energy

Please report units in cubic feet

Number of Internal Combustion Engines: 1

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 None

Landfill Gas Recovery Facility/Landfill Data

Facility Contact Kevin Koennecke Phone # (315) 339 - 0035

Contact e-mail address _____ Fax # (_____)_____-_____

Operation and maintenance cost for calendar year: $ undisclosed

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:

Utility trips, maintenance and repairs lead to planned and unplanned shutdowns

Year landfill opened: 1996 Anticipated landfill closure date: 2116

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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:

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report"

For Madison County Landfill

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						

See Attached (Attachment 2)

* Provide where applicable.

Normal Weekdays of Operation 7 Normal Hours of Operation 24

Electricity Generated and used/marketed offsite _____KWH
Electricity Generated and used onsite _____ KWH
Gas Processed and used/marketed offsite N/A _____ cubic feet
Gas Processed and used onsite N/A _____ cubic feet

Describe the collection, storage, treatment and disposal techniques used in managing the condensate:
Condensate is collected and stored in a holding tank and is pumped out for co-disposal with site leachate loads.

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SECTION 12 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

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

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

SECTION 13 – PROBLEMS

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

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

SECTION 14 – CHANGES

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

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

SECTION 15 - ANALYTICAL RESULTS

Submit (attached to this form) tables showing the sample collection date, the analytical results [including all peaks even if below the Method Detection Limits (MDL)], designation of upgradient wells and location number for each environmental monitoring point sampled, applicable water quality standards, and groundwater protection standards if established, MDL's, and Chemical Abstracts Service (CAS) numbers on all parameters. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report"
For Madison County Landfill

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:

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report"
For Madison County Landfill

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SECTION 17 - DISCUSSION OF RESULTS

Submit (attached to this form) a summary of any contraventions of State water quality standards, significant increases in concentrations above existing water quality, any exceedances of groundwater protection standards, and discussion of results, and any proposed modifications to the sampling and analysis schedule necessary to meet the Existing, Operational and Contingency water quality monitoring requirements. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report"
For Madison County Landfill

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:

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report"
For Madison County Landfill

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:

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report"
For Madison County Landfill

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.

Refer to the "Fourth Quarter/Annual Review-- Environmental Monitoring Report" For Madison County Landfill

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.

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SECTION 22 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

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

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

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

Signature	2/27/2018 Date
James A. Zecca Name (Print or Type)	Director, Dept. of Solid Waste Title (Print or Type)
james.zecca@madisoncounty.ny.gov Email (Print or Type)	
6663 Buyea Road Address	Canastota City
New York 13163 State and Zip	(315) 361-8408 Phone Number

ATTACHMENTS: ■ YES ___ NO
(Please check appropriate line)

Attachment 1 - Madison County West Side Landfill Waste in Place

Year	MSW (tons)	Asbestos (tons)	Ash (tons)	C&D (tons)	Industrial Waste (Foundry Sand) (tons)	Petroleum-Contaminated Soils (tons)	Sewage Treatment Plant Sludge (tons)	Other (Treated Medical Waste) (tons)	Total (tons)	Landfill Section
1996-1999	112,297					41,914	3,876	1,815	159,902	1
2000-2003	163,054					59,011	5,378	8,234	235,677	1, 2
2004	40,106			7,424	658	21,998	1,503	2,000	73,689	1, 2
2005	41,236		7,157	8,595	657	4,218	2,667	1,274	65,804	1, 2
2006	39,634		10,106	11,924	755	4,901	2,671		69,991	1, 2
2007	38,838		7,254	11,635	801	1,703	3,803		64,034	1, 2
2008	36,630		9,856	10,301	545	1,302	2,806		61,440	1, 2
2009	35,742		8,724	9,744	322	2,435	2,374		59,341	1, 2, 3
2010	36,529		7,505	7,511	412	1,085	2,962		56,004	1, 2, 3
2011	36,539			7,446		581	2,642		47,208	1, 2, 3
2012	36,256			6,718			2,219		45,192	1, 2, 3
2013	43,419			6,364			2,623		52,406	2,3
2014	37,203			6,859			2,649		46,711	2,3
2015	37,490			8,753			8,719		54,963	2, 3
2016	37,964			7,323			9,144		54,431	2,3
2017	39,122			8,649			7,745		55,516	2,3
Totals	812,060	0	50,602	119,246	4,150	139,148	63,781	13,323	1,202,310	1, 2, 3

NOTES:

1.) MSW may include C&D and petroluem contaminated soils and/or other ADC materials used for 1996-2003.

2.) Some column headings changed for accuracy.

3.) Tonnages rounded to the nearest whole ton.

Madison County Leachate Collection System Cleaning

Leachate Lines	Flushed	Jetted	Date	Comments
Eastside from pump to manhole		x	5/25/17	Aalco jetted / Crane did again 9/12
Eastside from manhole to pond		x	9/13/17	Crane
Manhole 1		x	10/19/17	439 Gals
Manhole 2		x	10/19/17	439 Gals
Manhole 3		x	10/19/17	439 Gals
Manhole 4		x	10/19/17	439 Gals
Manhole 5		x	10/19/17	873 Gals
Manhole 6		x	10/19/17	642 Gals

SECTION 11 - LANDFILL GAS

Gas To Energy

Name of Landfill Gas Recovery Facility: WM Canastota Renewable Energy

Number of Internal Combustion Engines: 1

Quantity of Gas Collected for IC engine annually: 144,252,644

Methane Destruction Efficiency: 98% (engine plant); flares (>99%)

Methane Percentage in Landfill Gas: 45.9%

Landfill Gas Recvoery Facility/ Landfill Information

O&M Costs for Calendar Year: Not Provided

Does LGRF Experience Shutdowns: Yes

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

Utility trips, maintenance and repairs lead to periodic shutdowns at the facility.

Landfill Gas Utilization for Energy Recovery

Month	LFG Consumed by Engines (cubic ft)	Steam Generated (cubic ft)	Gross Electricity Generated (KWh)	Gas Produced for Other Than Elect. Generation	Condensate Generation (gal)	Facility Operation (Hours)
JAN	12,632,284	N/A	533,000	0	200	708.00
FEB	11,847,289	N/A	489,933	0	200	667.00
MAR	11,257,258	N/A	445,990	0	200	618.00
APR	11,951,262	N/A	502,921	0	200	665.00
MAY	13,469,958	N/A	552,139	0	200	733.00
JUN	9,770,410	N/A	543,891	0	200	718.00
JUL	13,109,863	N/A	560,909	0	200	741.00
AUG	12,199,089	N/A	502,001	0	200	663.00
SEP	10,401,030	N/A	411,329	0	200	580.00
OCT	12,526,530	N/A	484,584	0	200	736.00
NOV	12,633,326	N/A	477,066	0	200	668.00
DEC	12,454,345	N/A	465,057	0	200	744.00
TOTAL	**144,252,644**		**5,968,820**		**2,400**	**8,241.00**

Normal Weekday of Operation: 7 **Normal Hours of Operation:** 24

Electricity Generated and used/marketed offsite: 5,479,095 KWH
Electricity Generated and Used Onsite: 489,725 KWH
Gas Produced and Used Onsite: 0 cubic feet