

ACTIVE CONSTRUCTION AND DEMOLITION (C&D) DEBRIS LANDFILL ANNUAL/QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2018

A This annual 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: C&D Landfill			
FACILITY LOCATION ADDRESS: Phillips Road	FACILITY CITY: Wellsville	STATE: NY	ZIP CODE: 14895
FACILITY TOWN: Scio	FACILITY COUNTY: Allegany	FACILITY PHONE NUMBER: 585-808-6725	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Allegany County			NYSDEC REGION #: 9
360 PERMIT #: 9-0266-00011/00004	DATE ISSUED: 10/31/17	DATE EXPIRES: 10/30/2027	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 02D06
FACILITY CONTACT: John Waters	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 585-596-9700	CONTACT FAX NUMBER: 585-593-1876
CONTACT EMAIL ADDRESS: bwhitford@lcwhitford.com			
OWNER INFORMATION			
OWNER NAME: The L.C. Whitford Co., Inc.	OWNER PHONE NUMBER: 585-593-3601	OWNER FAX NUMBER: 585-593-1876	
OWNER ADDRESS: 164 North Main Street	OWNER CITY: Wellsville	STATE: NY	ZIP CODE: 14895
OWNER CONTACT: L Bradley Whitford	OWNER CONTACT EMAIL ADDRESS: bwhitford@lcwhitford.com		
OPERATOR INFORMATION			
OPERATOR NAME:	<input type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2017?  Yes; Complete this form.  
 No; Complete and submit Sections 1 and 18. 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

Please do not report units as pounds per cubic yard.

### 2. Remaining Constructed Capacity

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

\_\_\_\_\_ 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 3a.?

\_\_\_\_\_ 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.)

For each cell, please report the acreage and the primary leachate amount.

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY 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												

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

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

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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:

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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: \_\_\_\_\_ gal

### SECTION 4 – 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						
Processed C&D						
Other (specify)						
Total ADC						
Total Beneficial Use Determination Materials						



**SECTION 6 – SERVICE AREA OF C&D DEBRIS RECEIVED**

Identify the service area of the waste. The Total Tons Received reported below should equal the Total Tons Received in Section 2 (Solid Waste Received). **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 facility 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 C&D DEBRIS 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
Construction & Demolition Debris (mixed)					
Other (specify)					
<b>TOTAL RECEIVED (tons):</b>					_____



**SECTION 7 – 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

**SECTION 8 - 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 9 – 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 10 – 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 11 - 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:

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## SECTION 12 - 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:

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## SECTION 13 - 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:

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## SECTION 14 - 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:

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## SECTION 15 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 12 and 13 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:

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**SECTION 16 - SURFACE IMPOUNDMENTS**

Does this landfill have a surface impoundment?

Yes  No If yes, repeat Sections 11 through 14 above for Quarterly Reports and Section 15 above for Annual report. Attach additional submissions required by this section.

**SECTION 17 - 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 18 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

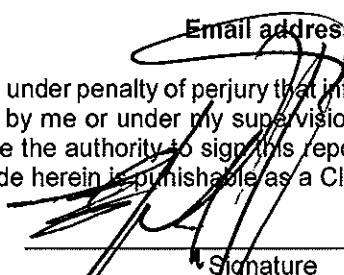
Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste Contacts.)

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

L Bradley Whitford  
\_\_\_\_\_  
Name (Print or Type)

February 15, 2018  
\_\_\_\_\_  
Date

President  
\_\_\_\_\_  
Title (Print or Type)

bwhitford@lcwhitford.com  
\_\_\_\_\_  
Email (Print or Type)

164 North Main Street  
\_\_\_\_\_  
Address

NY 14895  
\_\_\_\_\_  
State and Zip

Wellsville  
\_\_\_\_\_  
City

(585) 593-3601  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO



# Fidelity and Deposit Company of Maryland

600 Red Brook Blvd, Ste 600, Owings Mills, MD 21117

Bond No. LPM8621308

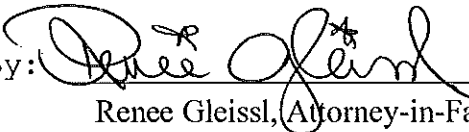
## CONTINUATION CERTIFICATE

**The L.C. Whitford Co., Inc., as Principal, and the Fidelity and Deposit Company of Maryland, as Surety in a certain Financial Guarantee Bond in the penalty of \$51,850.00 in favor of New York State Department of Environmental Conservation do hereby continue said bond in force for the further term of one year beginning March 31, 2017.**

PROVIDED, however, that said bond, as continued hereby, shall be subject to all its terms and conditions, except as herein modified, and that the liability of the said Fidelity and Deposit Company of Maryland under said bond and any and all continuations thereof shall in no event exceed in the aggregate the above named penalty, and that this certificate shall not be valid unless signed by said Principal.

Signed, sealed and dated this 13<sup>th</sup> day of February, 2018.

FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By:  \_\_\_\_\_  
Renee Gleissl, Attorney-in-Fact

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Maryland, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by **MICHAEL BOND, Vice President**, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint **David R. BRADBURY, Anthony M. MACINANTI, Kimberly A. HORNING, R. Scott MILLER, Renee GLEISSL and Debra L. RINEER, all of Lancaster, Pennsylvania, EACH** its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has herunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 15th day of August, A.D. 2017.

ATTEST:

**ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND**



By: *Dawn E. Brown*  
*Assistant Secretary*  
*Dawn E. Brown*

*Michael Bond*  
*Vice President*  
*Michael Bond*

State of Maryland  
County of Baltimore

On this 15th day of August, A.D. 2017, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, **MICHAEL BOND, Vice President, and DAWN E. BROWN, Assistant Secretary**, of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.

*Constance A. Dunn*



Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2019

EXTRACT FROM BY-LAWS OF THE COMPANIES

"Article V, Section 8, Attorneys-in-Fact. The Chief Executive Officer, the President, or any Executive Vice President or Vice President may, by written instrument under the attested corporate seal, appoint attorneys-in-fact with authority to execute bonds, policies, recognizances, stipulations, undertakings, or other like instruments on behalf of the Company, and may authorize any officer or any such attorney-in-fact to affix the corporate seal thereto; and may with or without cause modify or revoke any such appointment or authority at any time."

CERTIFICATE

I, the undersigned, Vice President of the ZURICH AMERICAN INSURANCE COMPANY, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing Power of Attorney is still in full force and effect on the date of this certificate; and I do further certify that Article V, Section 8, of the By-Laws of the Companies is still in force.

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the ZURICH AMERICAN INSURANCE COMPANY at a meeting duly called and held on the 15th day of December 1998.

RESOLVED: "That the signature of the President or a Vice President and the attesting signature of a Secretary or an Assistant Secretary and the Seal of the Company may be affixed by facsimile on any Power of Attorney...Any such Power or any certificate thereof bearing such facsimile signature and seal shall be valid and binding on the Company."

This Power of Attorney and Certificate may be signed by facsimile under and by authority of the following resolution of the Board of Directors of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at a meeting duly called and held on the 5th day of May, 1994, and the following resolution of the Board of Directors of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at a meeting duly called and held on the 10th day of May, 1990.

RESOLVED: "That the facsimile or mechanically reproduced seal of the company and facsimile or mechanically reproduced signature of any Vice-President, Secretary, or Assistant Secretary of the Company, whether made heretofore or hereafter, wherever appearing upon a certified copy of any power of attorney issued by the Company, shall be valid and binding upon the Company with the same force and effect as though manually affixed.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and affixed the corporate seals of the said Companies, this 3th day of February, 20 18.



David McVicker, Vice President

TO REPORT A CLAIM WITH REGARD TO A SURETY BOND, PLEASE SUBMIT ALL REQUIRED INFORMATION TO:

Zurich American Insurance Co.  
Attn: Surety Claims  
1299 Zurich Way  
Schaumburg, IL 60196-1056