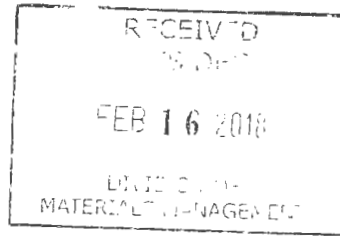




Huntley Power LLC
3500 River Road
Tonawanda, NY 14150

February 13, 2018

New York State Department of
Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Municipal Waste
625 Broadway, 9th Floor
Albany, New York 12233



Subject: NRG Huntley Landfill 2017 Annual Report (360 # 15N24)

Attention Chief:

In accordance with Part 360 Permit Requirements, we are hereby submitting the following Annual Reports:

- i) Active(Municipal solid waste, Industrial, or Ash) Landfill Annual Report;
- ii) An attachment which includes all yearly totals for 2017;
- iii) An updated topographical survey and site progression plan;
- iv) Revised cost estimates for Landfill activities during 2017.

Please note that the SPDES Sediment Samples were taken in July of 2017, which included analysis for solids, metals and phenols.

There were no unusual events or accidents at the landfill in 2017.

The Huntley Generating Station entered into retirement on March 1, 2016. As such NRG is currently investigating requirements for closure of the Huntley Landfill.

If further information or clarification is required, please contact me at (716) 200-2797 or george.streit@NRG.com.

Sincerely,

A handwritten signature in black ink, appearing to read "George T. Streit".

George T. Streit
Environmental Coordinator

Enclosures (4)

cc: Mr. Peter Grasso, P.E. (NYSDEC)

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, 2017B. Quarterly Report for: ☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION				
FACILITY NAME: NRG Huntley Landfill				
FACILITY LOCATION ADDRESS: 3500 River Road		FACILITY CITY:		STATE: NY ZIP CODE: 14150
FACILITY TOWN: Tonawanda		FACILITY COUNTY: Erie		FACILITY PHONE NUMBER: (716) 879-3850
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).				NYSDEC REGION #: 9
360 PERMIT #: 9-1464-00089/00002	DATE ISSUED: 01/04/2013	DATE EXPIRES: 01/03/2023	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:	
FACILITY CONTACT: George T Streit		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 200-2797	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: george.streit@NRG.com				
OWNER INFORMATION				
OWNER NAME:		OWNER PHONE NUMBER:		OWNER FAX NUMBER:
OWNER ADDRESS:		OWNER CITY:		STATE: ZIP CODE:
OWNER CONTACT:		OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION				
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES				
Preferred address to receive correspondence: <input type="checkbox"/> Other (provide):		<input checked="" type="checkbox"/> Facility location address <input 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 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>.

1 2

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

- a. What is the estimated landfill capacity that was utilized during the reporting year?
0 _____ 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?
1.45 Tons/Cubic Yard

2. Remaining Constructed Capacity

- a. What is the remaining capacity of the landfill that is already constructed?
313,513 Cubic Yards of Airspace

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

627 Years 0 Months
at 500 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
- X _____ 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?
1,473,221 Cubic Yards of Airspace

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

14 Years 9 Months
at 100,000 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
- ☐ Permit limit
- Other (explain): Original Design

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?

0 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?

To Be Determined Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: Town of Tonawanda Trtment Plant

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 ³⁹ Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 ³⁹ Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January	5017000						5017000					
February	4081000						4081000					
March	5420000						5420000					
April	4905000						4905000					
May	5353000						5353000					
June	3459000						3459000					
July	2228000						2228000					
August	2284000						2284000					
September	2100000						2100000					
October	3166000						3166000					
November	4847000						4847000					
December	3791000						3791000					
ANNUAL	46651000						46651000					

	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:

Report was submitted in December for the inspection conducted in December.

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:

Data is submitted to the Department Quarterly

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:

Data is submitted to the department quarterly.

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

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ 168,227

Total quantity treated: 46,651,000 gal

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

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

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 32_Acres	Cell 2 __Acres	Cell 3 __Acres	Cell 4 __Acres	Cell 5 __Acres	Cell 6 __Acres	Cell 1 32_Acres	Cell 2 __Acres	Cell 3 __Acres	Cell 4 __Acres	Cell 5 __Acres	Cell 6 __Acres
January	22020						22020					
February	17827						17827					
March	24912						24912					
April	44908						44908					
May	55798						55798					
June	19399						19399					
July	13450						13450					
August	14395						14395					
September	7739						7739					
October	14432						14432					
November	22790						22790					
December	9396						9396					
ANNUAL	267066						267066					

	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						
Foundry Sand						
Glass						
Industrial Waste (specify)						
MSW/Wood Ash						
Paper Mill Sludge						
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
Total ADC	()					
Total Beneficial Use Determination Materials	0					

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 0

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)							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)							
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Disposed							

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)							0	0
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)								
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Disposed							0	0

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!

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.

100 % Road % Rail % Water % Other (specify: _____)

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)					
	Direct Haul from Huntley Power LLC	NY	Erie County		0
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)					

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Industrial Waste (Including Industrial Process Sludges)					
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)					
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other* (specify)					
TOTAL RECEIVED (tons):					0

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

SECTION 8 –LANDFILL RECYCLABLE & RECOVERED MATERIALS

NOT APPLICABLE

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):					

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS

NOT APPLICABLE

B. Material Recovered

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

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

_____ % Road _____ % Rail _____ % Water _____ % Other (specify: _____)

Explain which materials and destinations below are included in these transport methods _____

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT <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 <small>(specify)</small>					
TOTAL PAPER RECOVERED (tons):					_____

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

NOT APPLICABLE

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

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

NOT APPLICABLE

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): _____					

SECTION 8 – LANDFILL RECYCLABLE & RECOVERED MATERIALS (continued)

NOT APPLICABLE

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

NOT APPLICABLE

MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics					
Textiles					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					

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			0						0	N/A
2016			8,444						8,444	Cell C and D
2015			14,164						14,164	Cell C
All previous			1,860,000*						1,860,000*	Cells A, C and D
WIP Cumulative Total			1,883,000						1,883,000*	

Overall in place volume 1,447,923 cubic yards

Method for determining waste composition, if known. Not Applicable

Explain if closed landfills are included above _____

* Estimates of total weight from previous years

Waste Summary by Landfill Section

Not Applicable

Provide waste in place information for all landfill sections.

Number of landfill sections: 3

Original* section used (years) from _____ to _____

Next* section used (years) from _____ to _____

Section Footprint _____ acres

Section Footprint _____ acres

Capped with approved final cover system Yes _____ No _____

Capped with approved final cover system Yes _____ No _____

Percent capped _____

Percent capped _____

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

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

* If there are additional landfill sections, phases or cells, please provide the same waste in place information on additional sheets and attach to form.

SECTION 11 - LANDFILL GAS

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

Yes _____ No ☒

If Yes: Active ____ Passive ____

Number of gas wells: _____

Total landfill footprint acreage _____

Total landfill acreage from which gas is collected _____

Landfill sections from which gas is collected _____

Landfill acreage from which gas is collected for energy recovery _____

Measured Methane Generation Rate*, k _____

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

Flare

Not Applicable

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

Number of Flares: _____

Type of Flare: Opened Flare _____ Enclosed Flare _____

Please report units
in cubic feet

Quantity of Gas Collected and Flared Annually _____ cubic feet

Flare Hours of Operation per Year _____ hours/year

Methane Percentage in Landfill Gas before flaring _____ %

Methane Destruction efficiency _____ %

Candlestick Flares:

Number of Candlestick Flares _____

Estimate of Gas Flared Candlestick Flare _____ cubic feet

Gas To Energy

Number of Internal Combustion Engines: _____

Please report units
in cubic feet

Quantity of Gas collected for Internal Combustion Engine Annually _____ cubic feet

Methane Destruction efficiency _____ %

Methane Percentage in Landfill Gas before combustion _____ %

Utility Company Receiving Electricity _____

Gas Processed for Use (Other than gas to electricity)

Quantity of Gas Collected for Processing _____ cubic feet

Methane Percentage in Landfill Gas before processing _____ %

On-site or Off-site User of Gas _____

Landfill Gas Recovery Facility/Landfill Data

Facility Contact _____ 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: _____

Reprinted (12/17)

Results of Condensate Sampling**Not Applicable**

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:

Reprinted (12/17)

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:

Not applicable to annual report - data submitted quarterly

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:

Not applicable to annual report - data submitted quarterly

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:

Not applicable to annual report - data submitted quarterly

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:

Not applicable to annual report - data submitted quarterly

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:

Not applicable to annual report - data submitted quarterly

SECTION 20 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment?

☒ Yes ☐ No If yes, repeat Sections 15 through 18 above for Quarterly Reports and Section 19 above for Annual report. Attach additional submissions required by this section.

SECTION 21 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☒ Yes ☐ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

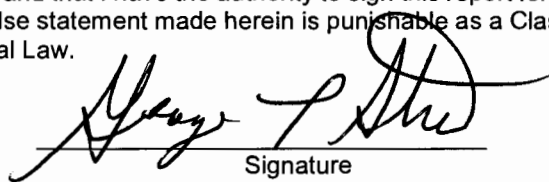
SECTION 22 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

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

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

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


Signature

2/9/2018

Date

George T Streit

Name (Print or Type)

Environmental Coordinator

Title (Print or Type)

George.Streit@NRG.com

Email (Print or Type)

3500 River Road

Address

Tonawanda

City

New York, 14150

State and Zip

(716) 879-3850

Phone Number

ATTACHMENTS: ☒ YES ☐ NO
(Please check appropriate line)

**Division of Materials Management
New York State Department of Environmental Conservation
Albany, New York 12233-7260**

MUNICIPAL SOLID WASTE, INDUSTRIAL, OR ASH LANDFILL

A landfill is a solid waste management facility where solid waste is disposed. This form applies to municipal solid waste, industrial, and ash monofill landfills. Further information and a listing of the landfills are available online at <http://www.dec.ny.gov/chemical/23681.html>.

Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html> and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/8495.html>.

Annual/Quarterly Report

Submit the Annual Report no later than March 2, 2018.

For use of this form as an Annual Report, complete line A and complete Sections 1 through 14 and 20 through 22. The Annual Report form is to be used to meet annual reporting requirements (excluding results from annual sampling events which require the use of the Quarterly Report form as noted in the following paragraph).

For use of this form as a Quarterly Report, complete line B and complete Sections 1 and 15 through 22. The Quarterly Report form is to be used for reporting of quarterly, semiannual, or annual results from each sampling event without regard for whether the sampling event is required on a quarterly, semiannual, or annual basis. Submit the Quarterly Report no later than 60 days after the last day of each calendar quarter or within 90 days of the conclusion of sample collection if Site Analytical Plan requirements must be met.

Reporting of the information indicated on this Active Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii); 360-1.14(e)(2), (i)(1); 360-2.9(j)(3); 360-2.11(c)(5)(iv), (d)(5), (d)(6); 360-2.14(a)(2)(vi); 360-2.17(a), (t); 360-2.19(b)(1)(ii), (c)(1)(ii), (d)(1)(i); 360-6.5(d); and 360-8.1. Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual/Quarterly Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Please note that where reference is made to a "Quarter" such as in line B, Quarter 1 is from January 1st to March 31st, Quarter 2 is from April 1st to June 30th, Quarter 3 is from July 1st to September 30th and Quarter 4 is from October 1st to December 31st.

Solid Waste Volume To Weight Conversion Factors

MATERIAL	EQUIVALENT	
Construction and Demolition Debris	1 cubic yard	0.23 tons
Compacted Solid Waste	1 cubic yard	0.5 tons
Uncompacted Solid Waste	1 cubic yard	0.1 tons



Huntley Power, LLC

ATTACHMENT FOR THE Annual Report, 2017

1. GALLONS OF LEACHATE DISCHARGED TO THE LANDFILL FACILITY:

A. DISCHARGED TO THE TOWN FOR TREATMENT:	46,651,000
B. MANHOLE #1:	21,085
C. MANHOLE #8:	7,638,790
D. MANHOLE #19:	3,506,811
E. MANHOLES 12-18:	228,051
F. L.D. BASIN:	39,015

2. TONS OF ASH UNLOADED AT THE LANDFILL DURING THE YEAR:

A. FLY ASH:	0
B. BOTTOM ASH*:	0

3. TONS OF FLY ASH AND BOTTOM ASH UTILIZED DURING THE YEAR:

A. FLY ASH:	0
B. BOTTOM ASH:	0

