REPUBLIC SERVICES

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March 1, 2018

Mr. Peter Grasso
New York State Department of
Environmental Conservation
270 Michigan Avenue
Buffalo, New York 14203

Re: Allied Waste Niagara Falls Landfill LLC Facility
2017 Fourth Quarterly / Annual Active Landfill Report

Dear Mr. Grasso,

Attached please find the Active Landfill Report for the 4th Quarter 2017 for the Allied Waste Niagara Falls Landfill. As required by 6 NYCRR Part 360 Regulations, the above referenced report has been completed and enclosed.

Should you have any questions regarding the information contained in this report, please do not hesitate to contact me at (716) 371-4222.

Sincerely,

Ralph Larimore

Ralph Larimore
Environmental Manager

cc: Paul Dicky - NCHD
NYSDEC – Albany
Joseph Kostusiak, Republic Services

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:			
Allied Waste Niagara Falls Landfill, LLC			
FACILITY LOCATION ADDRESS:	**FACILITY CITY:**	**STATE:**	**ZIP CODE:**
5600 Niagara Falls Boulevard	Niagara Falls	NY	14304
FACILITY TOWN:	**FACILITY COUNTY:**	**FACILITY PHONE NUMBER:**	
Town of Niagara	Niagara	716-285-3344	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Niagara County		**NYSDEC REGION #:** 9	

360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
9-2911-00119/00005	12/14/2005	11/30/2015	32S11

FACILITY CONTACT:	☐ public ☒ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
David Grenier		716-285-3344	716-285-3398
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
Allied Waste Niagara Falls Landfill, LLC	716-285-3344	716-285-3398	
OWNER ADDRESS:	**OWNER CITY:**	**STATE:**	**ZIP CODE:**
5600 Niagara Falls Boulevard	Niagara Falls	NY	14304
OWNER CONTACT:	**OWNER CONTACT EMAIL ADDRESS:**		
David Grenier	dgrenier@republicservices.com		

OPERATOR INFORMATION

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

PREFERENCES

Preferred address to receive correspondence: ☐ *Other (provide):*	☐ *Facility location address*	☐ *Owner address*
Preferred email address: ☐ *Other (provide):*	☐ *Facility Contact*	☐ *Owner Contact*
Preferred individual to receive correspondence: ☐ *Other (provide):*	☐ *Facility Contact*	☐ *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 .

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?

   571,358 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?

   1.06 Tons/Cubic Yard

2. Remaining Constructed Capacity

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

   387,302 CY at the end of 2017. Cubic Yards of Airspace

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

   0 Years 8 Months

   at 591,451 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?

   3,990,000 Cubic Yards of Airspace

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

   6 Years 9 Months

   at 591,451 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

   X 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?

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?

0 Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: Niagara Falls Water Board POTW

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 43 Acres	Cell 2 113 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	156529	2976283					156529	2976283				
February	127177	2595130					127177	2595130				
March	355750	3815701					355750	3815701				
April	295128	5817791					295128	5817791				
May	270468	5310403					270468	5310403				
June	1724383	4088032					1724383	4088032				
July	1891322	2851656					1891322	2851656				
August	1646374	1530966					1646374	1530966				
September	1058531	1610432					1058531	1610432				
October	249575	2242548					249575	2242548				
November	200754	2102501					200754	2102501				
December	732501	2424112					732501	2424112				
ANNUAL	8708492	37365555					8708492	37365555				

	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		No leachate is recirculated.					No sanitary leachate is treated on site.					
March												
April		Notes/Information on primary leachate;										
May		1) Cell 1 (43 acres) is composed of Landfill VI Areas A, B, C and D. The gallon values are from a doppler, in-line flow meter at manhole 5S-6.										
June		These values are monthly **totals minus** the secondary leachate gallons.										
July												
August		2) Cell 2 (113 acres) is composed of Landfill V Areas A, B, C and Landfill VIII Areas a, B, C, D. These values are obtained from										
September		sewer discharge monitoring station #1 minus the secondary leachate volumes.										
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:
Maintenance logs regarding routine visual observations, leachate level measurements and flow measurements are provided to the Department on a quarterly basis with the quarterly Landfill Activities Report. The annual cleaning of the leachate collection and transfer lines was completed on September 14, 2017. A report on this work was forwarded to the Department on January 31, 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:
Data for primary leachte is provided to the Department semi-annually. The last analytical report that contained data on the primary leachate was forwarded to the Department on October 25, 2017.

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:
The secondary system was last sampled on August 21, 2017. The analytical results on these samples were forwarded to the Department on October 25, 2017.

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

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: $ 200,000

Total quantity treated: 46,316,737 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 35 Acres	Cell 2 11 Acres	Cell 3 11 Acres	Cell 4 13 Acres	Cell 5 10 Acres	Cell 6 9 Acres	Cell 1 36 Acres	Cell 2 17.5 Acres	Cell 3 13.5 Acres	Cell 4 ___Acres	Cell 5 ___Acres	Cell 6 ___Acres
January	710	2000	1000	716	760	210	5870	1410	6330			
February	420	1600	810	544	430	130	2520	1430	5400			
March	1230	3930	4190	2270	1510	170	5070	2130	6670			
April	1220	4820	4210	2290	3780	320	10170	1750	5800			
May	850	4380	2770	1510	3090	300	12320	2860	5090			
June	500	2750	400	430	540	220	5310	4090	5130			
July	300	2050	210	310	570	230	11190	3140	4260			
August	500	2050	520	290	770	180	8930	3550	3530			
September	250	1120	40	110	220	110	3100	3820	2800			
October	380	1490	120	240	680	190	4370	2810	2050			
November	520	1550	1440	830	1300	200	6400	3210	1680			
December	610	1890	30	520	450	90	4040	3600	1490			
ANNUAL	7490	29630	15740	10060	14100	2350	79290	33800	50230			

	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	No secondary leachate is recirculated.						No secondary leachate is treated on site.					
February		Information regarding cell designations;										
March		Cell 1, 35 acres, Landfill V Areas A and B; Cell 2, Landfill V, Area C										
April		Cell 3, 11 acres, Landfill VI Area A; Cell 4, 13 acres, Landfill VI Area B; Cell 5, 10 acres, Landfill VI Area C; Cell 6, 9 acres, Landfill VI Area D										
May		Cell 7, 36 acres, Landfill VIII Areas A and B; Cell 8, 17.5 acres, Landfill VIII Area C; Cell 9, 13.5 acres, Landfill VIII Area D										
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	1771.45	Cover			CT	Red Tech - Amtrak, 76 Depot Road, Kensington, CT
Contaminated Soil	721.66	Cover			CT	Red Tech - Hartford, 245 Brainard Rd, Hartford, CT
Contaminated Soil	18186.62	Cover			ME	Stablex - Mallinckrodt, 99 Industrial Way, Orrington, ME
Contaminated Soil	12366.45	Cover	Northeast Southtowns	Erie County	NY	ESG - Buffalo Lakeside, 125 Laborers Way, Buffalo, NY
Contaminated Soil	494.19	Cover	Northeast Southtowns	Erie County	NY	3M Ocello - Sawyer, 305 Sawyer Ave, Tonawanda, NY
MSW/Wood Ash						
Paper Mill Sludge	121.43	Cover	Niagara County	Niagara County	NY	Norampac, 4001 Packard Road, Niagara Falls, NY
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify) Incinerator Ash	67278.13	Cover	Niagara County	Niagara County	NY	Covanta Niagara, 100 Energy Blvd., Niagara Falls, NY
Total ADC	100939.93					
Total Beneficial Use Determination Materials						

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 19.99

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	109	274	75	76	60	131	161
Ash (Coal)	0	0	0	0	0	0	0
Ash (MSW Energy Recovery)	1171	1178	1984	1630	2024	0	0
Construction & Demolition Debris (mixed)	20626	16628	17557	18789	22032	23467	19041
Industrial Waste (Including Industrial Process Sludges)	14313	13871	11578	9679	12974	10230	46852
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	0	0	0	0	0	0	0
Oil/Gas Drilling Waste	0	0	0	0	0	0	0
Petroleum Contaminated Soil	0	0	0	0	21	0	0
Sewage Treatment Plant Sludge	1939	1969	2219	2111	2160	2317	1521
Treated Regulated Medical Waste	0	0	0	0	0	0	0
Emergency Authorization Waste (Storm Debris)	0	0	0	0	0	0	0
Other Misc. Bulk Waste	641	491	485	570	734	855	692
Total Tons Disposed	38799	34411	33898	32855	40005	36999	68267

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		117	106	132	428	1025	2692	7.38
Ash (Coal)		0	0	0	0	0	0	0
Ash (MSW Energy Recovery)		0	1684	0	1730	2902	14303	39.19
Construction & Demolition Debris (mixed)		24520	23287	25939	20822	14550	247259	677.42
Industrial Waste (Including Industrial Process Sludges)		44370	10912	13489	10414	10449	209131	572.96
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		0	0	0	0	0	0	0
Oil/Gas Drilling Waste		0	0	0	0	0	0	0
Petroleum Contaminated Soil		0	726	0	35	0	782	2.14
Sewage Treatment Plant Sludge		1744	1387	1921	1372	1990	22649	62.05
Treated Regulated Medical Waste		0	0	0	0	0	0	0
Emergency Authorization Waste (Storm Debris)		0	0	0	0	0	0	0
Other Misc. Bulk Waste		718	705	1062	524	404	7883	21.60
Total Tons Disposed		71469	38807	42543	35326	31321	504700	1382.74

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:

75 % Road 25 % 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	Direct Haul	NY	Cattaraugus County	Cattaraugus County	1.35
	Direct Haul	NY	Erie County	Northeast Southtowns Soli	1677.41
	Direct Haul	NY	Niagara County	Niagara County	381.82
Ash (Coal)	Direct Haul	Canada	Ontario	Canada	631.22
Ash (MSW Energy Recovery)	Covanta Niagara, 100 Energy Blvd., Niagara Falls, NY	NY	Niagara County	Niagara County	14303
Construction & Demolition Debris (mixed)	Rail Solutions USA, 25 North Place	CT	Hartford	NA (Rail)	15670.70
	Murphy Road Recycling LLC, 15 Mullen Road, Enfield	CT	Hartford	NA (Rail)	20136.86
	Circle of Life LLC, 80 Middleton Ave, Newhaven	CT	New Haven	NA (Rail)	11171.00
	Republic Services, 44 Rose St, Spingfield	MA	Hampden	NA (Rail)	4090.25
	Republics Services, 845 Burnett Rd, Chicopee	MA	Hampden	NA (Rail)	6750.55

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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:

75 % 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**
Construction & Demolition Debris (mixed)	Direct Haul	NY	Erie County	Northeast Southtowns Soli	9390.54
	Triad	NY	Erie County	Northeast Southtowns Soli	22277.96
	Direct Haul	NY	Niagara County	Niagara County	8122.58
	Direct Haul	NY	Ontario County	Ontario County	24.61
	Direct Haul	NY	Orleans County	Orleans County	147.68
	Direct Haul	NY	Livingston County	GLOW Region Solid Waste	10.70
	Direct Haul	NY	Monroe County	Monroe County	27.82
	Direct Haul	NY	Chautauqua County	Chautauqua County	19.93
	Direct Haul	NY	Dutchess County	Dutchess County	2.92
	Direct Haul	NY	Onondaga County	Onondaga County (except	2.92
	Rail Solutions Albany	NY	Albany County	Colonie (Town)	5045.12
	Keele North Recyling Inc. 10525 Keel Street, Maple	Canada	Ontario	NA	2505.27
	Budget Env. Disposal, 375 Gage Ave, N. Hamilton	Canada	Ontario	NA	7454.53
	Regional Disposal, 375 Gage Ave, N. Hamilton	Canada	Ontario	NA	62113.71

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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:

75 % Road 25 % 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)	Optimum Disposal Service, 109-111 Ingram Drive, Toronto	Canada	Ontario	NA	32035.90
	SEJJ, 117 Toryork St, Toronto	Canada	Ontario	NA	35972.47
	Direct Haul	Canada	Ontario	NA	4285.19

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)	Direct Haul	CT	Hartford	NA	10258.16
	Direct Haul	ME	Cumberland	NA	61726.73
	Direct Haul	MA	Bristol	NA	401.20
	Direct Haul	MA	Norfolk	NA	3739.53
	Direct Haul	MA	Worcester	NA	1338.50
	Direct Haul	NH	Sullivan	NA	55.57
	Direct Haul	NJ	Hudson	NA	14030.74
	Direct Haul	NY	Cattaraugus County	Cattaraugus County	24.77
	Direct Haul	NY	Erie County	Northeast Southtowns Solid	95426.36
	Direct Haul	NY	Genesee County	GLOW Region Solid Waste	107.45
	Direct Haul	NY	Livingston County	GLOW Region Solid Waste	32.95
	Direct Haul	NY	Niagara County	Niagara County	53804.06
	Direct Haul	NY	Orange County	Orange County	432.46
	Direct Haul	NY	Orleans County	Orleans County	71.34
	Direct Haul	NY	Saratoga County	Saratoga County	80.22
	Direct Haul	Canada	Ontario	NA	1759.05
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
				TOTAL RECEIVED (tons):	504700

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

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	Direct Haul	NY	Erie County	Northeast Southtowns Solid	782.25
Sewage Treatment Plant Sludge	East Aurora WWTP	NY	Erie County	Northeast Southtowns Solid	671.29
	Erie County District #3	NY	Erie County	Northeast Southtowns Solid	171.07
	Erie County District #6	NY	Erie County	Northeast Southtowns Solid	1100.90
	Erie County District #2	NY	Erie County	Northeast Southtowns Solid	2624.82
	City of Amherst WWTP	NY	Erie County	Northeast Southtowns Solid	87.36
	City of Niagara Falls WWTP, Buffalo Ave, Niagara Falls	NY	Niagara County	Niagara County	14293.24
	Niagara County WWTP, Liberty Dr, Wheatfield	NY	Niagara County	Niagara County	3700.38
				TOTAL RECEIVED (tons):	504700

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

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)*					
Other:					
Misc. Bulk Waste	Direct Haul	NY	Erie County	Northeast Southtowns Solid	7095.89
Misc. Bulk Waste	Direct Haul	NY	Niagara County	Niagara County	783.32
Misc. Bulk Waste	Direct Haul	NY	Onondaga County	Onondaga County (except S	3.65
				TOTAL RECEIVED (tons):	504700

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

SECTION 8 –LANDFILL RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

☐ Yes; Complete Section 9 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: http://www.dec.ny.gov/chemical/52706.html .

■ No; Complete Section 9 for material recovered from the mixed solid waste stream and for material received as source separated.

A. Service Area of Recyclable Material Received

Identify the service area of the material. DO NOT REPORT IN CUBIC YARDS!

1) Direct hauled from the generator of the recyclables. In the case where the recyclables are hauled to your facility from the generator (i.e. hauled from residences, commercial establishments, etc.), "Direct Haul" would be the appropriate response in Column 2 under "Service Area". Please report the tonnage by material type and identify the state, county and planning unit where it was generated; or

2) Sent to your facility from another solid waste management facility. Recyclables may be sent to your facility from another solid waste management facility. In this case, please report the tonnage by material type from each sending solid waste management facility, as well as the sending facility's name, address, county, and the planning unit where the sending facility is located.

Explain which materials and service areas below are included in these transport methods THIS FACILITY DOES NOT RECYCLE OR RECOVER MATERIALS

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

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 THIS FACILITY DOES NOT RECYCLE OR RECOVER MATERIALS

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)					
TOTAL PAPER RECOVERED (tons):					

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)					
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)

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)

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					
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
WASTE THE ARRIVES AT THE FACILITY WHICH IS "UNAUTHORIZED" IS REJECTED. THESE INCIDENTS ARE SUMMARIZED AND REPORTED TO THE DEPARTMENT			
ON A QUARTERLY BASIS IN THE QUARTERLY LANDFILL ACTIVITIES REPORTS. THE LAST QUARTERLY LANDFILL ACTIVITIES REPORT WAS FORWARDED TO THE			
DEPRATMENT ON **March 1, 2018**			

Radiation Monitoring

Does your facility use a fixed radiation monitor? ___■___ Yes _____ No

Identify Manufacturer Bicron & Thermofisher and Model Landfill Monitor & LMF-2 of fixed unit.

Does your facility use a portable radiation monitor? ___■___ Yes _____ No

Identify Manufacturer Ludium and Model #19 Micro R Meter 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
There were no alarm	incidents for	the 2017	calendar year.						

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
1970 - 1990 1988 - 1999	3400000 ** 743077	Type and quantitiies 32306	of types of waste 1444167	materials are 320342	unknown. 963173	113198	291708	Unknown	3400000 3907971	I-IV VI-A,B,C,D
1999 - 2006 2007 - 2008	517752 79937	35460 10684	1248241 165024	1499195 530143	638873 301161	84463 $1142	145254 41948	40000 460000	4209238 1640020	V-A,B,C VIII-A
2009 2010	39496 30752	4924 3723	29602 11999	127145 186124	184945 80377	37635 801	28320 38346	235300 455000	687367 807122	VIII-A,B VIII-A,B
2011 2012	24699 22242	2718 4239	5730 14789	338011 355435	212127 220570	4310 15603	47921 34989	39000 169000	674516 836867	VIII-A,B VIII-B,C
2013 2014	19453 14999	2174 1938	6836 5893	312990 310770	215437 297703	835 1384	28283 82840	0 221000	586008 938527	VIII-B,C VIII-B,C
2015 2016	14612 14384	3620 2223	6394 4039	259530 238577	231309 235931	67 26	27657 26825	0 0	543179 522005	VIII-B,C VIII-C,D
2017	0	2692	14303	247259	209131	782	22649	7883	504700	VIII-C,D
WIP Cumulative Total	4921403	106681	2957017	4725521	3790737	310246	816740	1627183	19255520	

Overall in place volume 20,103,088 cubic yards

Method for determining waste composition, if known. Identification at scale and/or non-hazardous manifest information.

Explain if closed landfills are included above Landfills I-IV, old V and VI are closed. Portions of new V and VIII are closed.

* Since 1990, the MSW category does not include Bird Attracting or Putrescible Waste

** The 3,400,000 ton estimate is based on a conversion from cubic yards to tons based on a 1:1 ratio and is being re-evaluated and subject to change.

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: 4 (Landfills I-IV)

Original* section used (years) from 1970 to 1990

Section Footprint 47 acres

Capped with approved final cover system Yes ■ No ____

Percent capped 100%

Waste in Place: 3,400,000 Tons ____ Cubic Yards, if known

Number of landfill sections: 4 (Landfills VI-A,B,C,D)

Next* section used (years) from 1988 to 1999

Section Footprint 43 acres

Capped with approved final cover system Yes ■ No ____

Percent capped 100%

Waste in Place: 3,907,971 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: 0

Total landfill footprint acreage 70

Total landfill acreage from which gas is collected 26

Landfill sections from which gas is collected VIII

Landfill acreage from which gas is collected for energy recovery 0

Measured Methane Generation Rate*, k 0.04 yr-1

Measured Potential Methane Generation Capacity*, L_o 100 m^3/Mg

NMOC Concentration* 595 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: NA

* 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.

NOTE: No vertical extraction wells. Gas is collected through shallow gas vents and a series of shallow horizontal trenches, some located under the geomembrane final cover system, some not under final cover.

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: 3 (Landfills V-A,8,C)

Original* section used (years) from 1999 to 2010

Section Footprint 46 acres

Capped with approved final cover system Yes ■ No ____

Percent capped 90%

Waste in Place: 4,209,234 Tons ____ Cubic Yards, if known

Number of landfill sections: 4 (Landfills VIII-A,B,C,D)

Next* section used (years) from 2007 to Present

Section Footprint 67 acres

Capped with approved final cover system Yes ■ No ____

Percent capped 38%

Waste in Place: 7,839,251 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: 0

Total landfill footprint acreage 70

Total landfill acreage from which gas is collected 26

Landfill sections from which gas is collected VIII

Landfill acreage from which gas is collected for energy recovery 0

Measured Methane Generation Rate*, k 0.04 yr-1

Measured Potential Methane Generation Capacity*, L_o 100 m^3/Mg

NMOC Concentration* 595 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: N/A

* 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.

NOTE: No vertical extraction wells. Gas is collected through shallow gas vents and a series of shallow horizontal trenches, some located under the geomembrane final cover system, some not under final cover.

Flare

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

Number of Flares: 1 — Began Operations on 11/30/2017

Type of Flare: Opened Flare 1 Enclosed Flare _____

Please report units in cubic feet

Quantity of Gas Collected and Flared Annually 16,804,776 cf cubic feet

Flare Hours of Operation per Year 756 hours/year

Methane Percentage in Landfill Gas before flaring 50 %

Methane Destruction efficiency 99 %

Candlestick Flares: 7 ran after the open flare started

Number of Candlestick Flares 10

Estimate of Gas Flared Candlestick Flare 50,000,000 cubic feet

Gas To Energy

Please report units in cubic feet

Number of Internal Combustion Engines: N/A

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 N/A 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 N/A 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: VIII=2005 Anticipated landfill closure date: 2026

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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:

Not sampled in 2017

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	N/A					
February						
March						
April						
May						
June						
July						
August						
September						
October						
November						
December						
ANNUAL TOTAL						

* Provide where applicable.

Normal Weekdays of Operation _____ Normal Hours of Operation_____

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

Describe the collection, storage, treatment and disposal techniques used in managing the condensate:

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SECTION 12 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

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

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

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.

As described in Order on Consent R9-20160408-32

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:

This information is included in all of the groundwater monitoring reports submitted to the Department. These reports are submitted on a quarterly basis for Landfills 5 and 8 and on a semi-annual basis for Landfill 6.

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:

All quarterly and semi-annual groundwater monitoring reports are also accompanied by statistical evaluations. These statistical evaluations provide diagrams, graphs, result discussions and comparison of current and historical results.

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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:

A discussion of results, specific water quality changes and data trending are provided in the statistical evaluation reports provided to the Department quarterly and semi-annually.

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:

Data quality assessment is included in the QA/QC sections of every analytical report submitted to the Department.

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:

Summaries of the groundwater monitoring results are provided in the statistical evaluations referenced in Sections 16 and 17 above. No significant changes in groundwater quality were observed during 2017.

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.

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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.

Ralph Larimore
Signature

3/1/2018
Date

Ralph Larimore
Name (Print or Type)

EM
Title (Print or Type)

rlarimore@republicservices.com
Email (Print or Type)

5600 Niagara Falls Boulevard
Address

Niagara Falls
City

NY, 14304
State and Zip

(716) 285-3344
Phone Number

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

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