

Annual/Quarterly Report

A. Annual Report for the year of operation from January 1, 2008 to December 31, 2008.

B. Quarterly Report for: ___ Quarter 1 ___ Quarter 2 ___ Quarter 3 X Quarter 4

SECTION 1 - Owner/Facility Information

Facility Name: Chemung County Sanitary Landfill NYSDEC Activity Code # _____

Facility Location: 1488 County Route 60 State: NY Zip: 14861

Facility Contact: Carla M. Canjar Phone # (585) 797-5941

Contact e-mail address: carla.canjar@casella.com Fax # (585) 526-5459

Town: Lowman County: Chemung NYSDEC Region # : 8

360 Permit # 8-0728-00004/00013-0 Issued: 02/21/06 Expires: 02/20/16

Owner Name: Chemung County Phone # (607) 737-2031

Mailing Address: 203 LakeStreet State: NY Zip: 14901

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?

150,855 Cubic Yards of Airspace

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

1.00 (with BUD) , 0.78 (without BUD) 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?

167,383 Cubic Yards of Airspace

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

1 Years 1 Months

at 160,000 Tons/Year.*

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

c. Is the tonnage rate reported under 2.b. based on:

No Last year's disposal amount? (Yes or No)

Yes Estimated future disposal? (Yes or No)

Yes Permit limit? (Yes or No)

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?

1,076,000 Cubic Yards of Airspace

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

7 Years 0 Months

at 160,000 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. Is the tonnage rate reported under 3.b. based on:

No Last year's disposal amount? (Yes or No)

Yes Estimated future disposal? (Yes or No)

Yes Permit limit? (Yes or No)

Other (explain):

4. Capacity Proposed in a Part 360 Permit Application

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

N/A Cubic Yards of Airspace

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

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

5,106,000 Cubic Yards of Airspace

SECTION 3 - Primary Leachate

Name of off-site leachate treatment facility(s) utilized: Chemung County Sewer District - Water Pollution Control Plants

Does the landfill have a constructed liner and a leachate collection system? Yes No

Enter the quantity of primary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding Acreage, by Cell: (Note: For double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems.)

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cells 1,2,3 & 4 (24.2 Acres)						Cells 1,2,3 & 4 (24.2 Acres)					
January	345,843.91						345,843.91					
February	433,972.85						433,972.85					
March	958,349.59						958,349.59					
April	389,734.61						389,734.61					
May	272,738.74						272,738.74					
June	225,536.88						225,536.88					
July	500,213.15						500,213.15					
August	29,211.83						29,211.83					
September	133,475.90						133,475.90					
October	187,404.96						187,404.96					
November	90,914.89						90,914.89					
December	268,532.14						268,532.14					
ANNUAL	3,835,929.45						3,835,929.45					

	PRIMARY LEACHATE RECIRCULATED (GALLONS)						PRIMARY LEACHATE TREATED ON SITE (GALLONS)					
January	0						0					
February	0						0					
March	0						0					
April	0						0					
May	0						0					
June	0						0					
July	0						0					
August	0						0					
September	0						0					
October	0						0					
November	0						0					
December	0						0					
ANNUAL	0						0					

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:

The Annual Line Cleaning Log is included in Attachment A of this report.

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:

The requested information is included in the Quarterly Environmental Monitoring Reports, prepared by On-site Technical Services, submitted to the State under separate cover.

SECTION 4 - Secondary Leachate

Does landfill have a double liner system with a secondary leachate collection and removal system? Yes _____ No

Submit (attached to this form) a tabulated compilation of the semi-annual secondary leachate quality data collected throughout the year including a summary comparing this year's data with all previous years' data and a summary discussion of results. This list should identify sample location(s) and methods of analysis. List required submissions that have been attached to this form or the reason for not attaching a required piece of information:

The requested information is included in the Quarterly Environmental Monitoring Reports, prepared by On-site Technical Services, submitted to the State under separate cover.

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: **Leachate Treatment Cost = \$0.00. Leachate Transportation Cost = \$38,475.95**

Total quantity treated: **3,847,595.55** 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:

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)						
	Cells 1,2,3 & 4 (24.2 Acres)						Cells 1,2,3 & 4 (24.2 Acres)						
January	523.50						523.50						
February	500.10						500.10						
March	1,057.80						1,057.80						
April	339.50						339.50						
May	313.70						313.70						
June	193.90						193.90						
July	235.80						235.80						
August	1,327.70						1,327.70						
September	1,326.40						1,326.40						
October	1,457.60						1,457.60						
November	1,721.70						1,721.70						
December	2,668.40						2,668.40						
ANNUAL	11,666.10						11,666.10						

	SECONDARY LEACHATE RECIRCULATED (GALLONS)						SECONDARY LEACHATE TREATED ON SITE (GALLONS)						
January	0						0						
February	0						0						
March	0						0						
April	0						0						
May	0						0						
June	0						0						
July	0						0						
August	0						0						
September	0						0						
October	0						0						
November	0						0						
December	0						0						
ANNUAL	0						0						

SECTION 5 - Alternative Daily Cover

For each type of waste material that the Department has approved for use as alternate daily cover, intermediate cover, or other landfill material, provide the annual weight in tons and use (i.e., daily cover, intermediate cover, etc.)

Type of Solid Waste	Weight (tons/year)	Use	Source* Facility and Location
Aggregate/Concrete/Glass	639.47	Road base within the lined area. Daily Cover.	
Wood/Wood Chips			
MSW/Wood Ash	4.90	Daily Cover.	
Processed C&D			
Foundry Sand / Core Room Sand	12,854.15	Daily Cover	
Industrial Waste (Specify: Solidification Pit Remnants)	567.40	Daily Cover	
Sludge	3,797.46	Daily Cover	
Contaminated Soil	13,474.60	Daily Cover	
Shredder Fluff			
Other (Specify:			
Total	31,337.98		

*** Customer information is considered proprietary to our business- this information is available for NYSDEC review at the facility.**

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = **26%**

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 - Quantity of Solid Waste Disposed

Provide the tonnages of solid waste disposed. Exclude Alternative Daily Cover amounts reported in Section 5 and Materials Recovered amounts reported in Section 10.

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)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	10,803.46	8,512.42	10,527.65	12,830.36	7,225.78	8,469.86	7,194.71
Construction & Demolition (C&D Debris)	956.87	954.62	325.84	815.10	656.40	654.75	1,239.59
Asbestos Waste							
Industrial Waste (Including Industrial Process Sludges)	979.94	883.37	1,026.26	1,641.01	2,652.85	929.22	1,324.33
Ash (Coal)							
Ash (MSW Energy Recovery)							
Sewage Treatment Plant Sludge							
Petroleum Contaminated Soil							
Treated Regulated Medical Waste							
Other (Specify: _____)							
Total Tons Disposed	12,740.27	10,350.41	11,879.75	15,286.47	10,535.03	10,053.83	9,758.63

Type of Solid Waste	Tip Fee (\$)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	\$40 per ton	5,293.82	4,901.88	5,007.60	4,343.78	9,030.06	94,141.18	367.74
Construction & Demolition (C&D Debris)	\$45 per ton	464.16	511.42	452.86	360.93	631.90	8,024.44	31.35
Asbestos Waste								
Industrial Waste (Including Industrial Process Sludges)	\$40 per ton	974.67	1,106.72	1,283.36	1,988.02	1,400.51	16,190.16	63.24
Ash (Coal)								
Ash (MSW Energy Recovery)								
Sewage Treatment Plant Sludge								
Petroleum Contaminated Soil								
Treated Regulated Medical Waste								
Other (Specify: _____)								
Total Tons Disposed		6,732.55	6,519.82	6,743.82	6,692.73	11,062.47	118,355.78	462.33

Facility's Service Area

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received (or Direct Haul), and the county & state or province & country from which waste was received. Note: "Direct Haul" means waste hauled directly to your Solid Waste Management Facility (SWMF) which did not go through another SWMF. Only County/Province and State/County are required for direct haul.

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

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

Explain which waste types and service areas below are included in these transport methods: **All waste was transported to the site via road.**

PLEASE REFER TO APPENDIX B FOR THE FACILITY SERVICE AREA INFORMATION.

SECTION 7 - Unauthorized Solid Waste

Has unauthorized solid waste been received at the Landfill 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. – N/A

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

Identify Manufacturer and Model of fixed unit. – N/A

If the radiation monitors been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 8 - 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.

Required information included in the Report Attachments. Chart provided in Attachments, included waste from closed landfills.

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: **3**

Original* section used (years) from **1974** to **1982**

Capped with approved final cover system Yes No _____

Percent capped **100%**

Waste in Place: **783,846 Cubic Yards ***

***estimated based on 1,300lb/cy average density**

Next* section used (years) from **1983** to **1988**

Capped with approved final cover system Yes No

Percent capped **X**

Waste in Place: **472,658 Cubic Yards***

*** estimated based on 1,300 lb/cy average density**

Next* section used (years) from **1989** to **Present**

Capped with approved final cover system Yes No _____

Percent capped **17%**

Waste in Place: **8,090,269 Cubic Yards**

SECTION 9 - Landfill Gas

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

Yes No

If Yes: Active Passive

Number of gas wells: Active MSW – 7 Wells Active C&D – 16 Wells

Total landfill footprint acreage: Active MSW – 24.2 Acres Active C&D Landfill – 12.8 Acres

Total landfill acreage from which gas is collected: 13.36 Acres (7.51 Acres MSW / 5.85 Acres C&D)

Landfill acreage from which gas is collected for energy recovery: 0

Measured Methane Generation Rate*, k : Default = 0.05

Measured Potential Methane Generation Capacity*, L_o Default = 170 m³/Mg

NMOC Concentration* Area 3: 282.2, Area 5: 299.3, Active MSW: 580.4 ppmv as hexane

Does the landfill require a Title V Permit? Yes No (The facility does not require a Title V Permit, but has elected have one.)

Name of Landfill Gas Recovery (gas to energy or other use) Facility:

* Note: If Concentration NMOC, L_o and k are not known or included, default values will be used to calculate the NMOCs emissions from the Landfill.

Flare

Number of Flares: 1 Active 5 Passive

Type of Flare: Opened Flare: 6 Enclosed Flare: 0

Quantity of Gas Collected and Flared Annually 376.4 mmcf**

Flare Hours of Operation per Year Passive Flares: 8,784, Open Flare: 7,978 hours/year

Gas To Energy

Number of Internal Combustion Engines: _____

Quantity of Gas collected for Internal Combustion Engine Annually mmcf**

Number of turbine driven generators: _____

Quantity of Gas Collected for Turbine Annually _____ mmcf**

Methane Percentage in Landfill Gas before processing _____ %

Utility Company Receiving Electricity _____

Gas Processed for Use (Other than gas to electricity)

Quantity of Gas Collected for Processing _____

On-site or Off-site User of Gas _____

**mmcf (million cubic feet)

(REPRINTED 12/08)

Landfill Gas Recovery Facility/Landfill Data

Facility Contact _____ Phone # _____

Contact e-mail address _____ Fax # _____

Operation and maintenance cost for calendar year: _____

Does the LGRF experience shut downs: _____ Yes _____ No

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

Year landfill opened: Anticipated landfill closure date:

Results of Condensate Sampling

Submit (attached to this form) condensate quality monitoring results accomplished in accordance with condensate sampling. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

Landfill Gas Utilized For Energy Recovery

Provide the following information for the landfill gas conversion facility. DO NOT INCLUDE FLARED!

	Landfill Gas Collected for Energy Recovery (Cu. Ft.)	Steam* Generated (Cu. Ft.)	Electricity* Generated (K.W.H.)	Gas Produced for use other than electricity generation (Cu. Ft.)	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 _____

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

SECTION 10 - Material Recovered

For each type of solid waste recovered for recycling or composting, fill in the weight (tons) or volume (cubic yards), AND indicate the main destination facility where it was sent. Please write the NAME of the destination facility.

Note: Your facility may not be authorized to take all of the solid waste types on this form. If your facility is a registered Recyclables Handling & Recovery Facility please complete "Recyclables Handling & Recovery Facility Report Form" instead of completing this page.

NO RECYCLING AT THIS FACILITY. If your facility recovered zero materials for recycling or composting during report period, check the box.

Type of Solid Waste Recovered for Recycling	Weight or Volume (Indicate tons/year or cubic yards/year)	Name of Destination Facility and Location
Paper		
Glass		
Plastic		
Metal Containers		
Bulk Metal	6.56 tons	Speigels, Elmira / Employees
Aluminum		
Asphalt		
Aggregate & Concrete		
Wood & Wood Chips		
Electronics		
Yard Waste		
Other (Specify: Tires)	4.03 tons	Fennell Recycling, Elmira
Total Recovered	10.59 tons	If you have BOTH tons and cubic yards of materials, skip the "Total Recovered" box.

SECTION 11 - Cost Estimates and Financial Assurance Documents

Submit (attached to this form) any required cost estimates and financial assurance documents for closure, post-closure care, and applicable corrective measures, all reflecting adjustments for inflation and any changes to the Closure, Post Closure or Closure Maintenance Plans to indicate updated dollars for the year of operation for which the Annual Report is made. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

The cost estimate and financial assurance documentation is included in Attachment C. The bond amounts will be revised after construction of Cell IV-B this summer.

SECTION 12 - Problems

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

The Area 5 cap was torn while installing a gas collection Horizontal. The tear was repaired and certified as required.

SECTION 13 - Changes

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

No deviations from department approvals have occurred during the reporting period.

SECTION 14 - 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:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

SECTION 15 - 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:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

SECTION 16 - 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:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

SECTION 17 - Summaries of Monitoring Data

Submit (attached to this form) a summary of the water quality information presented in Sections 13 and 14 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:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

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:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

SECTION 19 - Surface Impoundments

Does this landfill have a surface impoundment? Yes No

If yes, there are separate water quality reporting requirements for surface impoundments. Namely, for each surface impoundment, repeat Sections 12 through 15 above for Quarterly Reports and Section 11 above for Annual 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:

The following information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the State under separate cover.

SECTION 20 - 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, identify the reporting requirements with their respective responses below, attaching additional sheets as necessary. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

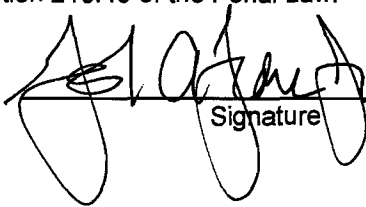
SECTION 21 - Signature and Date By Owner or Operator

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste Contacts.)

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

**New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th Floor
Albany, New York 12233-7253
Fax 518-402-9041**

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

2/26/09
Date

Gerald Leone
Name (Print or Type)

Regional Engineer
Title (Print or Type)

1879 State Routes 5 & 20
Address

Stanley
City

NY, 14561
State and Zip

(607) 435-9996
Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)

SOLID WASTE DISPOSAL SUMMARY

Chemung County Landfill

Year	Municipal Solid Waste	C&D Debris (tons)	Asbestos	Industrial Waste	Ash(tons)	Sludge (Tons)	Contaminated Soil (tons)	Total Tons	Area of Landfill
74-82	272216	59059	0	126340	1608	28154	22143	509520	1
83-88	164146	35600	0	76183	970	16977	13352	307228	2
1991								68952	3
1992								53994	3
1993								68505	3
1994								78040	3
1995								81939	3
1996								72974	3
1997								71389	3
1998								75995	3
1999								87373	3
2000								86486	3
2001								84247	3
2002								81079	3
2003	56571	2470	0	21716	0	4314	2824	87895	3
2004	56144	5625	0	25383	0	4515	969	92636	3
2005	79779	0	0	24239	0	3078	403	107499	3
2006*	101303	6736	0	11532	0	16	17	119604	3
2007*	103952	1970	0	96001	0	0	0	201923	3
2008*	94141	8024	0	16190	0	0	0	118356	3
Total	928252	119484	0	397584	2578	57054	39708	2455633	

NOTES

Users do not include material utilized as a BUD.
 Numbers included 16,308.5 tons of Flood Waste.

CHEMUNG COUNTY LANDFILL - FACILITY SERVICE AREA

WASTE TYPE	COUNTY	STATE	TONNAGE	
Mixed Municipal Solid Waste	Chemung	NY	32944.75	
Mixed Municipal Solid Waste	Chenango	NY	10892.03	
Mixed Municipal Solid Waste	Dutchess	NY	31.53	
Mixed Municipal Solid Waste	Montgomery	NY	25.04	
Mixed Municipal Solid Waste	Nassau	NY	411.88	
Mixed Municipal Solid Waste	Orange	NY	54.35	
Mixed Municipal Solid Waste	Otsego	NY	2428.43	
Mixed Municipal Solid Waste	Rockland	NY	11181.13	
Mixed Municipal Solid Waste	Schuyler	NY	126.97	
Mixed Municipal Solid Waste	Steuben	NY	81.41	
Mixed Municipal Solid Waste	Tioga	NY	29802.53	
Mixed Municipal Solid Waste	Tompkins	NY	952.94	
Mixed Municipal Solid Waste	Bradford	PA	5173.6	
Mixed Municipal Solid Waste	Tioga	PA	34.59	
			94141.18	TOTAL TONNAGE
Construction & Demolition Debris	Chemung	NY	5396.65	
Construction & Demolition Debris	Cortland	NY	11.49	
Construction & Demolition Debris	Schuyler	NY	434.4	
Construction & Demolition Debris	Steuben	NY	7.15	
Construction & Demolition Debris	Tioga	NY	962.82	
Construction & Demolition Debris	Tompkins	NY	24.33	
Construction & Demolition Debris	Bradford	PA	1180.24	
Construction & Demolition Debris	Tioga	PA	7.36	
			8024.44	TOTAL TONNAGE
Industrial Waste	Broome	NY	255.2	
Industrial Waste	Chemung	NY	8798.02	
Industrial Waste	Columbia	NY	35.15	
Industrial Waste	Greene	NY	8.76	
Industrial Waste	Orange	NY	2489.98	
Industrial Waste	Schuyler	NY	57.24	
Industrial Waste	Steuben	NY	32.18	
Industrial Waste	Tioga	NY	1585.72	
Industrial Waste	Various	PA	49.84	
Industrial Waste	Various	LA	24.12	
Industrial Waste	Various	MA	1224.47	
Industrial Waste	Various	NJ	1031.91	
Industrial Waste	Various	CANADA	597.57	
			16190.16	TOTAL TONNAGE