ANNUAL/QUARTERLY REPORT

A. This MSW, Industrial or Ash Landfill Report is for the year of operation from

January 1, 2011 **to** December 31, 2011

B. Quarterly Report for: ___Quarter 1 ___Quarter 2 ___Quarter 3 ___Quarter 4

SECTION 1 – OWNER / FACILITY INFORMATION

FACILITY NAME: Chemung County Sanitary Landfill			
FACILITY ADDRESS: 1488 County Road 60	**FACILITY CITY:** Lowman	**STATE:** NY	**ZIP CODE:** 14861
FACILITY TOWN: Lowman	**FACILITY COUNTY:** Chemung	**FACILITY PHONE NUMBER:** 1-800-CASELLA	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Chemung County	**NYSDEC REGION #:** 8		
360 PERMIT #: 8-0728-0004/00013-0	**DATE ISSUED:** 02/21/06	**DATE EXPIRES:** 02/20/16	**NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:**
FACILITY CONTACT: Carla M. Jordan	**CONTACT PHONE NUMBER:** (585) 526-4420	**CONTACT FAX NUMBER:** (585) 526-5459	
CONTACT EMAIL ADDRESS: carla.jordan@caselia.com			
OWNER NAME: Chemung County	**OWNER PHONE NUMBER:** 1-(607)-737-2031	**OWNER FAX NUMBER:**	
OWNER ADDRESS: 203 Lake Street	**OWNER CITY:** Elmira	**STATE:** NY	**ZIP CODE:** 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?

   219,972 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?

   1.02 Tons/Cubic Yard

2. Remaining Constructed Capacity

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

   796,937 Cubic Yards of Airspace

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

   4 Years 0 Months

   at 180,000 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 (select one):

   _____ Last year's disposal amount?

   _____ Estimated future disposal?

   X 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?

   0 Cubic Yards of Airspace

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

   0 Years 0 Months

   at Not Applicable 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 (select one):

   _____ Last year's disposal amount?

   _____ Estimated future disposal?

   _____ Permit limit?

   Other (explain): Not Applicable

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?

Not Applicable 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?

Not Applicable Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

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

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

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

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

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 * Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres	Cell 1 * Acres	Cell 2 Acres	Cell 3 Acres	Cell 4 Acres	Cell 5 Acres	Cell 6 Acres
January	53,130.56						53,130.56					
February	907,770.36						907,770.36					
March	1,330,814.91						1,330,814.91					
April	1,633,984.67						1,633,984.67					
May	682,457.84						682,457.84					
June	881,964.03						881,964.03					
July	104,670.09						104,670.09					
August	736,007.17						736,007.17					
September	1,956,689.96						1,956,689.96					
October	637,581.90						637,581.90					
November	330,681.39						330,681.39					
December	420,524.76						420,524.76					
ANNUAL	9,676,277.64						9,676,277.64					

*Values are the commingled totals of cells 1,2,3,and 4 and the closed Area 5 landfill totaling 38 acres.

	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												

No Leachate was recirculated.

No Leachate was treated on site.

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

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

SECTION 4 - SECONDARY LEACHATE

Does landfill have a double liner system with a secondary leachate collection and removal system? X 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 above referenced information is included in the Quarterly Environmental Monitoring Reports prepared by On-site Technical Services, and is submitted under separate cover.

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

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

Total quantity treated: 9,707,477.84 gal

*The requested operational cost information is proprietary to our business. The requested information is available at the facility for NYSDEC review.

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 * 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	403.00						403.00					
February	708.20						708.20					
March	4,880.10						4,880.10					
April	4,964.50						4,964.50					
May	4,331.80						4,331.80					
June	1,186.10						1,186.10					
July	723.20						723.20					
August	834.30						834.00					
September	3,317.40						3,317.40					
October	3,412.20						3,412.20					
November	2,544.40						2,544.40					
December	3,895.30						3,895.30					
ANNUAL	31,200.50						31,200.20					

*Values are the commingled totals of cells 1,2,3, and 4 and the closed Area 5 landfill totaling 38 acres.

	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		No Leachate was recirculated.						No Leachate was treated on site.				
May												
June												
July												
August												
September												
October												
November												
December												
ANNUAL												

SECTION 5 – BENEFICIAL USE MATERIALS

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, 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	County or Province	State or Country	Source * (Facility and Address)
Aggregate/Concrete						
Contaminated Soil	8,340.66	Daily Cover			NY and/or PA	
Foundry Sand	8,322.25	Daily Cover			NY and/or PA	
Glass						
Industrial Waste (specify)						
Core Room Sand	1,843.44	Daily Cover			NY and/or PA	
C&D	282.75	Road			NY and/or PA	
MSW/Wood Ash						
Paper Mill Sludge						
Processed C&D						
Shredder Fluff						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
Various Sludges	3,678.62	Daily Cover			NY and/or PA	
Filter Cake	1,325.15	Daily Cover			NY and/or PA	
Total ADC	23,510.12	*This information is proprietary to our business. The information is available at the facility for NYSDEC review.				
Total Beneficial Use Materials	23,792.87					

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 13.2%

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

A. Quantity Disposed by Month/Year

Provide the tonnages of solid waste disposed. Exclude Beneficial Use Material amounts reported in Section 5 and Materials Recovered amounts reported in Section 7. Specify the methods used to measure the quantities disposed and the percentages measured by each method:

100 % Scale Weight

____% Truck Count

____% Estimated

____% 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)				5.81			
Industrial Waste (Including Industrial Process Sludges)	1,286.24	1,630.19	3,746.43	1,897.00	3,180.30	2,311.30	1,752.02
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	6,148.42	3,510.13	4,972.52	7,958.31	6,568.88	5,526.16	4,995.22
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge		10.16			9.68		
Treated Regulated Medical Waste							
Other (specify)							
Drill Cuttings	1,983.98	3,731.67	6,135.89	4,715.76	5,759.80	582.92	510.55
Total Tons Disposed	9,413.64	8,882.15	14,854.84	14,576.88	15,518.66	8,420.38	7,257.79

SECTION 6 - QUANTITY OF SOLID WASTE DISPOSED (CONTINUED)

A. Quantity Disposed by Month/Year

Type of Solid Waste	Tip* Fee ($)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Ash (Coal)	*This information is proprietary to our business. The information is available at the facility for NYSDEC review.							
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)				13.71	633.82	600.72	1,254.06	4.66
Industrial Waste (Including Industrial Process Sludges)		1,358.69	1,559.89	2,143.84	2,074.33	2,165.25	25,605.48	95.19
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		6,206.51	8,662.30	6,389.42	5,522.67	5,020.25	71,480.79	265.73
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge			11.14		10.28		41.26	.15
Treated Regulated Medical Waste								
Other (specify)								
Drill Cuttings		3,866.15	5,212.52	10,370.57	8,094.14	7,776.83	58,740.78	218.37
Flood Debris**			5,301.23	13,073.59	2,996.06		21,370.88	
Total Tons Disposed		11,931.35	15,455.85	18,917.54	16,335.24	15,563.05	157,122.37	584.10

**These tonnages are included as waste in place however they are exempt and excluded from the total tons disposed as they represent flood damage debris. The Facility was allowed to exceed permitted tonnages as a result of the State of Emergency declared by the Governor.

B. Quantity Disposed by 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 by your facility (or Direct Haul), the corresponding State/Country, the County/Province, and the NYS Planning Unit and the amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. The total amount reported here should equal the total amount reported in Section 6A (Quantity Received by Month/Year). DO NOT REPORT IN CUBIC YARDS!

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

100 % Road _____% Rail

_____% Water _____% Other (specify: _____)

Please report the facility from which you received the solid waste. Note: This is not the facility identified in Section 1.

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

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Asbestos	*(Example 1) (Monroe County Transfer Station, Rochester)*	*(NY)*	*(Monroe)*	*(Monroe County)*	*(2,000)*
	(Example 2) (Direct Haul)	*(NY)*	*(Erie)*	*(NEST)*	*(500)*
	(Example 3) (Appleton Transfer Station, Penn Yan)	*(NY)*	*(Yates)*	*(WFLSWMA)*	*(1,000)*
Ash (Coal)	Please refer to the attachments for facility service area information.				
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)					

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	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 (specify)					
				TOTAL RECIEVED (tons):	

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

SECTION 7 – RECYCLABLES & RECOVERED MATERIALS

A. Quantity of Recyclable Material Received by Facility's Service Area

Identify the facility's service area by indicating the type of recyclable material received, the Solid Waste Management facility (SWMF) from which it was received by your facility (or Direct Haul), the corresponding State/Country, the County/Province, the NYS Planning Unit from which waste was received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means waste hauled directly to your SWMF which did not go through another SWMF. DO NOT REPORT IN CUBIC YARDS!

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

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

Please report the facility from which you received the recyclable material. Note: This is not the facility identified in Section 1.

Explain which waste types and service areas below are included in these transport methods _____

RECYCLABLE MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Brush, Branches, Trees, & Stumps					
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)					
Electronics					
Food Scraps					
Leaves & Grass					
Single Stream (total)					
Other (specify)					

None. This section is not applicable for this facility.

TOTAL RECIEVED (tons): _____

B. Quantity of Recyclable Material Recovered

Identify the name of the destination facility to which the recyclable material was sent from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount of recyclable 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!

Please report the facility to which you send the recyclable material. Note: This is not the facility identified in Section 1.

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

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

_____

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper (specify)					

TOTAL PAPER RECYCLED (tons): _____

PAPER RESIDUE (tons): _____

DISPOSAL DESTINATION: (Name, Address, & State) _____

B. Quantity of Recyclable Material Recovered (continued)

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
Container Glass					
Industrial Scrap Glass					
Other Glass (specify)					

TOTAL GLASS RECYCLED (tons): _____

GLASS RESIDUE (tons): _____ DISPOSAL DESTINATION: (Name, Address, & State) _____

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)					

TOTAL METAL RECYCLED (tons): _____

METAL RESIDUE (tons): _____ DISPOSAL DESTINATION: (Name, Address, & State) _____

B. Quantity of Recyclable Material Recovered (continued)

PLASTIC

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					

TOTAL PLASTIC RECYCLED (tons): _____

PLASTIC RESIDUE (tons): _____

DISPOSAL DESTINATION:
(Name, Address, & State) _____

B. Quantity of Recyclable Material Recovered (continued)

RECYCLABLE MATERIAL	DESTINATION FACILITY (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED (out of facility)
Commingled Containers					
Commingled Paper & Containers					
Electronics					
Textiles					
Other (specify)					

TOTAL MISCELLANEOUS RECYCLED (tons): _____

MISC. RESIDUE (tons): _____ **DISPOSAL DESTINATION:** (Name, Address, & State) _____

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 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 8 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the Landfill during the reporting period? _____ Yes __X__ No

If yes, give information below for each incident (attach additicnal sheets if necessary):

Date Received	Type Received	Date Disposed	Disposal Method & Location

Radiation Monitoring

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

Identify Manufacturer Ludlum and Model Model 375 of fixed unit.

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

Identify Manufacturer _____ and Model _____ of fixed 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 two incidents of the radiation monitor alarm being triggered during the reporting year. Records of each are included in the attachments.								

SECTION 9 - WASTE IN PLACE

Summary by Waste Type and Year

Include all active and inactive sections of the landfill. Report waste disposed annually by type, if known, in tons per year. Report total waste disposed, if breakdown of types is not available. In the case where more than one landfill section operated in a given year identify each separately, if known. If the annual amount is not available, report the quantities for a range of years. If you include amounts from old, closed landfills then clearly identify them on the table and explain below. In each row, report quantities disposed each year (or group of years if individual years unknown) for each waste type. Report cumulative WIP at bottom (sum of annual quantities disposed). Add additional sheets as necessary.

Year	MSW (tons)	Asbestos Waste (tons)	Ash (tons)	C&D Debris (tons)	Industrial Waste (tons)	Petroleum Contaminated Soil (tons)	Sewage Treatment Plant Sludge (tons)	Other* (tons)	Year(s) Total (tons)	Identify Landfill Section(s) Used
WIP Cumulative Total										

The above referenced information is included in the attachments.
Chart provided in the attachment includes waste from closed landfills.

* Other waste could include, but not limited to, yard waste, paper, wood, textiles, or diapers.

Overall in place volume _____ cubic yards

Method for determining waste composition, if known. _____

Explain if closed landfills are included above _____

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 1988

Section Footprint 24 acres

Capped with approved final cover system Yes X No _____

Percent capped 100%

Waste in Place: _____ Tons 1,256,504 Cubic Yards, if known

(This includes sections 1 and 2)

Next* section used (years) from 1989 to Present

Section Footprint 30.0 acres

Capped with approved final cover system Yes X No _____

Percent capped 13.7

Waste in Place: _____ Tons 2,975,985 Cubic Yards, if known

(This is only section 3)

* 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 10 - LANDFILL GAS

Does the landfill have a landfill gas collection & control system?
Yes X No ____ If Yes: Active X Passive ___

Number of gas wells: 16 vertical gas wells; 2 horizontal collectors

Total landfill footprint acreage Active MSW LF = approx.33.35 acres, Active C$D LF = approx. 12.8 acres

Total landfill acreage from which gas is collected 43

Landfill sections from which gas is collected Sections 1,2, and 3 (Area 3, Area 5, and Active Landfill)

Landfill acreage from which gas is collected for energy recovery 0

Measured Methane Generation Rate*, k Default

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

NMOC Concentration* 58.3 ppmv as hexane (determined by a 2009 Tier 2 test)

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

Name of Landfill Gas Recovery (gas to energy or other use) Facility: Not applicable.

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

Flare

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

Number of Flares: 1

Please report units in cubic feet

Type of Flare: Opened Flare 1 Enclosed Flare _____

Quantity of Gas Collected and Flared Annually 173,000,000 cubic feet
Flare Hours of Operation per Year 8,634 hours/year
Methane Percentage in Landfill Gas before flaring 39 %
Methane Destruction efficiency 98 %

Candlestick Flares:

Number of Candlestick Flares 4
Estimate of Gas Flared Candlestick Flare 136,656,000 cubic feet

Gas To Energy

Please report units in cubic feet

Number of Internal Combustion Engines: 0

Quantity of Gas collected for Internal Combustion Engine Annually 0 cubic feet
Methane Destruction efficiency N/A %
Methane Percentage in Landfill Gas before combustion N/A %
Utility Company Receiving Electricity N/A

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 N/A %
On-site or Off-site User of Gas N/A

Landfill Gas Recovery Facility/Landfill Data - N/A

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 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			Not Applicable			
June						
July						
August						
September						
October						
November						
December						
ANNUAL TOTAL						

* Provide where applicable.

Normal Weekdays of Operation N/A Normal Hours of Operation N/A

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

Describe the collection, storage, treatment and disposal techniques used in managing the condensate:
Not applicable.

_____

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 the attachments.

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:

None.

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 changes were noted 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 requested information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the NYSDEC 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 requested information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the NYSDEC 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 requested information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the NYSDEC under separate cover.

SECTION 17 - 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 requested information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the NYSDEC under separate cover.

SECTION 18 - SUMMARIES OF MONITORING DATA

Submit (attached to this form) a summary of the water quality information presented in Sections 15 and 16 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 requested information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the NYSDEC under separate cover.

SECTION 19 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment? X Yes _____ No

If yes, there are separate water quality reporting requirements for surface impoundments. Namely, for each surface impoundment, repeat Sections 14 through 17 above for Quarterly Reports and Section 18 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 requested information is included in the Environmental Monitoring Reports, prepared by On-site Technical Services, Inc., submitted to the NYSDEC 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 __X__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 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: swpermit@gw.dec.state.ny.us

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

01. MARCH. 12
Date

Carla M. Jordan
Name (Print or Type)

Regional Engineering Manager
Title (Print or Type)

carla.jordan@casella.com
Email (Print or Type)

1879 State Routes 5 & 20
Address

Stanley
City

New York, 14561
State and Zip

(585)526-4420
Phone Number

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

Section 9 - Waste in Place

Summary by Waste Type and Year

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)	Drill Cuttings	Total Tons	Area of Landfill
74-82	272,216	59,059	0	126,340	1,608	28,164	22,143		509,520	1
83-88	164,146	35,600	0	76,183	970	16,977	13,352		307,228	2
1991									68,952	3
1992									53,994	3
1993									68,505	3
1994									78,040	3
1995									81,939	3
1996									72,974	3
1997									71,389	3
1998									75,995	3
1999									87,373	3
2000									86,486	3
2001									84,247	3
2002									81,079	3
2003	56,571	2,470	0	21,716	0	4,314	2,824		87,895	3
2004	56,144	5,625	0	25,383	0	4,515	969		92,636	3
2005	79,779	0	0	24,239	0	3,078	403		107,499	3
2006*	101,303	6,736	0	11,532	0	16	17		119,604	3
2007*	103,952	1,970	0	96,001	0	0	0		201,923	3
2008*	94,141	8,024	0	16,190	0	0	0		118,356	3
2009*	80,783	3,295	0	15,472	0	0	0		99,550	3
2010*	59,646	11	0	11,003	0	0	0	48,225	118,885	3
2011*	92,852	1,254	0	25,604	0	41	0	58,741	178,492	3
Total	1,161,532	124,044	0	449,664	2,578	57,095	39,708	48,225	2,852,561	

NOTES

* Tonnage Numbers do not include material utilized as a BUD.

2006 numbers include 16,308.5 tons of flood waste

2011 MSW number includes 21,370.88 tons of exempt flood debris.