Annual/Quarterly Report

A. Annual Report for the year of operation from <u>January</u> , 2004 t <u>December</u> , 2004	
B. Quarterly Report for:Quarter 1Quarter 2Quarter 3Quarter 4	
SECTION 1	
Owner/Facility Information	
Facility Name Hyland Facility Associates NYSDEC Activity Code #02A17	
Facility Location: 6653 Herdman Rd. Angelica State NY Zip 14709	
Facility Contact: <u>Joseph R. Boyles</u> Phone # (<u>585</u>) <u>466 - 7271</u> Fax # (585) <u>466 - 3206</u>	
Town: Angelica County: Allegany NYSDEC Region # 9	_
360 Permit # 9-0232-00003/00002 Issued 01/02/2001 Expires 05/01/2005	
Owner Name Ryland Facility Associates Phone # (585)466-7271	
Mailing Address 6653 Herdman Road, Angelica State MY Zip 14709	

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Quantity of Solid Mante Disposed SECTION 2

Truck Count Provide the tonnages of solid waste disposed of:
Tonnages were obtained by: X Scale Weight other (Specify:

Bstimated

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (cons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	7925.82	8766.30	11668.09	70.8et71	12167,79	14887.69
Construction & Demolition (C&D) Debris	0.00	179.53	617.56	1783,26	4836.65	5929.52
Asbestos Wasts	0.00	00.0	00.0	00.0	0.00	00.00
Industrial Waste (Including Industrial Procese Sludges)	2205.03	1905.93	1660.35	1020.23	1240.05	69° 1981
Msh (Coal)	0.00	0.00	0,00	0.00	00.0	00.0
Ash (MSW Energy Recovery)	0.00	00.0	00.0	0.00	00.0	0.00
Sewage Treatment Plant Sludge	103.50	233.52	131.47	300.09	1425,43	3200.15
Petroleum Contaminated Soil	0.00	00-0	0.00	00.0	00.0	00.0
Other (Specify:	0.00	00.0	0.00	00.0	00.0	00.0
Total Tons Dieposed	10234.35	11085.28	14077.47	20298.65	19689.92	25379.05

: 1000年

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SECTION 2 (Cont.) Quantity of Solid Waste Disposed

Betimated Truck Count Provide the tonnages of solid waste disposed of:
Tonnages were obtained by:

Scale Weight
Other (Specify:

Type of Solid Waste								
	July (Tons)	August (Tons)	Sept. (Tons)	Oct. (Tone)	Nov. (Tons)	Dec. (Tons)	Total Year (tons)	Daily Avg. * (tons)
Wixed Municipal Solid 14 Waste (Residential, Institutional & Commercial)	14251.66	14776.06	21626.46	13366.05	16200.33	17462,10	170313.4	544.1
Construction & Demoition (C&D) Babria	2623.06	307.87	173.92	332,50	347.26	247.00	17178.13	54.9
	0.00	0.00	0.00	0,00	00.0	00.0	00.0	0.00
Industrial Waste (Including Industrial Process Sludges)	831.47	1029.04	1285.58	1531.97	1028.93	1305.98	16406.25	52.4
Ash (Coal)	0.00	00.0	0.00	00.0	0.00	0.00	0.00	0.00
Ash (MSW Energy Recovery)	0.00	0.00	0.00	0.00	0.00	00'0 .	0.00	0.00
Sewage Treatment Plont 4(4054.90	3630.39	3279.85	3233.82	2123.48	222.67	21939.3	1.07
Petroleum Contaminated Soil	0.00	0.00	0.00	0.00	0.00	00-0	00.0	00.0
Other (Specify:)	0. DQ	0.00	0.00	0.00	0.00	00.00	00°0	0.00
Total Tons Disposed 21561	60,	19743.36	26365.81	18464.34	19700.00	19237.75	225837.1	721.5

* Based on 313 days of permitted operation

Mays 5 od 15

Facility's Service Area

Identify the fareceived, and the received origin	he (county, stat	e area by indica ce) or (province	ting the type of solid , country) from where	waste waste
Transport (chec	k all that apply	r): <u>X</u> Road R	ail Water Other .	
Type of Solid	Waste Count	y or Province	State or Country	Tons
				<u> </u>
by state and con	I for the facili unty for the 4th s delivering was	Quarter 2004. A	along with a breakdown lso see Attachment 1 f asis.	n of waste
	. Unav	SECTION 3 athorized Solid	Waste	
Mas unauthorized reporting period	d solid waste be d?	en received at	the Landfill during the	≘
Үөвх	No .			
If yes, give in: nccessary):	formation below	for each incide	at (attach additional s	sheets if
Date Received	Type Received	Date Disposed	Disposal Method & Loc	ation
ļ				
1				

Site Life

1.	What is the remaining life of the 2 existing constructed landfill? At 2:	Years 4 0 2,440 Tons Pe	Monthe* r Year
		Cubic Yards of Airs to Doc. 29, 2004 Surventours	
2.	What is the estimated landfill 265,850 capacity utilized for the year?	Cubic Yerds of Airs	pace
3.	What is the estimated in situ waste density?	0.61 Tons/Cubic	e Yard
4.	What is the projected life of the entitled undeveloped landfill At capacity authorized under a permit?*	Years lons Per	Months r Year
	What is the corresponding capacity?* ** Same as "existing constructed" - Question & that Subcell G/H is certified)	Cubic Yards of Air To. 1 (assuming for bo	
5.	What is the estimated landfill 11,000,0 capacity of any proposed expansion area not authorized under a permit?	000 Cubic Yards of A	irspace
	Waste in Place	•	
Numbe	mber of landfill sections: 1		
	oped with approved final cover system Yes	rrent (2004) No <u>X*</u> Interim Cover in Plac	:e
	Waste in Place: 2,111,442 Cub: Includes volume from the airspace used to date on 12/29/2004 - see Attachment 10) and project waste accepted on 12/30/04 & 12/31/04 at an estions per cubic yerd)	calculation (from Setent ted forward volume (Erom
	Waste Type:		
	Mixed Municipal Waste 1,086 Industrial Waste 80,27 Sewage Treatment Plant Sludge 28,27		
	Construction & Demolition Debris 83,88 Ashestos Waste 7,926 Ash 1,965 Petroleum Contaminated Soil 658.7 *Totals include waste to the end of 2004	.69Tons	
Next*	<pre>(t* section used (years) fromto; Waste in Place:Cubic Yards Waste Type:</pre>	Capped Yes No	-
	Mixed Municipal Waste Industrial Waste	Tone	
	Sewage Treatment Plant Sludge	Tone	
	Construction & Demolition Debris Asbestos Waste Ash	Tons Tons	
• Tf	Petroleum Contaminated Soil f there are additional landfill sections, phases	Tons	and to
	e anara ara americandi remeriti sectiono, budici	AN ACTION STRONG GIRL	ACM LOG

form providing above waste in place information.

SECTION 5 Material Recovered:

For	each	type	of	soli	.đ	waste	reco	overed	fro	m di	isposal,	provide	the	annual
			WC:	ight	in	tona	and	indica	ata '	the	destinat	ion.		

Tonnages	were obtained by:	Scale Weight	Truck Count
	BatimatedOther	(Specify:	,

Type of Solid Waste Recovered	Weight(tons/year)	Final Destination
Aggregate & Concrete	. 0	
Wood & Wood Chips		
Glass	.0.	
Plastic	. •	
Paper	٥	
Metal Containers	0	
Bulk Metal	0	
Other (Specify:)	0	
Total Recovered	٠	

Is the landfill authorized to handle recyclable material? ___ Yes _x_ No

Is the landfill authorized to process construction and demolition (C&D) debris?

___ Yes <u>_X</u> No

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,

	eco.,	
Type of Solid Waste	Weight (tons/year)	Use
Aggregate/Concrete/Glass		
Wood/Wood Chips		
MSW/Wood Ash		
Compost		·
Paper Mill Sludge		
Contaminated Soil	10,147.82	Daily Cover
Shredder Fluff		
Other (Specify: C&D, Sand & Slag, Ceramic Tiles)	12,249.7	Daily Cover, Road Surface
Total	22,397.52	

Note: Of the above total, 3,541.20 tons was used as road material. Totals by category for the 4^{th} Quarter of 2004 can be found in Attachment 11. There was no BUD materials stockpiled at the end of the quarter.

SECTION 6 Primary Leachate

Enter the quantity of *primary leachate that was collected and removed for treatment each month:

*Note: for double-lined landfills this should not include the volume of leachate collected from secondary leachate collection and removal systems

Hyland Note: Due to the methods used to track leachate generation, This data includes the liquid from the secondary collection system (which is minimal in comparison).

	Leachate Collected (Gallons)	Treated On Site {Gallons}	Treated Off Site (Gallons)
January	296,971	0	268,146
February	176,968	0	219,868
March	562,438	0	715,537
April	425,749	0	517,611
May	555,850	0	471,98 5
June .	339,444	0	488,153
July	268,681	0	167,945
August	559,498	0	426,837
September	530,720	Ó	728,235
October	205,707	. 0	135,472
Kovember	331,355	0	331,355
December	774,851	0	726,513
ANNUAL	5,028,232	0.	5,197,657

As part of Special Condition 28b., the amount of loachate collected and hauled off site on a daily basis along with the daily logs of the leachate level in the storage tanks for the 4th Quarter of 2004 is included in Attachment 2.

Namc of off-sits leachate treatment facility(s) utilized: Wellsville WWTP, Bolivar WWTP, Westfield WWTP, Jamestown WWTP

Boes	the	facility	have	a (constructed	liner	and	æ	leachate	coll	ect	ion	system:	2
										x	Y	ев_	ис	,
			_							_				

Acreage of the lined area from which leachate is collected: __24.5_ _acre(s)

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:

Find leachate line cleaning reports in Attachment 12. The leachate lines were cleaned in the 4th Quarter

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:

See Attachment No. 3 for a compilation of of the primary leachate quality data.

SECTION 7 Secondary Leachate

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

If yes, enter the quantity of secondary leachate that was collected and removed for treatment each month:

	Leachate Collected (Gallons) From the Secondaries of Cells 18.2	Treated On Site (Gallons)	Treated Off Site (Gallons)*
January	478	0	478
Pebruary	221	0.	221
March	937	.0	937
April	878	0	878
Иау	951	0	951
June	1297	0	1297
July	1697.	0	1697
August	1498	0	1498
September	1576	. 0	1576
October	2486	0	2486
November	1676	0	1676
December	937	Ö	937
ANNUAL	14,636	0	14,636

Note: The leachate from the secondaries is combined with the leachate from the primaries and treated off site — See Attachment 2 for Daily Totals and calculated ALR

Acreage of the lined area from which secondary leachate is collected:

__24.S___acre(s)

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 the previous year's 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: See Attachment 3 for a compilation of the secondary leachate quality data.
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SECTION 8 Tipping Fee/Leachate Treatment Cost
Tipping Fee:\$/ton For each type of waste below, indicate the tipping fee if different: Mixed Municipal Solid Waste (Residential, Institutional & Commercial)\$/ton Construction and Demolition (C&D) Debris\$/ton Asbestos Waste\$/ton Industrial Waste (Including Industrial Process Sludges)\$/ton Ash (Coal)\$/ton Ash (MSW Energy Recovery)\$/ton Ash (Incinerator, Scwage Sludge, Other Sludge, Wood & Other)\$/ton Detroleum Contaminated Soil\$/ton Other (Specify:) \$/ton
Leachate: Cost (including transportation if appropriate) during the calendar year for leachate treatment: § 259,883 Total quantity treated: 5,197,657 gal
SECTION 9 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 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 closure/post-closure costs have not changed in 2004.The closure/post-closure costs will be reevaluated at the beginning of 2005 to accommodate changes occurring in the beginning of 2005. See Attachment 4 for historical info.
SECTION 10
<u>Changes</u>
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:

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SECTION 11 Summaries of "Comparing Date" and "Discussion of Results"

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:See Attachment 5

SECTION 12 Analytical Results

SECTION 13 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: _Seg Attachment S______

SECTION 14 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:

See Attachment 5

SECTION 15 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:	
See Attachment 6	

SECTION 16 Surface Impoundments

Surface Impoundments		
<u> </u> poes	this landfill have a surface impoundment?YesX_No	
importhrom Repor	es, there are separate water quality reporting requirements for surface undments. Namely, for each surface impoundment, repeat Sections 12 uph 15 above for Quarterly Reports and Section 11 above for Annual rts. List submissions (required by this section) that have been attached his form or the reasons for not attaching a required piece of information:	
<u> </u>		

	SECTION 17	
	Permit/Consent Order Reporting Requirements	
Are (there any additional permit/consent order reporting requirements not red by the previous sections of this form? X YesNo	
below by the	es, identify the reporting requirements with their respective responses w, attaching additional sheets as necessary. List submissions (required his section) that have been attached to this form or the reasons for not ching a required piece of information:	
Additi	onat parmit requirements for the 4 th Quarter of 2004, as specified in Special Condition #28, are:	
#28a.	Section 2 (and including Attachment 1) includes the amounts of waste received for the quarter from the state by county, from outside the state (on a state-by-state basis), and from outside the country.	
#286.	Section 6 includes the amount of leachate collected and hauled off-site on a daily basis. The daily logs of the leachate level in the leachate storage tank are also provided for the 4 th quarter of 2004 (Attachment 2).	
#28c.	Section 7 includes the amount of liquid collected from the secondary collection system on a daily basis. (Please See Attachment 2).	
#28d.	Section 2 includes the number of trucks delivering waste to the site on a daily basis (See Attachment 1).	
#28 o .	Attachment 7 includes the dates and the amount of fluid collected from all leak detection points on a weekly basis. No liquid was detected in the leak detection ports during the 4 th Quarter of 2004.	
#281,	Section 9 includes funding levels of closure/post closure funds and evidence of payments made during the 4 th Quarter of 2004 (also Attachment 4).	
#28g.	Section 5 includes the amount of Alternate Daily Cover (ADC) received during the year with a breakdown of how much was used (See Attachment 8 for a comprehensive list for the 4 th QTR of 2004).	

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Additional permit requirements, as specified in Special Condition #29, #30, and #57 are:

#29
Waste placement occurred within Cell 2 E/F During the 4th Quarter of 2004.

Section 4 includes information pertaining to the site life of the constructed and permitted design. The annual waste received is included in Section 2. During the 4th Quarter of 2004, Hyland utilized approximately 20,136 cubic yerds of material from the borrow area for use as daily and intermediate cover on Cell 1 and Cell 2. Attachment 9 Details the Site Life Calculations.

#300,

Annual Requirement – updated / approved closure and post-closure costs. See Section 9 and Attachment 4.

#305.

Annual Requirement - copies of agreements with Wastewater Treatment Facilities and Leachate Haulers. See Attachment 11.

#57.

Annual Requirement - Air Emissions Statement - See Attachment 12

SECTION 18 Landfill Gas

Does the landfill have a landfill gas collection & control system? Yes X No
Number of Flares: <u>1 Active</u> If Yes: Active <u> </u>
Type of Flare: Opened Flare X Enclosed Flare
Quantity of Gas collected and treated annually see note below mmcf*
Number of Internal Combustion Engines:0_
Quantity of Gas collected and treated annually mmcf*
Does the landfill require a Title V Permit? Yes No _X
Name of Landfill Gas Recovery Facility:
*mmcf (million cubic feet)
Note: Assuming the flare collects gas at the current flow rate of 500 cfm, the

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gas collected, assuming zero down time, would be 262.8 mmcf.

SECTION 19 Signature and Date By Owner or Operator

Owner or Operator must sign, date and submit one completed form with an original signature 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

and one copy with an original signature to the appropriate Regional Office. (See attachment for Regional Office addresses and Solid Waste Contacts.)

I hereby swear or affirm that information provided on this form and attached statements and exhibits is true to the best of my knowledge and belief.

Signature

Signature

Senior Project Manager
Name (Print or Type)

Title (Print or Type)

Angelica
City

New York, 14709
State and Zip

Phone Number

ATTACHMENTS: X YES NO (Please check appropriate line)