

Annual/Quarterly Report

- A. Annual Report for the year of operation from October, 2005 to
December, 2005.
- B. Quarterly Report for: Quarter 1 Quarter 2 Quarter 3 X Quarter 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: Joseph R. Boyles Phone # (585) 466 - 7271
 Fax # (585) 466 - 3206
 Town: Angelica County: Allegany NYSDEC Region # 9
 360 Permit # 9-0232-00003/00002 Issued 01/02/2001 Expires 05/01/2005
 Owner Name Hyland Facility Associates Phone # (585)466-7271
 Mailing Address 6653 Herdman Road, Angelica State NY Zip 14709

ACTIVE LANDFILL

SECTION 2
Quantity of Solid Waste Disposed

Provide the tonnages of solid waste disposed of:
 Tonnages were obtained by: Scale Weight _____ Truck Count _____ Estimated
 _____ Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	15656.79	14272.47	16726.84	18787.84	18677.12	19343.01
Construction & Demolition (C&D) Debris	141.80	219.43	352.22	1034.15	2004.00	318.72
Asbestos Waste	0.00	0.00	0.00	0.00	0.00	0.00
Industrial Waste (Including Industrial Process Sludges)	1082.06	1456.57	1829.18	1517.25	1269.77	1524.51
Ash (Coal)	0.00	0.00	0.00	0.00	0.00	0.00
Ash (MSW Energy Recovery)	0.00	0.00	0.00	0.00	0.00	0.00
Sewage Treatment Plant Sludge	436.24	1011.29	739.35	1084.17	1229.82	1093.68
Petroleum Contaminated Soil	0.00	0.7	0.00	0.00	0.00	0.00
Other (Specify: _____)						
Total Tons Disposed	17316.89	16960.46	19647.59	22423.41	23180.70	22279.90

ACTIVE LANDFILL

SECTION 2 (Cont.)
Quantity of Solid Waste Disposed

Provide the tonnages of solid waste disposed of:
Tonnages were obtained by: X Scale Weight _____ Truck Count _____ Estimated
Other (Specify: _____)

Type of Solid Waste	July (Tons)	August (Tons)	Sept. (Tons)	Oct. (Tons)	Nov. (Tons)	Dec. (Tons)	Total Year (tons)	Daily Avg.* (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	20173.51	21294.72	12033.42	14524.03	13285.86	16374.51	201150.1	644.7
Construction & Demolition (C&D) Debris	1037.47	1153.17	1531.28	1114.12	277.95	33.95	9218.3	29.5
Asbestos Waste	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Industrial Waste (Including Industrial Process Sludges)	741.66	1245.19	1232.93	403.17	309.50	456.87	13068.7	41.9
Ash (Coal)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Ash (MSW Energy Recovery)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sewage Treatment Plant Sludge	806.16	173.03	170.71	145.18	392.58	139.23	7421.44	23.8
Petroleum Contaminated Soil	0.00	0.00	0.00	15.89	0.00	0.00	0.00	0.1
Other (Specify: _____)								
Total Tons Disposed	22758.80	23866.11	14968.35	16202.39	14265.89	17004.56	230875.1	740.0

* Based on 312 days of permitted operation

Facility's Service Area

Identify the facility's service area by indicating the type of solid waste received, and the (county, state) or (province, country) from where waste received originates.

Transport (check all that apply): Road Rail Water Other _____

Type of Solid Waste	County or Province	State or Country	Tons
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See Attachment 1 for the facility service area along with a breakdown of waste by state and county for the 4th Quarter 2005. Also see Attachment 1 for the number of trucks delivering waste on a daily basis.

SECTION 3
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

SECTION 4
Site Life

1. What is the remaining life of the existing constructed landfill? 1 Years 4 Months*
At 232,440 Tons Per Year
What is the corresponding capacity? 494,867* Cubic Yards of Airspace
*** As per the December, 2005 Surveyed Waste Contours. See Attachment 10**
2. What is the estimated landfill capacity utilized for the year? 274,364 Cubic Yards of Airspace
3. What is the estimated in situ waste density? 0.61 Tons/Cubic Yard
4. What is the projected life of the entitled undeveloped landfill capacity authorized under a permit? **
_____ Years _____ Months
At _____ Tons Per Year
What is the corresponding capacity? ** _____ Cubic Yards of Airspace
**** Same as "existing constructed"**
5. What is the estimated landfill capacity of any proposed expansion area not authorized under a permit? 11,000,000 Cubic Yards of Airspace

Waste in Place

Number of landfill sections: 1

Original* section used (years) from 1998 to Current (September, 2005)
Capped with approved final cover system Yes No X*
***Interim Cover in Place**

Waste in Place: 2,494,318 Cubic Yards
Includes waste volumes (tons) through December 28, 2005 at a density of .61 tons per cubic yard.

Waste Type:

Mixed Municipal Waste	<u>1,295,193</u>	Tons
Industrial Waste	<u>90,089</u>	Tons
Sewage Treatment Plant Sludge	<u>34,516</u>	Tons
Construction & Demolition Debris	<u>89,383</u>	Tons
Asbestos Waste	<u>7,927</u>	Tons
Ash	<u>1,966</u>	Tons
Petroleum Contaminated Soil	<u>676</u>	Tons

Next* section used (years) from _____ to _____ ; Capped Yes _____ No _____

Waste in Place: _____ Cubic Yards

Waste Type:

Mixed Municipal Waste	_____	Tons
Industrial Waste	_____	Tons
Sewage Treatment Plant Sludge	_____	Tons
Construction & Demolition Debris	_____	Tons
Asbestos Waste	_____	Tons
Ash	_____	Tons
Petroleum Contaminated Soil	_____	Tons

* If there are additional landfill sections, phases or cells, please attach to form providing above waste in place information.

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	744,695	0	704,557
February	399,804	0	404,428
March	658,595	0	643,196
April	658,377	0	625,977
May	200,738	0	260,096
June	216,736	0	231,110
July	139,371	0	117,847
August	103,353	0	162,213
September	154,103	0	139,930
October	234,791	0	255,767
November	178,609	0	73,889
December	170,848	0	186,488
ANNUAL	3,860,020	0	3,805,498

As part of Special Condition 28b., the amount of leachate 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 2005 is included in Attachment 2.

Name of off-site leachate treatment facility(s) utilized: Wellsville WWTP
Does the facility have a constructed liner and a leachate collection system?
 Yes No

Acreage of the lined area from which leachate is collected: 27.73 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: _____

See Attachment 12.

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 1& 2	Treated On Site (Gallons)	Treated Off Site (Gallons)*
January	2212	0	2212
February	1697	0	1697
March	2414	0	2414
April	3578	0	3578
May	4929	0	4929
June	5685	0	5685
July	3941	0	3941
August	3814	0	3814
September	4737	0	4737
October	4849	0	4849
November	4415	0	4415
December	3072	0	3072
ANNUAL	45,343	0	45,343

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:

27.73 acre(s)

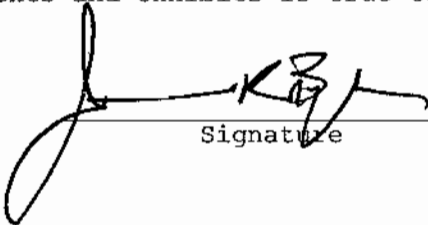
SECTION 19
Signature and Date By Owner or Operator

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	2/28/06 _____ Date
Joseph R. Boyles _____ Name (Print or Type)	Senior Project Manager _____ Title (Print or Type)
6653 Herdman Road _____ Address	Angelica _____ City
New York, 14709 _____ State and Zip	(585) 466 - 7271 _____ Phone Number

ATTACHMENTS: YES NO
 (Please check appropriate line)