

New York State Department of Environmental Conservation  
Division of Materials Management  
Albany, New York 12233-7260

**ACTIVE LONG ISLAND LANDFILL**

**A landfill is a solid waste management facility where solid waste is disposed. The Long Island Landfill Law, ECL 27-0704, placed additional requirements and restrictions on Long Island Landfills. This refers to all landfills located in Nassau and Suffolk Counties, including the ash monofills. Further information and a listing of the landfills are available online at <http://www.dec.ny.gov/chemical/23681.html>.**

**Note: Forms for all solid waste management facilities and a brief description of each can be found at <http://www.dec.ny.gov/chemical/52706.html>.**

**Annual/Quarterly Report**

**Submit the Annual Report no later than March 5, 2012.**

**For use of this form as an Annual Report, complete line A and complete Sections 1 through 13 and 19 through 21. The Annual Report form is to be used to meet annual reporting requirements (excluding results from annual sampling events which require the use of the Quarterly Report form as noted in the following paragraph).**

For use of this form as a Quarterly Report, complete line B and complete Sections 1 and 14 through 21. The Quarterly Report form is to be used for reporting of quarterly, semiannual, or annual results from each sampling event without regard for whether the sampling event is required on a quarterly, semiannual, or annual basis. Submit the Quarterly Report no later than 60 days after the last day of each calendar quarter or within 90 days of the conclusion of sample collection if Site Analytical Plan requirements must be met.

Reporting of information indicated on this Active Long Island Landfill Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.8(e)(1)(ii); 360-1.14(e)(2), (i)(1); 360-2.9(j)(3); 360-2.11(c)(5)(iv), (d)(5), (d)(6); 360-2.17(a), (t); 360-2.19(b)(1)(ii), (c)(1)(ii), (d)(1)(i); 360-6.5(d); and 360-8.6(d)(3). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the Annual/Quarterly Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Please note that where reference is made to a "Quarter" such as in line B, Quarter 1 is from January 1st to March 31st, Quarter 2 is from April 1st to June 30th, Quarter 3 is from July 1st to September 30th and Quarter 4 is from October 1st to December 31st.

**Solid Waste Volume To Weight Conversion Factors**

<b>MATERIAL</b>	<b>EQUIVALENT</b>	
Construction and Demolition Debris	1 cubic yard	0.75 tons
Compacted Solid Waste	1 cubic yard	0.5 tons
Uncompacted Solid Waste	1 cubic yard	0.1 tons

## Annual/Quarterly Report

A. This Long Island Landfill Report is for the year of operation from

\_\_\_\_\_, 20\_\_ to \_\_\_\_\_, 20\_\_

B. Quarterly Report for: \_\_\_ Quarter 1 \_\_\_ Quarter 2 \_\_\_ Quarter 3 \_\_\_ Quarter 4

### SECTION 1 – OWNER / FACILITY INFORMATION

<b>FACILITY NAME:</b>			
<b>FACILITY ADDRESS:</b>		<b>FACILITY CITY:</b>	
		<b>STATE:</b>	<b>ZIP CODE:</b>
<b>FACILITY TOWN:</b>		<b>FACILITY COUNTY:</b>	
		<b>FACILITY PHONE NUMBER:</b>	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report).			<b>NYSDEC REGION #:</b>
<b>360 PERMIT #:</b>	<b>DATE ISSUED:</b>	<b>DATE EXPIRES:</b>	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b>
<b>FACILITY CONTACT:</b>		<b>CONTACT PHONE NUMBER:</b>	<b>CONTACT FAX NUMBER:</b>
<b>CONTACT EMAIL ADDRESS:</b>			
<b>OWNER NAME:</b>		<b>OWNER PHONE NUMBER:</b>	
		<b>OWNER FAX NUMBER:</b>	
<b>OWNER ADDRESS:</b>		<b>OWNER CITY:</b>	
		<b>STATE:</b>	<b>ZIP CODE:</b>

## 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?

\_\_\_\_\_ Cubic Yards of Airspace

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

\_\_\_\_\_ 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?

\_\_\_\_\_ Cubic Yards of Airspace

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

\_\_\_\_\_ Years \_\_\_\_\_ Months

at \_\_\_\_\_ 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?

\_\_\_\_\_ 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?

\_\_\_\_\_ Cubic Yards of Airspace

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

\_\_\_\_\_ Years \_\_\_\_\_ Months

at \_\_\_\_\_ 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): \_\_\_\_\_

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?

\_\_\_\_\_ 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?

\_\_\_\_\_ Cubic Yards of Airspace

**SECTION 3 - Primary Leachate**

Name of off-site leachate treatment facility(s) utilized: \_\_\_\_\_

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

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

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

	PRIMARY LEACHATE COLLECTED (GALLONS)						PRIMARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 ___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												

	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												

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:

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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:

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### 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:

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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: \_\_\_\_\_ gal

Enter the quantity of secondary leachate that was collected, removed for on-site and off-site treatment, and recirculated each month, and the corresponding **Acreage, by Cell**:

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

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1 ___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												
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November												
December												
ANNUAL												

	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												
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June												
July												
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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						
Dredge Spoils						
Glass						
MSW/Wood Ash						
Processed C&D						
Tire Chips						
Wood/Wood Chips						
Other (specify)						
<b>Total ADC</b>						
<b>Total Beneficial Use Materials</b>						

### Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = \_\_\_\_\_

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:

\_\_\_\_\_ % Scale Weight

\_\_\_\_\_ % Estimated

\_\_\_\_\_ % Truck Count

\_\_\_\_\_ % Other (Specify: \_\_\_\_\_)

Type of Solid Waste	Tip Fee (\$)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Ash (MSW Energy Recovery)								
Construction & Demolition Debris (mixed)								
Mixed Municipal Solid Waste (Residential, Commercial, Institutional )								
Other (specify)								
<b>Total Tons Disposed</b>								

Type of Solid Waste	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Ash (MSW Energy Recovery)							
Construction & Demolition Debris (mixed)							
Mixed Municipal Solid Waste (Residential, Commercial, Institutional )							
Other (specify)							
<b>Total Tons Disposed</b>							

### 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 Disposed by Month/Year). **DO NOT REPORT IN CUBIC YARDS!**

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

\_\_\_\_\_ % 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 \_\_\_\_\_

B. SERVICE AREA					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <i>(Name &amp; Address)</i>	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
<b>Ash (MSW Energy Recovery)</b>	<i>(Example 1) (L.L. Huff C&amp;D Processor)</i>	<i>(NY)</i>	<i>(Nassau)</i>	<i>(Glen Cove (City))</i>	<i>(1,000)</i>
	<i>(Example 2) (Direct Haul)</i>	<i>(NY)</i>	<i>(Suffolk)</i>	<i>(Huntington (Town))</i>	<i>(200)</i>
<b>Construction and Demolition Debris (mixed)</b>					
<b>Mixed Municipal Solid Waste (Residential, Commercial, Institutional)</b>					
<b>Other <i>(specify)</i></b>					
<b>TOTAL RECEIVED (tons):</b>					_____

## 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!**

Specify 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 \_\_\_\_\_

SERVICE AREA					
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)					
<b>TOTAL RECEIVED (tons):</b>					_____

### 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!

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

\_\_\_\_\_% Road                      \_\_\_\_\_% Rail  
 \_\_\_\_\_% Water                      \_\_\_\_\_% Other (specify: \_\_\_\_\_)

Please report the facility to which you send 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 \_\_\_\_\_

PAPER RECOVERED					
RECYCLABLE MATERIAL	DESTINATION FACILITY <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED <i>(out of facility)</i>
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard / Boxboard					
Other Paper <i>(specify)</i>					
<b>TOTAL PAPER RECYCLED (tons):</b>					_____
<b>PAPER RESIDUE (tons):</b> _____		<b>DISPOSAL DESTINATION:</b> <i>(Name, Address, &amp; State)</i> _____			

**B. Quantity of Recyclable Material Recovered** (continued)

GLASS RECOVERED					
RECYCLABLE MATERIAL	DESTINATION FACILITY <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED <i>(out of facility)</i>
Container Glass					
Industrial Scrap Glass					
Other Glass <i>(specify)</i>					
<b>TOTAL GLASS RECYCLED (tons):</b> _____					
<b>GLASS RESIDUE (tons):</b> _____		<b>DISPOSAL DESTINATION: (Name, Address, &amp; State)</b> _____			
METAL RECOVERED					
RECYCLABLE MATERIAL	DESTINATION FACILITY <i>(Name &amp; Address)</i>	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT	TONS RECYCLED <i>(out of facility)</i>
Aluminum Foil / Trays					
Bulk Metal					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal <i>(specify)</i>					
<b>TOTAL METAL RECYCLED (tons):</b> _____					
<b>METAL RESIDUE (tons):</b> _____		<b>DISPOSAL DESTINATION: (Name, Address, &amp; State)</b> _____			

**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)					
<b>TOTAL PLASTIC RECYCLED (tons):</b>					_____
<b>PLASTIC RESIDUE (tons):</b> _____		<b>DISPOSAL DESTINATION: (Name, Address, &amp; State)</b> _____			

**B. Quantity of Recyclable Material Recovered** (continued)

MISCELLANEOUS					
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)					
<b>TOTAL MISCELLANEOUS RECYCLED (tons):</b> _____					
<b>MISC. RESIDUE (tons):</b> _____		<b>DISPOSAL DESTINATION: (Name, Address, &amp; State)</b> _____			

**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS – whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM – cans – whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM – cans – flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC – PET – whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC – PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC – PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC – HDPE – whole	1 cubic yard	0.012 tons			
CORRUGATED – loose	1 cubic yard	0.015 tons	PLASTIC – HDPE – flattened 1	1 cubic yard	0.03 tons			
CORRUGATED - baled	1 cubic yard	0.55 tons	PLASTIC – HDPE - baled	1 cubic yard	0.38 tons	FERROUS METAL - cans whole	1 cubic yard	0.08 tons
			PLASTIC – mixed (grocery bags)	45 gallon bag	0.01 tons	FERROUS METAL - cans	1 cubic yard	0.43 tons

## SECTION 8 - 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.

Does your facility use a portable radiation monitor? \_\_\_\_\_ Yes \_\_\_\_\_ 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

## 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
<b>WIP Cumulative Total</b>										

\* 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: \_\_\_\_\_

Original\* section used (years) from \_\_\_\_\_ to \_\_\_\_\_

Next\* section used (years) from \_\_\_\_\_ to \_\_\_\_\_

Section Footprint \_\_\_\_\_ acres

Section Footprint \_\_\_\_\_ acres

Capped with approved final cover system Yes \_\_\_\_\_ No \_\_\_\_\_

Capped with approved final cover system Yes \_\_\_\_\_ No \_\_\_\_\_

Percent capped \_\_\_\_\_

Percent capped \_\_\_\_\_

Waste in Place: \_\_\_\_\_ Tons \_\_\_\_\_ Cubic Yards, if known  
known

Waste in Place: \_\_\_\_\_ Tons \_\_\_\_\_ Cubic Yards, if

\* 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 \_\_\_\_\_ No \_\_\_\_\_

If Yes: Active \_\_\_\_ Passive \_\_\_\_

Number of gas wells: \_\_\_\_\_

Total landfill footprint acreage \_\_\_\_\_

Total landfill acreage from which gas is collected \_\_\_\_\_

Landfill sections from which gas is collected \_\_\_\_\_

Landfill acreage from which gas is collected for energy recovery \_\_\_\_\_

Measured Methane Generation Rate\*, k \_\_\_\_\_

Measured Potential Methane Generation Capacity\*, L<sub>o</sub> \_\_\_\_\_ m<sup>3</sup>/Mg

NMOC Concentration\* \_\_\_\_\_ ppmv as hexane

Does the landfill require a Title V Permit? Yes \_\_\_\_\_ No \_\_\_\_\_

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

\* Note: If Concentration NMOC, L<sub>o</sub> 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: \_\_\_\_\_

Type of Flare: Opened Flare \_\_\_\_\_ Enclosed Flare \_\_\_\_\_

Please report units  
in cubic feet

Quantity of Gas Collected and Flared Annually \_\_\_\_\_ cubic feet

Flare Hours of Operation per Year \_\_\_\_\_ hours/year

Methane Percentage in Landfill Gas before flaring \_\_\_\_\_ %

Methane Destruction efficiency \_\_\_\_\_ %

**Candlestick Flares:**

Number of Candlestick Flares \_\_\_\_\_

Estimate of Gas Flared Candlestick Flare \_\_\_\_\_ cubic feet

**Gas To Energy**

Number of Internal Combustion Engines: \_\_\_\_\_

Please report units  
in cubic feet

Quantity of Gas collected for Internal Combustion Engine Annually \_\_\_\_\_ cubic feet

Methane Destruction efficiency \_\_\_\_\_ %

Methane Percentage in Landfill Gas before combustion \_\_\_\_\_ %

Utility Company Receiving Electricity \_\_\_\_\_

**Gas Processed for Use (Other than gas to electricity)**

Quantity of Gas Collected for Processing \_\_\_\_\_ cubic feet

Methane Percentage in Landfill Gas before processing \_\_\_\_\_ %

On-site or Off-site User of Gas \_\_\_\_\_

**Landfill Gas Recovery Facility/Landfill Data**

Facility Contact \_\_\_\_\_ 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:

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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:

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**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						
June						
July						
August						
September						
October						
November						
December						
ANNUAL TOTAL						

\* Provide where applicable.

Normal Weekdays of Operation \_\_\_\_\_ Normal Hours of Operation \_\_\_\_\_

Electricity Generated and used/marketed offsite \_\_\_\_\_ KWH

Electricity Generated and used onsite \_\_\_\_\_ KWH

Gas Processed and used/marketed offsite \_\_\_\_\_ cubic feet

Gas Processed and used onsite \_\_\_\_\_ cubic feet

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

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## **SECTION 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:

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## **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:

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## **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:

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## **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:

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## **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:

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## 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:

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## 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:

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## 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:

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## 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 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:

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## 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:

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## 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](mailto: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	_____ Date
_____ Name (Print or Type)	_____ Title (Print or Type)
_____ Email (Print or Type)	
_____ Address	_____ City
_____ State and Zip	(_____)_____-_____ Phone Number

ATTACHMENTS: \_\_\_ YES \_\_\_ NO  
(Please check appropriate line)

New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Permitting and Planning

**SOLID WASTE CONTACTS**

**CENTRAL OFFICE**

Bureau of Permitting and Planning  
625 Broadway  
Albany, NY 12233-7260  
Phone: (518) 402-8678

For Submission of Annual Reports only:

Fax: (518) 402-9041

Email : For solid waste management facilities: [swpermit@gw.dec.state.ny.us](mailto:swpermit@gw.dec.state.ny.us) ;  
for vehicle dismantler facilities: [vdfinfo@gw.dec.state.ny.us](mailto:vdfinfo@gw.dec.state.ny.us) .

**REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON**

**REGION 1 (Nassau, Suffolk)**

Syed Rahman  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790  
Phone: (631) 444-0375

**REGION 2 (Bronx, Kings, New York, Queens, Richmond)**

Samsudeen Arakan  
47-40 21st Street  
Long Island City, NY 11101-5407  
Phone: (718) 482-4896

**REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)**

Martin Brand  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3179

**REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)**

Richard Forgea  
1150 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243

**REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)**

**Main Office (Clinton, Essex,  
Franklin, Hamilton)**

Dale Becker  
Route 86, P.O. Box 296  
Ray Brook, NY 12977  
Phone: (518) 897-1241

**Sub-office (Fulton, Saratoga, Warren,  
Washington)**

David Mt. Pleasant  
232 Golf Course Road  
Warrensburg, NY 12885  
Phone: (518) 623-1230

**REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)**

**Main Office (Jefferson, Lewis,  
St. Lawrence)**

Peter Taylor  
State Office Building  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2522

**Sub-office (Herkimer, Oneida)**

Robert Senior  
State Office Building  
207 Genesee Street  
Utica, NY 13501  
Phone: (315) 793-2745

**REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga,  
Tompkins)**

Tim DiGiulio  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419

**REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben,  
Wayne, Yates)**

Scott Foti  
6274 East Avon-Lima Road  
Avon, NY 14414  
Phone: (585) 226-5408

**REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)**

Mark Hans  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220

## NYS PLANNING UNITS

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

NYS PLANNING UNITS – R1	MUNICIPALITY	COUNTY
Babylon (Town) & North Hempstead Solid Waste Management Authority	Babylon (Town)	Suffolk
	North Hempstead (Town)	Nassau
Brookhaven (Town)		Suffolk
East Hampton (Town)		Suffolk
Fishers Island Waste Management District	Southold (Town)	Suffolk
Glen Cove (City)		Nassau
Hempstead (Town)		Nassau
Huntington (Town)		Suffolk
Islip Resource Recovery Agency	Islip (Town)	Suffolk
Long Beach (City)		Nassau
Oyster Bay Solid Waste Disposal District	Oyster Bay (Town) (see last page)	Nassau
Riverhead (Town)		Suffolk
Shelter Island (Town)		Suffolk
Smithtown (Town)		Suffolk
Southampton (Town)		Suffolk
Southold (Town) (except Fishers Island)		Suffolk
NYS PLANNING UNITS – R2	MUNICIPALITY	COUNTY
New York City	Bronx	Bronx
	Kings (Brooklyn)	Kings
	New York (Manhattan)	New York
	Queens	Queens
	Richmond (Staten Island)	Richmond
NYS PLANNING UNITS – R3	MUNICIPALITY	COUNTY
Dutchess County Resource Recovery Agency		Dutchess
Orange County		Orange
Putnam County		Putnam
Rockland County Solid Waste Management Authority		Rockland
Sullivan County		Sullivan
Ulster County Resource Recovery Agency		Ulster
Westchester County		Westchester
NYS PLANNING UNITS – R4	MUNICIPALITY	COUNTY
Capital Region Solid Waste Management Partnership (CRSWMP)	Albany (City)	Albany
	Altamont (Village)	Albany
	Berne (Town)	Albany
	Bethlehem (Town)	Albany
	East Greenbush (Town)	Rensselaer
	Green Island (Town / Village)	Albany
	Guilderland (Town)	Albany
	Knox (Town)	Albany
	New Scotland (Town)	Albany
	Rensselaer (City)	Rensselaer
	Rensselaerville (Town)	Albany
	Voorheesville (Town)	Albany
	Watervliet (City)	Albany
Westerlo (Town)	Albany	

## NYS PLANNING UNITS

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

NYS PLANNING UNITS – R4 (continued)	MUNICIPALITY	COUNTY
Colonie (Town)	Cohoes (City)	Albany
	Colonie (Town)	Albany
	Colonie (Village)	Albany
	Menands (Village)	Albany
Columbia County		Columbia
Delaware County		Delaware
Eastern Rensselaer County Solid Waste Management Authority (ERCSWMA)	<b>Active Members</b>	
	Castleton-on-Hudson (Village)	Rensselaer
	Hoosick Falls (Village)	Rensselaer
	Nassau (Village)	Rensselaer
	Pittstown (Town)	Rensselaer
	Schaghticoke (Town)	Rensselaer
	Schaghticoke (Village)	Rensselaer
	Stephentown (Town)	Rensselaer
	Valley Falls (Village)	Rensselaer
	<b>Inactive Members</b>	
	Berlin (Town)	Rensselaer
	Grafton (Town)	Rensselaer
	Hoosick (Town)	Rensselaer
	Nassau (Town)	Rensselaer
	Petersburg (Town)	Rensselaer
	Poestenskill (Town)	Rensselaer
Greater Troy Area Solid Waste Management Authority (GTASWMA)	Brunswick (Town)	Rensselaer
	North Greenbush (Town)	Rensselaer
	Schodack (Town)	Rensselaer
	Troy (City)	Rensselaer
Greene County		Greene
Montgomery-Otsego-Schoharie Solid Waste Management Authority (MOSA)	Montgomery County	Montgomery
	Otsego County	Otsego
	Schoharie County	Schoharie
Schenectady County		Schenectady
NYS PLANNING UNITS – R5	MUNICIPALITY	COUNTY
Clinton County		Clinton
Essex County		Essex
County of Franklin Solid Waste Management Authority		Franklin
Fulton County		Fulton
Hamilton County		Hamilton
Saratoga County		Saratoga
Warren County		Warren
Washington County		Washington
NYS PLANNING UNITS – R6	MUNICIPALITY	COUNTY
Jefferson County		Jefferson
Lewis County		Lewis
Oneida-Herkimer Solid Waste Management Authority	Oneida County	Oneida
	Herkimer County	Herkimer
St. Lawrence County		St. Lawrence

## NYS PLANNING UNITS

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

NYS PLANNING UNITS – R7	MUNICIPALITY	COUNTY
Broome County		Broome
Cayuga County		Cayuga
Chenango County		Chenango
Cortland County		Cortland
Madison County		Madison
Onondaga County Resource Recovery Agency		Onondaga
Oswego County		Oswego
Tioga County		Tioga
Tompkins County		Tompkins
NYS PLANNING UNITS – R8	MUNICIPALITY	COUNTY
Chemung County		Chemung
GLOW Region Solid Waste Management Committee	Genesee County	Genesee
	Livingston County	Livingston
Monroe County		Monroe
Ontario County		Ontario
Schuyler County		Schuyler
Steuben County		Steuben
Western Finger Lakes Solid Waste Management Authority (WFLSWMA)	Wayne County	Wayne
	Yates County	Yates
NYS PLANNING UNITS – R9	MUNICIPALITY	COUNTY
Allegany County		Allegany
Cattaraugus County		Cattaraugus
Chautauqua County		Chautauqua
GLOW Region Solid Waste Management Committee	Wyoming County	Wyoming
Niagara County		Niagara
Northeast - Southtowns Solid Waste Management Board (NEST)	Akron (Village)	Erie
	Alden (Town)	Erie
	Alden (Village)	Erie
	Angola (Village)	Erie
	Aurora (Town)	Erie
	Blasdell (Village)	Erie
	Boston (Town)	Erie
	Brant (Town)	Erie
	Cheektowaga (Town)	Erie
	Clarence (Town)	Erie
	Colden (Town)	Erie
	Collins (Town)	Erie
	Concord (Town)	Erie
	Depew (Village)	Erie
	East Aurora (Village)	Erie
	Eden (Town)	Erie
	Elma (Town)	Erie
Evans (Town)	Erie	
Farnham (Village)	Erie	
Gowanda (Village)	Erie	

## NYS PLANNING UNITS

When completing the annual report, please use the Planning Unit listed below that corresponds with the municipality and county. Note: The Planning Unit is not the DEC Region.

NYS PLANNING UNITS – R9 (continued)	MUNICIPALITY	COUNTY
Northeast - Southtowns Solid Waste Management Board (NEST) (continued)	Hamburg (Town)	Erie
	Hamburg (Village)	Erie
	Holland (Town)	Erie
	Lackawanna (City)	Erie
	Lancaster (Town)	Erie
	Lancaster (Village)	Erie
	Marilla (Town)	Erie
	Newstead (Town)	Erie
	North Collins (Town)	Erie
	North Collins (Village)	Erie
	Orchard Park (Town)	Erie
	Orchard Park (Village)	Erie
	Sardinia (Town)	Erie
	Sloan (Village)	Erie
	Springville (Village)	Erie
Wales (Town)	Erie	
West Seneca (Town)	Erie	
Northwest Communities Solid Waste Management Board (NWCB)	Amherst (Town)	Erie
	Grand Island (Town)	Erie
	Kenmore (Village)	Erie
	Tonawanda (City)	Erie
	Tonawanda (Town)	Erie
Williamsville (Village)	Erie	
<b>NOT CURRENTLY AFFILIATED WITH A RECOGNIZED PLANNING UNIT</b>		
Buffalo (City)		Erie
Canaan (Town)		Columbia
Coeymans (Town)		Albany
Orleans County		Orleans
Oyster Bay (Town) (portion) **See Below		Nassau
Ravena (Village)		Albany
Sand Lake (Town)		Rensselaer
Seneca County		Seneca
Skaneateles (Town)		Onondaga
Skaneateles (Village)		Onondaga
<b>**MUNICIPALITIES NOT PART OF THE TOWN OF OYSTER BAY SOLID WASTE DISPOSAL DISTRICT</b>		
Bayville (Village)	Laurel Hollow (Village)	Oyster Bay Cove (Village)
Brookville (Village)	Matinecock (Village)	Roslyn Harbor (Village) (portion)
Centre Island (Village)	Mill Neck (Village)	Sea Cliff (Village)
Cove Neck (Village)	Muttontown (Village)	Upper Brookville (Village)
East Hills (Village) (portion)	Old Brookville (Village)	Glenwood – Glen Head Garbage District
Lattington (Village)	Old Westbury (Village) (portion)	