

# New York State Department of Environmental Conservation

## Division of Solid and Hazardous Materials

Bureau of Solid Waste, Reduction and Recycling, 9th Floor

625 Broadway, Albany, New York 12233-7253

Phone: (518) 402-8705 • Fax: (518) 402-9041

Website: [www.dec.ny.gov](http://www.dec.ny.gov)



Alexander B. Grannis  
Commissioner

January 12, 2009

Dear Facility Owner/Operator:

**Re: Annual/Quarterly Reporting by Landfills, Waste-To-Energy Facilities, Regulated Medical Waste Facilities, and Annual Reporting by Construction and Demolition Debris Processing Facilities, Transfer Stations, and Recyclables Handling and Recovery Facilities Regulated Under Revised 6 NYCRR Part 360, March 10, 2003**

This letter is to remind you that your 2008 Annual Report is due no later than March 3, 2009, in accordance with 6 NYCRR Part 360. Copies of the 2008 Annual Reports forms are available online at <http://www.dec.ny.gov/pubs/4763.html>. Please download the forms applicable to your facility or facilities. Please note that several of the reports have changed this year, requesting information that is different or in a different format than previous years. Do not use previous years' forms! You are responsible for completing and submitting the appropriate forms for all of your permitted and registered solid waste management facilities.


The submission of the completed form does not relieve you from any additional reporting responsibilities that are identified as special conditions in your 6 NYCRR Part 360 permit or that may be required for inactive or closed facilities, or other types of solid waste management facilities not referenced above.

To complete the annual report submission process:

1. Fill out the Annual Report Form(s) completely and sign the form(s).
2. Make a copy for your records.
3. Fax the completed Annual Report Form(s) to the New York State Department of Environmental Conservation's Central Office at (518) 402-9041 or email it to [bwrrfann@gw.dec.state.ny.us](mailto:bwrrfann@gw.dec.state.ny.us). This fax number and email address have been set up for the annual reports referenced above. If you cannot fax or email the form(s) or if there are lengthy attachments to the annual report(s), make a second copy and submit to the Central Office at the address in the letterhead above.
4. Mail the original completed form(s) to the New York State Department of Environmental Conservation (NYSDEC) Regional Office that has jurisdiction over your facility. Contact information can be found on the last page of the forms.

Further instructions can be found attached to the Annual Report Forms. Should you have any questions regarding the use of the forms, or would like a hard copy or an electronic copy of the forms, please contact Gerard Wagner at (518) 402-8705, or via e-mail at [gjwagner@gw.dec.state.ny.us](mailto:gjwagner@gw.dec.state.ny.us). Other questions regarding your reporting responsibilities should be directed to your respective Regional Office.

Thank you for your cooperation in this matter.

Sincerely,  
  
Jeffrey C. Schmitt, P.E.  
Director  
Bureau of Solid Waste, Reduction & Recycling

**New York State Department of Environmental Conservation  
Division of Solid & Hazardous Materials  
Albany, New York 12233-7253**

**ACTIVE LONG ISLAND SUBDIVISION 360-8.6(d) CLEAN FILL LANDFILL**

**Annual/Quarterly Report**

For use of this form as an Annual Report, complete line A and complete Sections 1 through 11 and 15 through 18. 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). Submit the Annual Report no later than March 3, 2009.

For use of this form as a Quarterly Report, complete line B and complete Sections 1 and 12 through 17. 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.

For use of this form as a combined Annual Report and a Quarter 4 Report, complete both lines A and B and complete all Sections.

Reporting of information indicated on this Active Clean Fill 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.

For purposes of estimating tonnage where only the volume is known, assume each cubic yard of construction and demolition debris is equivalent to 0.75 tons of solid waste, each cubic yard of compacted solid waste is equivalent to 0.5 tons, and each cubic yard of uncompacted solid waste is equivalent to 0.1 tons.

**Annual/Quarterly Report**

- A. Annual Report 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**

Facility Name \_\_\_\_\_ Town \_\_\_\_\_ County \_\_\_\_\_ NYSDEC Region # \_\_\_\_\_

Facility Location \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Facility Contact \_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Contact e-mail address \_\_\_\_\_ Fax # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

NYSDEC Activity Code or Registration # \_\_\_\_\_

360 Permit # -\_\_\_\_\_-\_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_ Issued \_\_\_/\_\_\_/\_\_\_ Expires \_\_\_/\_\_\_/\_\_\_

Owner Name \_\_\_\_\_ Phone # (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SECTION 2 - Quantity of Solid Waste Disposed**

Provide the tonnages of solid waste disposed. Exclude Materials Recovered amounts reported in Section 5.

Specify the methods used to measure the quantities disposed and the percentages measured by each method:

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

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

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

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

Clean Fill	Weight (tons)	Daily Average (Tons)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total For Year		

## Facility's Service Area

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

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

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

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

Facility's Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Concrete	<i>(Example)</i> <i>(Nassau)</i>	<i>(NY)</i>	<i>(Jovee, Westbury)</i>	<i>(1,000)</i>
	<i>(Suffolk)</i>	<i>(NY)</i>	<i>(Direct Haul)</i>	<i>(200)</i>
	<i>(Suffolk)</i>	<i>(NY)</i>	<i>(All County Demo, Miller Place)</i>	<i>(300)</i>
Brick				
Soil (Clean)				

Land Clearing Debris				
Other (Specify: _____ _____)				
Total Tons Received				

**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. 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:

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

\_\_\_\_\_ Estimated future disposal? (Yes or No)

\_\_\_\_\_ Permit limit? (Yes or No)

Other (explain): \_\_\_\_\_

3. Permitted Capacity Still to be Constructed

- a. What is the remaining but not yet constructed landfill capacity that is authorized by a Part 360 permit?

\_\_\_\_\_ 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:

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

\_\_\_\_\_ Estimated future disposal? (Yes or No)

\_\_\_\_\_ Permit limit? (Yes or No)

Other (explain): \_\_\_\_\_

4. Capacity Proposed in a Part 360 Permit Application

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

\_\_\_\_\_ 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 5 - Material Recovered

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

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

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

### IF THERE WERE RECYCLED MATERIALS AT YOUR FACILITY, COMPLETE THIS CHART

Tons or cubic yards were obtained by:

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

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

\_\_\_\_\_ Estimated

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

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

For "Other" categories, please specify the material. Add additional sheets, if necessary.

**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.

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

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	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												

	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												
May												
June												
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August												
September												
October												
November												
December												
ANNUAL												

**SECTION 8 - Tipping Fee/Leachate Treatment Cost**

Tipping Fee: \_\_\_\_\_\$/ton

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

**SECTION 9 - 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:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 10 - 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 11 - 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 12 - 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 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:

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**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:

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**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:

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**SECTION 16 - Surface Impoundments**

Does this landfill have a surface impoundment?       Yes  No

If yes, there are separate water quality reporting requirements for surface impoundments. Namely, for each surface impoundment, repeat Sections 12 through 14 above for Quarterly Reports and Section 11 above for Annual Reports. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

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**SECTION 17 - 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 18 - 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 Solid & Hazardous Materials  
Bureau of Solid Waste, Reduction & Recycling  
625 Broadway, 9<sup>th</sup> Floor  
Albany, New York 12233-7253  
Fax 518-402-9041  
Email address: bwrrfann@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 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)
_____ Address	_____ City
_____ State and Zip	(_____)_____ Phone Number

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

New York State Department of Environmental Conservation  
Division of Solid & Hazardous Materials  
Bureau of Solid Waste, Reduction & Recycling

**SOLID WASTE CONTACTS**

**CENTRAL OFFICE**

Bureau of Solid Waste, Reduction & Recycling  
625 Broadway, 9th floor  
Albany, NY 12233-7253  
Phone: (518) 402-8705

For Submission of Annual Reports only:  
Fax: (518) 402-9041  
Email : bwrrfann@gw.dec.state.ny.us

**REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON**

**REGION 1 (Nassau, Suffolk)**

Syed Rahman  
SUNY Campus  
Building 40  
Stony Brook, NY 11790  
Phone: (631) 444-0375

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

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

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

Steve Parisio  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3136

**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)**

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

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

David Mt. Pleasant  
232 Hudson Street  
Warrensburg, NY 12885  
Phone: (518) 623-1230

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

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

Ed Blackmer  
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