

ANNUAL/QUARTERLY REPORT

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

January, 2011 to December, 2011

B. Quarterly Report for: Quarter 1 Quarter 2 Quarter 3 (annual) Quarter 4

SECTION 1 – OWNER / FACILITY INFORMATION

FACILITY NAME: Hyland Facility Associates			
FACILITY ADDRESS: 6653 Herdman Road		FACILITY CITY: Angelica	
		STATE: NY	ZIP CODE: 14709
FACILITY TOWN: Angelica		FACILITY COUNTY: Allegany	
		FACILITY PHONE NUMBER: 591-466-7271	
FACILITY NYS PLANNING UNIT: Allegany County			NYSDEC REGION #: 9
360 PERMIT #: 9-0232-00003/00002	DATE ISSUED: 10/10/2007	DATE EXPIRES: 05/01/2015	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 02S17
FACILITY CONTACT: Joseph R. Boyles		CONTACT PHONE NUMBER: 591-466-7271	CONTACT FAX NUMBER: 55-466-3206
CONTACT EMAIL ADDRESS: Joe.boyles@casella.com			
OWNER NAME: Hyland Facility Associates		OWNER PHONE NUMBER: 591-466-7271	
		OWNER FAX NUMBER: 591-466-3206	
OWNER ADDRESS: 6653 Herdman Road		OWNER CITY: Angelica	
		STATE: NY	ZIP CODE: 14709

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?

_____ n/a _____ 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?

_____ n/a _____ Cubic Yards of Airspace

SECTION 3 - PRIMARY LEACHATE

Name of off-site leachate treatment facility(s) utilized: Wellsville WWTP & Jamestown WWTP

Does the landfill have a constructed liner and a leachate collection system? XX 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 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A	Cell 1,2&3 40 Acres	Leachate combined when hauled to WWTP	N/A	N/A	N/A	N/A
January	805,419	n/a	n/a	n/a	n/a	n/a	790,529	n/a	n/a	n/a	n/a	n/a
February	1,165,733	n/a	n/a	n/a	n/a	n/a	821,705	n/a	n/a	n/a	n/a	n/a
March	958,958	n/a	n/a	n/a	n/a	n/a	1,030,033	n/a	n/a	n/a	n/a	n/a
April	780,203	n/a	n/a	n/a	n/a	n/a	724,511	n/a	n/a	n/a	n/a	n/a
May	1,224,421	n/a	n/a	n/a	n/a	n/a	1,056,688	n/a	n/a	n/a	n/a	n/a
June	1,586,243	n/a	n/a	n/a	n/a	n/a	1,613,427	n/a	n/a	n/a	n/a	n/a
July	1,444,136	n/a	n/a	n/a	n/a	n/a	1,736,458	n/a	n/a	n/a	n/a	n/a
August	1,258,495	n/a	n/a	n/a	n/a	n/a	1,057,163	n/a	n/a	n/a	n/a	n/a
September	787,544	n/a	n/a	n/a	n/a	n/a	882,373	n/a	n/a	n/a	n/a	n/a
October	1,223,849	n/a	n/a	n/a	n/a	n/a	1,379,996	n/a	n/a	n/a	n/a	n/a
November	1,163,307	n/a	n/a	n/a	n/a	n/a	1,114,941	n/a	n/a	n/a	n/a	n/a
December	1,015,112	n/a	n/a	n/a	n/a	n/a	895,740	n/a	n/a	n/a	n/a	n/a
ANNUAL	13,413,420	n/a	n/a	n/a	n/a	n/a	13,097,564	n/a	n/a	n/a	n/a	n/a

PRIMARY LEACHATE RECIRCULATED (GALLONS)

PRIMARY LEACHATE TREATED ON SITE (GALLONS)

	Cell 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A	Cell 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A
January	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
February	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
March	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
April	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
May	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
June	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
July	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
August	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
September	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
October	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
November	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
December	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ANNUAL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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:

Attachment 6

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:

Attachment 10

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:

Attachment 10

Leachate Cost: (including transportation if appropriate) during the calendar year for leachate treatment: \$ ~\$800,000.00

Total quantity treated: 13,097,564 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**:

	SECONDARY LEACHATE COLLECTED (GALLONS)						SECONDARY LEACHATE TREATED OFF SITE (GALLONS)					
	Cell 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A	Cell 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A
January	2,613	n/a	n/a	n/a	n/a	n/a	See Primary Section.	n/a	n/a	n/a	n/a	n/a
February	3,074	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
March	3,139	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
April	3,277	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
May	2,702	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
June	2,393	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
July	2,052	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
August	2,400	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
September	2,760	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
October	3,179	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
November	1,354	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
December	2,050	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ANNUAL	30,993	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

	SECONDARY LEACHATE RECIRCULATED (GALLONS)						SECONDARY LEACHATE TREATED ON SITE (GALLONS)					
	Cell 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A	Cell 1,2&3 40 Acres	N/A	N/A	N/A	N/A	N/A
January	See Primary Section	n/a	n/a	n/a	n/a	n/a	See Primary Section	n/a	n/a	n/a	n/a	n/a
February	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
March	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
April	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
May	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
June	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
July	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
August	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
September	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
October	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
November	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
December	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
ANNUAL	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

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	130	Road				
Contaminated Soil	7,024	ADC & Road				
Foundry Sand						
Glass						
Industrial Waste (specify)						
MSW/Wood Ash	69	ADC				
Paper Mill Sludge						
Processed C&D	6,938	Road				
Shredder Fluff	23,897	ADC				
Tire Chips						
Wood/Wood Chips						
Other: Drill Cuttings/Sandblast	2,312	ADC				
Salt Sludge	243	ADC				
C&D Debris/Tiles	3,911	ADC & Road				
Total ADC	44,463					
Total Beneficial Use Materials	10,919					

Percent Alternative Daily Cover (ADC) Calculation

ADC Calculations: Total Tons ADC/Total Tons Waste Disposed x 100 = 17.29

Please note the calculation is: Tons ADC (from table above)/Tons Solid Waste (from table in Section 6) x 100 and **Not**: Tons ADC / (Tons Solid Waste + ADC) x 100

SECTION 6 - QUANTITY OF SOLID WASTE DISPOSED

A. Quantity Disposed by Month/Year

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

100 % Scale Weight

 % Estimated

 % Truck Count

 % Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos	0	0	0	0	0	0	0
Ash (Coal)	0	0	0	0	0	0	0
Ash (MSW Energy Recovery)	0	0	0	0	0	0	0
Construction & Demolition Debris (mixed)	894.11	720.36	769.69	1,392.21	1,204.56	1,443.79	1,939.90
Industrial Waste (Including Industrial Process Sludges)	1,090.44	927.06	899.20	1081.57	2,129.98	6870.56	351.11
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	5,462.86	5,497.40	8,736.65	8,295.17	11,233.63	13,876.19	10,901.17
Oil/Gas Drilling Waste	10,570.34	6,000.90	6,722.13	6,790.29	5,100.08	9,783.96	9,293.08
Petroleum Contaminated Soil	0	0	0	0	0	0	0
Sewage Treatment Plant Sludge	221.91	224.20	481.75	559.03	2,007.36	2,309.92	1993.50
Treated Regulated Medical Waste	0	0	0	0	0	0	0
Other (specify)	0	0	0	0	0	0	0
Total Tons Disposed	18,239.66	13,369.86	17,609.42	18112.27	21,675.61	34,290.42	24,418.70

SECTION 6 - QUANTITY OF SOLID WASTE DISPOSED (CONTINUED)

A. Quantity Disposed by Month/Year

Type of Solid Waste	Tip Fee (\$)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos		0	0	0	0	345.92	345.92	1.11
Ash (Coal)		0	0	0	0	0	0	0
Ash (MSW Energy Recovery)		0	0	0	0	0	0	0
Construction & Demolition Debris (mixed)		2,358.72	2,258.90	1,624.59	718.54	590.36	15,915.61	50.91
Industrial Waste (Including Industrial Process Sludges)		543.76	494.45	357.77	261.86	303.50	15,311.26	48.92
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		12,901.09	10,783.42	12,465.55	13,534.74	11,620.17	125,248.04	400.15
Oil/Gas Drilling Waste		10,308.22	9,319.22	4,316.45	7,293.50	4,822.92	90,315.03	288.54
Petroleum Contaminated Soil		0	0	0	0	0	0	0
Sewage Treatment Plant Sludge		455.16	302.34	309.14	491.43	691.59	10,041.33	32.08
Treated Regulated Medical Waste		0	0	0	0	0	0	0
Other (specify)		0	0	0	0	0	0	0
Total Tons Disposed		26,566.95	23,158.27	19,073.50	22,294.07	18,374.46	257,177.19	821.65

Daily Average Based on 313 Days Permitted

B. Quantity Disposed by Facility's Service Area

Identify the facility's service area by indicating the type of 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 amount received. **Refer to the list of NYS Planning Units that can be found at the end of this report.** Note: "Direct Haul" means SWMF which did not go through another SWMF. The total amount reported here should equal the total amount reported in Section 6A (Quantity Received by Month/Year). **DO NOT REPORT IN CUBIC YARDS!**

See Attachment 1

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

_____ % Road _____ % Rail
 _____ % Water _____ % Other (specify: _____)

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

B. SERVICE AREA					
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Asbestos					
Ash (Coal)					
Ash (MSW Energy Recovery)					
Construction & Demolition Debris (mixed)					

B. SERVICE AREA

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address)	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT	TONS RECEIVED
Industrial Waste (Including Industrial Process Sludges)					
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)					
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Other (specify)					

TOTAL RECIEVED (tons): _____

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

SECTION 7 – RECYCLABLES & RECOVERED MATERIALS

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

Identify the facility's service area by indicating the facility (or Direct Haul), the corresponding State/City and Waste Management facility (SWMF) from which it was received by your 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!**

This Section Not Applicable

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 _____

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)					
TOTAL RECEIVED (tons):					_____

B. Quantity of Recyclable Material Recovered

Identify the name of the destination facility to which the recyclable material was sent from your facility, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount of recyclable material transported. Refer to the list of NYS Planning Units that can be found at the end of this report. DO NOT REPORT IN CUBIC YARDS!

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 _____

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

B. Quantity of Recyclable Material Recovered (continued)

GLASS RECOVERED

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

TOTAL GLASS RECYCLED (tons): _____

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

METAL RECOVERED

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

TOTAL METAL RECYCLED (tons): _____

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

B. Quantity of Recyclable Material Recovered (continued)

PLASTIC

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

D. 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)					
TOTAL MISCELLANEOUS RECYCLED (tons): _____					
MISC. RESIDUE (tons): _____		DISPOSAL DESTINATION: (Name, Address, & State) _____			

VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT		MATERIAL	EQUIVALENT	
GLASS - whole bottles	1 cubic yard	0.35 tons	GLASS - crushed mechanically	1 cubic yard	0.88 tons	ALUMINUM - cans - whole	1 cubic yard	0.03 tons
GLASS - semi crushed	1 cubic yard	0.70 tons	GLASS - uncrushed manually	55 gallon drum	0.16 tons	ALUMINUM - cans - flattened	1 cubic yard	0.125 tons
PAPER - high grade loose	1 cubic yard	0.18 tons	PLASTIC - PET - whole	1 cubic yard	0.015 tons			
PAPER - high grade baled	1 cubic yard	0.36 tons	PLASTIC - PET - flattened	1 cubic yard	0.04 tons			
PAPER - mixed loose	1 cubic yard	0.15 tons	PLASTIC - PET - baled	1 cubic yard	0.38 tons	WHITE GOODS - uncompacted	1 cubic yard	0.10 tons
NEWSPRINT - loose	1 cubic yard	0.29 tons	PLASTIC - styrofoam	1 cubic yard	0.02 tons	WHITE GOODS - compacted	1 cubic yard	0.5 tons
NEWSPRINT - compacted	1 cubic yard	0.43 tons	PLASTIC - HDPE - whole	1 cubic yard	0.012 tons			
CORRUGATED - loose	1 cubic yard	0.015 tons	PLASTIC - HDPE - flattened 1	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 Ludlum Measurements and Model RA-2200 of fixed unit.

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

Identify Manufacturer Ludlum Measurements and Model ICS-4000 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
121611-1	12/16/11	10:14	Casella Transportation	Chemung, NY	8231 TRL 70939	Initial-38.5 kcps Last- 24.0 kcps	Disposed with DEC Approval	12/28/11	7:00 am
121611-2	12/16/11	11:03	Casella Transportation	Chemung, NY	8255 TRL 70759	Initial-53.9 kcps Last- 31.2 kcps	Disposed with DEC Approval	12/27/11	2:30 pm

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)	MSW/C&D Mixed (tons)	Other* (tons) Drilling Waste	Year(s) Total (tons)	Identify Landfill Section(s) Used
1998-2000	151,208	7,271	1,966	51,512	27,869	1,115	707	129,229	0	370,877	CELL 1
2001	18,805	655	0	6,422	1,956	242	1,781	199,923	0	229,790	CELL 1
2002	18,437	0	0	6,004	7,560	89	2,037	190,833	0	224,960	CELL 1
2003	4,951	0	0	2,316	26,299	0	1,741	197,010	0	232,317	CELL 1&2
2004	107,313	0	0	17,178	16,402	0	21,939	0	0	225,832	CELL 1&2
2005	201,150	0	0	9,218	13,069	0	7,421	0	0	230,918	CELL 1&2
2006	212,908	0	0	942	4,603	0	12,680	0	0	231,073	CELL 1&2
2007	230,729	0	0	23,240	4,449	0	32,216	0	0	290,634	CELL 1&2
2008	198,674	0	0	43,308	15,276	0	23,937	0	0	281,195	CELL 1,2&3
2009	145,897	0	297	27,178	7,396	0	31,427	0	0	212,195	CELL 1,2&3
2010	108,719	0	0	18,588	164,519	0	19,239	0	0	311,065	CELL 1,2&3
2011	125,248	346	0	15,916	15,311	0	10,041	0	90,315	257,177	CELL 1,2&3
WIP Cumulative Total	1,523,979	8,272	2,263	221,822	304,709	1,446	165,166	716,955	90,315	3,097,967	

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

Overall in place volume ~2.2M cubic yards

Method for determining waste composition, if known. Scale Tickets & Truck Manifests

Explain if closed landfills are included above not included

Waste Summary by Landfill Section

Provide waste in place information for all landfill sections.

Number of landfill sections: _____

Original* section used (years) from _____ to _____

Landfill Sections are Contiguous and are all in Operation-
There are no closed Sections.

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

Waste in Place: _____ Tons _____ Cubic Yards, if known

* 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: 46

Total landfill footprint acreage 39.4

Total landfill acreage from which gas is collected 28.3

Landfill sections from which gas is collected Cells 1 and 2

Landfill acreage from which gas is collected for energy recovery 28.3

Measured Methane Generation Rate*, k _____

Measured Potential Methane Generation Capacity*, L_o _____ m³/Mg

NMOC Concentration* 211 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: Hyland Gas to Energy Plant

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

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:

See Section 10

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	73,102,109	N/A	3,450,790	N/A	Commingled with leachate	742
February	64,624,190	N/A	3,069,810	N/A	"	672
March	72,635,255	N/A	3,387,950	N/A	"	731
April	66,103,543	N/A	3,199,770	N/A	"	715
May	62,720,642	N/A	3,125,580	N/A	"	710
June	67,631,639	N/A	3,220,150	N/A	"	716
July	61,181,419	N/A	2,711,380	N/A	"	740
August	59,362,748	N/A	2,677,590	N/A	"	731
September	63,687,552	N/A	3,099,470	N/A	"	718
October	66,583,777	N/A	3,252,750	N/A	"	740
November	66,431,547	N/A	3,160,510	N/A	"	719
December	66,431,547	N/A	3,090,480	N/A	"	744
ANNUAL TOTAL	791,964,970		37,446,230			8,678

* Provide where applicable.

Normal Weekdays of Operation 7 days per week Normal Hours of Operation 24 hours per day

Electricity Generated and used/marketed offsite 35,807,830 KWH

Electricity Generated and used onsite 1,638,400 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:

Condensate generated in the horizontal gas collectors drains back into the landfill cell's leachate collection system where it commingles with leachate. Leachate and condensate is then pumped via pipe to a lined holding pond. Condensate generated by the landfill gas collection system and the LFGTE plant is removed by a series of knockout tanks that discharge via pipe to the lined holding pond. Liquid that

collects in the holding pond is removed by pumping into a tanker truck and hauled to a waste treatment facility.

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:

See Section 7

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:

No Problems

SECTION 13 - CHANGES

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

No Changes

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:

See Section 10

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:

See Section 10

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:

See Section 10

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:

See Section 10

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:

See Section 10

SECTION 19 - SURFACE IMPOUNDMENTS

Does this landfill have a surface impoundment? XX 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:

See Section 10

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? X 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:

Additional permit requirements for the 4th Quarter of 2011, as specified in Special Conditions #90 and #91:

#90 Amounts of waste... received from each New York State count on a county by county basis, from the United States on a state by state basis from outside the country on a nation by nation basis.

Hyland: See Attachment #1

#90. Report on the receipt of unauthorized wastes received during the quarter.

Hyland: There was no unauthorized waste received during the quarter.

#90. The amount of leachate collected and hauled off-site on a daily basis and the disposal location. The daily logs of leachate level in the leachate storage tank shall be provided as well.

Hyland: See Attachment #2

#90. The amounts of liquid collected from the secondary collection system on a daily basis. The monthly Action Leakage Rate for the secondary collection system of each cell or subcell of the landfill.

Hyland: See Attachment #2

#90. The date when liquid is detected in any leak location, including the liquid removed from each location. This includes all leak detection locations including but not limited to those identified on the most recent approved weekly leachate inspection log.

Hyland: See Attachment #4. There was no leakage from pipes, only liquid from air vent & some stormwater present (est. 5-10 gallons in the quarter).

#90. The amount of ADC received during the quarter with a breakdown of how much was used, as well as the volume that is stockpiled on site.

Hyland: See Attachment #3. There was approximately 5000 cy of material stockpiled at the end of the 4th quarter.

#90. Results from the monitoring of the gas monitoring wells around the perimeter of the landfill.

Hyland: See Attachment #10 (there is a chart in the text)

#90. The analytical results for any condensate samples collected during the quarter being reported.

Hyland: See Attachment #10.

#90. The amount of condensate collected, the disposal location and the number of gas extraction well/laterals in operation.

Hyland: Hyland collects condensate into the leachate collection system; the condensate is not metered (in compliance with NYSDEC approval design plans). All condensate is mixed with primary leachate and treated offsite at either the Wellsville, Jamestown or Westfield WWTP or recirculated.

See Section 10 for Gas Well Information

#90. The amount of groundwater removed from each groundwater suppression system on a weekly basis. After Cell 5 is constructed, a flow rate shall be determined once per week. Weekly measurements shall occur during the operational life of the landfill and not during post-closure.

Hyland: Hyland does not currently monitor the flow volume from the groundwater suppression system (in compliance with NYSDEC approved design plans). Cell 5 will be in operation in a few years.

#90. The number of trucks delivering waste and ADC material to the site each day.

Hyland: See Attachment #1

#90. The amount of BUD material (drainage/ADC/road) delivered to the site each day, amount of material used and amount stored.

Hyland: See Attachment #3. There was approximately 5000 cy of material stockpiled at the end of the 4th quarter.

Annual Requirements

#91.a. Amounts of waste... received from each New York State county on a county by county basis, from the United States on a state by state basis and from outside the county on a nation by nation basis.

Hyland: See Attachment #1

#91. Copies of current and up-to-date contracts with a minimum of 2 wastewater treatment facilities for the disposal of leachate for the up-coming year. In addition, copies of current and up-to-date contracts with the back-up hauler for the upcoming year shall be provided.

Hyland: see Attachments #8&9

#91. Any changes to the Fill Progression Plan or modification to the landfill.

Hyland: No Changes

#91. An updated cost estimate for closure/post-closure activities to reflect inflation and/or any changes that may impact closure or post-closure.

Hyland: See Attachment #7

#91. An updated topographic map (based on Fall conditions) of the site. Included with the topographic map shall be a discussion on the amount of waste received, the remaining volume/life of the site and a soil balance for the site. The soil balance shall include: the amount of soil required for cover closure and other activities; the amount of soil remaining in the permitted borrow area; and the amount of soil that needs to be imported.

Hyland: See Attachment #5

#91. Unusual events or accidents at the landfill and response by landfill personnel.

Hyland: Nothing to report that has not been previously reported

#91. Any change in water quality which have occurred throughout the report year and a summary of the water quality information.

Hyland: See Attachment #10 for monitoring information

#91. Any approved changes from the approved plans, reports and specifications or permit, along with a justification for the change.

Hyland: No unapproved changes

#91. Summary Report for the active gas system including the amount of gas burned and condensate collected.

Hyland: See Section 10 and Title V Reporting. Hyland does not track condensate volumes in compliance with NYSDEC Approved plans.

#91. Completed Landfill Gas Recovery Facility Annual Report

Hyland: Submitted to Division of Air Resources

#91. A detailed plan covering the next three years of operation and construction activities. The plan shall indicate which areas will be constructed, operated and/or closed. A schedule for all activities shall be included.

REPRINTED (12/11)

Hyland: Hyland plans to construct Cell 4B during the 2012 construction season. Hyland plans to construct Cell 4C during the 2013 construction season. Cell 4C will provide enough airspace for approximately three years. Hyland currently plans to cap the north slope in 2013.

SECTION 21 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Solid Waste Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: swpermit@gw.dec.state.ny.us**

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

_____ Signature	_____ Date
_____ Joseph R. Boyles Name (Print or Type)	_____ General Manager Title (Print or Type)
_____ joe.boyles@casella.com Email (Print or Type)	
_____ 6653 Herdman Road Address	_____ Angelica City
_____ New York, 14709 State and Zip	_____ (591) 466 - 7271 Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)