

LANDFILL GAS RECOVERY FACILITY

**New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Albany, New York 12233-7258**

LANDFILL GAS RECOVERY FACILITY

Annual/Quarterly Report

For use of this form as an Annual Report, complete line A and complete all Sections. 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 60 calendar days after the first day of January following each year of operation.

For use of this form as a Quarterly Report, complete line B and complete Sections 1 and 4 through 7. The Quarterly Report form is to be used for reporting of quarterly or annual results from each sampling event without regard for whether the sampling event is required on a quarterly or annual basis. Quarterly reporting is required for the first year of the facility's operation, with annual reporting thereafter. 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 the information indicated on this Landfill Gas Recovery Facility Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-2.11(d)(6); 360-2.16(e)(3), (e)(4), and (e)(6). Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to both the office of the Department administering the Region in which the facility is located and to the Department's Central Office is required to meet the standard Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Where the standard Annual/Quarterly Report requirements for a landfill gas recovery facility have been waived, Sections 1 and 6 must be completed and submitted with a copy of the Department's written notification which allows the waiver.

Where the standard 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.

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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.

This form may be reproduced locally as required.

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Annual/Quarterly Report

A. Annual Report for the year of operation from January 1, 2009 to December 31, 2009.

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

SECTION 1

Owner/Facility Information

Facility Name CID Landfill NYSDEC Facility Code #15s14
 Facility Location 10860 Olean Rd Chaffee State N.Y. Zip 14030
 Facility Contact Thomas Lewis Phone # (716) 496 - 5000
 Fax # (716) 496 - 5500
 Town Sardinia County Erie NYSDEC Region # 9
 360 Permit # 9-1462-00001/00006 Issued 12/5/2006 Expires 12/4/2016
 Owner Name Waste Management Phone # (716) 496 - 5192
 Mailing Address Same As Above State Zip

SECTION 2

Quantities

Provide the following information:

	Facility Operation (Hours)	Landfill Gas Recovered (million Cu. Ft.)	Condensate Generated (Gallons)	Steam* Generated (Cu. Ft.)	Electricity* Generated (K.W.H.)	Low BTU/ Pipeline Quality Gas* Produced (Cu. Ft.)
January	743.84	70.8	1,439		3,593,639	
February	672.0	73.3	0		3,051,330	
March	744.0	91.9	903		3,582,586	
April	720.0	82.9	1,261		3,526,350	
May	744.0	90.1	1,025		3,618,297	
June	720.0	89.9	1,671		3,528,320	
July	744.0	86.1	1,508		3,609,638	
August	744.0	87.5	854		3,483,281	
September	718.54	87.5	4,932		3,655,368	
October	742.02	91.9	5,018		3,811,942	
November	720.0	88.4	2,099		3,533,716	
December	743.75	87.9	2,207		4,229,924	
ANNUAL TOTAL	8,756.15	1,028.2	22,917		43,224,391	

*

Provide where applicable.

Normal Weekdays of Operation 7 Days Normal Hours of Operation 24 hours

Identify all full- and part-time employees, their titles and the months during

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which each was employed: See Attachment "A"

Describe the collection, storage, treatment and disposal techniques used in managing the condensate: See Attachment "A"

Provide a summary, compiled on a monthly basis, of the sampling data: See Attachment "B"

List required submissions that have been attached to this form or the reasons for not attaching a required piece of information: See Attachment "B"

SECTION 3

Landfill Gas Recovery Facility/Landfill Data (To Be Optionally Provided)

Landfill Gas Recovery Facility (LGRF) Data:

Original capital cost of LGRF: \$ Cost Year

Annual operation and maintenance cost for calendar year: \$

Does the LGRF experience shut downs: X 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: Start up Shutdown Malfunction Plan (SSM)

Records kept on file as required

Number of turbine driven generators: 0 Manufacturer

Number of internal combustion driven generators: 8 Manufacturer Caterpillar

Landfill Data:

Landfill owner: Waste Management Inc. Total landfill acreage: 100+

Landfill acres with landfill gas recovery: 50.9 Number of wells: 50

Year landfill opened: 1958 Anticipated landfill closure date: 2025

SECTION 4

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 Attachment "B"

SECTION 5
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: _____ n/a

SECTION 6
Permit/Consent Order Reporting Requirements

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form? _____ Yes ___X___ 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 7
Signature and Date By Owner or Operator

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

New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste & Land Management
50 Wolf Road
Albany, New York 12233-7258

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

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

_____ Signature	_____ Date
<u>Thomas Lewis</u> Name (Print or Type)	<u>District Manager</u> Title (Print or Type)
<u>10860 Olean Road</u> Address	<u>Chaffee</u> City
<u>New York 14030</u> State and Zip	(<u>716</u>) <u>496 - 5192</u> Phone Number

ATTACHMENTS: YES NO
(Please check appropriate line)