



Green Valley Landfill General Partnership

April 28, 2014

Laurie Green
Solid Waste Branch
Division of Waste Management
200 Fair Oaks
Frankfort, KY 40601

**RE: Green Valley Landfill General Partnership
Green Valley Landfill, Greenup County
Solid Waste Permit No. SW04500012
First Quarter 2014 Groundwater Monitoring and Surface Water Monitoring Reports**

Mr. Green:

Enclosed please find one copy of the quarterly groundwater and surface water monitoring reports and the statistical evaluation report for Green Valley Landfill. No groundwater or surface water exceedances were detected. No verified statistical exceedances were identified.

Feel free to contact me at 502-403-8908 (cell) or WChlebowy@republicservices.com if you have any questions or need additional information.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for such violations.

Sincerely,

GREEN VALLEY LANDFILL GENERAL PARTNERSHIP

William L. Chlebowy, P.E.
Environmental Manager
Republic Services, Inc.

Enclosures

cc: Kim Cecil – Operations Manager Landfill
Green Valley Landfill – File



GROUNDWATER AND SURFACE WATER MONITORING SAMPLE DATA REPORTING FORM

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
14 REILLY ROAD
FRANKFORT, KY 40601



Facility Name Green Valley Landfill Activity Contained Landfill
(As officially shown on DWM Permit Face)

Permit No. 045-00012 Finds/Unit No. _____ Quarter & Year 1st 2014

Please check only ONE of the following:

Characterization Quarterly Semi-Annual Annual Assessment

Please check applicable submittal: Groundwater Surface Water

This form is to be utilized by those sites required by regulation (Kentucky Waste Management Regulations - 401 KAR 48:300 and 45:160) or by statute (Kentucky Revised Statutes Chapter 224) to conduct groundwater and surface water monitoring under the jurisdiction of the Division of Waste Management. **You must report any indication of contamination within forty-eight (48) hours of making the determination using statistical analyses, direct comparison, or other similar techniques. Submitting the lab report is NOT considered notification.** Instructions for completing the form are attached. Do not submit the instruction pages.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for such violations.

William L. Culbourn
SIGNATURE

April 28, 2014
DATE

William L. Culbourn ENVIRONMENTAL MANAGER
NAME AND TITLE - PLEASE PRINT

FACILITY INFORMATION SHEET

Sampling Date: 03/12/2014 County: Greenup Permit No. 045-00012

Facility Name Green Valley Landfill
(As officially shown on DWM Permit Face)

Site Address: 100 Addington Road Ashland, Kentucky 41102
Street City Zip

Phone No.: (606) 928-0239 Latitude 38° 23' 00" Longitude 82° 48' 58"

OWNER INFORMATION

Facility Owner: Green Valley Environmental Corporation Phone No.: 606-928-0239

Contact Person: Bill Chlebowy, P.E. Phone No.: 502-209-3816

Contact Person Title: Environmental Manager

Mailing Address: 2157 Highway 151 Frankfort, KY 40601
Street City Zip

SAMPLING PERSONNEL

(IF OTHER THAN LANDFILL OR LABORATORY)

Company: Kenvirons, Inc.

Contact Person: Bill Knarr Phone No.: (502) 695-4357

Mailing Address: 452 Versailles Road Frankfort, KY 40601
Street City Zip

LABORATORY RECORD #1

Laboratory: Pace Analytical Services, Inc. Lab ID No.: _____

Contact Person: Chris Boyle Phone No.: (317) 243-8304

Mailing Address: 7901 West Morris Street Indianapolis, IN 46231
Street City Zip

LABORATORY RECORD #2

Laboratory: Keystone Laboratories, Inc. Lab ID No.: _____

Contact Person: Sue Thompson Phone No.: (800)-858-5227

Mailing Address: 600 East 17th Street South Newton, IA 50208
Street City Zip

GROUNDWATER SAMPLE ANALYSIS (s)

AKGWA NUMBER ¹ , Facility Well/Spring Number	8000-8086	8000-2931	8000-2932	8000-8085									
Facility's Local Well or Spring Number (e.g. MW-1, MW-2, etc.)	MW-1	MW-1A	MW-1B	MW-3									
Sample Sequence #													
If a sample is a Blank, specify Type: (F)ield, (T)rip, (M)ethod, or (E)quipment													
Sample Date and Time (Month/Day/Year hour:minutes)	3/12/2014 1:10 PM	3/12/2014 1:40 PM	3/12/2014 2:10 PM	3/12/2014 9:40 AM									
Duplicate ("Y" or "N") ²	N	N	N	N									
Spilt ("Y" or "N") ³	N	N	N	N									
Facility Sample ID Number (if applicable)													
Laboratory Sample ID Number (if applicable)	AA11171	AA11173	AA11174	AA11167									
Date of Analysis (Month/Day/Year)	3/28/2014	3/28/2014	3/28/2014	3/28/2014									
Gradient with Respect to Monitored Unit (UP, DOWN, SIDE, UNKNOWN)	Side	Side	Side	Down									
CAS RN ⁴		CONSTITUENT	T D ⁵	Unit of MEASURE	METHOD	DETECTED VALUE OR PQL ⁶	F L A G S	DETECTED VALUE OR PQL ⁶	F L A G S	DETECTED VALUE OR PQL ⁶	F L A G S	DETECTED VALUE OR PQL ⁶	F L A G S
S0906 --	0	Static Water Level Elevation	T	Ft. MSL		613.65		617		613.68		626.02	
S0907 --	0	Temperature	T	°C		11.43		10.93		11.33		9.56	
16887-00-6	2	Chloride(s)	T	MG/L	SW846-9251	1.5		3.5		45		4.5	
S0130 --	0	Chemical Oxygen Demand	T	MG/L	EPA 410.4	< 10		< 10		< 10		< 10	
S0266 --	0	Total Dissolved Solids	T	MG/L	EPA 160.1	28		250		390		150	
S0268 --	1	Total Organic Carbon	T	MG/L	SW846-9060	< 1		< 1		< 1		1.2	
S0145 --	1	Specific Conductance, Field	T	UMHOS/CM	SW846-9050	70		384		728		229	

¹AKGWA # is 0000-0000 for any type of blank.

²Respond "Y" if the sample was a duplicate of another sample in this report.

³Respond "Y" if the sample was split and analyzed by separate laboratories.

⁴Chemical Abstracts Service Registry Number or unique identifier number assigned by agency.

⁵"T" = Total; "D" = Dissolved

⁶"<" indicates a non-detect; do not use "ND" or "BDL".
 Value then shown is Practical Quantification Limit.

STANDARD FLAGS:

- J = Estimated Value
- B = Analyte found in blank
- A = Average Value
- N = Presumptive ID
- D = Concentration from analysis of a secondary dilution factor
- X = Exceeds Regulatory Limit

RESIDENTIAL / CONTAINED - QUARTERLY

Facility: Green Valley Landfill

Permit Number: 045-00012

FINDS/UNIT: _____

GROUNDWATER SAMPLE ANALYSIS (s)

AKGWA NUMBER ¹ , Facility Well/Spring Number	8005-7101	8005-7102	8005-7103	0								
Facility's Local Well or Spring Number (e.g. MW-1, MW-2, etc.)	MW-28C	MW-28D	MW-28E	FIELD BLANK								
Sample Sequence #												
If a sample is a Blank, specify Type: (F)ield, (T)rip, (M)ethod, or (E)quipment				F								
Sample Date and Time (Month/Day/Year hour:minutes)	3/12/2014 12:10 PM	3/12/2014 11:00 AM	3/12/2014 11:35 AM	3/12/2014 11:05 AM								
Duplicate ("Y" or "N") ²	N	N	N	N								
Spilt ("Y" or "N") ³	N	N	N	N								
Facility Sample ID Number (if applicable)												
Laboratory Sample ID Number (if applicable)	AA11170	AA11168	AA11169	AA11172								
Date of Analysis (Month/Day/Year)	3/28/2014	3/28/2014	3/24/2014	3/28/2014								
Gradient with Respect to Monitored Unit (UP, DOWN, SIDE, UNKNOWN)	Down	Down	Down									
CAS RN ⁴												
CONSTITUENT												
T D ⁵												
Unit of MEASURE												
METHOD												
DETECTED VALUE OR PQL ⁶	F L A G S	DETECTED VALUE OR PQL ⁶	F L A G S	DETECTED VALUE OR PQL ⁶								
S0906 --	0	Static Water Level Elevation	T	Ft. MSL	670.42		670.54		668.55			
S0907 --	0	Temperature	T	°C	8.35		9.6		11.49			
16887-00-6	2	Chloride(s)	T	MG/L	SW846-9251	12		18		1.9		< 1
S0130 --	0	Chemical Oxygen Demand	T	MG/L	EPA 410.4	< 10		< 10		< 10		< 10
S0266 --	0	Total Dissolved Solids	T	MG/L	EPA 160.1	340		430		170		< 10
S0268 --	1	Total Organic Carbon	T	MG/L	SW846-9060	1.3		< 1		< 1		< 1
S0145 --	1	Specific Conductance, Field	T	UMHOS/CM	SW846-9050	526		649		333		

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secondary dilution factor

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01102147

KENVIRONS, INC.
CHAIN OF CUSTODY RECORD

452 Versailles Road; Frankfort, KY 40601

www.kenvirons.com (502) 695-4367 Fax: (502) 695-4363

Customer Name: Kenvirons		Submitter No. 9795		Send Report To: Bill Knarr											
Project Number: 2007006		Address: Kenvirons, Inc.													
Client: Green Valley LF		E-mail:													
Sampled By: BAK III		Standard: <input checked="" type="checkbox"/> Rush Date: _____ <small>(Indicates TAT subject to Additional Charge) (Date must be Accepted and Approved by Lab.)</small>													
Date Sampled	Time Sampled	Cont. Grade	Sample ID and/or Location	Sample Type (Water, DW, GW, WW, Soil, Sludge, Other)	Number of Containers	Flow (Gal/Min)	Field Turbidity	Field pH	Field Conductance	Field Temperature	Field Dissolved Oxygen	ORP	Z Quote number	Lab use only No.	Sample
3/12/14	0940	X	MW-3	GW	5	-	-	6.22	229	9.56	3.47	30.5	144756	AA1167	
3/12/14	1100	X	MW-28D	GW	5	-	-	5.48	649	9.60	6.02	200.7	144756	168	
3/12/14	1135	X	MW-28E	GW	5	-	-	6.46	333	11.49	5.37	169.6	144756	169	
3/12/14	1210	X	MW-28C	GW	5	-	-	5.27	526	8.35	1.62	241.9	144756	170	
3/12/14	1310	X	MW-1	GW	5	-	-	6.40	70	6.49	11.43	199.1	144756	171	
3/12/14	1105	X	FB	-	5	-	-	-	-	-	-	-	144756	172	
3/12/14	13310	X	MW-1A	GW	5	-	-	7.24	384	10.93	5.32	150.7	144756	173	
3/12/14	1410	X	MW-1B	GW	5	-	-	7.81	728	11.33	2.20	-89.6	144756	174	
Retrieved by: (Signature) <i>BAK III</i>		Date/Time	Received by: (Signature) <i>Sent via Fed Ex</i>		Laboratory Use Only		VER		NO		Comments:				
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Custody seals present/intact?		✓		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Broken containers?		-		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		COC agree with sample labels?		✓		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Correct containers for testing?		✓		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Headspace issues acceptable?		✓		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Holding time(s) acceptable?		✓		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Preservative pH's acceptable?		✓		-						
Retrieved by: (Signature)		Date/Time	Received by: (Signature)		Was pH left unadjusted?		-		-						

White - Kenvirons Laboratory
Yellow - Third Party Laboratory
Pink - Sampler

GROUNDWATER AND SURFACE WATER MONITORING SAMPLE DATA REPORTING FORM

NATURAL RESOURCES AND ENVIRONMENTAL PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WASTE MANAGEMENT
SOLID WASTE BRANCH
14 REILLY ROAD
FRANKFORT, KY 40601

Facility Name Green Valley Landfill Activity Contained Landfill
(As officially shown on DWM Permit Face)

Permit No. 045-00012 Finds/Unit No. _____ Quarter & Year 1st 2014

Please check only ONE of the following:

Characterization Quarterly Semi-Annual Annual Assessment

Please check applicable submittal: Groundwater Surface Water

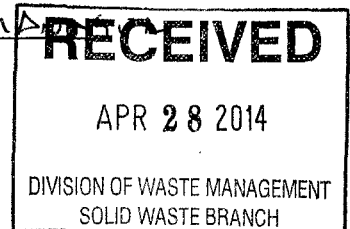
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Will Lohrey
SIGNATURE

April 23, 2014
DATE

William L. Cullissey ENVIRONMENTAL MANAGER
NAME AND TITLE - PLEASE PRINT



FACILITY INFORMATION SHEET

Sampling Date: 03/12/2014 County: Greenup Permit No. 045-00012

Facility Name Green Valley Landfill

(As officially shown on DWM Permit Face)

Site Address: 100 Addington Road Ashland, Kentucky 41102
Street City Zip

Phone No.: (606) 928-0239 Latitude 38° 23' 00" Longitude 82° 48' 58"

OWNER INFORMATION

Facility Owner: Green Valley Environmental Corporation Phone No.: 606-928-0239

Contact Person: Bill Chlebowy, P.E. Phone No.: 502-209-3816

Contact Person Title: Environmental Manager

Mailing Address: 2157 Highway 151 Frankfort, KY 40601
Street City Zip

SAMPLING PERSONNEL

(IF OTHER THAN LANDFILL OR LABORATORY)

Company: Kenvirons, Inc.

Contact Person: Bill Knarr Phone No.: (502) 695-4357

Mailing Address: 452 Versailles Road Frankfort, KY 40601
Street City Zip

LABORATORY RECORD #1

Laboratory: Pace Analytical Services, Inc. Lab ID No.: _____

Contact Person: Chris Boyle Phone No.: (317) 243-8304

Mailing Address: 7901 West Morris Street Indianapolis, IN 46231
Street City Zip

LABORATORY RECORD #2

Laboratory: Keystone Laboratories, Inc. Lab ID No.: _____

Contact Person: Sue Thompson Phone No.: (800)-858-5227

Mailing Address: 600 East 17th Street South Newton, IA 50208
Street City Zip

Division of Waste Management
 Solid Waste Branch
 14 Reilly Road
 Frankfort, KY 40601 (502) 564-6716

Facility: Green Valley Landfill
 Permit Number: _____

FINDS/UNIT: _____

SURFACE WATER SAMPLE ANALYSIS (w)

Monitoring Point (KPDES Discharge Number, or "UPSTREAM", or "DOWNSTREAM")					SW-1	SW-3	SW-4	SW-5					
Sample Sequence #													
If a sample is a Blank, specify Type: (F)ield, (T)rip, (M)ethod, or (E)quipment													
Sample Date and Time (Month/Day/Year hour:minutes)					3/12/2014 10:15	3/12/2014 9:50	3/12/2014 10:30	3/12/2014 12:35					
Duplicate ("Y" or "N") ¹					N	N	N	N					
Spilt ("Y" or "N") ²					N	N	N	N					
Facility Sample ID Number (if applicable)													
Laboratory Sample ID Number (if applicable)					AA11152	AA11151	AA11153	AA11154					
Date of Analysis (Month/Day/Year)					3/22/2014	3/22/2014	3/22/2014	3/21/2014					
CAS RN ³		CONSTITUENT	T D ⁴	Unit of MEASURE	METHOD	DETECTED VALUE OR PQL ⁵	F L A G S	DETECTED VALUE OR PQL ⁵	F L A G S	DETECTED VALUE OR PQL ⁵	F L A G S	DETECTED VALUE OR PQL ⁵	F L A G S
A200-00-0	0	Flow	T	Gal./Min.		10		15		10		15	
16887-00-6	2	Chloride(s)	T	MG/L	SW846-9251	4.9		8.8		3		44	
14808-79-8	0	Sulfate	T	MG/L	SW846-9038	470		220		79		280	
7439-89-6	0	Iron	T	MG/L	SW846-6010A	0.73		0.68		0.43		1.2	
7440-23-5	0	Sodium	T	MG/L	SW846-6010A	6.9		8.4		3.7		34	
S0268 - -	0	Organic Carbon ⁶	T	MG/L	SW846-9060	2		3		2.1		8.7	
S0097 - -	0	BOD ⁶	T	MG/L									

¹ Respond "Y" if the sample was a duplicate of another sample in this report.

² Respond "Y" if the sample was split and analyzed by separate laboratories.

³ Chemical Abstracts Service Registry Number or unique identifier number assigned by agency.

⁴ "T" = Total; "D" = Dissolved

⁵ "<" indicates a non-detect; do not use "ND" or "BDL".

Value then shown is Practical Quantification Limit.

⁶ Facility has either/or option on Organic Carbon and (BOD) Biological Oxygen Demand - Both are not required

STANDARD FLAGS:

J = Estimated Value

B = Analyte found in blank

A = Average Value

N = Presumptive ID

D = Concentration from analysis of a secondary dilution factor

X = Exceeds Regulatory Limit

Comments:

1. There was no flow reported from SW-2 or SW-6 on the scheduled date of sampling (03/12/14).

KENVIRONS, INC.
 452 Versailles Road
 Frankfort, KY 40601
 502-695-4357
 502-695-4363 (fax)



Green Valley Landfill -ALLIED - Greenup Co., KY Project No. 2007007

Sample Point	Z#	Date	Flow (Sampled)		No Flow	Preceding Precipitation Event Within 24 Hr. Period	
			YES	NO	YES	YES	NO
SW-1A	146799	3/12/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SW-2	146799	3/12/14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SW-3	146799	3/12/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SW-4	146799	3/12/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SW-5	146799	3/12/14	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SW-6	146799	3/12/14	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Notes:

TECHNICIAN Bill F. Knarr, III

DATE 3/12/14