

**RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT**  
 (If you need assistance filling out this form please email [swmannualreport@dec.ny.gov](mailto:swmannualreport@dec.ny.gov) or call 518-402-8878.)  
**Complete and submit this form by March 1, 2020.**

This annual report is for the year of operation from January 01, 2019 to December 31, 2019

**SECTION 1 - GENERAL INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <u>Lake Luzerne Transfer Station</u>			
FACILITY LOCATION ADDRESS: <u>123 Towner Rd</u>	FACILITY CITY: <u>Lake Luzerne</u>	STATE: <u>Ny</u>	ZIP CODE: <u>12846</u>
FACILITY TOWN: <u>Lake Luzerne</u>	FACILITY COUNTY: <u>Warren</u>	FACILITY PHONE NUMBER: <u>518-696-2105</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #: <u>5</u>
360 PERMIT #: (Refer to DEC Permit)	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <u>57D08</u>
FACILITY CONTACT: <u>Glenn Shiel</u>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <u>518-696-3588</u>	CONTACT FAX NUMBER: <u>518-696-2773</u>
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <u>town of Lake Luzerne</u>	OWNER PHONE NUMBER: <u>518-696-2711</u>	OWNER FAX NUMBER: <u>518-696-2773</u>	
OWNER ADDRESS: <u>539 Lake Ave.</u>	OWNER CITY: <u>Lake Luzerne</u>	STATE: <u>Ny</u>	ZIP CODE: <u>12846</u>
OWNER CONTACT: <u>Gene Merlino</u>	OWNER CONTACT EMAIL ADDRESS: <u>LakeLuzerne2@albany.twc.bc.com</u>		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner <u>Theresa Rivers</u>		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide): <u>P.O. Box 370 Lake Luzerne N.Y. 12846</u>			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input checked="" type="checkbox"/> Other (provide): <u>operator - Theresa Rivers</u>			
Did you operate in 2019? <input checked="" type="checkbox"/> Yes; Complete this form.			
<input type="checkbox"/> No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: <a href="http://www.dec.ny.gov/chemical/52706.html">http://www.dec.ny.gov/chemical/52706.html</a> .			



### SECTION 3 – SERVICE AREA OF MATERIAL RECEIVED

Please identify where the material is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received). DO NOT REPORT IN CUBIC YARDS!

- If the material **WAS** received from another solid waste management facility, please write in the name and address of the facility along with the appropriate state, county and planning unit/municipality.
- If the material **WAS NOT** received from another solid waste management facility, please write in "**Direct Haul**" along with the appropriate state, county and planning unit/municipality where the material was generated.

Specify transport method, list type of material(s) and percentages of total material transported by each:

100% Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Commingled Containers (metal, glass, plastic)					
Commingled Paper (all grades)	Perkins Recycling "Direct Haul" 315 Cornith Road Queensbury N.Y. 12804	NY	Warren		74 ton
Single Stream (total)					
Other (specify)					
metal	"Direct Haul"	NY	Warren		87 ton
Glass	"Direct Haul"	NY	Warren		21 ton
plastic	"Direct Haul"	NY	Warren		24.79
<b>TOTAL MATERIAL RECEIVED (tons)</b>					<b>206.79 ton</b>

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

**SECTION 4 – RESIDUE**

Total residue (tons) = \_\_\_\_\_ Residue destination (Name & Address) \_\_\_\_\_  
 Percent Residue Calculation: Total tons residue/Total tons material received x 100 = \_\_\_\_\_

**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS**

Please identify destination of recyclable materials. Indicate the name of the facility, address, corresponding State/Country, County/Province, Destination Planning Unit/Municipality and the amount of material recovered. DO NOT REPORT IN CUBIC YARDS!

Specify transport method, list type of material(s) and percentages of total material transported by each:

100 % Road: Material(s): \_\_\_\_\_ % Rail: Material(s): \_\_\_\_\_  
 % Water: Material(s): \_\_\_\_\_ % Other (specify: \_\_\_\_\_): Material(s): \_\_\_\_\_

PAPER RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Paper (all grades)	Perkins Recycling 315 Cornith Rd. Queensbury N.Y. 12904	N.Y.	Warren		74
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<b>74 ton</b>

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

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**SECTION 5 - RECYCLABLES & RECOVERED MATERIALS** (continued)

**GLASS RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Container Glass	Tony Pit Warrensburg N.Y.	N.Y.	Warren		21 ton
Industrial Scrap Glass					
Other Glass (specify)	Direct Haul				
<b>TOTAL GLASS RECOVERED (tons):</b>					<b>21 ton</b>

**METAL RECOVERED**

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Aluminum Foil / Trays					
Bulk Metal	Cohen's Recycling 38 Geer Street Glens Falls, N.Y. 12801	NY	Franklin		87 ton
Enameled Appliances / White Goods					
Industrial Scrap Metal	Direct Haul				
Tin & Aluminum Containers					
Other Metal (specify)					
<b>TOTAL METAL RECOVERED (tons):</b>					<b>87 ton</b>

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**SECTION 5 – RECYCLABLES & RECOVERED MATERIALS** (continued)

RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Plastic (#1 - #7)					
PET (plastic #1)	Hiram Hallow P.O. Box 1372 Williston Vt. 05495				24.79
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					<b>24.79</b>

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials name.

**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 5 – RECYCLABLES & RECOVERED MATERIALS** (continued)

MIXED MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Commingled Containers (metal, glass, plastic)					
Commingled Paper & Containers					
Single Stream (total)					
Other (specify)					

**TOTAL MIXED MATERIAL RECOVERED (tons):**

MISCELLANEOUS MATERIAL RECOVERED					
RECOVERED MATERIAL	DESTINATION (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Electronics	Evolution Recycling 5 Clermont St.				4 ton
Textiles	Johnstown, N.Y. 12095	N.Y.			
Other (specify)	direct Haul				

**TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):** 4 ton

If the material type is not listed, use one of the "Other" lines and fill in the name of the material. If more "Other" lines are needed, cross out an unused type and fill in the other materials name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other materials

### SECTION 6 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the facility 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 7 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

Yes  No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

### SECTION 8 - PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

Yes  No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

### SECTION 9 - CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

Yes  No If yes, attach additional sheets identifying changes with a justification for each change.

### SECTION 10 - 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, attach additional sheets identifying the reporting requirements with their respective responses.



**SECTION 11 - SIGNATURE AND DATE BY OWNER OR OPERATOR**

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management 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 Solid Waste Management  
625 Broadway  
Albany, New York 12233-  
7260 Fax 518-402-9041  
Email address: SWMFannualreport@dec.ny.gov**

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Theresa Rivers  
Signature

2/11/20  
Date

Theresa Rivers  
Name (Print or Type)

operator  
Title (Print or Type)

Lake Luzerne @ Albany.twcbc.com  
Email (Print or Type)

123 Towner Rd.  
Address

Lake Luzerne  
City

N.Y. 12846  
State and Zip

(518) 696-2711  
Phone Number

ATTACHMENTS:  YES  NO