

## RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email [swmfannualreport@dec.ny.gov](mailto:swmfannualreport@dec.ny.gov) or call 518-402-8678.)

**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: <span style="font-size: 1.2em;">L+R Transfer Station</span>			
FACILITY LOCATION ADDRESS: <span style="font-size: 1.2em;">11081 Galen Hill Rd</span>	FACILITY CITY: <span style="font-size: 1.2em;">Freedom</span>	STATE: <span style="font-size: 1.2em;">NY</span>	ZIP CODE: <span style="font-size: 1.2em;">14065</span>
FACILITY TOWN: <span style="font-size: 1.2em;">Freedom</span>	FACILITY COUNTY: <span style="font-size: 1.2em;">Cattaraugus</span>	FACILITY PHONE NUMBER: <span style="font-size: 1.2em;">(716)492-3936</span>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <span style="font-size: 1.2em;">Cattaraugus county</span>			NYSDEC REGION #: <span style="font-size: 1.2em;">9</span>
360 PERMIT #: (Refer to DEC Permit) <span style="font-size: 1.2em;">9-0442-00096/00001</span>	DATE ISSUED: <span style="font-size: 1.2em;">9-6-16</span>	DATE EXPIRES: <span style="font-size: 1.2em;">9-5-21</span>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <span style="font-size: 1.2em;">05M16</span>
FACILITY CONTACT: <span style="font-size: 1.2em;">Ron Previty/Ann Gibbo</span>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <span style="font-size: 1.2em;">716-492-3936</span>	CONTACT FAX NUMBER: <span style="font-size: 1.2em;">716-492-5978</span>
CONTACT EMAIL ADDRESS: <span style="font-size: 1.2em;">lrtransferstation@gmail.com</span>			
OWNER INFORMATION			
OWNER NAME: <span style="font-size: 1.2em;">Ron Previty, Sr.</span>	OWNER PHONE NUMBER: <span style="font-size: 1.2em;">(716)492-3936</span>	OWNER FAX NUMBER: <span style="font-size: 1.2em;">(716)492-5978</span>	
OWNER ADDRESS: <span style="font-size: 1.2em;">11081 Galen Hill Rd.</span>	OWNER CITY: <span style="font-size: 1.2em;">Freedom</span>	STATE: <span style="font-size: 1.2em;">NY</span>	ZIP CODE: <span style="font-size: 1.2em;">14065</span>
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner			<input type="checkbox"/> public <input type="checkbox"/> private
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner address	
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Other (provide):		<input type="checkbox"/> Owner Contact	
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input checked="" type="checkbox"/> Other (provide): <span style="font-size: 1.2em;">Ann Gibbo</span>		<input type="checkbox"/> Owner Contact	

**Did you operate in 2019?**  Yes; Complete this form.

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: <http://www.dec.ny.gov/chemical/52706.html> .



### 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:

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

SERVICE AREA OF MATERIAL RECEIVED (where the material is coming from)					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR " <b>Direct Haul</b> "	SERVICE AREA STATE OR COUNTRY	SERVICE AREA COUNTY OR PROVINCE	SERVICE AREA NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Commingled Containers <small>(metal, glass, plastic)</small>					
Commingled Paper <small>(all grades)</small>					
Single Stream <small>(total)</small>					
Other (specify)					
<b>TOTAL MATERIAL RECEIVED (tons):</b>					0

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) = NA 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)					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper (specify)					
<b>TOTAL PAPER RECOVERED (tons):</b>					<u>0</u>

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.

**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					
Industrial Scrap Glass					
Other Glass (specify)					
TOTAL GLASS RECOVERED (tons):					0
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	NA				
Bulk Metal	Previty's Auto Wrecking 11075 Galen Hill Rd. Freedom	NY	Cattaraugus	Cattaraugus	5.78
Enameled Appliances / White Goods	NA				
Industrial Scrap Metal	NA				
Tin & Aluminum Containers	NA				
Other Metal (specify)	NA				
TOTAL METAL RECOVERED (tons):					5.78

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

PLASTIC 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 Plastic (#1 - #7)					
PET (plastic #1)					
HDPE (plastic #2)					
Other Rigid Plastics (#3 - #7)					
Industrial Scrap Plastic					
Plastic Film & Bags					
Other Plastics (specify)					
<b>TOTAL PLASTIC RECOVERED (tons):</b>					0

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**VOLUME TO WEIGHT CONVERSION FACTORS**

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard 0.35 tons	GLASS - crushed mechanically	1 cubic yard 0.88 tons	ALUMINUM – cans – w hole	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 – w hole	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 - uncompactd	1 cubic yard 0.10 tons
NEWSPRINT - loose	1 cubic yard 0.29 tons	PLASTIC - styrofoam	1 cubic yard 0.02 tons	WHITE GOODS - compactd	1 cubic yard 0.5 tons
NEWSPRINT - compactd	1 cubic yard 0.43 tons	PLASTIC – HDPE – w hole	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 w hole	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)					
<b>TOTAL MIXED MATERIAL RECOVERED (tons):</b>					0
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					
Textiles					
Other (specify)					
<b>TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):</b>					0

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.

<u></u> Signature	<u>2/21/20</u> Date
<u>Ron Preivity, Sr</u> Name (Print or Type)	<u>member</u> Title (Print or Type)
<u>lrtransferstation@gmail.com</u> Email (Print or Type)	
<u>11081 Galen Hill Rd.</u> Address	<u>Freedom</u> City
<u>NY 14065</u> State and Zip	<u>716)492-3936</u> Phone Number

ATTACHMENTS:  YES  NO



**NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION**

Division of Materials Management, Region 9  
270 Michigan Avenue, Buffalo, NY 14203-2915  
P: (716) 851-7220 | F: (716) 851-7226  
www.dec.ny.gov

December 7, 2016

Mr. Brian D. Shiah, P.E.  
Ensol, Inc.  
661 Main Street  
Niagara Falls, New York 14301

Dear Mr. Shiah:

**L&R Transfer Station  
Closure Cost Estimate Revision  
Facility # 05R13, 05W05, & 05M16**

The Department has reviewed the revised closure cost estimate and letter dated November 28, 2016 regarding L&R Transfer Station LLC's closure cost estimate. The closure cost estimate originally approved in permit condition 26 of L&R Transfer Station LLC's permit (DEC Permit 9-0442-00096/00001) totaled \$94,277. The estimate has decreased to \$22,751 according to your letter. The Department approves the revised estimate of \$22,751. L&R Transfer Station LLC must obtain a financial surety instrument covering the approved closure cost estimate within 30 days of receiving this letter.

Please contact Ms. Marion Buckley at (716) 851-7220 if you have any questions.

Sincerely,



Peter Grasso, P.E.  
Regional Materials Management Engineer

PG/bb

cc: Ms. Marion Buckley, Environmental Engineer 1  
Ms. Ann Giboo, L&R Transfer Station LLC



Department of  
Environmental  
Conservation

L & R Transfer Station Closure Cost Estimate August 2015 (Revised November 2016)

Recovered materials are a marketable commodity and therefore no cost for divesting these materials would be incurred. Removing marketable materials would be a step toward preparing the facility for closure. The following estimated costs are a conservative scenario for closure of the facility by a third party.

**1. Unprocessed Material**

Maximum unprocessed material on site is approximately 384 tons  
\$25/ton x 330 tons Clean C&D-Cover (Hard Fill) = \$8,250 cost for disposal  
\$45/ton x 54 tons Non-Cover C&D/MSW = \$2,430 cost for disposal  
\$8/ton transportation x 384 tons = \$3,072

**Subtotal = \$13,752**

**2. Tires**

Maximum of 999 tires at 23 lb/tire = 11.5 tons  
\$150/ton = average cost for hauling & disposal  
11.5 tons @ \$150/ton = \$1,725

**Subtotal = \$1,725**

**3. Residual Material**

One 40-cyd roll-off: approximately 12 tons  
\$45/ton = cost for disposal  
\$8/ton = transportation  
12 tons @ \$53/ton = \$636

**Subtotal = \$636**

**4. Unacceptable Materials**

Maximum unacceptable hazardous waste is one 55-gallon drum  
Hazardous waste contractor for collection and disposal - \$370

**Subtotal = \$370**

**5. Miscellaneous Labor & Cleanup**

Crew (1 Foreman, 2 Laborers & 2 Equipment Operators)  
Approximately two days-  
Includes:  
Load material into trucks  
Sweep pad  
Clean containers and equipment with power washer  
Collection & disposal of wash water  
Litter & debris pick-up

**Subtotal = \$4,200**

Subtotal	\$ 20,683
10% contingency	<u>\$ 2,068</u>
<b>Total (Estimate)</b>	<b>\$ 22,751</b>