

RECYCLABLES HANDLING & RECOVERY FACILITY ANNUAL REPORT

(If you need assistance filling out this form please email 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: LVM Materials LLC			
FACILITY LOCATION ADDRESS: 3200 Rte. 39	FACILITY CITY: 	STATE: NY	ZIP CODE: 14024
FACILITY TOWN: Bliss	FACILITY COUNTY: Wyoming	FACILITY PHONE NUMBER: 585-322-8878	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report . GLOW Region Solid Waste Management Committee			NYSDEC REGION #: 8
360 PERMIT #: (Refer to DEC Permit 1291-6-61	DATE ISSUED: 7/24/2018	DATE EXPIRES: 7/24/2023	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:(Refer to DEC Registration 61R20001
FACILITY CONTACT: Meg Keeves	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 585-689-5432	CONTACT FAX NUMBER: 585-322-7417
CONTACT EMAIL ADDRESS: mkeeves@rsmaher.com			
OWNER INFORMATION			
OWNER NAME: Lee Maher	OWNER PHONE NUMBER: 585-322-8878	OWNER FAX NUMBER: 585-322-7417	
OWNER ADDRESS: 3200 Rte. 39	OWNER CITY: Bliss	STATE: NY	ZIP CODE: 14024
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: lmaher@rsmaher.com		
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 type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide): 3200 Rte. 39 Bliss, NY 14024			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): mkeeves@rsmaher.com			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input checked="" type="checkbox"/> Other (provide): Meg Keeves			

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 2 - MATERIAL RECEIVED

Please provide the tonnages of materials received. This includes all materials received at your facility regardless of their destination after processing.
DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method:

100 % Scale Weight _____ % Estimated

_____ % Truck Count _____ % Other Specify: _____

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Wood Scrap		257	607	780	572	618	725	663
Total Tons Received								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <i>(metal, glass, plastic)</i>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Wood Scrap	870	943	797	754	634	8220	32	
Total Tons Received								

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 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 : _____

SERVICE AREA OF MATERIAL RECEIVED <small>(where the material is coming from)</small>					
MATERIAL	SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED <small>(Name Address OR “Direct Haul”)</small>	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 <small>(specify)</small>	Direct Haul - Wood Scrap	NYS	Kings County	GLOW Region Solid Waste	29
	Direct Haul - Wood Scrap	NYS	Livingston County	GLOW Region Solid Waste	40
	Direct Haul	NYS	Allegany County	GLOW Region Solid Waste	262
	Direct Haul	NYS	Chautauqua County	GLOW Region Solid Waste	2382
	Direct Haul	NYS	Erie County	GLOW Region Solid Waste	2284
Direct Haul	NYS	Monroe County	GLOW Region Solid Waste	3223	
TOTAL MATERIAL RECEIVED (tons) :					8220

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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 materials and percentages of total material transported by each:
 _____ % 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 <small>(See Attached List of NYS Planning Units</small>	TONS RECOVERED <small>(out of facility</small>
Commingled Paper <small>(all grades</small>					
Corrugated Cardboard					
Junk Mail					
Magazines					
Newspaper					
Office Paper					
Paperboard/ Boxboard					
Other Paper <small>(specify</small>					
TOTAL PAPER RECOVERED (tons :					

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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						
Industrial Scrap Glass						
Other Glass (specify)						
TOTAL GLASS RECOVERED (tons):						
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						
Enameled Appliances / White Goods						
Industrial Scrap Metal						
Tin & Aluminum Containers						
Other Metal (specify)						
TOTAL METAL RECOVERED (tons):						

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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)					
TOTAL PLASTIC RECOVERED (tons):					

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VOLUME TO WEIGHT CONVERSION FACTORS

MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT	MATERIAL	EQUIVALENT
GLASS – w hole bottles	1 cubic yard	GLASS - crushed mechanically	1 cubic yard	ALUMINUM – cans – w hole	1 cubic yard
GLASS - semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINUM – cans – flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC – PET – whole	1 cubic yard		
PAPER - high grade baled	1 cubic yard	PLASTIC – PET - flattened	1 cubic yard		
PAPER - mixed loose	1 cubic yard	PLASTIC – PET - baled	1 cubic yard	WHITE GOODS - uncompacted	1 cubic yard
NEWSPRINT - loose	1 cubic yard	PLASTIC - styrofoam	1 cubic yard	WHITE GOODS - compacted	1 cubic yard
NEWSPRINT - compacted	1 cubic yard	PLASTIC – HDPE – whole	1 cubic yard		
CORRUGATED – loose	1 cubic yard	PLASTIC – HDPE – flattened 1	1 cubic yard		
CORRUGATED - baled	1 cubic yard	PLASTIC – HDPE - baled	1 cubic yard	FERROUS METAL - cans whole	1 cubic yard
		PLASTIC – mixed (grocery bags)	45 gallon bag	FERROUS METAL - cans	1 cubic yard

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					
Textiles					
Other (specify)					
	Various Dairy Farms Across NYS	NYS		GLOW Region Solid Waste	8220

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): 8220

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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.

<hr/>  Signature	<hr/> 4/14/2020 Date
<hr/> Meg Keeves Name (Print or Type)	<hr/> Business Development Title (Print or Type)
<hr/> mkeeves@rsmaher.com Email (Print or Type)	
<hr/> 3200 Rte. 39 Address	<hr/> Bliss City
<hr/> NY 14024 State and Zip	<hr/> (585) 689-5432 Phone Number

ATTACHMENTS: YES NO