



Department of
Environmental
Conservation

PERMITTED TRANSFER 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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: LEACH'S CUSTOM TRASH SERVICE TRANSFER STATION			
FACILITY LOCATION ADDRESS: 1834 RT 13	FACILITY CITY: CORTLAND	STATE: NY	ZIP CODE: 13045
FACILITY TOWN: CORTLANDVILLE	FACILITY COUNTY: CORTLAND	FACILITY PHONE NUMBER: 607-753-7412	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). CORTLAND COUNTY			NYSDEC REGION #: 7
360 PERMIT #:(Refer to DEC Permit) 7-1122-00134/00001	DATE ISSUED: 1/1/04	DATE EXPIRES: 9/30/28	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Permit) 12TO2
FACILITY CONTACT: GREGORY K. LEACH	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-753-7412	CONTACT FAX NUMBER: 607-753-6307
CONTACT EMAIL ADDRESS: gleach56@yahoo.com			
OWNER INFORMATION			
OWNER NAME: LEACH'S CUSTOM TRASH	OWNER PHONE NUMBER: 607-753-7412	OWNER FAX NUMBER: 607-753-6307	
OWNER ADDRESS: 1834 RT 13	OWNER CITY: CORTLAND	STATE: NY	ZIP CODE: 13045
OWNER CONTACT: GREGORY K. LEACH	OWNER CONTACT EMAIL ADDRESS: gleach56@yahoo.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input type="checkbox"/> public <input checked="" 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):			
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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021? 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 - SOLID WASTE RECEIVED

Please provide the tonnages of solid waste received. Include all waste received. Report Recyclable Materials in Section 5. DO NOT REPORT IN CUBIC YARDS!

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

% Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Asbestos							
Construction & Demolition (C&D) Debris	18.26	29.35	43.16	63.62	102.66	42.44	42.70
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	360.59	402.01	562.14	448.53	509.40	583.36	453.51
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	378.85	431.36	605.30	512.15	612.06	625.80	496.21

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

SECTION 2 - SOLID WASTE RECEIVED (continued)

Type of Solid Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Asbestos								
Construction & Demolition (C&D) Debris		42.12	30.68	53.24	64.97	8.55	541.75	2.62
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)		626.63	535.08	514.73	581.22	424.31	6001.51	28.99
Oil/Gas Drilling Waste								
Petroleum Contaminated Soil								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		668.75	565.76	567.97	646.19	432.86	6543.26	31.61

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

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste 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 waste **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 waste **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 waste was generated.

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

100 % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	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 <small>(See Attached List of NYS Planning Units)</small>	TONS RECEIVED
Asbestos					
Construction & Demolition (C&D) Debris	DIRECT HAUL	NY	Cortland County ▾	Cortland County ▾	536.68
	DIRECT HAUL	NY	Tompkins County ▾	Tompkins County ▾	5.07
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF SOLID WASTE	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
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	DIRECT HAUL	NY	Cortland County <input type="checkbox"/>	Cortland County <input type="checkbox"/>	5926.51
	DIRECT HAUL	NY	Tompkins County <input type="checkbox"/>	Tompkins County <input type="checkbox"/>	APPROX 50
	DIRECT HAUL	NY	Cayuga County <input type="checkbox"/>	Cayuga County <input type="checkbox"/>	APPROX 25
Oil/Gas Drilling Waste					
Petroleum Contaminated Soil					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons):					<u>6543.26</u>

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____
 If the solid waste type is not listed, use one of the "Other" lines and fill in the name of the waste. If more "Other" lines are needed, cross out an unused type and fill in the other solid waste name. If still more "Other" lines are needed, attach another copy of this page, cross out an unused type, and fill in the other solid waste name.

SECTION 4 - TRANSFER OR DISPOSAL DESTINATION

Please identify destination of waste. Please only include waste sent off-site for disposal or further transfer prior to disposal. Exclude Recyclable Material amounts reported in Section 5. DO NOT REPORT IN CUBIC YARDS!

- If the waste is being sent to another facility for transfer or processing prior to disposal (e.g. Transfer facility or C&D debris handling and recovery facility), please identify name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the transfer destination and the amount of waste transferred in the "Amount to Transfer Destination" column.
- If the waste is being sent to a landfill or combustor, please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the disposal destination and the amount of waste being sent for disposal in the "Amount to Disposal Destination" column.

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

100 % Road: Waste Type(s): _____ % Rail: Waste Type(s): _____
 _____ % Water: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

TRANSFER OR DISPOSAL DESTINATION							
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Asbestos							
Construction & Demolition (C&D) Debris	CORTLAND COUNTY LANDFILL	NY	Cortland Cour <input type="checkbox"/>	Cortland County <input type="checkbox"/>		541.75	541.75
	4708 TOWN LINE RD						
	CORTLAND NY 13045						
Industrial Waste (Including Industrial Process Sludges)							

TRANSFER OR DISPOSAL DESTINATION

TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	TOTAL YEAR (TONS)
Municipal Solid Waste (MSW) (Residential, Institutional & Commercial)	CORTLAND COUNTY LANDFILL						
	4708 TOWNLINE RD						
	CORTLAND, NY 13045	NY	Cortland County	Cortland County		6001.51	6001.51
Oil/Gas Drilling Waste							
Petroleum Contaminated Soil							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
TOTAL SENT (tons):						6543.26	

If the waste 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 waste name. If still more "Other" lines are needed, attached another copy of this page, cross out an unused type, and fill in the other waste name.

SECTION 5 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS

Is your facility also a permitted or registered Recyclables Handling & Recovery Facility?

Yes; Complete Section 5 for material recovered from the mixed solid waste stream. Complete a Recyclables Handling & Recovery Facility (RHRF) form for material received as source separated. The RHRF form is located at: <http://www.dec.ny.gov/chemical/52706.html> .

No; Complete Section 5 for material recovered from the mixed solid waste stream and for material received as source separated.

A. Service Area of Recyclable Material Received

Please identify where the recyclable materials are coming from. DO NOT REPORT IN CUBIC YARDS!

- If the materials **WERE** 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 materials **WERE 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 recyclables were generated.

SERVICE AREA OF RECYCLABLE MATERIAL RECEIVED (where the material is coming from)					
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)					
Single Stream (total)					
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
TOTAL RECEIVED (tons):					_____

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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

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

Specify transport method, list type of material(s) and percentages of total waste 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 (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)					
TOTAL PAPER RECOVERED (tons):					_____

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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

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 (from MSW)	WEITSMAN STEEL ITHACA,NY	NY	Tompkins County <input type="checkbox"/>	Tompkins County <input type="checkbox"/>	27.97
	TEETS AND SONS GROTON, NY	NY	Cayuga County <input type="checkbox"/>	Cayuga County <input type="checkbox"/>	15.13
Bulk Metal (from CD debris)					
Enameled Appliances / White Goods					
Industrial Scrap Metal					
Tin & Aluminum Containers					
Other Metal (specify)	WEITSMAN STEEL ITHACA,NY	NY	Tompkins County <input type="checkbox"/>	Tompkins County <input type="checkbox"/>	.05
NON-FERROUS	TEETS AND SONS GROTON,NY	NY	Cayuga County <input type="checkbox"/>	Cayuga County <input type="checkbox"/>	2.25
TOTAL METAL RECOVERED (tons):					45.40

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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

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):					
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	CORTLAND COUNTY RECYCLING CENTER	NY	CORTLAND <input checked="" type="checkbox"/>	CORTLAND <input checked="" type="checkbox"/>	24 PIECES
	PENDLETON ST., CORTLAND NY 13045				
Textiles					
Other (specify)	CORTLAND COUNTY RECYCLING CENTER				
	TIRES PENDLETON ST., CORTLAND, NY 13045	NY	Cortland County <input checked="" type="checkbox"/>	Cortland County <input checked="" type="checkbox"/>	114 TIRES
TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons):					N/A

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 – PERMITTED TRANSFER FACILITY RECYCLABLE & RECOVERED MATERIALS (continued)

B. Material Recovered

MIXED MATERIAL RECOVERED					
RECOVERED MIXED 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):					_____
ORGANIC 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)
Brush, Branches, Trees, & Stumps					
Food Scraps					
Yard Waste (curbside)					
Other (specify)					
TOTAL ORGANIC MATERIAL RECOVERED (tons):					_____

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 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

Radiation Monitoring

Does your facility use a fixed radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? Yes No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors have been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

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.


Signature

1/13/2022
Date

GREGORY K. LEACH
Name (Print or Type)

PRESIDENT
Title (Print or Type)

607 753 7412
Phone Number

1834 RT 13
Address

CORTLAND
City

NY 13045
State and Zip

LEACHSCUSTOMTRASH@YAHOO.COM
Email (Print or Type)

ATTACHMENTS: YES NO (Please check appropriate line)



Department of
Environmental
Conservation

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, 2022.

This annual report is for the year of operation from January 01, 2021 to December 31, 2021

SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Leach's Custom Trash Service Transfer Station			
FACILITY LOCATION ADDRESS: 1834 Rt. 13	FACILITY CITY: Cortland	STATE: NY	ZIP CODE: 13045
FACILITY TOWN: Cortlandville	FACILITY COUNTY: Cortland	FACILITY PHONE NUMBER: 607-753-7412	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). Cortland County			NYSDEC REGION #: 7
360 PERMIT #: (Refer to DEC Permit) 7-1122-00134100001	DATE ISSUED: 01/01/04	DATE EXPIRES: 09/30/28	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 12TO2
FACILITY CONTACT: Gregory K. Leach	<input type="checkbox"/> public <input checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 607-753-7412	CONTACT FAX NUMBER: 607-753-6307
CONTACT EMAIL ADDRESS: gleach56@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Leach's Custom Trash Service	OWNER PHONE NUMBER: 607-753-7412	OWNER FAX NUMBER: 607-753-6307	
OWNER ADDRESS: 1834 Rt. 13	OWNER CITY: Cortland	STATE: NY	ZIP CODE: 13045
OWNER CONTACT: Same as owner	OWNER CONTACT EMAIL ADDRESS: same as owner		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner	<input type="checkbox"/> public <input checked="" 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):			
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 checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2021? Yes; Complete this form. *we did not receive recyclables 2021*
 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 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.


Signature

01/25/2022
Date

Gregory K Leach
Name (Print or Type)

President
Title (Print or Type)

gleach56@yahoo.com
Email (Print or Type)

1834 Rt.13
Address

Cortland
City

NY 13045
State and Zip

(607) 753-7412
Phone Number

ATTACHMENTS: YES NO



NBT Bank

**Custom Services of Cortland, Inc.
D/B/A Leach's Custom Trash
#292**

Amount: \$26,767.00

Expiration Date: March 8, 2023

Beneficiary: New York State Department of
Environmental Conservation

Notification Date: 2/6/2023

Collateral: CD #9000427364

Account Officer: John Mason

Fee: \$50.00

C. J. Knight AVP

NBT Bank, N.A.
65 Main Street
Cortland, New York 13045



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J1L1151

Leach's Custom Trash Service

Project Name: Wastewater

Greg Leach
1834 ROUTE 13 N
Cortland, NY 13045

Project / PO Number: N/A
Received: 12/20/2021
Reported: 02/08/2022

Analytical Testing Parameters

Client Sample ID: Monitoring Well
Sample Matrix: Groundwater
Lab Sample ID: J1L1151-01
Collected By: Cynthia Daniels
Collection Date: 12/20/2021 13:40

Analyses Performed by: Microbac Laboratories Inc., - Marietta, OH

Inorganics Total

Method: SM 5310 C-2011
Total Organic Carbon - TOC 7.61 1.00 mg/L 12/28/21 0826 12/28/21 2313 DIH

Metals Total by AA

Method: EPA 245.1, Rv. 3 (1994)
Mercury <0.000200 0.000200 mg/L 12/22/21 0523 12/27/21 1058 KHL

Metals Total by ICP

Table with 9 columns: Element, Result, Limit(s), RL, Units, Note, Prepared, Analyzed, Analyst. Lists various metals like Antimony, Arsenic, Barium, etc.

Volatile Organic Compounds by GCMS



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J1L1151

Client Sample ID: Monitoring Well	Collected By: Cynthia Daniels
Sample Matrix: Groundwater	Collection Date: 12/20/2021 13:40
Lab Sample ID: J1L1151-01	

Volatiles Organic Compounds by GCMS	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 8260D								
Acetone	<5.00		5.00	ug/L			12/29/21 1721	JDS
Bromobenzene	<1.00		1.00	ug/L			12/29/21 1721	JDS
Bromochloromethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
Bromodichloromethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
Bromoform	<1.00		1.00	ug/L			12/29/21 1721	JDS
2-Butanone	<5.00		5.00	ug/L			12/29/21 1721	JDS
Carbon tetrachloride	<1.00		1.00	ug/L			12/29/21 1721	JDS
Chlorobenzene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,2-Dibromo-3-chloropropane	<2.00		2.00	ug/L	Y		12/29/21 1721	JDS
Dibromomethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,2-Dichlorobenzene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,4-Dichlorobenzene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,3-Dichlorobenzene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,1-Dichloroethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,2-Dichloroethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
trans-1,2-Dichloroethene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,1-Dichloroethene	<1.00		1.00	ug/L			12/29/21 1721	JDS
cis-1,2-Dichloroethene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,2-Dichloropropane	<1.00		1.00	ug/L			12/29/21 1721	JDS
cis-1,3-Dichloropropene	<1.00		1.00	ug/L			12/29/21 1721	JDS
trans-1,3-Dichloropropene	<1.00		1.00	ug/L			12/29/21 1721	JDS
Ethylbenzene	<1.00		1.00	ug/L			12/29/21 1721	JDS
2-Hexanone	<5.00		5.00	ug/L			12/29/21 1721	JDS
Methylene chloride	<1.00		1.00	ug/L			12/29/21 1721	JDS
4-Methyl-2-pentanone	<5.00		5.00	ug/L			12/29/21 1721	JDS
Styrene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,1,1,2-Tetrachloroethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,1,2,2-Tetrachloroethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
Tetrachloroethene	<1.00		1.00	ug/L			12/29/21 1721	JDS
Toluene	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,1,1-Trichloroethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
1,1,2-Trichloroethane	<1.00		1.00	ug/L			12/29/21 1721	JDS
Trichloroethene	<1.00		1.00	ug/L			12/29/21 1721	JDS
Trichlorofluoromethane	<1.00		1.00	ug/L	Q2, Q7, Y		12/29/21 1721	JDS
1,2,3-Trichloropropane	<1.00		1.00	ug/L	Y		12/29/21 1721	JDS
Vinyl chloride	<1.00		1.00	ug/L			12/29/21 1721	JDS
m-,p-Xylene	<1.00		1.00	ug/L			12/29/21 1721	JDS
o-Xylene	<1.00		1.00	ug/L			12/29/21 1721	JDS
Xylenes	<1.00		1.00	ug/L			12/29/21 1721	JDS
Surrogate: 4-Bromofluorobenzene	112	Limit: 86-115		% Rec			12/29/21 1721	JDS
Surrogate: Dibromofluoromethane	104	Limit: 86-118		% Rec			12/29/21 1721	JDS
Surrogate: 1,2-Dichloroethane-d4	108	Limit: 80-120		% Rec			12/29/21 1721	JDS



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J1L1151

Client Sample ID: Monitoring Well	Collected By: Cynthia Daniels
Sample Matrix: Groundwater	Collection Date: 12/20/2021 13:40
Lab Sample ID: J1L1151-01	

Volatile Organic Compounds by GCMS	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Surrogate: Toluene-d8	102	Limit: 88-110		% Rec			12/29/21 1721	JDS

Anions by IC	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 300.0, Rv. 2.1 (1993)								
Chloride	4.0		0.2	mg/L			12/30/21 2009	CAS
Sulfate as SO4	5.2		1.0	mg/L			12/30/21 2009	CAS

Analyses Performed by: Microbac Laboratories, Inc., New York Division

Inorganics Total	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 353.2, Rv. 2 (1993)								
Nitrate as N (Calc)	0.250		0.0500	mg/L		12/21/21 1149	12/21/21 1753	KED

Analyses Performed by: Microbac Laboratories, Inc., Pittston Division

Inorganics Total	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: EPA 180.1, Rv. 2 (1993)								
Turbidity	1800		2.0	NTU			12/22/21 1045	KED
Method: EPA 335.4, Rv. 1 (1993)								
Cyanide - Total	<0.0250		0.0250	mg/L		12/27/21 1737	12/30/21 1204	MEC
Method: EPA 350.1, Rv. 2 (1993)								
Ammonia as N	0.506		0.200	mg/L		01/06/22 1535	01/07/22 1042	EXB
Method: EPA 351.2, Rv. 2 (1993)								
Total Kjeldahl Nitrogen (TKN)	19.4		2.50	mg/L		01/06/22 1208	01/07/22 1709	EXB
Method: EPA 353.2, Rv. 2 (1993)								
Nitrate-Nitrite as N	0.294		0.0500	mg/L		12/21/21 1149	12/21/21 1753	KED
Nitrite as N	0.0442		0.0250	mg/L		12/21/21 1149	12/21/21 1355	KED
Method: EPA 420.4, Rv. 1 (1993)								
Phenols	0.794		0.0500	mg/L		12/22/21 1030	12/28/21 1039	MEC
Method: HACH 8000								
Chemical Oxygen Demand (COD)	<50.0		50.0	mg/L		12/30/21 1330	12/30/21 1530	MEC
Method: SM 2320 B-2011								
Alkalinity to pH 4.5	112		20.0	mg CaCO3/L			12/21/21 2005	KED
Method: SM 2510 B-2011								
Conductivity (at 25°C)	274		2.00	umhos/cm		12/30/21 1346	12/30/21 1650	CNL



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J1L1151

Client Sample ID: Monitoring Well	Collected By: Cynthia Daniels
Sample Matrix: Groundwater	Collection Date: 12/20/2021 13:40
Lab Sample ID: J1L1151-01	

Inorganics Total	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 2540 C-2011								
Total Dissolved Solids (TDS)	186		50.0	mg/L		12/27/21 1616	12/30/21 1152	CNL
Method: SM 3500-Cr B-2011								
Chromium (VI)	<0.0100		0.0100	mg/L	H	01/27/22 0738	01/27/22 1120	MEC
Method: SM 5210 B-2016								
Biochemical Oxygen Demand (BOD5)	6.11		3.00	mg/L		12/22/21 1226	12/27/21 0830	MAH
General Parameters								
General Parameters	Result	Limit(s)	RL	Units	Note	Prepared	Analyzed	Analyst
Method: SM 2120 B-2011								
Color, Apparent	35.0		25.0	CU	A8, Z7		12/21/21 1030	KED
pH for Color	6.5		0.10	S.U.			12/21/21 1030	KED
Method: SM 2550 B-2010								
Temperature	16.3			°C	H4,Y		01/10/22 1140	IAJ
Method: SM 4500-H+ B-2011								
pH	6.55		0.0100	S.U.	H4,Y		01/10/22 1140	IAJ

Results in **bold** have exceeded a limit defined for this project. Limits are provided for reference but as regulatory limits change frequently, Microbac Laboratories, Inc. advises the recipient of this report to confirm such limits and units of concentration with the appropriate Federal, state or local authorities before acting on the data.

Definitions

- °C: Degrees Celsius
- A8:** Sample was received in an improper container.
- CU:** Color Unit
- H:** Sample was analyzed past holding time.
- H4:** The test was performed outside of the EPA recommended holding time of 15 minutes.
- MCL:** US EPA Maximum Contaminant Level
- MDL:** Minimum Detection Limit
- mg CaCO3/L:** Milligrams Calcium Carbonate per Liter
- mg/L:** Milligrams per Liter
- NTU:** Nephelometric Turbidity Units
- Q2:** LCS recovery is above acceptance limits. However there is no impact on the reported value.
- Q7:** CCV recovery is above acceptance limits. However there is no impact on the reported value.
- RL:** Reporting Limit
- S.U.:** Standard Units
- ug/L:** Micrograms per Liter
- umhos/cm:** Umhos per Centimeter
- Y:** This analyte is not on the laboratory's current scope of accreditation.
- Z7:** True Color



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J1L1151

Project Requested Certification(s)

Microbac Laboratories Inc., - Marietta, OH
10861

New York State Department of Health

Microbac Laboratories, Inc., New York Division
NY Lab ID No.: 10795

New York State Department of Health

Microbac Laboratories, Inc., Pittston Division
12150

New York State Department of Health

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

*The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. **The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <https://www.microbac.com/standard-terms-conditions>.***

Reviewed and Approved By:

Shannon Weeks
Customer Relationship Coordinator
Reported: 02/08/2022 16:38



Chain of Custody

Microbac Laboratories, Inc., New York Division

Lab Manager: Shannon Weeks



J1L1151

TAT 7 days

Leach's Custom Trash Service

Project Name: Wastewater

Greg Leach
1834 ROUTE 13 N
Cortland, NY 13045
Phone: (607) 753-7412

Project/PO Number: N/A
Tenatively Scheduled: 12/17/2021
Route: NY-Route 2 CNY

Client Sample ID: Monitoring Well

Lab Sample ID: J1L1151-01

Matrix: Groundwater

Sampled Date & Time: 12/21/21 13:40

Type: Grab

Table with columns: Ground Water Well, Sampling Equipment, Conditions, Start, Stop. Includes handwritten entries like 'Hand Baked', 'N/A', 'SUNNY 35°F', 'NO odor', 'N/A', 'overgrown w/ weeds'.

Table with columns: Analysis, Method, Field Results/Comments, Hold Time. Lists various analytical methods and their corresponding hold times.

[X] COD Customer

Microbac Laboratories, Inc.



Chain of Custody

Lab Manager: Shannon Weeks

Microbac Laboratories, Inc., New York Division



J1L1151

Leach's Custom Trash Service

Greg Leach
1834 ROUTE 13 N
Cortland, NY 13045
Phone: (607) 753-7412

Project Name: Wastewater

Project/PO Number: N/A
Tenatively Scheduled: 12/17/2021
Route: NY-Route 2 CNY

Table with 3 columns: Element (e.g., 200.7 Be, 245.1 Hg, 8260C VOC), Method (e.g., EPA 200.7, Rv. 4.4 (1994)), and Duration (e.g., 180.00 days, 28.00 days, 14.00 days)

Table with 2 columns: Container(s) (e.g., 250ml-Bottle HDPE-HNO3, 40ml-Vial-HCL) and Designator (A through N)

Handwritten signature and date: 12/20/21 13:40. Received by: Shannon Weeks 12/21/21 14:25. Includes fields for Sampled/Relinquished by, Printed Name, Date/Time, and Received by.

[x] COD Customer



Chain of Custody

Lab Manager: Shannon Weeks

Microbac Laboratories, Inc., New York Division



J1L1151

Leach's Custom Trash Service

Project Name: Wastewater

Greg Leach
1834 ROUTE 13 N
Cortland, NY 13045
Phone: (607) 753-7412

Project/PO Number: N/A
Tenatively Scheduled: 12/17/2021
Route: NY-Route 2 CNY

As Received at Laboratory: On Ice: Yes/ No Temp: 2.6 °C Thermometer ID: 044 Total Containers: 14.00

Microbac Laboratories may be unable to perform a portion of the requested testing in which case we will subcontract the analysis to an appropriately accredited laboratory. By signing this document you are acknowledging that you have been informed by Microbac that testing could be subcontracted and agree with this arrangement.

Notes:

COD Customer

Microbac Laboratories, Inc.

3821 Buck Dr. | Cortland, NY 13045 | 607-753-3403 p | www.microbac.com