

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Materials Management, Bureau of Solid Waste Management
625 Broadway, Albany, New York 12233-7260
P: (518) 402-8678 | F: (518) 402-9041
www.dec.ny.gov

Lorrie Jackson
Lorric Recycling Facility
68 Pine Hill Road
Spencerport, NY 14559

August 9, 2022

Dear Lorrie Jackson:

Re: Issuance of a Notice of Violation (NOV) – Lorric Recycling Facility
[28M23]
RHRF - registration

This letter serves to provide you with a Notice of Violation (NOV) setting forth the specific actions that constitute the violation(s) involving Article 27, Title 7 of the Environmental Conservation Law ("ECL"). As the owner or operator of a permitted/registered solid waste management facility, you are required to comply with the operating and reporting requirements contained in 6 NYCRR Part 360. Facility annual reports are due to the New York State Department of Environmental Conservation (DEC) no later than March 1 each year for the previous year of operation. This NOV is issued because our records indicate that your facility failed to submit a solid waste management facility annual report for operating year 2021 by March 1, 2022, as required by 6 NYCRR 360.19(k)(3).

DEC staff must receive your facility's annual report within fourteen (14) days of this letter's date. If the annual report is not received by the date specified above, DEC will commence an enforcement action against you which may include an enforcement hearing. Failure to submit a solid waste management facility annual report is a violation of 6 NYCRR Part 360 and can result in a penalty of up to \$7,500 per violation and an additional penalty of up to \$1,500 per day that the violation continues, as specified in ECL §71-2703.

Follow the directions below to complete the annual report submission process. Further instructions can be found on the annual report forms:

1. The 2021 annual report forms are available online at:
<http://www.dec.ny.gov/chemical/52706.html>.



Department of
Environmental
Conservation

2. Complete the fillable pdf form(s) applicable to your facility or facilities OR Download the forms applicable to your facility or facilities and fill out the form(s) by hand.
3. Print the form(s) double-sided.
4. Sign the form(s).
5. Make a copy for your records.
6. E-mail the completed form(s) to the DEC Central Office at swmfannualreport@dec.ny.gov or fax to (518) 402-9041. (If you cannot e-mail or fax the form(s) or if there are lengthy attachments to the annual report(s), save the document onto a disk or thumb drive and mail to the Central Office at the address on the top of this letter.)
7. E-mail the completed form(s) to the DEC's Regional Office that has jurisdiction over your facility. (If you cannot e-mail the form(s) or if there are lengthy attachments to the annual report(s), mail the original completed form to your respective DEC Regional Office.) Contact information for the DEC Regional Offices can be found on the last page of the form(s).

Note: If your facility is no longer an active solid waste management facility or no longer performs a solid waste management activity or if you have other questions, please contact the DEC's Regional Office that has jurisdiction over your facility.

Thank you for your cooperation in this matter.

Sincerely,



Joseph O'Connell, P.E.
Director
Bureau of Solid Waste Management

REGISTERED C&D DEBRIS HANDLING AND 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: <u>Lorric Recycling Facility</u>			
FACILITY LOCATION ADDRESS: <u>68 Pine Hill Rd</u>	FACILITY CITY: <u>Spencerport</u>	STATE: <u>NY</u>	ZIP CODE: <u>14559</u>
FACILITY TOWN: <u>Parma</u>	FACILITY COUNTY: <u>Monroe</u>	FACILITY PHONE NUMBER: <u>585-352-1551</u>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <u>Monroe County</u>			NYSDEC REGION #: <u>8</u>
360 PERMIT #: (Refer to DEC Permit) <u>—</u>	DATE ISSUED: <u>—</u>	DATE EXPIRES: <u>—</u>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) <u>28 M 23</u>

FACILITY CONTACT: <u>Lorrie Jackson</u>	☐ public ☒ private	CONTACT PHONE NUMBER: <u>585 303 2000</u>	CONTACT FAX NUMBER: <u>585 352 8400</u>
CONTACT EMAIL ADDRESS:			

OWNER INFORMATION

OWNER NAME: <u>LORRIC DEVELOPMENT CORP OF NY</u>	OWNER PHONE NUMBER: <u>585 303 2000</u>	OWNER FAX NUMBER: <u>585 352 8400</u>	
OWNER ADDRESS: <u>68 Pine Hill Rd</u>	OWNER CITY: <u>SPENCERPORT</u>	STATE: <u>NY</u>	ZIP CODE: <u>14559</u>
OWNER CONTACT: <u>LORRIE JACKSON</u>	OWNER CONTACT EMAIL ADDRESS: <u>Lorjack@frontiernet.net</u>		

OPERATOR INFORMATION

OPERATOR NAME:	☒ same as owner	☐ public ☒ private
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PREFERENCES

Preferred address to receive correspondence:	☒ Facility location address	☐ Owner address
☐ Other (provide):		
Preferred email address:	☐ Facility Contact	☒ Owner Contact
☐ Other (provide):		
Preferred individual to receive correspondence:	☐ Facility Contact	☒ Owner Contact
☐ 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>.

For facilities that have not transitioned into 6 NYCRR 361-5 and operated during 2021 under 6 NYCRR 360-16, please go directly to Section 2.

For facilities regulated under 6 NYCRR 361-5, the check boxes correspond with the registrations that have been issued to your facility. Please check all that apply and then move to Section 2:

For clarifications, see 6 NYCRR 361-5.2

- | | |
|---|--|
| ☐ 1. Facility received less than 500 tons per day of the following recognizable, uncontaminated wastes: concrete and other masonry materials (including steel or fiberglass reinforcing embedded in concrete), brick , and rock . | ☐ 2. Facility received less than 500 tons per day uncontaminated asphalt pavement or asphalt millings . |
| ☒ 3. Facility received less than 500 tons per day of uncontaminated asphalt roofing shingles and roofing paper that do not contain asbestos-containing materials | ☐ 4. Facility received less than 500 tons per day of uncontaminated, unadulterated gypsum wallboard . |
| ☐ 5. Facility received less than 500 tons per day of unadulterated, uncontaminated wood . | ☐ 6. Facility received less than 500 tons per day of soil, sand, gravel, or rock . The soil must have no evidence of chemical or physical contamination.

This may NOT be combined with 7. |
| ☐ 7. Facility received less than 500 tons per day of restricted-use fill and limited-use fill .

This may NOT be combined with 6. | ☐ 8. Facility received less than 500 tons per day of other uncontaminated, source-separated recyclables generated from C&D debris for use under an approved case-specific beneficial use determination . |

SECTION 2 - SOLID WASTE RECEIVED

Please provide the tonnages of waste received. This includes all wastes 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: _____)

Registration Type*	Type of Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
1.	Concrete							
	Other Masonry Materials							
	Brick							
	Rock							
2.	Asphalt Pavement							
	Asphalt Millings							
3.	Asphalt Roofing Shingles							↗
	Roofing Paper							
4.	Gypsum Wallboard							
5.	Unadulterated Wood							
6.	Soil							
	Sand							
	Gravel							
	Rock							
7.	Restricted-Use Fill							
	Limited-Use Fill							
8. or 360-16	Other (specify)							
	Ferrous (T.I.V)							↗
	Non Ferrous (ALUM)							↗
Total Tons Received								↗

*See Section 1, Page 2. NOTE: 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)

Registration Type*	Type of Waste	Tip Fee (\$/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
1.	Concrete								
	Other Masonry Materials								
	Brick								
	Rock								
	Asphalt Pavement								
2.	Asphalt Millings								
	Asphalt Roofing Shingles							686	2.8
3.	Roofing Paper								
4.	Gypsum Wallboard								
5.	Unadulterated Wood								
6.	Soil								
	Sand								
	Gravel								
	Rock								
7.	Restricted-Use Fill								
	Limited-Use Fill								
8. or 360-16	Other (specify)								
	FERROUS (TIN)							<1	
	NON-FERROUS (ALUM)							<1	
Total Tons Received								686	2.8

*See Section 1, Page 2. NOTE: 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 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 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 material transported by each:

100% Road: Waste Type(s): SECTION 3 ALL DIRECT HAUL _____ % Rail: Waste Type(s): _____ % Other (specify: _____): Waste Type(s): _____

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Concrete					
Other Masonry Materials					
Brick					
Rock					

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SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles	DIRECT HAUL			Monroe Cnty	686
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					

SERVICE AREA OF SOLID WASTE RECEIVED (where the waste is coming from)					
TYPE OF 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	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECEIVED
Soil					
Sand					
Gravel					
Rock					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					75
FERROUS (TIN)					50
NON FERROUS (ALUM)					
TOTAL RECEIVED (tons):					686

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 station or C&D debris processing 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.

- If the waste is being sent to a landfill to be utilized as Alternative Operating Cover (AOC), please identify the name, address, corresponding State/Country, County/Province, and Destination Planning Unit of the landfill and the amount of waste being sent for use as AOC in the "Amount Used as AOC" column.

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

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

TYPE OF WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
Residue	J.E. FIBER VIA EST TRUCKING	NY		Monroe County	28	28	0	28
Other (specify)								
TOTAL SENT (tons):								28

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 - MATERIAL RECOVERED FOR REUSE/RECYCLING

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

Loads of material that are to be used under a pre-determined or case-specific BUD do not need to be reported. The only exception is for specific material types (RCA, asphalt millings, etc.) distributed in excess of 10,000 tons (360.12(c)(5)). In this case, the total tonnage should be reported, but not the individual destinations.

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

___ % Road: Material(s): _____
 ___ % Water: Material(s): _____
 ___ % Rail: Material(s): _____
 ___ % Other (specify: _____): Material(s): _____

MATERIAL RECOVERED FOR REUSE/RECYCLING					
MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Concrete					
Other Masonry Materials					
Brick					
Rock					
Bulk Metal (from C&D Debris)	PREMIER SPAP, CAVERT ST, RACH	NY		Monroe County	2

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Asphalt Pavement					
Asphalt Millings					
Asphalt Roofing Shingles	CASE SPECIFIC BUD	NY		MONROE	656
Roofing Paper					
Gypsum Wallboard					
Unadulterated Wood					
Soil					
Sand					

MATERIAL RECOVERED FOR REUSE/RECYCLING

MATERIAL RECOVERED	LOCATION OF USE/DESTINATION (Name & Address) Please note that "direct haul", "various", and "various locations" are not acceptable responses for the address of the location of use.	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	NYS PLANNING UNIT (See Attached List of NYS Planning Units)	TONS RECOVERED (out of facility)
Gravel					
Restricted-Use Fill					
Limited-Use Fill					
Other (specify)					
TOTAL RECOVERED (tons):					656

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, including other construction & demolition debris not authorized for management at your facility, 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/Transfer 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 - REGISTRATION/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>Lorrie Jackson</u> Signature	<u>FEB 20 21</u> Date
<u>LORRIE A JACKSON</u> Name (Print or Type)	<u>PRESIDENT</u> Title (Print or Type)
<u>LORJACK @ FRONTIERNET. NET</u> Email (Print or Type)	
<u>68 PINEHILL RD</u> Address	<u>SPENCERPORT</u> City
<u>NY 14559</u> State and Zip	<u>(585) 352 1551</u> Phone Number

ATTACHMENTS: ☐ YES ☒ NO
(Please check appropriate line)