



Department of  
Environmental  
Conservation

# 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, 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: Superior Lubricants Co Inc			
FACILITY LOCATION ADDRESS: 32 Ward Rd.	FACILITY CITY: North Tonawanda	STATE: NY	ZIP CODE: 14120
FACILITY TOWN: North Tonawanda	FACILITY COUNTY: Niagara	FACILITY PHONE NUMBER: (716)693-8412	
FACILITY NYS PLANNING UNIT: (A list of NYS <a href="#">Planning Units</a> can be found at the end of this report). Niagara			NYSDEC REGION #: 9
360 PERMIT #: (Refer to DEC Permit) 32R10001	DATE ISSUED: 07/26/2018	DATE EXPIRES: 07/26/2023	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: (Refer to DEC Registration) 32M14
FACILITY CONTACT: Nate Morales	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (716) 260-1721	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS: nmorales@superiorlubricants.com			
OWNER INFORMATION			
OWNER NAME: 32 Ward Rd LLC	OWNER PHONE NUMBER: (716)693-8412	OWNER FAX NUMBER:	
OWNER ADDRESS: 32 Ward Rd	OWNER CITY: North Tonawanda	STATE: NY	ZIP CODE: 14120
OWNER CONTACT: Nate Morales	OWNER CONTACT EMAIL ADDRESS: nmorales@superiorlubricants.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input 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 - 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:

\_\_\_\_\_ % Scale Weight

\_\_\_\_\_ % Estimated

\_\_\_\_\_ % Truck Count

100 \_\_\_\_\_ % Other (Specify: we weighed a sample of filter drums for an average weight per count.)

Material	Tip Fee (\$/Ton)	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Used Oil Filters		18.15	17.03	19.55	20.63	13.60	25.70	21.25
<b>Total Tons Received</b>								
Material	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)	
Commingled Containers <small>(metal, glass, plastic)</small>								
Commingled Paper (all grades)								
Single Stream (total)								
Other (specify)								
Used Oil Filters	20.38	13.70	18.43	27.73	22.80	238.93	0.94	
<b>Total Tons Received</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.

## 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.



Signature

03/17/22

Date

Kate Morales

Name (Print or Type)

Plant Manager

Title (Print or Type)

nmorales@superiorlubricants.com

Email (Print or Type)

32 Ward Rd

Address

North Tonawanda

City

NY 14120

State and Zip

(716) 260-1721

Phone Number

ATTACHMENTS:  YES  NO