



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, 2023.

This annual report is for the year of operation from January 01, 2022 to December 31, 2022 SECTION 1 – GENERAL INFORMATION

FACILITY INFORMATION			
FACILITY NAME: LVM Materials LLC			
FACILITY LOCATION ADDRESS: 3200 Rt. 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			NYSDEC REGION #: 9
360 PERMIT #: (Refer to DEC Permit) 1291-8-61	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 checked="" type="checkbox"/> private	CONTACT PHONE NUMBER: 585-689-5432	CONTACT FAX NUMBER: 585-322-7417
CONTACT EMAIL ADDRESS:			
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: Lee Maher	OWNER CONTACT EMAIL ADDRESS: lmaher@rsmaher.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 type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input checked="" type="checkbox"/> Other (provide): mkeeves@rsmaher.com			
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 2022? 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
 _____ % 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		1721	2115	2191	2674	2239	2844	2183
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	3767	3258	2163	2515	1817	29,487	113	
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 (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)	Wood Scrap	NY	Allegany County	GLOW Region Solid Wt	367
	Wood Scrap	NY	Genesee County	GLOW Region Solid Wt	2629
	Wood Scrap	NY	Oswego County	GLOW Region Solid Wt	9
	Wood Scrap	NY	Onondaga County	GLOW Region Solid Wt	602
Single Stream (total)	Wood Scrap- Direct Haul	NY	Chautauqua Coun	GLOW Region Solid Wt	2878
	Wood Scrap - Direct Haul	NY	Orleans County	GLOW Region Solid Wt	974
	Wood Scrap - Direct Haul	NY	Monroe County	GLOW Region Solid Wt	3281
Other (specify)	Wood Scrap - Direct Haul	NY	Erie County	GLOW Region Solid Wt	3312
	Wood Scrap - Direct Haul	NY	Wayne County	GLOW Region Solid Wt	125
	Wood Scrap - Direct Haul	NY	Cayuga County	GLOW Region Solid Wt	200
	Wood Scrap- Direct Haul	PA		GLOW Region Solid Wt	262
	Wood Scrap- Direct Haul	CA		GLOW Region Solid Wt	14848
TOTAL MATERIAL RECEIVED (tons):					29,487

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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 material(s) 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	ALUMINIUM – cans – w hole	1 cubic yard
GLASS – semi crushed	1 cubic yard	GLASS - uncrushed manually	55 gallon drum	ALUMINIUM – cans – flattened	1 cubic yard
PAPER - high grade loose	1 cubic yard	PLASTIC – PET – w hole	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 – w hole	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 w hole	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)					
	Wood Scrap				
	Many Dairy Farms Across New York State (full list of farms including dates, addresses and tonage is attached)				

TOTAL MISCELLANEOUS MATERIAL RECOVERED (tons): _____

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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.

Meg Keeves
Signature

02/27/2023
Date

Meg Keeves
Name (Print or Type)

Business Development
Title (Print or Type)

mkeeves@rsmaher.com
Email (Print or Type)

3200 Rte 39
Address

Bliss
City

NY 14024
State and Zip

(585) 689-5432
Phone Number

ATTACHMENTS: YES NO