

New York State Department of Environmental Conservation  
Division of Materials Management  
Albany, New York 12233-7253

2018  
PERMITTED FACILITY ANNUAL REPORT  
**BIOSOLIDS LAND APPLICATION**  
6 NYCRR Part 361-2

***NOTE: New form for 2018 reporting year!***

**This annual report is for the year of operation from January 01, 2018 to December 31, 2018**

**This form is for biosolids land application facilities that are permitted under Subpart 361-2 previously 360-4 of Part 360. Permits for existing permitted facilities issued a permit prior to November 2017 remain in effect until their expiration date, unless a modification or a department-initiated modification is issued.**

**Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html>. If you have any questions on this form, please e-mail [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov).**

**Submit the Annual Report no later than March 1, 2019.**

Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual Report requirements of 6 NYCRR Part 360.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

PERMITTED FACILITY NAME: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

SW FACILITY ACTIVITY NUMBER: (Ex. 35AP0099 or 59L04) \_\_\_\_\_

COUNTY WHERE LAND APPLICATION OCCURS: \_\_\_\_\_

DEC USE ONLY

Region:            SWIMS:

                              MATRIX:

Date Reviewed:

Reviewed By:

**PERMITTED BIOSOLIDS LAND APPLICATION ANNUAL REPORT  
SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
NYSDEC REGION #:			
FACILITY CONTACT:			
CONTACT PHONE NUMBER:		CONTACT FAX NUMBER:	
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME:	<i>same as owner</i>		
PREFERENCES			
<i>Preferred address to receive correspondence:</i>	<i>Facility location address</i>	<i>Owner address</i>	
<i>Other (provide):</i>			
<i>Preferred email address:</i>	<i>Facility Contact</i>	<i>Owner Contact</i>	
<i>Other (provide):</i>			
<i>Preferred individual to receive correspondence:</i>	<i>Facility Contact</i>	<i>Owner</i>	<i>Owner Contact</i>
<i>Other (provide):</i>			
<b>Did you operate in 2018?</b>	<b>Yes; Complete this form.</b>		
	<b>No; Complete and submit Sections 1 and 12.</b> If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.		

## SECTION 1 (continued) – FACILITY INFORMATION

POTW NAME (If different from facility information above)		
POTW MAILING ADDRESS:		
POTW CITY/TOWN/VILLAGE:	STATE:	ZIP CODE:
OPERATOR NAME:	OPERATOR TELEPHONE:	OPERATOR EMAIL:

## SECTION 2 – TRANSPORTER INFORMATION

NAME OF TRANSPORTER COMPANY:	
PART 364 NUMBER:	TRANSPORTER PHONE NUMBER:

## SECTION 3 – SUMMARY OF APPLICATION INFORMATION

Total Acres Land Applied: \_\_\_\_\_ acres

Total Biosolids Land Applied During Reporting Period: \_\_\_\_\_ dry tons

Total Biosolids Landfilled During Reporting Period: \_\_\_\_\_ dry tons

## SECTION 4 – BIOSOLIDS ANALYSES

Please attach sampling analyses and laboratory reports for each biosolids source as required under Part 360 or your permit. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis.

**Summarize data in table below or attached document.  
Print additional pages as needed.**

Analysis Date =====>					Permit Pre 2017 Regs.  Monthly Conc. (mg/kg)	Permit Post 2017 Regs.  Max. Conc. (mg/kg)
Arsenic (mg/kg)					41	41
Cadmium (mg/kg)					21	10
Chromium (mg/kg)					1,000	1,000
Copper (mg/kg)					1,500	1,500
Lead (mg/kg)					300	300
Mercury (mg/kg)					10	10
Molybdenum (mg/kg)					40	40
Nickel (mg/kg)					200	200
Selenium (mg/kg)					100	100
Zinc (mg/kg)					2,500	2,500
TKN (mg/kg)						
Ammonia Nitrogen (mg/kg)						
Nitrate (mg/kg)						
Total Phosphorus (mg/kg)						
Total Potassium (mg/kg)						
pH (s.u.)						
Total Solids( %)						
Total Volatile Solids (%)						

**SECTION 5 – SOIL ANALYSIS**  
 (Complete one copy for each field used)

Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. A minimum of one analysis is required for every 50 acres, or fraction thereof. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis.

**Summarize data in table below or attached document.**  
**Print additional pages as needed.**

Site Owner: \_\_\_\_\_ Field Number: \_\_\_\_\_

<b>Analysis Date ==&gt;</b>				
Arsenic (mg/kg)				
Cadmium (mg/kg)				
Chromium (mg/kg)				
Copper (mg/kg)				
Lead (mg/kg)				
Mercury (mg/kg)				
Molybdenum (mg/kg)				
Nickel (mg/kg)				
Selenium (mg/kg)				
Zinc (mg/kg)				
pH (s.u.)				
Other _____				

## SECTION 6 – FIELD APPLICATION RATES

(Complete one copy for each field used)

Site Owner: \_\_\_\_\_

Field Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field Number: \_\_\_\_\_ Field Size: \_\_\_\_\_ acres

Biosolids Applied: \_\_\_\_\_ dry tons Acreage Applied To: \_\_\_\_\_ acres

Application Rate: \_\_\_\_\_ dry tons/acre

Crop Grown: \_\_\_\_\_ Remaining Site Life: \_\_\_\_\_ years

Dates Applied (List All Applications)	Biosolids Applied (dry tons)	Acreage Applied To (acres)	Application Rate (dry tons/acre)

Loading Rates		
Loading Parameters	Current Year (Permit Pre 2017 Regs)	Current Year Permit Post 2017 Regs.
Hydraulic (gals/acre)		
Available Nitrogen (lbs/acre)		
Phosphorus (lbs/acre)		
Potassium (lbs/acre)		
Cadmium (lbs/acre)		
Chromium (lbs/acre)		
Copper (lbs/acre)		
Lead (lbs/acre)		
Nickel (lbs/acre)		
Zinc (lbs/acre)		

\*Attach calculations to support values in the table

## SECTION 7 – NEXT YEAR’S PROPOSED QUANTITIES AND APPLICATION RATES

(Complete one copy for each field that will be used)

Site Owner: \_\_\_\_\_

Field Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field Number: \_\_\_\_\_ Field Size: \_\_\_\_\_ acres

Biosolids to be Applied: \_\_\_\_\_ dry tons

Proposed Application Rate: \_\_\_\_\_ dry tons/acre

Crop to be Grown: \_\_\_\_\_

<b>Loading Rates</b>		
<b>Loading Parameters</b>	<b>Current Year (Permit Pre 2017 Regs)</b>	<b>Current Year Permit Post 2017 Regs.</b>
Hydraulic (gals/acre)		
Available Nitrogen (lbs/acre)		
Phosphorus (lbs/acre)		
Potassium (lbs/acre)		
Cadmium (lbs/acre)		
Chromium (lbs/acre)		
Copper (lbs/acre)		
Lead (lbs/acre)		
Nickel (lbs/acre)		
Zinc (lbs/acre)		

\*Attach calculations to support values in the table

## SECTION 8 – PATHOGEN REDUCTION/VECTOR ATTRACTION REDUCTION

Check one method for each:

### Pathogen Reduction (361-2.5(d)(2)(i))

Aerobic Digestion  $\geq 40$  days at  $\geq 20$  °C or  $\geq 60$  days at  $\geq 15$  and  $< 20$  °C

Air Drying

Anaerobic Digestion  $\geq 15$  days at  $\geq 35$  °C or  $\geq 60$  days at  $\geq 20$  and  $< 35$  °C

Composting 5 consecutive days at  $> 40$  °C, 4 consecutive hours  $> 55$  °C

Lime stabilization pH raised to 12 for  $\geq 2$  hours

Fecal Coliform  $< 2,000,000$  MPN

Other: \_\_\_\_\_

### Vector Attraction Reduction (361-2.5(d)(2)(ii))

$\geq 38$  % Volatile Solids Reduction

Bench Scale Anaerobic Digestion

Bench Scale Aerobic Digestion

SOUR

Aerobic Process 14 consecutive days,  $> 40$  °C, average  $> 45$  °C

pH raised to  $\geq 12$  for 2 hours,  $\geq 11.5$  for 22 hours

75 % solids

90 % solids (untreated solids)

Subsurface injection

Incorporation within 6 hours

Other: \_\_\_\_\_

**Attach operating and monitoring data to show compliance with methods chosen.**



**SECTION 9 – UNAUTHORIZED WASTE**

Has unauthorized solid waste been received at the Processing 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 10 – PROBLEMS/COMPLAINTS**

Describe any operational problems or complaints arising from the composting operation and include any methods used to remedy the situations. This should include odor complaints, marketing difficulties, major equipment failure, etc.

**Section 11 – QUESTIONS**

Please identify any questions or concerns that you would like the Department to answer or consider:

**SECTION 12 - CERTIFICATION**

The Owner or Operator must sign, date and submit one completed form with an original signature to the appropriate Regional Office (See attachment for Regional Office addresses and Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation  
Bureau of Waste Reduction and Recycling – Annual Report  
625 Broadway – 9<sup>th</sup> Floor  
Albany, New York 12233-7253**

**Phone: 518-402-8706**

**Fax 518-402-9024**

**Email address: [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov)**

Permit prior to November 2017:

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Permit post November 2017:

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-2 of 6 NYCRR Part 361 has been prepared under my direction and supervision in accordance with the system designed to ensure that qualified personnel properly gather and evaluate this information. I am aware that false statement made herein are punishable pursuant to section 210.45 of the penal law.

_____	_____
Signature	Date
_____	_____
Name (Print)	Title (Print)
_____	
Email (Print)	
_____	_____
Address	City
_____	(____)____-_____
State and Zip	Phone Number

ATTACHMENTS:    NO        YES (IF YES, LIST ATTACHMENTS)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Waste Reduction and Recycling

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

Bureau of Waste Reduction and Recycling  
625 Broadway  
Albany, NY 12233-7253  
Phone: (518) 402-8706

For Submission of Organics Recycling Annual Reports only:

Fax: (518) 402-9024

Email: [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov)

### REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman/David Gibb  
SUNY @ Stony Brook 50  
Circle Road  
Stony Brook, NY 11790  
Phone: (631) 444-0375  
SWMFAnnualReportR1@dec.ny.gov

#### REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell  
47-40 21st Street  
Long Island City, NY 11101-5407  
Phone: (718) 482-4896  
SWMFAnnualReportR2@dec.ny.gov

#### REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3123  
SWMFAnnualReportR3@dec.ny.gov

#### REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt  
1130 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243  
SWMFAnnualReportR4@dec.ny.gov

#### REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Kevin Wood  
232 Golf Course Road  
Warrensburg, NY 12885  
Phone: (518) 623-1230  
SWMFAnnualReportR5@dec.ny.gov

#### REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullouch  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2513  
SWMFAnnualReportR6@dec.ny.gov

#### REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419  
SWMFAnnualReportR7@dec.ny.gov

#### REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean  
6274 East Avon-Lima Road  
Avon, NY 14414  
Phone: (585) 226-5408  
SWMFAnnualReportR8@dec.ny.gov

#### REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220  
SWMFAnnualReportR9@dec.ny.gov