

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

**2016**  
**REGISTERED FACILITY ANNUAL REPORT**  
**YARD WASTE COMPOSTING**  
**(3,000 – 10,000 cubic yards per year)**  
**6 NYCRR Part 360-5**

**This form is for yard waste composting facilities that are registered under Subpart 360-5 of Part 360. To qualify for registration, the facility can accept between 3,000 and 10,000 cubic yards of yard waste (leaves, grass clippings, small branches) per year.**

**Forms for all solid waste management facilities and a brief description of each type of facility 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 2, 2017.**

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/Quarterly Report requirements of 6 NYCRR Part 360.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate. If required, please include compost analyses as an attachment.

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

REGISTRATION/FACILITY ACTIVITY NUMBER (Ex. 05C13): \_\_\_\_\_

COUNTY WHERE COMPOST FACILITY IS LOCATED: \_\_\_\_\_

**REGISTERED YARD WASTE COMPOST FACILITY ANNUAL REPORT**

**Submit the Annual Report no later than March 2, 2017.**

This annual report is for the year of operation from January 01, 2016 to December 31, 2016

**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 #:			
OWNER INFORMATION			
FACILITY CONTACT:	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:	
CONTACT EMAIL ADDRESS:			
OPERATOR INFORMATION			
OPERATOR NAME:	<input type="checkbox"/> same as owner		
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Did you operate in 2016? <input type="checkbox"/> Yes; Complete this form.  <input type="checkbox"/> No; Complete and submit Sections 1 and 8. 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.			

## SECTION 2 - QUANTITY OF YARD WASTE RECEIVED

Type of Solid Waste	Amount	Units (circle one)	
Leaves alone		Cubic yards	Tons
Grass Clippings alone		Cubic yards	Tons
Mixture of leaves and grass		Cubic yards	Tons
Wood/Brush		Cubic yards	Tons
Other: _____		Cubic yards	Tons
<b>Total Received</b>		Cubic yards	Tons

### SECTION 3 – COMPOST PRODUCTION

<b>COMPOST PRODUCED DURING THE YEAR:</b>	_____ cubic yards <i>or</i> _____ tons
<b>COMPOST SOLD/GIVEN AWAY DURING THE YEAR:</b>	_____ cubic yards <i>or</i> _____ tons
<b>COMPOST CURRENTLY STOCKPILED:</b>	_____ cubic yards <i>or</i> _____ tons
<b>AGE OF OLDEST COMPOST ON SITE:</b>	_____ months

### SECTION 4 – COMPOST USE

**How is the compost used?  
(check all that apply)**

- \_\_\_\_\_ **Given to residents**
- \_\_\_\_\_ **Used in municipal projects**
- \_\_\_\_\_ **Given/sold to landscapers**
- \_\_\_\_\_ **Bagged and sold**
- \_\_\_\_\_ **Blended to make topsoil and sold**
- \_\_\_\_\_ **Other ( \_\_\_\_\_ )**

**SECTION 5 - UNAUTHORIZED SOLID WASTE**

Has unauthorized solid waste been received at the Composting 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 6 – PROBLEMS**

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also, identify any major procedural or operational changes during the reporting period. This should include odor complaints, marketing difficulties, major equipment failures, etc.

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**SECTION 7 - QUESTIONS**

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

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## SECTION 8 - 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  
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)**

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.

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

ATTACHMENTS: \_\_\_\_ YES \_\_\_\_ NO

If required, please include compost analyses as an attachment.

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 Annual Reports only:

Fax: (518) 402-9041

Email: For organic solid waste management facilities - [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov)

### REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790  
Phone: (631) 444-0375

#### 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

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

James Lansing  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3123

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

Victoria Schmitt  
1130 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243

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

David Mt. Pleasant  
232 Golf Course Road  
Warrensburg, NY 12885  
Phone: (518) 623-1230

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

Yuan Zeng  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2584

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

Thomas Annal  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419

#### 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

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

Peter Grasso  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220