

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

2016  
REGISTERED FACILITY ANNUAL REPORT  
**FOOD PROCESSING WASTE**  
**AND MANURE STORAGE**  
6 NYCRR Part 360-4

This form is for manure storage facilities that also contain non recognizable food processing waste (NFPW) (whey, etc.). Under Subpart 360-4 of Part 360, these storage facilities can accept up to 40% of the total volume put in the storage structure on an annual basis as NFPW.

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 Report requirements of 6 NYCRR Part 360.

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

REGISTERED FACILITY (FARM) NAME: \_\_\_\_\_

REGISTRATION/FACILITY ACTIVITY NUMBER (Ex. 05G12): \_\_\_\_\_

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

**REGISTERED FOOD PROCESSING WASTE AND MANURE STORAGE 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 #:			
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: <input type="checkbox"/> same as owner	TRANSPORTER NAME AND NUMBER:		
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 6. 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 WASTE RECEIVED

Please report all quantities in GALLONS:

Type of NFPW (i.e. whey, sludge, DAF, etc.): \_\_\_\_\_

Name of food processor and location: \_\_\_\_\_

Type of storage (i.e. lagoon, tank, digester, etc.): \_\_\_\_\_

Size of the storage unit (gallons): \_\_\_\_\_

Quantity of NFPW placed in the storage unit during the reporting year (gallons): \_\_\_\_\_

Quantity of manure placed in the storage unit during the reporting year (gallons): \_\_\_\_\_

Name of farm(s) where mixture was land applied:

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### SECTION 3 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the Storage 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 4 - PROBLEMS

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also identify any major procedural changes or operational changes during the reporting period.

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### SECTION 5- QUESTIONS

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

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## SECTION 6 - 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 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

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

January 2017