

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

2022

REGISTERED FACILITY ANNUAL REPORT

SEPTAGE LAND APPLICATION
(INCLUDING COMPOSTING TOILET RESIDUALS)

6 NYCRR Part 361-2

This annual report is for the year of operation from January 01, 2022 to December 31, 2022

Annual Report Form Due: No Later than March 1, 2023

This form is for the land application of septage including composting toilet residuals registered under section 361-2.3 of the Part 360 series (formerly 360-4). Forms for all solid waste management facilities can be found at <http://www.dec.ny.gov/chemical/52706.html>. If you have any questions about this form, please e-mail OrganicsAnnualReports@dec.ny.gov.

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 (preferred by email) 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.

REGISTERED FACILITY NAME: _____

SW FACILITY ACTIVITY NUMBER (Ex. 05A40099): _____

COUNTY WHERE LAND APPLICATION OCCURED: _____

DEC USE ONLY

Region: SWIMS:
MATRIX:
Date Reviewed:
Reviewed By:
Data Entered:

REGISTERED SEPTAGE 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 EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE 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>			
Did you operate in 2022? Yes; Complete this form. 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. See attachment for Regional Office addresses and contacts.			

SECTION 2 – TRANSPORTER INFORMATION

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

SECTION 3 – QUANTITY OF WASTE

Total Acres Used for Application: _____ acres

Total Gallons of Septage Applied: _____ gallons

SECTION 4 – LAND APPLICATION FIELD(S)
(Copy and use additional sheets if necessary)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Septage Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____

Site Owner: _____

Site Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Septage Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____

Site Owner: _____

Site Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Septage Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____

SECTION 5 – PATHOGEN REDUCTION (LIME ADDITION)
(Copy and use additional sheets if necessary)

Date	Field	Acres Applied To (acres)	Amount of Septage (gallons)	Amount of Lime (lbs.)	Times when pH was measured at 12 or above*	
Example: 7/6/16	Brooks-1	1	1,000	40	1:20pm	2:05pm

***Recorded times must be at least 30 minutes apart.
pH must be at 12 or higher for at least 30 minutes.**

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.

SECTION 7 - QUESTIONS

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

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 (preferred), fax or mail to:

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

Phone: 518-402-8706

Fax 518-402-9024

Email address: OrganicsAnnualReports@dec.ny.gov

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
_____ Email	
_____ 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: OrganicsAnnualReports@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)

Mahmoud Assi
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)

Lee Reiff
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3134
SWMFannualreportR3@dec.ny.gov

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

Brian Maglienti
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2085
SWMFannualreportR4@dec.ny.gov

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

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFannualreportR5@dec.ny.gov

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

Gary McCullough
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)

Steve Perrigo
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) 226-5411
SWMFannualreportR8@dec.ny.gov

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

Peter Grasso
700 Delaware Avenue
Buffalo, NY 14209
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

December 2022