

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

2016
PERMITTED FACILITY ANNUAL REPORT
FOOD WASTE/OTHER SSOW COMPOSTING
6 NYCRR Part 360-5

This form is for source separated organic waste (typically food waste) composting facilities that are permitted under Subpart 360-5 of Part 360. There is a separate form for registered facilities (less than 1,000 cubic yards 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.

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.

PERMITTED FACILITY NAME: _____

PERMIT NUMBER: _____

SW FACILITY ACTIVITY NUMBER: (Ex. 35C05) _____

COUNTY WHERE COMPOST FACILITY IS LOCATED: _____

PERMITTED FOOD WASTE / SSOW 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 #: | | | |
| | | | |
| 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 | | | |
| | | | |
| 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 12. 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 FOOD WASTE / SSOW RECEIVED

| Compost Input | Quantity | Unit* (Circle one) | % Solids | Source |
|---------------|----------|-----------------------|----------|--------|
| Food Waste | | WT DT CY GAL | | |
| Yard Waste | | WT DT CY GAL | | |
| Paper Waste | | WT DT CY GAL | | |
| Other: _____ | | WT DT CY GAL | | |

* WT = wet tons DT = dry tons CY = cubic yards GAL = gallons

SECTION 3 – FINISHED COMPOST ANALYSIS

Copies of original laboratory results must be attached.
All results, except pH and Total Solids, must be on a dry weight basis

| Analysis Date ==> | | | | | Avg. |
|---------------------------|--|--|--|--|------|
| 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) | | | | | |
| 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 (%) | | | | | |
| Fecal Coliform (MPN/g) | | | | | |
| Salmonella sp. (MPN/4g) | | | | | |
| Other _____ | | | | | |

SECTION 4 –SAMPLING LOCATIONS

Describe the number and position of all compost product sampling locations. Include a diagram showing all sampling locations.

SECTION 5 – COMPOST PRODUCTION

| | |
|---|--|
| WHAT IS THE PROCESS DETENTION TIME? | _____ days |
| COMPOST PRODUCED DURING THE YEAR: | _____ cubic yards or _____ tons |
| COMPOST SOLD/GIVEN AWAY DURING THE YEAR: | _____ cubic yards or _____ tons |
| QUANTITY CURRENTLY STOCKPILED: | _____ cubic yards or _____ tons |
| AGE OF OLDEST PRODUCT ON SITE: | _____ months |

SECTION 6 – COMPOST DISTRIBUTION

| Quantity Taken (cubic yards) | Actual Use of Compost |
|---------------------------------|-----------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SECTION 7 – 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 8 – 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 9 – QUESTIONS

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

SECTION 10 – ATTACHMENTS

Please attach:

- Temperature monitoring and detention time data.
- Any additional reporting requirements.
- The laboratory reports for the sample analysis

Name of Laboratory Used: _____

NYSDOH Lab ID Number (e.g. 10359): _____

Does the facility have a Variance to the permit requirements? _____ Yes _____ No

If yes, please describe:

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
625 Broadway – 9th Floor
Albany, New York 12233-7253
Phone: 518-402-8706
Fax 518-402-9024
Email address: 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 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

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