

New York State Department of Environmental Conservation

Division of Solid and Hazardous Materials

Bureau of Solid Waste, Reduction and Recycling, 9th Floor

625 Broadway, Albany, New York 12233-7253

Phone: (518) 402-8705 • Fax: (518) 402-9041

Website: www.dec.ny.gov



Alexander B. Grannis
Commissioner

January 12, 2009

Dear Facility Owner/Operator:

Re: Annual/Quarterly Reporting by Landfills, Waste-To-Energy Facilities, Regulated Medical Waste Facilities, and Annual Reporting by Construction and Demolition Debris Processing Facilities, Transfer Stations, and Recyclables Handling and Recovery Facilities Regulated Under Revised 6 NYCRR Part 360, March 10, 2003

This letter is to remind you that your 2008 Annual Report is due no later than March 3, 2009, in accordance with 6 NYCRR Part 360. Copies of the 2008 Annual Reports forms are available online at <http://www.dec.ny.gov/pubs/4763.html>. Please download the forms applicable to your facility or facilities. Please note that several of the reports have changed this year, requesting information that is different or in a different format than previous years. Do not use previous years' forms! You are responsible for completing and submitting the appropriate forms for all of your permitted and registered solid waste management facilities.


The submission of the completed form does not relieve you from any additional reporting responsibilities that are identified as special conditions in your 6 NYCRR Part 360 permit or that may be required for inactive or closed facilities, or other types of solid waste management facilities not referenced above.

To complete the annual report submission process:

1. Fill out the Annual Report Form(s) completely and sign the form(s).
2. Make a copy for your records.
3. Fax the completed Annual Report Form(s) to the New York State Department of Environmental Conservation's Central Office at (518) 402-9041 or email it to bwrrfann@gw.dec.state.ny.us. This fax number and email address have been set up for the annual reports referenced above. If you cannot fax or email the form(s) or if there are lengthy attachments to the annual report(s), make a second copy and submit to the Central Office at the address in the letterhead above.
4. Mail the original completed form(s) to the New York State Department of Environmental Conservation (NYSDEC) Regional Office that has jurisdiction over your facility. Contact information can be found on the last page of the forms.

Further instructions can be found attached to the Annual Report Forms. Should you have any questions regarding the use of the forms, or would like a hard copy or an electronic copy of the forms, please contact Gerard Wagner at (518) 402-8705, or via e-mail at gjwagner@gw.dec.state.ny.us. Other questions regarding your reporting responsibilities should be directed to your respective Regional Office.

Thank you for your cooperation in this matter.

Sincerely,

Jeffrey C. Schmitt, P.E.
Director
Bureau of Solid Waste, Reduction & Recycling

**New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Albany, New York 12233-7253**

ACTIVE WASTE-TO-ENERGY FACILITY

Annual/Quarterly Report

Submit the Annual Report no later than March 3, 2009.

Reporting of the information indicated on this Active Waste-To-Energy Facility Annual/Quarterly Report form is required pursuant to 6 NYCRR 360-1.4(c); 360-1.14(e)(2), (i)(1); and 360-3.4(f). 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.

Where the Annual Report requirements have been modified, appropriate Sections (as necessary to reflect the modification) must be completed and submitted with a copy of the Department's written notification which allows the modification.

Entries on the report forms should be either typewritten or neatly printed in black ink. Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

Annual/Quarterly Report

- A. Annual Report for the year of operation from _____, 20____ to _____, 20_____.
- B. Quarterly Report for: ___ Quarter 1 ___ Quarter 2 ___ Quarter 3 ___ Quarter 4

SECTION 1 - Owner/Facility Information

Facility Name _____ NYSDEC Activity Code # _____

Facility Location _____ State _____ Zip _____

Facility Contact _____ Phone # (____) _____ - _____

Contact e-mail address _____ Fax # (____) _____ - _____

Town _____ County _____ NYSDEC Region # _____

360 Permit # - ____ - ____ / ____ - ____ Issued ____ / ____ / ____ Expires ____ / ____ / ____

Owner Name _____ Phone # (____) _____ - _____

Mailing Address _____ State _____ Zip _____

Facility's Size

Number of Units Installed: _____

Nominal rated capacity of each unit: _____

Operations

Facility is in production:
Hours per day: _____

Days per week: _____

Days per year: _____

Section 2 - Quantity of Solid Waste Received/Processed

Provide the tonnages of solid waste received of.

Specify the methods used to measure the quantities received and the percentages measured by each method

_____ % Scale Weight _____ % Estimated
 _____ % Truck Count _____ % Other (Specify: _____)

	Waste Received (tons)	Waste Processed (tons)
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total for Year		

Tipping Fee

Waste Tipping Fee: _____ \$/ton

Other (Specify: _____) _____ \$/ton

Plant Performance Log

Complete the following Annual/Quarterly Plant Performance Log:

PLANT PERFORMANCE LOG ANNUAL SUMMARY

Facility: _____

Permit Number: _____

Address: _____

Report Prepared By: _____

Address: _____

Phone: (____)____ - _____

Beginning Date: ____/____/____

Ending Date: ____/____/____

Period (Days): _____

Processible Waste Bypassed (Tons): _____

Untreatable Waste Bypassed (Tons): _____

Incinerator #1 Operations (Hours): _____

Incinerator #2 Operations (Hours): _____

Incinerator #3 Operations (Hours): _____

Incinerator #4 Operations (Hours): _____

Steam Generated (Klbs): _____

Turbine Operation (Hours): _____

Turbine Steam Consumption (Klbs): _____

Power Generation (MWH): _____

Purchased Power (MWH): _____

Annual Electricity Sold to User (MWH): _____

Ash Residue (Tons): _____

Volatile Matter in Ash (%): _____

Ferrous Metal Recovered (Tons): _____

Ferrous Metal Sold (Tons): _____

Water Consumption (Kgal): _____

	Unit #1	Unit #2	Unit #3	Unit #4	Total
Hours of Downtime	_____	_____	_____	_____	_____
Scheduled Maintenance	_____	_____	_____	_____	_____
Unscheduled Maintenance	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Availability (%)	_____	_____	_____	_____	_____

Facility's Service Area

Identify the facility's service area by indicating the type of solid waste received, the Solid Waste Management facility (SWMF) from which it was received (or Direct Haul), and the county & state or province & country from which waste was received. Note: "Direct Haul" means waste hauled directly to your Solid Waste Management Facility (SWMF) which did not go through another SWMF. Only County/Province and State/County are required for direct haul.

Specify transport method and percentages of total waste transported by each:

_____% Road _____% Rail
 _____% Water _____% Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

<u>Facility's Service Area</u>				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	<i>(Example)</i> <i>(Monroe)</i>	<i>(NY)</i>	<i>(Monroe County Transfer Station, Rochester)</i>	<i>(2,000)</i>
	<i>(Yates)</i>	<i>(NY)</i>	<i>(Direct Haul)</i>	<i>(500)</i>
Construction & Demolition (C&D) Debris	<i>(Example)</i> <i>(Monroe)</i>	<i>(NY)</i>	<i>(Rochester Transfer Station, Rochester)</i>	<i>(100)</i>

Facility's Service Area				
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Total Year (tons)
Industrial Waste (Including Industrial Process Sludges)				
Sewage Treatment Plant Sludge				
Treated Regulated Medical Waste (TRMW)*				
Other (Specify: _____ _____ _____ _____ _____)				
Total Tons Received				

Part 360 Permit Limit (tpy) or Permit Limit based on Steaming rate (tpy) _____

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

Transfer or Disposal Destination

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility, the type of solid waste transferred, the county & state or province & country of transfer or disposal, and the amount transferred or disposed at each disposal destination.

Transport (specify percentages):

_____% Road _____% Rail
 _____% Water _____% Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

<u>Transfer or Disposal Destination</u>							
Type of Solid Waste	County or Province	State or Country	Solid Waste Management Facility	Amount Transferred (tons)	Amount Disposed (tons)	Amount Used as ADC (tons)	Total Year (tons)
Ash (MSW Energy Recovery)	<i>(Example)</i> <i>(Monroe)</i>	<i>(NY)</i>	<i>(High Acres Landfill, Perington)</i>		<i>(10,000)</i>	<i>(3,000)</i>	<i>(13,000)</i>
	<i>(Richmond)</i>	<i>(NY)</i>	<i>(Vanbro Corp, Staten Island)</i>	<i>(4,000)</i>			<i>(4,000)</i>
Other (Specify: _____ _____ _____ _____ _____))							
Total Tons							

Section 3 - Fire and Safety Incidents

Provide a summary of the time, date, and details of any incidents which required the implementation of the contingency plan.

Section 4 - Budget

Provide an annual income and expense statement providing details on the major accounting items including tipping fee, and operating and maintenance costs.

Section 5 - Inspections

Provide a copy of the annual facility inspection report conducted and stamped by a professional engineer licensed to practice in New York State.

Section 6 - Goals

Provide a narrative of the goals and objectives to be attained in the next future calendar year and any major repairs or renovations proposed.

SECTION 7 - Unauthorized Solid Waste

Has unauthorized solid waste been received at the Landfill 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

Radiation Monitoring

Does your facility use a fixed radiation monitor? _____ Yes _____ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? _____ Yes _____ No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 8 - Problems

Identify any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures) and methods for resolution of the problems. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information: _____

SECTION 9 - Changes

Identify any changes from approved reports, plans, specifications, permit conditions and fill progression plan with a justification for each change. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 10 - Permit/Consent Order Reporting Requirements

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form? Yes No

If yes, identify the reporting requirements with their respective responses below, attaching additional sheets as necessary. List submissions (required by this section) that have been attached to this form or the reasons for not attaching a required piece of information:

SECTION 11 - Signature and Date By Owner or Operator

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 Solid Waste Contacts.)

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

**New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th Floor
Albany, New York 12233-7253
Fax 518-402-9041
Email address: bwrrfann@gw.dec.state.ny.us**

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 or Type)	_____ Title (Print or Type)
_____ Address	_____ City
_____ State and Zip	(____)____-_____ Phone Number

ATTACHMENTS: ____ YES ____ NO
(Please check appropriate line)

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New York State Department of Environmental Conservation
Division of Solid & Hazardous Materials
Bureau of Solid Waste, Reduction & Recycling

SOLID WASTE CONTACTS

CENTRAL OFFICE

Bureau of Solid Waste, Reduction & Recycling
625 Broadway, 9th floor
Albany, NY 12233-7253
Phone: (518) 402-8705

For Submission of Annual Reports only:
Fax: (518) 402-9041
Email : bwrrfann@gw.dec.state.ny.us

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman
SUNY Campus
Building 40
Stony Brook, NY 11790
Phone: (631) 444-0375

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

Ken Brezner
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896

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

Steve Parisio
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3136

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

Richard Forgea
1150 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243

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

**Main Office (Clinton, Essex,
Franklin, Hamilton)**

Dan Steenberge
Route 86, P.O. Box 296
Ray Brook, NY 12977
Phone: (518) 897-1241

**Sub-office (Fulton, Saratoga, Warren,
Washington)**

David Mt. Pleasant
232 Hudson Street
Warrensburg, NY 12885
Phone: (518) 623-1230

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

**Main Office (Jefferson, Lewis,
St. Lawrence)**

Ed Blackmer
State Office Building
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2522

Sub-office (Herkimer, Oneida)

Robert Senior
State Office Building
207 Genesee Street
Utica, NY 13501
Phone: (315) 793-2745

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

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

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

Scott Foti
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5408

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

Mark Hans
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220