

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

2016
PERMITTED FACILITY ANNUAL REPORT
YARD WASTE COMPOSTING
6 NYCRR Part 360-5

This form is for yard waste composting facilities that are permitted under Subpart 360-5 of Part 360. This facility type handles more than 10,000 cubic yards per year of leaves, grass clippings, small branches. There is a separate form for registered facilities (3,000 and 10,000 cubic yards of yard waste 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 FACILITY IS LOCATED: _____

PERMITTED 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 #:			
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 9. 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 – COMPOST INPUT

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

SECTION 3 – COMPOST PRODUCED AND STORED

QUANTITY OF COMPOST PRODUCED BY FACILITY:	_____ wet tons <i>or</i> _____ cubic yards
QUANTITY OF COMPOST REMOVED FROM FACILITY:	_____ wet tons <i>or</i> _____ cubic yards
QUANTITY CURRENTLY STOCKPILED:	_____ wet tons <i>or</i> _____ cubic yards
AGE OF OLDEST COMPOST STOCKPILED:	_____ months

SECTION 4 – FINISHED COMPOST ANALYSIS

If analyses are requires, attach copies of the original laboratory results.

SECTION 5 – COMPOST DISTRIBUTION

Quantity Taken (cubic yards)	Use of Compost

SECTION 6 - 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 7 – 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 8 - QUESTIONS

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

SECTION 9 - 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 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

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