

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

2018
PERMITTED FACILITY ANNUAL REPORT
ANAEROBIC DIGESTER
6 NYCRR Part 361-3.3

NOTE: New form for 2018 reporting year!

This annual report is for the year of operation from January 01, 2018 to December 31, 2018

This form is for anaerobic digester facilities that are permitted under section 361-3.3 (formerly 360-5) of the Part 360 series. Forms for all solid waste management facilities 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 1, 2019.

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.

FACILITY NAME: _____

SW FACILITY ACTIVITY NUMBER (Ex. 02PP0099 or 29Z25): _____

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:

 MATRIX:

Date Reviewed:

Reviewed By:

SECTION 2 – FEEDSTOCK INPUT

Input	Quantity	Unit	% Solids	Source(s)
Animal Manure		WT DT GAL CY		
Food processing wastes - (whey, etc.) Specify: _____		WT DT GAL CY		
Source separated organics (food scraps, etc.)		WT DT GAL CY		
FOGs (fats, oils, and grease)		WT DT GAL CY		
Biosolids (wastewater sludge)		WT DT GAL CY		
Other: _____		WT DT GAL CY		

SECTION 3 – DIGESTER OPERATION

Average detention time in digester: _____ days

Average temperature in digester: _____ °F

Age of oldest digestate on site: _____ months

SECTION 4 – PATHOGEN REDUCTION & VECTOR ATTRACTION REDUCTION

Required for anaerobic digesters accepting biosolids

Check one method for each:

Pathogen Reduction 361-3.7(a)

Class A Alternative 2 – thermophilic anaerobic digestion

Other (specify): _____

Vector Attraction Reduction 361-3.7(b)

38 % Volatile Solids Reduction

Bench Scale Anaerobic Digestion

Bench Scale Aerobic Digestion

SOUR

Aerobic Process 14 days, >40 °C, >45 °C avg.

pH raised to 12 for 2 hours and ≥11.5 for 22 hours

75 % solids

90 % solids (untreated solids)

Attach operating and monitoring data to show compliance with methods chosen.

If **BIOSOLIDS** anaerobic digester, continue to Section 5

ALL OTHER ANAEROBIC DIGESTION FACILITIES, continue to Section 7

SECTION 5 – BIOSOLIDS ANALYSES

Complete this section only if anaerobic digester accepted biosolids. Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis.

**Summarize data in table below or attached document.
Print additional pages as needed.**

Analysis Date =====>					Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
Arsenic (mg/kg)					41	41
Cadmium (mg/kg)					21	10
Chromium (mg/kg)					1,000	1,000
Copper (mg/kg)					1,500	1,500
Lead (mg/kg)					300	300
Mercury (mg/kg)					10	10
Molybdenum (mg/kg)					40	40
Nickel (mg/kg)					200	200
Selenium (mg/kg)					100	100
Zinc (mg/kg)					2,500	2,500
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 (%)						

SECTION 6 – DIGESTATE USE (Derived from Biosolids)

Are solids separated from liquid? YES NO

If yes:

What is the total solids content: _____ % solids

Quantity of solids produced: _____ wet tons

How are solids used:

Animal Bedding Quantity: _____ wet tons

Was Class A pathogen reduction and vector attraction reduction achieved?

YES

NO – Use for animal bedding is prohibited

Topsoil Quantity: _____ wet tons

Was Class A pathogen reduction and vector attraction reduction achieved?

YES

NO – Use for topsoil is prohibited

Composting Quantity: _____ wet tons

Permit Issued Prior to Nov. 2017:

The composting of digestate derived from biosolids requires a permit under subpart 360-5. Please list the associated activity number.

Composting Activity Number: _____

Permit Issued Post Nov. 2017:

Was Class A pathogen reduction and vector attraction reduction achieved?

YES

NO – The composting of digestate derived from biosolids requires a permit under section 361-3.2. Please list the associated activity number.

Composting Activity Number: _____

Land Application Quantity: _____ wet tons

Was Class A pathogen reduction and vector attraction reduction achieved?

YES

NO – Land application of digestate derived from biosolids requires a permit under subpart 360-4/section 361-3.3. Please list the associated activity number.

Land Application Activity Number: _____

If no:

How much was produced: _____ gallons

Land Application Quantity: _____ wet tons

Was Class A pathogen reduction and vector attraction reduction achieved?

YES

NO – Land application of digestate derived from biosolids requires a permit under Subpart 361-2. Please list the associated activity number.

Land Application Activity Number: _____

----- **CONTINUE TO SECTION 8** -----

SECTION 7 – DIGESTATE USE (Derived from SSO)

SSO or Source Separated Organics includes, but is not limited to, food processing waste and food scraps.

Are solids separated from liquid? YES NO

If yes:

What is the total solids content: _____ % solids

Quantity of solids produced: _____ wet tons

How are solids used:

Animal Bedding Quantity: _____ wet tons

Topsoil Quantity: _____ wet tons

Composting Quantity: _____ wet tons

Permit Issued Prior to Nov. 2017

The composting of digestate derived from source separated organics requires a registration under subpart 360-5. Please list the associated activity number(s).

Composting Activity Number: _____

Permit Issued Post Nov. 2017

Were solids composted at exempt composting facility?

YES

NO – Composting requires a registration under paragraph 361-3.2(b)(4). Please list the associated activity number.

Composting Activity Number: _____

Land Application Quantity: _____ wet tons

Permit Issued Prior to Nov. 2017:

Land application of digestate derived from source separated organics requires a registration under subpart 360-4. Please list the associated activity number(s).

Land application Activity Number: _____

Permit Issued Post Nov. 2017:

Did land application occur on a CAFO with a CNMP?

YES

NO – Land application of digestate that does not occur on a CAFO with an approved CNMP, requires a registration under 361-3.3(e)(21)(i). Please list the associated land application activity number(s).

Land Application Activity Number(s): _____

If no:

How much was produced: _____ gallons or wet tons (**circle one**)

Land Application Quantity: _____ wet tons

Permit Issued Prior to Nov. 2017:

Land application of digestate derived from source separated organics requires a registration under subpart 360-4. Please list the associated activity number(s).

Land application Activity Number: _____

Permit Issued Post Nov. 2017:

Did land application occur on a CAFO with a CNMP?

YES

NO – Land application of digestate that does not occur on a CAFO with an approved CNMP, requires a registration under 361-3.3(e)(21)(i). Please list the associated land application activity number(s).

Land Application Activity Number(s): _____

SECTION 8 – DIGESTATE ANALYSIS

Do not complete if your permit for an SSOW anaerobic digester was issued prior to Nov. 2017

Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis.

Summarize data in table below or attached document. Print additional pages as needed.

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Nickel (mg/kg)					200	200
Selenium (mg/kg)					100	100
Zinc (mg/kg)					2,500	2,500
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)					<1,000 MPN/g	
Salmonella sp. (MPN/4g)					<3MPN/4g	
Other _____						

SECTION 9 – 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 10 – PROBLEMS/COMPLAINTS

Describe any operational problems or complaints arising from the digester operation and include any methods used to remedy the situations. This should include odor complaints, marketing difficulties, major equipment failure, etc.

SECTION 11 – QUESTIONS

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

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:

**NYS 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: organicrecycling@dec.ny.gov

Permit prior to November 2017:

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 360-5 of 6 NYCRR Part 360 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 there are significant penalties for false certification including the possibility of fine and imprisonment.

Permit Post November 2017:

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-3 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 statements made herein are punishable 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: 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: organicrecycling@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)

Joseph O'Connell
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)

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123
SWMFAnnualReportR3@dec.ny.gov

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

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243
SWMFAnnualReportR4@dec.ny.gov

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

Kevin Wood
232 Golf Course Road
Warrensburg, NY 12885
Phone: (518) 623-1230
SWMFAnnualReportR5@dec.ny.gov

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

Gary McCullouch
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)

Thomas Annal
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) 226-5408
SWMFAnnualReportR8@dec.ny.gov

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

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFAnnualReportR9@dec.ny.gov

December 2018