

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

2022

PERMITTED FACILITY ANNUAL REPORT

**ANAEROBIC DIGESTER**

6 NYCRR Part 361-3.3

**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 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 [OrganicsAnnualReports@dec.ny.gov](mailto: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 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.  
**Annual reports should be submitted no later than March 1, 2023. It is preferred that you submit your annual report electronically via email to [OrganicsAnnualReports@dec.ny.gov](mailto:OrganicsAnnualReports@dec.ny.gov)**

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:  
Data Entered:

# PERMITTED ANAEROBIC DIGESTER 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			
<b>OPERATOR NAME:</b> <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>			
<b>Did you operate in 2022?</b> <b>Yes; Complete this form.</b>  <b>No; Complete and submit Sections 1, 12 and 13.</b> 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 – FEEDSTOCK INPUT

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

\*Wet Tons = Tons

## 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?

**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?

**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

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 was issued prior to Nov. 2017 for an SSOW anaerobic digester**

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)
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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 – FOOD DONATION & FOOD SCRAPS RECYCLING LAW

**If you are registered or permitted to process food scraps please complete the following.** For all other operations that are interested in processing food scraps, please contact your DEC regional office to determine what is required.

In 2019, New York State passed the Food Donation & Food Scraps Recycling law. Effective January 1, 2022, large generators of food scraps (defined as generating an annual average of two tons per week or more) must donate excess food and recycle all remaining food scraps if they are within 25 miles of an organics recycler (composting facility, anaerobic digester, etc.). Examples of large generators include: large restaurants, grocery stores, hotels, colleges, etc. For more information visit: <https://www.dec.ny.gov/chemical/114499.html>

### **Contact Information**

Under this legislation, DEC is responsible for providing a list of organics recyclers (compost facilities, anaerobic digesters, etc.) to large generators so they can determine available food scraps recycling opportunities in their area.

You will be included in this listing if you hold a permit or registration for the anaerobic digestion of source separated organics, food scraps or food processing waste. This will educate both large generators and haulers of food scraps that you are an available composter in their area.

Please provide the following information to include in the listing.

Name of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

☐ I would like to opt out of DEC listing my facility as an available food scraps recycler for large generators as it relates to the Food Donation and Food Scraps Recycling law.

### **Assessing Your Food Scraps Recycling Capacity**

DEC is responsible for assessing available food scraps recycling capacity across New York State. Information from your operation will help us do this. Please complete the following section to calculate the amount of excess food scraps your operation will have the capability to process in **2024**. Please stay consistent with units (wet tons or cubic yards).

A. Amount of food scraps projected to be processed in **2024**: \_\_\_\_\_

\* Note: You will not be required to process this quantity of material, these estimates will only be used to assist DEC with the annual food scraps recycling capacity assessment for the Food Donation and Food Scraps Recycling law.

### **Questions?**

## SECTION 13 - 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:

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

**Phone: 518-402-8706**

**Fax 518-402-9024**

**Email address: [OrganicsAnnualReports@dec.ny.gov](mailto:OrganicsAnnualReports@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: [OrganicsAnnualReports@dec.ny.gov](mailto: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