

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

2020  
PERMITTED FACILITY ANNUAL REPORT BIOSOLIDS  
**COMPOSTING/OTHER PROCESSING**  
6 NYCRR Part 361-3.2

**This annual report is for the year of operation from January 01, 2020 to December 31, 2020**

**Annual Report Form Due: No Later than March 1, 2021**

This form is for biosolids composting facilities that are permitted under section 361-3.2 previously 360-5 of Part 360. Permits for existing permitted facilities prior to November 2017 remain in effect until their expiration date, unless a modification is issued. Permittees must comply with the previous Part 360 regulations and their permit's special conditions until renewal or modification.

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](mailto:organicrecycling@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 series.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

PERMITTED FACILITY NAME: \_\_\_\_\_

PERMIT NUMBER: \_\_\_\_\_

SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) \_\_\_\_\_

COUNTY WHERE FACILITY IS LOCATED: \_\_\_\_\_

**DEC USE ONLY**

Region:            SWIMS:  
                              MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

**PERMITTED BIOSOLIDS COMPOSTING FACILITY 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 #:			
OWNER INFORMATION			
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			
OPERATOR NAME: <i>Same as owner</i>			
PREFERENCES			
Preferred address to receive correspondence: <i>Facility location address</i> <i>Owner address</i> <i>Other (provide):</i>			
Preferred email address: <i>Facility Contact</i> <i>Owner Contact</i> <i>Other (provide):</i>			
Preferred individual to receive correspondence: <i>Facility Contact</i> <i>Owner</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<p><b>Did you operate in 2020?      Yes; Complete this form.</b></p> <p align="center"><b>No; Complete and submit Sections 1 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.</p>			

## SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2020 to December 31, 2020

Compost Input	Quantity	Unit	% Solids	Source
Biosolids (Sewage Sludge)				
Bulking Agent/Amendment Specify: _____				
Other: _____				

## SECTION 3 – COMPOST PRODUCTION

<b>WHAT IS THE PROCESS DETENTION TIME?</b> _____ <b>days</b> <i>Note: Total time material is processed, not including storage time</i>
<b>COMPOST PRODUCED DURING THE YEAR:</b>
<b>COMPOST DISTRIBUTED DURING THE YEAR:</b>
<b>QUANTITY CURRENTLY STOCKPILED:</b> <i>Note: Finished product stockpiled</i>
<b>AGE OF OLDEST PRODUCT ON SITE:</b> _____ <b>months</b>

**SECTION 4 – COMPOST DISTRIBUTION**

Quantity Distributed	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)

## SECTION 5 – BIOSOLIDS ANALYSES

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 – PATHOGEN REDUCTION & VECTOR ATTRACTION REDUCTION

Check one method for each:

### Pathogen Reduction 361-3.7(a)

Windrow Composting

Aerated Static Pile Composting

In-vessel Composting

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  $\geq 12$  for 2 hours and  $\geq 11.5$  for 22 hours

75% solids

90% solids (untreated solids)

#### **IMPORTANT NOTE**

**Attach operating and monitoring data to show compliance with methods chosen. Temperature data records should indicate when a pile was created, pile was moved, additional material was added and/or pile was turned.**

## SECTION 7 – FINISHED COMPOST ANALYSIS

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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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 8 – SAMPLE MANAGEMENT**

Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

## **SECTION 9 – ATTACHMENTS**

Please attach:

- Temperature monitoring and detention time data.
- Sample analyses laboratory reports.
- Any additional reporting requirements.

Do you have a variance to the Part 360 permit requirements?    Yes    No

If yes, please describe:

## **SECTION 10 – UNAUTHORIZED WASTE**

Has unauthorized solid waste been received at the Processing Facility during the reporting period?

Yes    No

If yes, please explain.



## **SECTION 11 – 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 12 – QUESTIONS**

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

## 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, fax or mail to:

**New York State 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: [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov)**

Permit prior to November 2017:

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.

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 statement 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](mailto: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)

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 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) 226-5411  
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

September 2020