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

**2019**

**REGISTERED OR PERMITTED FACILITY ANNUAL REPORT**

# COMPOSTING

**(DO NOT USE THIS FORM FOR BIOSOLIDS COMPOSTING)**

**6 NYCRR Part 361-3.2**

**This annual report is for the year of operation from January 01, 2019 to December 31, 2019**

**Annual Report Form Due: No Later than March 1, 2020**

This form may be used for all composting facilities under section 361-3.2 of the Part 360 series except for biosolids composting. Biosolids composting requires the submission of a different annual report form. 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.

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.

FACILITY NAME: _____

SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099) _____

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

# COMPOST 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 #:** | | | |
| | | | |
| **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:** ☐ *Same as owner* | | | |
| **PREFERENCES** | | | |
| *Preferred address to receive correspondence:* ☐ *Facility location address* ☐ *Owner address* ☐ *Other (provide):* | | | |
| *Preferred email address:* ☐ *Facility Contact* ☐ *Owner Contact* ☐ *Other (provide):* | | | |
| *Preferred individual to receive correspondence:* ☐ *Facility Contact* ☐ *Owner* ☐ *Owner Contact* ☐ *Other (provide):* | | | |

**Did you operate in 2019?** ☐ **Yes; Complete this form.**

☐ **No; Complete and submit Sections 1, 12 and 13**. 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 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2019 to December 31, 2019

| | Inputs | Quantity | Unit | Source(s) |
|---|---|---|---|---|
| YARD WASTE | Leaves only | | Choose Units | |
| | Grass Clippings | | Choose Units | |
| | Mixture of Grass and Leaves | | Choose Units | |
| | Brush (Small branches and limbs, <4 inch diameter) | | Choose Units | |
| SSO | Source Separated Organics (Food scraps, soiled paper products, etc.) | | Choose Units | |
| | Food Processing Waste (brewery grains, grape pomace, etc.) | | Choose Units | |
| OTHER | Crop Residues (Corn stalks, etc.) | | Choose Units | |
| | Manure (including bedding) | | Choose Units | |
| | Sawdust/Shavings | | Choose Units | |
| | Animal Carcasses (road-kill, animal mortalities) | | Choose Units | |
| | Paper Mill Residuals | | Choose Units | |
| | Digestate | | Choose Units | |
| | Other: _____ | | Choose Units | |
| BULKING AGENT | Woodchips | | Choose Units | |
| | Sawdust | | Choose Units | |
| | Other: _____ | | Choose Units | |

## SECTION 3 – COMPOST PRODUCTION

| | |
|---|---|
| **WHAT IS THE PROCESS DETENTION TIME?**<br>***Note: Total time material is processed, not Including storage time*** | _____ **days** |
| **COMPOST PRODUCED DURING THE YEAR:** | _____ **cubic yards *or***<br>_____ **tons** |
| **COMPOST DISTRIBUTED DURING THE YEAR:** | _____ **cubic yards *or***<br>_____ **tons** |
| **QUANTITY CURRENTLY STOCKPILED:**<br>***Note: Finished product stockpiled*** | _____ **cubic yards *or***<br>_____ **tons** |
| **AGE OF OLDEST PRODUCT ON SITE:** | _____ **months** |

## SECTION 4 – COMPOST DISTRIBUTION

| Quantity Distributed (cubic yards) | Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.) |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

If **PERMITTED SSO** composting facility, continue to Section #5
SSO – Source Separated Organics

**ALL OTHER COMPOSTING FACILITIES**, continue to Section #9

## SECTION 5 – PATHOGEN AND VECTOR ATTRACTION REDUCTION

For permitted SSO composting facilities only. 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
- ◯ SOUR
- ◯ Aerobic Process 14 days, ≥40C, ≥45 C avg.

**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 6 – FINISHED COMPOST ANALYSIS

For permitted SSOW composting facilities only. 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. See 361-3.9 Table 6 for pollutant limits and Table 5 for annual product testing frequency 361-3.9 Table 5.

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

| Analysis Date =====> | | | | | Max. Conc. (mg/kg) |
|---|---|---|---|---|---|
| Arsenic (mg/kg) | | | | | 41 |
| Cadmium (mg/kg) | | | | | 10 |
| Chromium (mg/kg) | | | | | 1,000 |
| Copper (mg/kg) | | | | | 1,500 |
| Lead (mg/kg) | | | | | 300 |
| Mercury (mg/kg) | | | | | 10 |
| Molybdenum (mg/kg) | | | | | 40 |
| Nickel (mg/kg) | | | | | 200 |
| Selenium (mg/kg) | | | | | 100 |
| Zinc (mg/kg) | | | | | 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 (MPN/4g) | | | | | <3MPN/4g |
| Other_____ | | | | | |

## SECTION 7 –SAMPLE MANAGEMENT PLAN

For permitted SSO composting facilities only. Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

## SECTION 8 – ATTACHMENTS (IF REQUIRED)

Permitted SSO composting facilities, 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 9 – UNAUTHORIZED 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):

## SECTION 10 – PROBLEMS/COMPLAINTS

Describe any operational problems or neighbor 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 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 compost 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 composting of source separated organics or food scraps. 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 **2022.** Please stay consistent with units (wet tons or cubic yards).

A. Amount of foods scraps projected to be processed in **2020**: _____ Choose Unit

B. Amount of foods scraps projected to be processed in **2022**: _____ Choose Unit

* Note: You will not be required to process this quantity of material, these estimates will only be used to assist DEC in capacity planning across the state in preparation for the Food Donation and Food Scraps Recycling law effective January 1, 2022.

**Questions?**

DEC USE ONLY

Excess Capacity:

_____

## 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:

**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**

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

## 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

December 2019