

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

2018

REGISTERED OR PERMITTED FACILITY ANNUAL REPORT

**COMPOSTING**

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

6 NYCRR Part 361-3.2

***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 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](mailto: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 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:

**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 #:			
OWNER INFORMATION			
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			
<b>OPERATOR NAME:</b> <input type="checkbox"/> Same as owner			
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 2018?</b> <b>Yes; Complete this form.</b>  <b>No; Complete and submit Sections 1 and 12.</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 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2018 to December 31, 2018

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



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,  $\geq 40^{\circ}\text{C}$ ,  $\geq 45^{\circ}\text{C}$  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 - 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 – 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)**

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)

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