

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

<p style="text-align: center;"><b>2020</b></p> <p style="text-align: center;"><b>REGISTERED FACILITY ANNUAL REPORT</b></p> <p style="text-align: center;"><b>FOOD PROCESSING WASTE</b></p> <p style="text-align: center;"><b>AND MANURE STORAGE</b></p> <p style="text-align: center;"><b>6 NYCRR Part 361-2</b></p>
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**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 manure storage facilities that also accepts food processing waste under 361-2.3 of the Part 360 series (formerly 360-4). 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.

REGISTERED FACILITY NAME: _____
REGISTRATION/FACILITY ACTIVITY NUMBER (Ex. 05A20099): _____
COUNTY WHERE FACILITY IS LOCATED: _____

<b>DEC USE ONLY</b>	
Region:	SWIMS:
	MATRIX:
Date Reviewed:	
Reviewed By:	
Data Entered:	

**REGISTERED FOOD PROCESSING WASTE AND MANURE STORAGE 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			
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>	TRANSPORTER NAME AND NUMBER:		
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <i>Other (provide):</i>	<i>Facility location address</i>	<i>Owner address</i>	
<i>Preferred email address:</i> <i>Other (provide):</i>	<i>Facility Contact</i>	<i>Owner Contact</i>	
<i>Preferred individual to receive correspondence:</i> <i>Other (provide):</i>	<i>Facility Contact</i>	<i>Owner</i>	<i>Owner Contact</i>
<p><b>Did you operate in 2020?</b>      <b>Yes; Complete this form.</b></p> <p align="center"><b>No; Complete and submit Sections 1 and 7.</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 – QUANTITIES RECEIVED**

Type of storage (lagoon, tank, etc.) \_\_\_\_\_ Size of the storage unit (gallons) \_\_\_\_\_

Input	Quantity (Gallons)	Source
Manure		
Food Processing Waste		
Food Processing Waste		
Other: _____		

Total quantity of liquid removed during the year: \_\_\_\_\_gallons

Total quantity of liquid remaining in the unit at the end of the year: \_\_\_\_\_gallons

**SECTION 3 – STORAGE MAINTENANCE**

Date storage facility was last emptied? \_\_\_\_\_ Date storage facility was last cleaned? \_\_\_\_\_

Date tank (if used) was last inspected for tightness? \_\_\_\_\_

Date storage facility was last inspected by DEC personnel? \_\_\_\_\_

Describe inspection results and any repairs performed:

**SECTION 4 - UNAUTHORIZED SOLID WASTE**

Has unauthorized solid waste been received at the Storage 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 5 - PROBLEMS**

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also identify any major procedural changes or operational changes during the reporting period.

**SECTION 6 - QUESTIONS**

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

## SECTION 7 - 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 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)**

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-2 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