

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>OTHER ORGANICS RECYCLING</b></p> <p style="text-align: center;">6 NYCRR Part 361-3.6</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 may be used for registered other organics recycling facilities under section 361-3.6 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 [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.

<p>FACILITY NAME: _____</p> <p>SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099) _____</p> <p>COUNTY WHERE FACILITY IS LOCATED: _____</p>
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<b>DEC USE ONLY</b>	
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 #:			
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			
<b>OPERATOR NAME:</b> <input type="checkbox"/> Same as owner			
PREFERENCES			
<i>Preferred address to receive correspondence:</i> <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
<i>Preferred email address:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<i>Preferred individual to receive correspondence:</i> <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
<b>Did you operate in 2020?</b> <input type="checkbox"/> Yes; Complete this form.  <input type="checkbox"/> No; Complete and submit Sections 1 and 7. 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, 2020 to December 31, 2020

	Inputs	Quantity	Unit* <b>(Circle one)</b>	Source(s)
<b>SSO</b>	Source Separated Organics (Food scraps, soiled paper products, etc.)		Tons   CY   GAL	
	Food Processing Waste (brewery grains, grape pomace, etc.)		Tons   CY   GAL	
<b>OTHER</b>	Fats, Oils, Greases (FOG)		Tons   CY   GAL	
	Manure (including bedding)		Tons   CY   GAL	
	Other: _____		Tons   CY   GAL	
	Other: _____		Tons   CY   GAL	

\* **CY = cubic yards**      **GAL = gallons**

## SECTION 3 – PRODUCT

Quantity of Product produced: \_\_\_\_\_

Type of Product(s): \_\_\_\_\_

Briefly describe the use of the product(s):

## SECTION 4 – 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 5 – 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 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, 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)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_