

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

2018
PERMITTED FACILITY ANNUAL REPORT
STORAGE FACILITY
6 NYCRR Part 361-2

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 is for storage facilities (lagoons, tanks) permitted under Subpart 361-2 previously Subpart 360-4 of Part 360. Permits for existing permitted facilities issued prior to November 2017 remain in effect until their expiration date, unless a modification is issued.

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.

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.

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. 35AP0099 or 59G02) _____

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:

 MATRIX:

Date Reviewed:

Reviewed By:

PERMITTED LIQUID 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			
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			
OPERATOR NAME: <i>same as owner</i>			
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 Contact</i> <i>Other (provide):</i>			
<p>Did you operate in 2018? Yes; Complete this form.</p> <p align="center">No; Complete and submit Sections 1 and 8. 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 – STORAGE MAINTENANCE

Date storage facility was last emptied? _____ Date storage facility was last cleaned? _____
Date storage facility was last inspected by DEC personnel? _____
Date tank (if used) was last inspected for tightness? _____

Describe inspection results and any repairs performed:

SECTION 3 – QUANTITY OF LIQUID STORED

Please report all quantities in GALLONS:

Type of storage (surface impoundment (lagoon), tank, etc.) _____

Size of the storage unit (gallons) _____

Total quantity of liquid placed in the storage unit during the year: _____

Total quantity of liquid removed during the year: _____

Total quantity of liquid remaining in the unit at the end of the year: _____

Land application of liquid from a permitted storage tank requires a registration or permit under Subpart 361-2 or Subpart 360-4. Please list the associated activity number:

Land Application Activity Number (Ex: 35AP0099 or 59G02): _____

Please indicate the delivery date, quantity and source of liquid entering the storage facility. Print additional pages as needed.

Date	Amount of Liquid (gallons)	Source

SECTION 4 – WELL SAMPLING

Skip if storage permit received before November 2017. For surface impoundment storage facilities (lagoons only. Please attach well sampling analyses and laboratory reports as required under Part 360 or your permit. Copies of original laboratory results must be attached. Quarterly sampling is required unless otherwise stated by the Department.

Analysis Date =====>				
Chloride (u/l)				
Nitrate (u/l)				
Ammonia (u/l)				
Sulfate (u/l)				
Specific Conductivity (uS/cm)				
Total Hardness (mg/l)				
pH (s.u.)				
Total Organic Carbon (mg/l)				
Chemical Oxygen Demand (mg/l)				
Analyses Required for the Storage of Biosolids in Addition to Above				
Arsenic (mg/kg)				
Cadmium (mg/kg)				
Copper (mg/kg)				
Lead (mg/kg)				
Mercury (mg/kg)				
Molybdenum (mg/kg)				
Nickel (mg/kg)				
Selenium (mg/kg)				
Zinc (mg/kg)				
Boron				
Barium				
Beryllium				
Cyanide				
Turbidity				
Volatile Organic Compounds (VOC)				

SECTION 5 - 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 6 - 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 7- QUESTIONS

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

SECTION 8 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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 Solid Waste Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

**New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Waste Reduction and Recycling – Annual Report
625 Broadway – 9th Floor
Albany, New York 12233-7253**

Phone: 518-402-8706

Fax 518-402-9041

Email address: 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 361-2 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 or Type)	Title (Print or Type)

Email (Print or Type)	
_____	_____
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)

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