

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

2019
PERMITTED FACILITY ANNUAL REPORT BIOSOLIDS
COMPOSTING/OTHER PROCESSING
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 is for biosolids composting facilities that are permitted under section 361-3.2 previously 360-5 of Part 360. Permits for existing permitted facilities prior to November 2017 remain in effect until their expiration date, unless a modification is issued. Permittees must comply with the previous Part 360 regulations and their permit's special conditions until renewal or modification.

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.

PERMITTED FACILITY NAME: Manchester - Shortsville Joint Sewer Composting Facility

PERMIT NUMBER: 8-3263-00013/0002

SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) 35C01

COUNTY WHERE FACILITY IS LOCATED: Ontario

DEC USE ONLY

Region: g SWIMS: X
MATRIX: X

Date Reviewed:

Reviewed By:

Data Entered: KE

**PERMITTED BIOSOLIDS COMPOSTING FACILITY ANNUAL REPORT
SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION

FACILITY NAME:
Manchester-Shortsville Joint Sewer Composting Facility

FACILITY LOCATION ADDRESS: 3980 Rt. 96	FACILITY CITY: Manchester	STATE: NY	ZIP CODE: 14504
--------------------------------------------------	-------------------------------------	---------------------	---------------------------

FACILITY TOWN: Mancheater	FACILITY COUNTY: Ontario	FACILITY PHONE NUMBER: 585-289-6018
-------------------------------------	------------------------------------	-----------------------------------------------

**NYSDEC
REGION #:** 8

FACILITY CONTACT: Gordon P. Eddington	CONTACT PHONE NUMBER: 585-289-6018
-------------------------------------------------	----------------------------------------------

CONTACT EMAIL ADDRESS: gedding1@yahoo.com

OWNER INFORMATION

OWNER NAME: Manchester-Shortsville Villages	OWNER PHONE NUMBER: 585-289-2004
-------------------------------------------------------	--------------------------------------------

OWNER ADDRESS: 8 Clifton Street	OWNER CITY: Manchester	STATE: NY	ZIP CODE: 14504
-------------------------------------------	----------------------------------	---------------------	---------------------------

OWNER CONTACT: Rita Gurewitch	OWNER CONTACT EMAIL ADDRESS: villman@rochester.rr.com
-----------------------------------------	-----------------------------------------------------------------

OPERATOR INFORMATION

OPERATOR NAME:
 Same as owner **Gordon P. Eddington**

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 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

Compost Input	Quantity	Unit	%	Solids	Source
Biosolids (Sewage Sludge)	36.29	Dry Tons	▼	13	Manchester-Shortsville Villages
Bulking Agent/Amendment Specify: _____	110	Cubic Yards	▼	56	MS-Tree Service Manchester, NY
Other: _____		Choose Units			

SECTION 3 – COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? <i>Note: Total time material is processed, not including storage time</i>	52 _____ days
COMPOST PRODUCED DURING THE YEAR:	113 _____ cubic yards or _____ tons
COMPOST DISTRIBUTED DURING THE YEAR:	93 _____ cubic yards or _____ tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	20 _____ cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	2 _____ months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
50	Residents for landscaping
43	Municipal for landscaping

SECTION 5 – BIOSOLIDS ANALYSES

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.

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

Analysis Date =====>					Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
	8/6/2019					
Arsenic (mg/kg)	0				41	41
Cadmium (mg/kg)	0				21	10
Chromium (mg/kg)	20.4				1,000	1,000
Copper (mg/kg)	576				1,500	1,500
Lead (mg/kg)	24				300	300
Mercury (mg/kg)	0.75				10	10
Molybdenum (mg/kg)	0				40	40
Nickel (mg/kg)	17.6				200	200
Selenium (mg/kg)	9.6				100	100
Zinc (mg/kg)	730				2,500	2,500
TKN (mg/kg)	4110					
Ammonia Nitrogen (mg/kg)	12500					
Nitrate (mg/kg)	0					
Total Phosphorus (mg/kg)	17300					
Total Potassium (mg/kg)	2220					
pH (s.u.)	7.2					
Total Solids(%)	14.1					
Total Volatile Solids (%)	82					

SECTION 6 – PATHOGEN REDUCTION & VECTOR ATTRACTION REDUCTION

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
- Bench Scale Anaerobic Digestion
- Bench Scale Aerobic Digestion
- SOUR
- Aerobic Process 14 days, >40 °C, >45 °C avg.
- pH raised to ≥ 12 for 2 hours and ≥ 11.5 for 22 hours
- 75% solids
- 90% solids (untreated solids)

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 7 – FINISHED COMPOST ANALYSIS

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.

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

Analysis Date ==>	7/30/2019	8/19/2019	9/16/2019	9/16/2019	Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
	Arsenic (mg/kg)	3.9	2.6	1.9	2.5	41
Cadmium (mg/kg)	0.99	0.75	0.75	0.92	10	10
Chromium (mg/kg)	28.9	18.9	14.3	18.2	1,000	1,000
Copper (mg/kg)	708	509	406	494	1,500	1,500
Lead (mg/kg)	40.6	28.6	20.2	24.7	300	300
Mercury (mg/kg)	0.85	0.46	0.57	0.5	10	10
Molybdenum (mg/kg)	13.7	8.8	6.5	6.5	40	40
Nickel (mg/kg)	22.9	15.9	12.4	15.4	200	200
Selenium (mg/kg)	11.8	8	5.5	6.2	100	100
Zinc (mg/kg)	791	545	472	587	2,500	2,500
TKN (mg/kg)	4090	2370	4230	6390		
Ammonia Nitrogen (mg/kg)	10400	5090	6120	5610		
Nitrate (mg/kg)	2960	5440	8.5	1650		
Total Phosphorus (mg/kg)	18300	15100	11400	15000		
Total Potassium (mg/kg)	7860	5110	4880	4790		
pH (s.u.)	5.1	4.0	6.4	5.9		
Total Solids (%)	42.9	46.7	68.6	49.8		
Total Volatile Solids (%)	71	80	76	76		
Fecal Coliform (MPN/g)					<1,000 MPN/g	
Salmonella sp. (MPN/4g)	<3	<3	<3	<3	<3MPN/4g	
Other _____						

SECTION 7 – FINISHED COMPOST ANALYSIS

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.

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

Analysis Date ==>					Permit Pre 2017 Regs.	Permit Post 2017 Regs.
	11/12/2019	2/11/2020			Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
Arsenic (mg/kg)	2	0			41	41
Cadmium (mg/kg)	0.9	0.44			10	10
Chromium (mg/kg)	13.5	10.7			1,000	1,000
Copper (mg/kg)	455	300			1,500	1,500
Lead (mg/kg)	20.5	17.3			300	300
Mercury (mg/kg)	0.3	0			10	10
Molybdenum (mg/kg)	6.2	2.8			40	40
Nickel (mg/kg)	15.6	7.4			200	200
Selenium (mg/kg)	5.8	3.1			100	100
Zinc (mg/kg)	582	367			2,500	2,500
TKN (mg/kg)	5000	4390				
Ammonia Nitrogen (mg/kg)	8140	7550				
Nitrate (mg/kg)	760	2500				
Total Phosphorus (mg/kg)	14600	13900				
Total Potassium (mg/kg)	4560	2390				
pH (s.u.)	6.6	5.6				
Total Solids (%)	46.6	57.4				
Total Volatile Solids (%)	78.4	78.3				
Fecal Coliform (MPN/g)					<1,000 MPN/g	
Salmonella sp. (MPN/4g)	<3	<3			<3MPN/4g	
Other _____						

SECTION 8 – SAMPLE MANAGEMENT

Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

Batches are stockpiled and 6 grab samples are composited from stored piles.

SECTION 9 – ATTACHMENTS

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 10 – UNAUTHORIZED WASTE

Has unauthorized solid waste been received at the Processing Facility during the reporting period?

Yes No

If yes, please explain.

SECTION 11 – PROBLEMS/COMPLAINTS

Describe any operational problems or 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.

No problems or complaints.

Section 12 – QUESTIONS

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

No questions.

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:

**New York State 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

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 361-3 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

02/27/2020

Date

Gordon P. Eddington

Name (Print)

Chief Operator

Title (Print)

gdding1@yahoo.com

Email (Print)

8 Clifton Street

Address

Manchester

City

NY - 14504

State and Zip

585 289 6018

Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Analytical Results
- Photos of Process
- Temperatures