

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: Town of Ontario Compost Facility

PERMIT NUMBER: 8-5434-00006/00005

SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) 59C02

COUNTY WHERE FACILITY IS LOCATED: Wayne

DEC USE ONLY

Region: _____ SWIMS: _____

MATRIX: _____

Date Reviewed: _____

Reviewed By: _____

Data Entered: _____

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

FACILITY INFORMATION			
FACILITY NAME: Town of Ontario Compost Facility			
FACILITY LOCATION ADDRESS: 2200 Lake Road	FACILITY CITY: Ontario	STATE: NY	ZIP CODE: 14519
FACILITY TOWN: Ontario	FACILITY COUNTY: Wayne	FACILITY PHONE NUMBER: 315-524-2941	
NYSDEC REGION #: 8			
FACILITY CONTACT: Scott Tozier		CONTACT PHONE NUMBER: 315-524-2941x705	
CONTACT EMAIL ADDRESS: tozier@ontariotown.org			
OWNER INFORMATION			
OWNER NAME: Town of Ontario		OWNER PHONE NUMBER: 315-524-2941x700	
OWNER ADDRESS: 2200 Lake Road	OWNER CITY: Ontario	STATE: NY	ZIP CODE: 14519
OWNER CONTACT: Adam Cummings	OWNER CONTACT EMAIL ADDRESS: acummings@ontariotown.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> Same as owner			
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="radio"/> Facility location address <input type="radio"/> Owner address <input type="radio"/> Other (provide):			
Preferred email address: <input type="radio"/> Facility Contact <input checked="" type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Preferred individual to receive correspondence: <input type="radio"/> Facility Contact <input type="radio"/> Owner <input checked="" type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Did you operate in 2019? <input checked="" type="radio"/> Yes; Complete this form. <input type="radio"/> 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)	232	Cubic Yards	11	Towns of Ontario, Williamson sludge
Bulking Agent/Amendment Specify: <u>Wood Chips</u>	468	Cubic Yards	50	Town of Ontario. Local site developers, landscapers, and tree removal experts
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>	>= 51 _____ days
COMPOST PRODUCED DURING THE YEAR:	176 _____ cubic yards or _____ tons
COMPOST DISTRIBUTED DURING THE YEAR:	176 _____ cubic yards or _____ tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	0 _____ cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	N/A _____ months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
	see attached sheet

Ontario WWTP
Compost Facility Distribution

Date	Recipient	OWUD Ref. No.	Amount Taken (CY)	Category	Use	Comments
05/31/2019	Tom Behrendt	053119	1	Resid	Landscaping	
06/05/2019	Joe Maliga	060519	9.5	Resid	Landscaping	
06/07/2019	Dan Teske	060719	2	Resid	Landscaping	
07/03/2019	Jeff Kunzer	071319	6	Resid	Landscaping	
07/03/2019	Jeff Kunzer	071319	6	Resid	Landscaping	
07/23/2019	Jeff Kunzer	072319	6	Resid	Landscaping	
07/24/2019	Scott Vanderwinckel	072419	2	Resid	Landscaping	
08/06/2019	Jeff Kunzer	080619	6	Resid	Landscaping	
08/08/2019	Jeff Kunzer	080819	6	Resid	Landscaping	
08/14/2019	Joe English	081219	18	Resid	Landscaping	
08/21/2019	Ontario Highway Dep	082119	54	HW	Landscaping	
08/23/2019	Paul Butterfield	082319	2	Resid	Landscaping	
09/09/2019	Tom Behrendt	090919	2.5	Resid	Landscaping	
09/10/2019	Rod Wallace	091019	0.5	Resid	Landscaping	
09/18/2019	Ontario Highway Dep	091819	54	HW	Landscaping	

Key Input:

- Parks = Ontario Parks and Rec. Dept.
- HW = Ontario Highway Dept.
- Resid = Town Residents
- Tn. Emp. = Town Employees

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)
Arsenic (mg/kg)					41	41
Cadmium (mg/kg)	See attached sheet				21	10
Chromium (mg/kg)					1,000	1,000
Copper (mg/kg)					1,500	1,500
Lead (mg/kg)					300	300
Mercury (mg/kg)					10	10
Molybdenum (mg/kg)					40	40
Nickel (mg/kg)					200	200
Selenium (mg/kg)					100	100
Zinc (mg/kg)					2,500	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 (%)						

2019 COMPLIANCE REPORT
Standards for the Use or Disposal of Sewage Sludge
TOWN OF ONTARIO WASTEWATER TREATMENT PLANT
REPORTING PERIOD - JANUARY 2019 - DECEMBER 2019
Laboratory Analysis Report Summary

		Sludge Sample Results					
LAB SAMPLE ID		1900213-003	1903567-001	1906799-004	1911127-005	1915083-004	1919165-004
REPORT SAMPLE DATE		01/02/2019	03/11/2019	05/06/2019	07/09/2019	09/03/2019	11/14/2019
Analyte	361-3.9 LIMITS (Table 3)						
PHOSPHORUS		13000	12000	16000	14000	22000	18000
% SOLIDS		11	12	11	16	2.1	2
% VOLATILES		81	83	79	77	67	68
AMMONIA (NH ₃ N)		3300	2500	6600	3700	4300	5900
TKN		56000	60000	41000	38000	55000	42000
POTASSIUM		2700	1900	1800	1500	3800	3800
CADMIUM	10	< 8.7	< 8.1	< 9.1	< 6.3	< 7.4	< 7.8
COPPER	1500	390	320	370	340	390	420
CHROMIUM	1000	23	20	25	29	25	24
NICKEL	200	17	15	17	16	17	15
LEAD	300	140	120	150	140	130	110
ZINC	2500	690	480	540	530	680	770
ARSENIC	41	20	25	34	27	30	34
MOLYBDENUM	40	9.3	9.1	< 9.1	8.8	11	11
SELENIUM	100	< 8.7	< 8.1	< 9.1	< 6.3	< 7.4	8.1
pH		6.0	6.4	6.4	6.3	6.5	4.4
MERCURY	17	1.1	< 0.81	< 0.91	< 0.63	< 1.1	< 5.1
NITRATE (NO ₃ N)		330	760	400	43	320	10000

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 ==>					Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
Arsenic (mg/kg)					41	41
Cadmium (mg/kg)					10	10
Chromium (mg/kg)					1,000	1,000
Copper (mg/kg)	See attached sheet				1,500	1,500
Lead (mg/kg)					300	300
Mercury (mg/kg)					10	10
Molybdenum (mg/kg)					40	40
Nickel (mg/kg)					200	200
Selenium (mg/kg)					100	100
Zinc (mg/kg)					2,500	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 sp. (MPN/4g)					<3MPN/4g	
Other _____						

2019 COMPLIANCE REPORT
Standards for the Use or Disposal of Sewage Sludge
TOWN OF ONTARIO WASTEWATER TREATMENT PLANT
REPORTING PERIOD - JANUARY 2019 - DECEMBER 2019
 Laboratory Analysis Report Summary

		Compost Sample Results					
LAB SAMPLE ID		1908053-002	1911126-004	1913096-001	1915083-005	1917414-001	1918802-003
REPORT SAMPLE DATE		06/03/2019	07/03/2019	08/05/2019	09/03/2019	10/14/2019	11/07/2019
Analyte	361-3.9 LIMITS (Table 3)						
% VOLATILES		69	65	68	68	59	72
ARSENIC	41	16	19	21	20	11	15
CADMIUM	10	< 2.2	< 1.9	< 1.7	< 1.6	< 1.6	< 1.7
CHROMIUM	1000	27	28	27	27	32	37
COPPER	1500	330	400	410	400	460	470
LEAD	300	100	140	160	160	90	110
MOLYBDENUM	40	7.2	6.8	7.7	7.4	6.7	7.0
NICKEL	200	17	16	17	18	17	18
SELENIUM	100	5.5	5.4	5.5	5.9	5.7	5.7
ZINC	2500	540	600	590	610	630	700
POTASSIUM		3300	3300	3600	3100	3500	4100
pH		5.8	6.7	7.4	7.9	7.4	8.3
MERCURY	10	0.85	0.62	0.67	0.73	0.83	0.84
PHOSPHORUS		15000	15000	20000	19000	21000	26000
% SOLIDS		46	52	60	61	64	58
AMMONIA (NH ₃ N)		6400	5700	9600	11000	9400	12000
TKN		26000	24000	28000	37000	27000	24000
NITRATE (NO ₃ N)		2000	880	590	220	< 39	290

2019 COMPLIANCE REPORT
Standards for the Use or Disposal of Sewage Sludge
TOWN OF ONTARIO WASTEWATER TREATMENT PLANT
REPORTING PERIOD - JANUARY 2019 - DECEMBER 2019
Laboratory Analysis Report Summary

Compost Sample Results - Prior to Public Distribution				
Analyte	Lab Sample ID	Date	Result	Most Probable Number (MPN/4g)¹
Salmonella	1908053-001	06/03/2019	< 3	3
	1911188-001	07/15/2019	< 3	3
	1912560-001	08/05/2019	< 3	3
	1915641-001	09/16/2019	< 3	3
	1917414-001	10/14/2019	< 3	3
	1918394-001	11/04/2019	< 3	3

¹At the time sewage sludge is prepared for sale or given away in a bag or other container for application to the land the density of Salmonella must be less than three Most Probable Number (MPN) per four grams of total solids (dry weight basis) or 3 MPN/4g.

SECTION 8 – SAMPLE MANAGEMENT

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

Sludge samples are taken from pressed sludge after the belt filter press. Temperature readings are taken from each pile (one in the morning and one in the afternoon) while in the active composting period. Samples of finished compost are taken at random locations.

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.

Two odor complaints were received following acceptance of sludge from Town of Williamson and storage on sludge drying beds. Investigation efforts showed that odor impacts were only observed following rain events or when the relative humidity levels caused odors to linger.

Corrective actions taken: Constant observation and planning to account for the abovementioned weather events are taken. Additionally, the Town of Williamson now sends sludge more frequently to prevent aged, odoriferous sludge.

Efforts have proven to be successful. No further complaints have been received.

Section 12 – QUESTIONS

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

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

2/24/2020

Date

Adam Cummings

Name (Print)

Town Engineer/Supt. of Water Utilities

Title (Print)

acummings@ontariotown.org

Email (Print)

2200 Lake Road

Address

Ontario

City

NY 14519

State and Zip

315 524 2941

Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Temperature Monitoring Reports
- Lab Analysis Reports
- _____