

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

<p>2019</p> <p>PERMITTED FACILITY ANNUAL REPORT BIOSOLIDS</p> <p>COMPOSTING/OTHER PROCESSING</p> <p>6 NYCRR Part 361-3.2</p>

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: <u>Village of Newark WWTP</u>
PERMIT NUMBER: <u>8-5420-00016/00005</u>
SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) _____
COUNTY WHERE FACILITY IS LOCATED: <u>Wayne</u>

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: Newark Wastewater Treatment Plant			
FACILITY LOCATION ADDRESS: 321 Murray Street	FACILITY CITY: Newark	STATE: NY	ZIP CODE: 14513
FACILITY TOWN: Arcadia	FACILITY COUNTY: Wayne	FACILITY PHONE NUMBER: 315-331-4685	
NYSDEC REGION #: 8			
FACILITY CONTACT: Chief Operator			
CONTACT PHONE NUMBER: 315-952-1932			
CONTACT EMAIL ADDRESS: jreynolds@villageofnewark.com			
OWNER INFORMATION			
OWNER NAME: Village of Newark		OWNER PHONE NUMBER: 315-331-4770	
OWNER ADDRESS: 100 East Miller Street	OWNER CITY: Newark	STATE: NY	ZIP CODE: 14513
OWNER CONTACT: Chief Operator		OWNER CONTACT EMAIL ADDRESS: jreynolds@villageofnewark.com	
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 checked="" type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner <input 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)	450	Cubic Yards	19.7	Plant
Bulking Agent/Amendment Specify: <u>Woodchips</u>	440	Cubic Yards	65	Village DPW & Tree Surgeon
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>	<u>62</u> days
COMPOST PRODUCED DURING THE YEAR:	<u>665</u> cubic yards or _____ tons
COMPOST DISTRIBUTED DURING THE YEAR:	<u>662</u> cubic yards or _____ tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	<u>100</u> cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	<u>2</u> months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
149	Gardening
506	Soil Amendment
7	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 =====>	4 / 22	4 / 23	8 / 24	8 / 26	Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
Arsenic (mg/kg)	<5.29	<4.90	<4.24	<3.85	41	41
Cadmium (mg/kg)	<5.29	<4.90	<4.24	<3.85	21	10
Chromium (mg/kg)	31.8	31.7	23.1	23.6	1,000	1,000
Copper (mg/kg)	1,000	974	895	994	1,500	1,500
Lead (mg/kg)	37.4	34.4	29.2	32.1	300	300
Mercury (mg/kg)	1.0	0.60	0.52	0.50	10	10
Molybdenum (mg/kg)	10.8	10.5	9.44	10.2	40	40
Nickel (mg/kg)	30.8	30.8	20.0	19.8	200	200
Selenium (mg/kg)	<5.29	<4.90	<4.24	<3.85	100	100
Zinc (mg/kg)	911	892	848	964	2,500	2,500
TKN (mg/kg)	45,200	44,400	40,900	40,800		
Ammonia Nitrogen (mg/kg)	8,960	8,630	6,560	7,140		
Nitrate (mg/kg)	7.3	15.9	50.2	67.0		
Total Phosphorus (mg/kg)	28,700	26,500	24,900	26,900		
Total Potassium (mg/kg)	610	598	591	620		
pH (s.u.)	7.85	7.79	7.03	7.04		
Total Solids(%)	18.9	20.4	23.6	26.0		
Total Volatile Solids (%)	63.9	65.3	62.7	61.2		

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

Analysis Date =====>	8 / 27	12 / 31			Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
Arsenic (mg/kg)	<4.42	<4.69			41	41
Cadmium (mg/kg)	<4.42	<4.69			21	10
Chromium (mg/kg)	26.2	23.9			1,000	1,000
Copper (mg/kg)	1,040	972			1,500	1,500
Lead (mg/kg)	33.6	30.7			300	300
Mercury (mg/kg)	0.60	0.68			10	10
Molybdenum (mg/kg)	10.8				40	40
Nickel (mg/kg)	21.9	17.8			200	200
Selenium (mg/kg)	<4.42	<4.69			100	100
Zinc (mg/kg)	994	1,010			2,500	2,500
TKN (mg/kg)	41,900	41,200				
Ammonia Nitrogen (mg/kg)	7,500	7,412				
Nitrate (mg/kg)	63.5	65.6				
Total Phosphorus (mg/kg)	27,200	25,400				
Total Potassium (mg/kg)	682	668				
pH (s.u.)	7.00	7.56				
Total Solids(%)	22.6	21.3				
Total Volatile Solids (%)	58.1	59.8				

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 ==>	4 / 22	4 / 23	8 / 23	8 / 24	Permit Pre 2017 Regs.	Permit Post 2017 Regs.
					Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
Arsenic (mg/kg)	<2.14	<2.07	<1.30	<1.32	41	41
Cadmium (mg/kg)	<2.14	<2.07	<1.30	<1.32	10	10
Chromium (mg/kg)	35.0	33.7	20.2	22.4	1,000	1,000
Copper (mg/kg)	1,050	1,210	905	857	1,500	1,500
Lead (mg/kg)	32.6	37.8	24.1	24.1	300	300
Mercury (mg/kg)	0.51	0.67	0.40	0.34	10	10
Molybdenum (mg/kg)	13.7	10.2	10.8	10.1	40	40
Nickel (mg/kg)	31.6	32.9	21.6	21.7	200	200
Selenium (mg/kg)	<2.14	<2.07	<1.30	<1.32	100	100
Zinc (mg/kg)	924	974	789	799	2,500	2,500
TKN (mg/kg)	31,000	25,300	37,600	37,000		
Ammonia Nitrogen (mg/kg)	5,930	4,510	6,780	7,240		
Nitrate (mg/kg)	157	163	<1.2	82.1		
Total Phosphorus (mg/kg)	31,100	22,300	17,900	13,800		
Total Potassium (mg/kg)	2,160	2,210	2,210	2,280		
pH (s.u.)	5.47	5.47	6.49	6.47		
Total Solids (%)	46.8	48.4	76.9	75.9		
Total Volatile Solids (%)	63.9	61.4	59.0	63.6		
Fecal Coliform (MPN/g)					<1,000 MPN/g	
Salmonella sp. (MPN/4g)	<3	<3	<3	<3	<3MPN/4g	
Other _____						

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

Analysis Date ==>	8 / 27	12 / 31			Permit Pre 2017 Regs.	Permit Post 2017 Regs.
					Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
Arsenic (mg/kg)	<1.31	<1.96			41	41
Cadmium (mg/kg)	<1.31	<1.96			10	10
Chromium (mg/kg)	26.3	24.6			1,000	1,000
Copper (mg/kg)	903	866			1,500	1,500
Lead (mg/kg)	27.0	27.3			300	300
Mercury (mg/kg)	0.24	0.66			10	10
Molybdenum (mg/kg)	9.87	8.08			40	40
Nickel (mg/kg)	23.8	17.3			200	200
Selenium (mg/kg)	<1.31	<1.96			100	100
Zinc (mg/kg)	898	945			2,500	2,500
TKN (mg/kg)	37,600	28,000				
Ammonia Nitrogen (mg/kg)	6,600	11,500				
Nitrate (mg/kg)	<1.2	526				
Total Phosphorus (mg/kg)	14,700	34,100				
Total Potassium (mg/kg)	2,400	2,296				
pH (s.u.)	6.54	6.93				
Total Solids (%)	76.6	51.0				
Total Volatile Solids (%)	60.8	61.1				
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.

All Biosolids analysis samples were taken from the sludge bunker right after it leaves the belt press. All the Compost samples were taken from the finished compost pile. All samples were taken depending on when the press was run. Usually 3-4 months apart.

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.

There was no Molybdenum analysis done on the 12/31 sludge sample because of an error by the lab.

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

2/11/2020
Date

John Reynolds
Name (Print)

Chief Operator
Title (Print)

jreynolds@villageofnewark.com
Email (Print)

321 Murray Street
Address

Newark
City

New York 14513
State and Zip

(315) 331-4685
Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- _____
- _____
- _____