

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

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NYS DEC
Region 9 - Buffalo

<p>2019</p> <p>PERMITTED FACILITY ANNUAL REPORT BIOSOLIDS</p> <p>COMPOSTING/OTHER PROCESSING</p> <p>6 NYCRR Part 361-3.2</p>
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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 Portville WWTP</u>
PERMIT NUMBER: <u>NY0020966</u>
SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) _____
COUNTY WHERE FACILITY IS LOCATED: <u>Cattaraugus</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: Village of Portville WWTP			
FACILITY LOCATION ADDRESS: 1 DYKE ST	FACILITY CITY: Portville	STATE: NY	ZIP CODE: 14770
FACILITY TOWN: Portville	FACILITY COUNTY: CATT	FACILITY PHONE NUMBER: (716) 933-8407	
NYSDEC REGION #:			
FACILITY CONTACT: Dustin Long		CONTACT PHONE NUMBER: (716) 790-2274 or (716) 933-8467	
CONTACT EMAIL ADDRESS: vcpdpw@gmail.com / dustin_long07@yahoo.com			
OWNER INFORMATION			
OWNER NAME: Village of Portville		OWNER PHONE NUMBER: (716) 933-8407	
OWNER ADDRESS: 1 S. Main St P.O. Box 436	OWNER CITY: Portville	STATE: NY	ZIP CODE: 14770
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS: portville		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner Dustin Long			
PREFERENCES			
Preferred address to receive correspondence: <input type="radio"/> Facility location address <input checked="" 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 checked="" 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)		Choose Units		None
Bulking Agent/Amendment Specify: _____		Choose Units		Removed in
Other: _____		Choose Units		2019

SECTION 3 – COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? <i>Note: Total time material is processed, not including storage time</i>	<u>7 years</u> days
COMPOST PRODUCED DURING THE YEAR:	<u>none</u> cubic yards or <u>none</u> tons
COMPOST DISTRIBUTED DURING THE YEAR:	<u>none</u> cubic yards or <u>none</u> tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	<u>8 to 10</u> cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	<u>All 7 years</u> months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
None	

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.	Permit Post 2017 Regs.
None removed in 2019					Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
Arsenic (mg/kg)					41	41
Cadmium (mg/kg)					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 (%)						

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): Heat drying / in silo from 07/2013

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)

In silo from 07/2013

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.

will be tested before removal

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)
none removed	in	2019				
Arsenic (mg/kg)					41	41
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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 _____						

SECTION 8 – SAMPLE MANAGEMENT

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

In silo

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:

In silo

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.

Time in silo

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

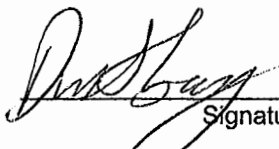
Email address: organicrecycling@dec.ny.gov

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	<u>01/27/2020</u> Date
<u>Dustin Long</u> Name (Print)	<u>Chief operator</u> Title (Print)
<u>vegdpw@gmail.com</u>	<u>dustin_long07@yahoo.com</u> Email (Print)
<u>P.O. Box 436</u> Address	<u>Portville</u> City
<u>NY 14770</u> State and Zip	<u>(716) 790-2274</u> 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, 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)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
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) 226-5411
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

December 2019