

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

2019
PERMITTED FACILITY ANNUAL REPORT
BIOSOLIDS LAND APPLICATION
6 NYCRR Part 361-2

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 land application facilities that are permitted under Subpart 361-2 previously 360-4 of Part 360. Permits for existing permitted facilities issued a permit prior to November 2017 remain in effect until their expiration date, unless a modification or a department-initiated 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.

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 59L04) _____

COUNTY WHERE LAND APPLICATION OCCURS: _____

DEC USE ONLY

Region: _____ SWIMS: _____

MATRIX: _____

Date Reviewed: _____

Reviewed By: _____

Data Entered: _____

**PERMITTED BIOSOLIDS LAND APPLICATION 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 #:			
FACILITY CONTACT:	CONTACT PHONE NUMBER:		
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE 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</i> <i>Owner Contact</i> <i>Other (provide):</i>			
<p>Did you operate in 2019? Yes; Complete this form.</p> <p align="center">No; Complete and submit Sections 1 and 12. 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 1 (continued) – FACILITY INFORMATION

POTW NAME (If different from facility information above)		
POTW MAILING ADDRESS:		
POTW CITY/TOWN/VILLAGE:	STATE:	ZIP CODE:
OPERATOR NAME:	OPERATOR TELEPHONE:	OPERATOR EMAIL:

SECTION 2 – TRANSPORTER INFORMATION

NAME OF TRANSPORTER COMPANY:	
PART 364 NUMBER:	TRANSPORTER PHONE NUMBER:

SECTION 3 – SUMMARY OF APPLICATION INFORMATION

Total Acres Land Applied: _____ acres

Total Biosolids Land Applied During Reporting Period: _____ dry tons

Total Biosolids Landfilled During Reporting Period: _____ dry tons

SECTION 4 – BIOSOLIDS ANALYSES

Please attach sampling analyses and laboratory reports for each biosolids source 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)					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 5 – SOIL ANALYSIS
 (Complete one copy for each field used)

Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. A minimum of one analysis is required for every 50 acres, or fraction thereof. 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.

Site Owner: _____

Field Number: _____

Analysis Date ==>>				
Arsenic (mg/kg)				
Cadmium (mg/kg)				
Chromium (mg/kg)				
Copper (mg/kg)				
Lead (mg/kg)				
Mercury (mg/kg)				
Molybdenum (mg/kg)				
Nickel (mg/kg)				
Selenium (mg/kg)				
Zinc (mg/kg)				
pH (s.u.)				
Other _____				

SECTION 6 – FIELD APPLICATION RATES

(Complete one copy for each field used)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Biosolids Applied: _____ dry tons Acreage Applied To: _____ acres

Application Rate: _____ dry tons/acre

Crop Grown: _____ Remaining Site Life: _____ years

Dates Applied (List All Applications)	Biosolids Applied (dry tons)	Acreage Applied To (acres)	Application Rate (dry tons/acre)

Loading Rates			
Loading Parameters	Current Year (Permit Pre 2017 Regs)	Cumulative (Permit Pre 2017 Regs)	Current Year (Permit Post 2017 Regs)
Hydraulic (gals/acre)			
Available Nitrogen (lbs/acre)			
Phosphorus (lbs/acre)			
Potassium (lbs/acre)			
Cadmium (lbs/acre)			
Chromium (lbs/acre)			
Copper (lbs/acre)			
Lead (lbs/acre)			
Nickel (lbs/acre)			
Zinc (lbs/acre)			

*Attach calculations to support values in the table

SECTION 7 – NEXT YEAR’S PROPOSED QUANTITIES AND APPLICATION RATES

(Complete one copy for each field that will be used)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Biosolids to be Applied: _____ dry tons

Proposed Application Rate: _____ dry tons/acre

Crop to be Grown: _____

Proposed Loading Rates		
Loading Parameters	Current Year (Permit Pre 2017 Regs)	Current Year (Permit Post 2017 Regs.)
Hydraulic (gals/acre)		
Available Nitrogen (lbs/acre)		
Phosphorus (lbs/acre)		
Potassium (lbs/acre)		

*Attach calculations to support values in the table

SECTION 8 – PATHOGEN REDUCTION/VECTOR ATTRACTION REDUCTION

Check one method for each:

Pathogen Reduction (361-2.5(d)(2)(i))

Aerobic Digestion ≥ 40 days at ≥ 20 °C or ≥ 60 days at ≥ 15 and < 20 °C

Air Drying

Anaerobic Digestion ≥ 15 days at ≥ 35 °C or ≥ 60 days at ≥ 20 and < 35 °C

Composting 5 consecutive days at > 40 °C, 4 consecutive hours > 55 °C

Lime stabilization pH raised to 12 for ≥ 2 hours

Fecal Coliform $< 2,000,000$ MPN

Other: _____

Vector Attraction Reduction (361-2.5(d)(2)(ii))

≥ 38 % Volatile Solids Reduction

Bench Scale Anaerobic Digestion

Bench Scale Aerobic Digestion

SOUR

Aerobic Process 14 consecutive days, > 40 °C, average > 45 °C

pH raised to ≥ 12 for 2 hours, ≥ 11.5 for 22 hours

75 % solids

90 % solids (untreated solids)

Subsurface injection

Incorporation within 6 hours

Other: _____

Attach operating and monitoring data to show compliance with methods chosen.

SECTION 9 – UNAUTHORIZED WASTE

Has unauthorized solid waste been received at the Processing 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 10 – 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.

Section 11 – QUESTIONS

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

SECTION 12 - 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 361-2 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.

<u>Andrew Carriero</u>	_____
Signature	Date
_____	_____
Name (Print)	Title (Print)

Email (Print)	
_____	_____
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)

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