

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: Village of Attica Wastewater Treat

PERMIT NUMBER: 9-5622-0031/00001

SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) 61C02

COUNTY WHERE FACILITY IS LOCATED: Wyoming

DEC USE ONLY

Region: _____ SWIMS: _____

MATRIX: _____

Date Reviewed: _____

Reviewed By: _____

Data Entered: _____

RECEIVED

MAR 04 2020

NYS DEC
REGION 9

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

FACILITY INFORMATION			
FACILITY NAME: Village of Attica Wastewater Treatment Facility			
FACILITY LOCATION ADDRESS: 122 Prospect St.	FACILITY CITY: Attica	STATE: NY	ZIP CODE: 14011
FACILITY TOWN: Attica	FACILITY COUNTY: Wyoming	FACILITY PHONE NUMBER: 585-591-2595	
NYSDEC REGION #: 9			
FACILITY CONTACT: Jay Stockholm		CONTACT PHONE NUMBER: 585-591-2595	
CONTACT EMAIL ADDRESS: atticawastewater@attica.org			
OWNER INFORMATION			
OWNER NAME: Village of Attica		OWNER PHONE NUMBER: 585-591-0898	
OWNER ADDRESS: 9 Water St.	OWNER CITY: Attica	STATE: NY	ZIP CODE: 14011
OWNER CONTACT: Doug Post	OWNER CONTACT EMAIL ADDRESS: doug@attica.org		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner Jay Stockholm			
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)	316	Cubic Yards	24	Municipal Sewer Slu
Bulking Agent/Amendment Specify: <u>Wood Chips</u>	632	Cubic Yards	64	Village, Town, County, and Utility Tree Trimming
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>	50 _____ days
COMPOST PRODUCED DURING THE YEAR:	635 _____ cubic yards or _____ tons
COMPOST DISTRIBUTED DURING THE YEAR:	426 _____ cubic yards or _____ tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	312 _____ cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	6 _____ months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
426	General 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.	Permit Post 2017 Regs.
					Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
	3/5/19	6/4/19	9/3/19	12/11/19		
Arsenic (mg/kg)	5.2	4.1	3.1	9.5	41	41
Cadmium (mg/kg)	2.4	4.0	2.2	2.1	21	10
Chromium (mg/kg)	103	101	91.6	120	1,000	1,000
Copper (mg/kg)	514	524	527	490	1,500	1,500
Lead (mg/kg)	42.7	39.9	39	51.9	300	300
Mercury (mg/kg)	3.2	<0.39	0.46		10	10
Molybdenum (mg/kg)	10.2	10	10.8	<4.3	40	40
Nickel (mg/kg)	24	18.9	17.7	10.1	200	200
Selenium (mg/kg)	6.2	7.1	3.9	7.3	100	100
Zinc (mg/kg)	863	839	942	936	2,500	2,500
TKN (mg/kg)	3250	3180	3950	1960		
Ammonia Nitrogen (mg/kg)	4070	4020	4120	3890		
Nitrate (mg/kg)	13.3	7.4	<4.3	<4.1		
Total Phosphorus (mg/kg)	24500	25500	35200	31200		
Total Potassium (mg/kg)	<1060	<1080	1580	<1080		
pH (s.u.)	7.1	6.9	7.0	7.3		
Total Solids(%)	24.1	23.3	22.8	24.4		
Total Volatile Solids (%)	49.9	51.3	51.6	46.1		

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)
	4/9/19	5/21/19	7/30/19	9/16/19		
Arsenic (mg/kg)	3.0	2.8	1.6	1.1	41	41
Cadmium (mg/kg)	1.3	3.4	0.37	2.3	10	10
Chromium (mg/kg)	64.8	72.9	54.6	63.4	1,000	1,000
Copper (mg/kg)	358	335	298	327	1,500	1,500
Lead (mg/kg)	29.4	28.8	46.9	30.1	300	300
Mercury (mg/kg)	0.43	0.30	0.37	0.41	10	10
Molybdenum (mg/kg)	6.7	5.4	6.0	6.1	40	40
Nickel (mg/kg)	13.9	14.6	9.6	11.1	200	200
Selenium (mg/kg)	5.4	3.3	1.6	<1.0	100	100
Zinc (mg/kg)	567	570	507	587	2,500	2,500
TKN (mg/kg)	1260	1660	1120	1530		
Ammonia Nitrogen (mg/kg)	1100	1560	2150	2530		
Nitrate (mg/kg)	2.9	3.3	<1.9	<1.9		
Total Phosphorus (mg/kg)	12000	11700	11200	14000		
Total Potassium (mg/kg)	2550	2910	2420	2960		
pH (s.u.)	6.8	6.6	6.5	6.8		
Total Solids (%)	46.6	55.4	49.8	51.5		
Total Volatile Solids (%)	64.1	62.2	58.3	73.2		
Fecal Coliform (MPN/g)	<22	550	679		<1,000 MPN/g	
Salmonella sp. (MPN/4g)				<1.0	<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. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
	11/5/19	1/7/20				
Arsenic (mg/kg)	3.4	<1.1			41	41
Cadmium (mg/kg)	2.2	1.4			10	10
Chromium (mg/kg)	58	44.9			1,000	1,000
Copper (mg/kg)	343	247			1,500	1,500
Lead (mg/kg)	26.9	22.3			300	300
Mercury (mg/kg)	0.74	0.21			10	10
Molybdenum (mg/kg)	6.4	4.1			40	40
Nickel (mg/kg)	12.1	7.3			200	200
Selenium (mg/kg)	<1.1	1.9			100	100
Zinc (mg/kg)	590	488			2,500	2,500
TKN (mg/kg)	1070	1010				
Ammonia Nitrogen (mg/kg)	1980	2540				
Nitrate (mg/kg)	<2.0	13.4				
Total Phosphorus (mg/kg)	15400	24400				
Total Potassium (mg/kg)	3040	2340				
pH (s.u.)	6.5	7.1				
Total Solids (%)	51.4	44.9				
Total Volatile Solids (%)	64.6	66.0				
Fecal Coliform (MPN/g)					<1,000 MPN/g	
Salmonella sp. (MPN/4g)	<1	<1			<3MPN/4g	
Other _____						

SECTION 8 – SAMPLE MANAGEMENT

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

The biosolids are sampled at four different intervals during dewatering by our belt filter press. The biosolids product is sampled at eight different intervals from the finished biosolids product discharge conveyor during the screening process. Sampling diagrams are included.

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 have been no problems or complaints during the calendar year of 2019.

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

2/28/20
Date

Jay Stockholm
Name (Print)

Chief Plant Op
Title (Print)

atticawastewater@attica.org
Email (Print)

122 Prospect St.
Address

Attica
City

NY 14011
State and Zip

585-59-2595
Phone Number

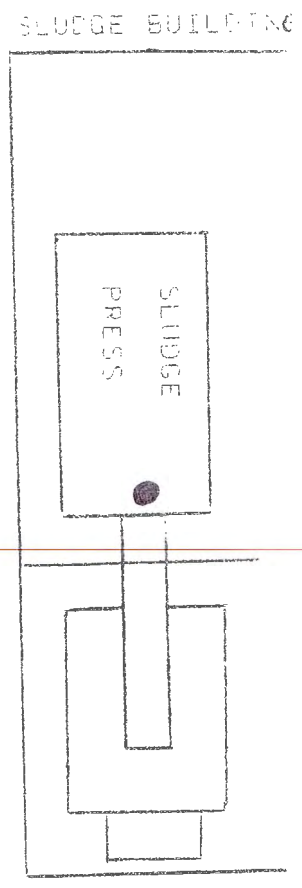
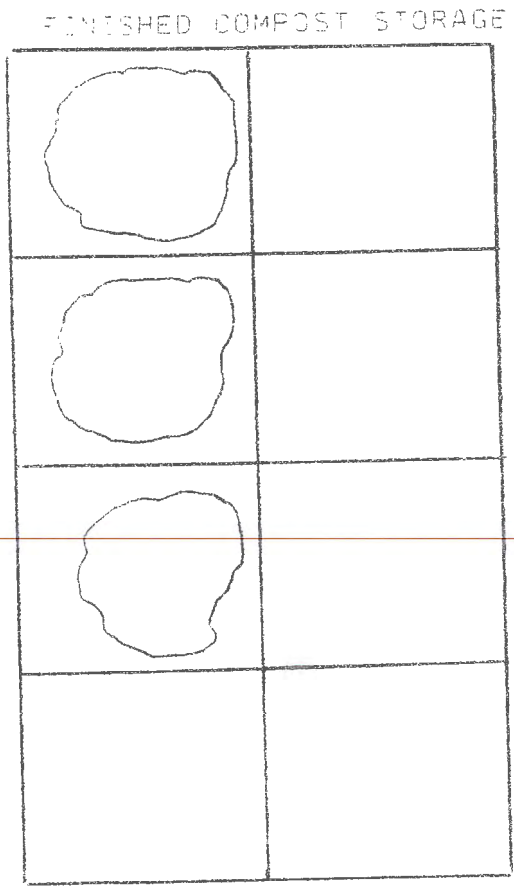
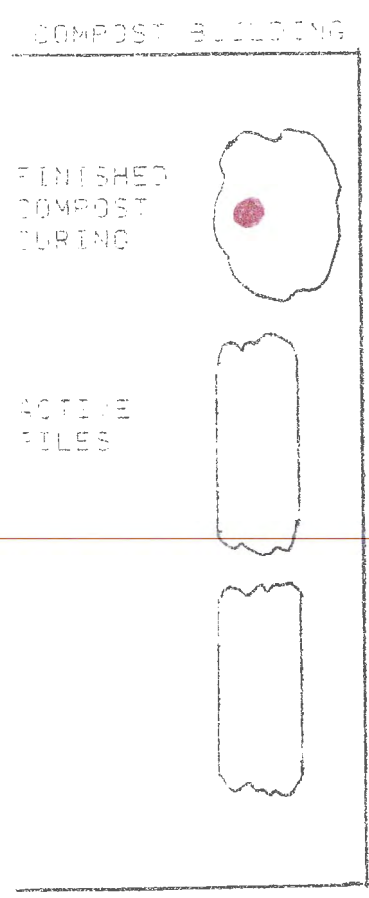
ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Sampling location diag
- Temp. monitoring, del
- Laboratory reports

VILLAGE OF PITICA WASTEWATER TREATMENT PLANT AND COMPOST

FACILITY

SAMPLE LOCATION FOR SLUDGE AND COMPOST



COMPOST SAMPLING---●

SLUDGE SAMPLING---●

ACTIVE COMPOST PILE
TEMPERATURE MONITORING POINTS

