

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 Arcade Composting Facility
PERMIT NUMBER: NY0026948
SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) 61C03
COUNTY WHERE FACILITY IS LOCATED: Wyoming

DEC USE ONLY

Region: SWIMS: 5/1/2020

MATRIX:

Date Reviewed: 5/1/2020

Reviewed By: MB

Data Entered: 5/1/2020

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

FACILITY INFORMATION			
FACILITY NAME: Village of Arcade Composting Facility			
FACILITY LOCATION ADDRESS: 7589 Hurdville Rd	FACILITY CITY: Arcade	STATE: NY	ZIP CODE: 14009
FACILITY TOWN: Arcade	FACILITY COUNTY: Wyoming	FACILITY PHONE NUMBER: 585-492-1111	
NYSDEC REGION #: 9			
FACILITY CONTACT: Don Knight, Chief Operator		CONTACT PHONE NUMBER: 585-492-1111, ext 125	
CONTACT EMAIL ADDRESS: donknight@villageofarcade.org			
OWNER INFORMATION			
OWNER NAME: Village of Arcade		OWNER PHONE NUMBER: 585-492-1111	
OWNER ADDRESS: 17 Church St	OWNER CITY: Arcade	STATE: NY	ZIP CODE: 14009
OWNER CONTACT: Larry Kilburn		OWNER CONTACT EMAIL ADDRESS: larrykilburn@villageofarcade.org	
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner Donald Knight, Chief Operator			
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 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)	689	Choose Units	22	WWTP
Bulking Agent/Amendment Specify: <u>Wood Chips</u>	405	Choose Units	53	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>	51 _____ days
COMPOST PRODUCED DURING THE YEAR:	267 _____ cubic yards or _____ tons
COMPOST DISTRIBUTED DURING THE YEAR:	110 _____ cubic yards or _____ tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	445 _____ cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	21 _____ months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
110	Landscaping for flowers, trees
	by general public

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 =====>	3/13/19	6/26/19	9/18/19	12/11/19	Permit Pre 2017 Regs.	Permit Post 2017 Regs.
					Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
Arsenic (mg/kg)	5.4U	4.4U	4.0U	7.0	41	41
Cadmium (mg/kg)	2.7	2.2	2.3	2.7U	21	10
Chromium (mg/kg)	38.2	36.9	25.7	31.4	1,000	1,000
Copper (mg/kg)	715	719	684	790	1,500	1,500
Lead (mg/kg)	53	41	36	33	300	300
Mercury (mg/kg)	0.60	0.81	1.09	0.96	10	10
Molybdenum (mg/kg)	34	15	17	17	40	40
Nickel (mg/kg)	21U	18U	8J	22U	200	200
Selenium (mg/kg)	5.4U	8.4	7.1	54U	100	100
Zinc (mg/kg)	1080	1400	1190	1220	2,500	2,500
TKN (mg/kg)	54600	32400	37300	54200		
Ammonia Nitrogen (mg/kg)	26U	42	21U	297		
Nitrate (mg/kg)	883	216	240	68		
Total Phosphorus (mg/kg)	11000	11200	12300	10700		
Total Potassium (mg/kg)	2700	2030	1540	3000		
pH (s.u.)	6.10	6.46	6.64	6.62		
Total Solids(%)	17.9	21.4	23.7	17.7		
Total Volatile Solids (%)	71.8	59.9	65.5	70.9		

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

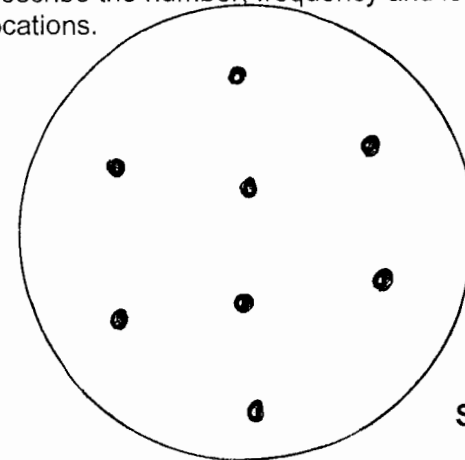
Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. Copies of original laboratory results must be attached. All results, except pH and Total Solids, must be on a dry weight basis.

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

Analysis Date ==>	3/13/19	6/26/19	9/18/19	12/11/19	Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
	Arsenic (mg/kg)	4.8	4.4	3.6	5.9	41
Cadmium (mg/kg)	3.69	3.15	2.58	3.25	10	10
Chromium (mg/kg)	47.3	37.6	27.8	42.4	1,000	1,000
Copper (mg/kg)	855	692	544	716	1,500	1,500
Lead (mg/kg)	60.5	48.1	38.0	46.6	300	300
Mercury (mg/kg)	1.24	1.01	0.954	0.908	10	10
Molybdenum (mg/kg)	20.4	17.3	12.5	18.9	40	40
Nickel (mg/kg)	20.8	15.6	10.2	17.4	200	200
Selenium (mg/kg)	10	7.6	6.5	8.9	100	100
Zinc (mg/kg)	1390	1210	1040	1300	2,500	2,500
TKN (mg/kg)	36600	21100	28100	32800		
Ammonia Nitrogen (mg/kg)	6150	2910	2980	6900		
Nitrate (mg/kg)	586	3270	90	136		
Total Phosphorus (mg/kg)	20400	13900	14500	8910		
Total Potassium (mg/kg)	4660	4490	2780	3910		
pH (s.u.)	6.82	5.44	7.83	7.34		
Total Solids (%)	63.8	52.0	60.1	52.6		
Total Volatile Solids (%)	57.1	58.6	57.1	57.5		
Fecal Coliform (MPN/g)	N/A	8CFU	<1	N/A	<1,000 MPN/g	
Salmonella sp. (MPN/4g)	N/A	N/A	<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.



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.

- 1. Pile #2019-1 would not come up to temperature. On 3/4/19, we took the compost pile off the aerated tube, laid it out, watered it down, and re-piled it on the aerated tube. Started reading new temperatures on 3/7/19.
- 2. Pile #2019-1 still would not make temperature. We took it off the aerated tube, ran it back through the mixer to break it up and water it down. Re-piled it on the aerator tube. Started reading new temperatures on 4/19/19.
- 3. Pile #2019-2 would not come up to temperature. On 3/20/19 we took the compost pile off the aerated tube, ran it back through the mixer to break it up and water it down. Re-piled it on the aerator tube. Started reading new temperatures on 3/30/19.

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

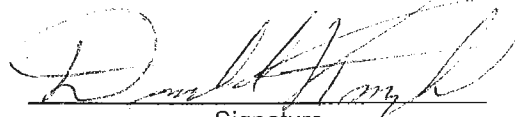
Email address: organicrecycling@dec.ny.gov

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

2/25/2020
Date

Donald Knight
Name (Print)

Chief Operator
Title (Print)

donknight@villageofarcade.org
Email (Print)

17 Church St
Address

Arcade
City

New York 14009
State and Zip

(585) 492 1111
Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Sample Analyses & Laboratory Reports
- Operating and Monitor Data
- _____