



Plattsburgh, New York

Jonathan P. Ruff, P.E.
Environmental Manager

41 City Hall Place
Plattsburgh, NY 12901
Phone: 518-536-7519
Fax: 518-563-6083
ruffj@cityofplattsburgh-ny.gov

2/8/2021

New York State Department of Environmental Conservation
Bureau of Waste Reduction & Recycling
625 Broadway
Albany, NY 12233-7253
organicrecycling@dec.ny.gov

and

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
SWMFAnnualReportR5@dec.ny.gov

Attached please find the annual 6NYCRR Part 360 Biosolids report for the City of Plattsburgh, New York, Water Pollution Control Plant and Plattsburgh Organics Recycling Plant (PORP, formerly known as the Clinton County New York Compost Facility).

The Plattsburgh Organics Recycling Plant did not process any sludge in 2020. All City sludge from January 1, 2020, through December 31, 2020, was sent to the disposal facilities identified in the table "Amount of Biosolids Disposed of by Contractor - 2020" at the end of this report.

The report will be submitted via email to the Central and Regional offices. Should you have any questions, I can be reached at 518-536-7519.

Sincerely,



Jonathan P. Ruff, PE
Environmental Manager

CC: WPCP FILES

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

2020
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, 2020 to December 31, 2020

Annual Report Form Due: No Later than March 1, 2021

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>Plattsburgh Organics Recycling Plant (PORP)</u>
PERMIT NUMBER:	<u>5-0942-00006/00006</u>
SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099)	<u>10C01</u>
COUNTY WHERE FACILITY IS LOCATED:	<u>Clinton</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:

Plattsburgh Organics Recycling Plant (PORP)

FACILITY LOCATION ADDRESS:

205-207 Reeves Lane

FACILITY CITY:

Plattsburgh

STATE:

NY

ZIP CODE:

12901

FACILITY TOWN:

Plattsburgh

FACILITY COUNTY:

Clinton

FACILITY PHONE NUMBER:

518-563-7731

NYSDEC

REGION #: Region 5

FACILITY CONTACT:

Jonathan P. Ruff

CONTACT PHONE NUMBER:

518-563-7519

CONTACT EMAIL ADDRESS:

ruffj@cityofplattsburgh-ny.gov

OWNER INFORMATION

OWNER NAME:

City of Plattsburgh

OWNER PHONE NUMBER:

518-536-7519

OWNER ADDRESS:

41 City Hall Place

OWNER CITY:

Plattsburgh

STATE:

NY

ZIP CODE:

12901

OWNER CONTACT:

Jonathan P. Ruff

OWNER CONTACT EMAIL ADDRESS:

ruffj@cityofplattsburgh-ny.gov

OPERATOR INFORMATION

OPERATOR NAME:

Same as owner

PREFERENCES

Preferred address to receive correspondence

Facility location address

Owner address

Other (provide)

Preferred email address:

Facility Contact

Owner Contact

Other (provide):

Preferred individual to receive correspondence:

Facility Contact

Owner

Owner Contact

Other (provide):

Did you operate in 2020? Yes; Complete this form.

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, 2020 to December 31, 2020

Compost Input	Quantity	Unit	% Solids	Source
Biosolids (Sewage Sludge)		Choose Units		
Bulking Agent/Amendment Specify: _____		Choose Units		
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>	_____ days
COMPOST PRODUCED DURING THE YEAR:	Choose Units
COMPOST DISTRIBUTED DURING THE YEAR:	Choose Units
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	Choose Units
AGE OF OLDEST PRODUCT ON SITE:	_____ months

SECTION 4 – COMPOST DISTRIBUTION

Quantity Distributed Cubic Yards	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)

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. 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 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)

IMPORTANT NOTE

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)
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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.

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.

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

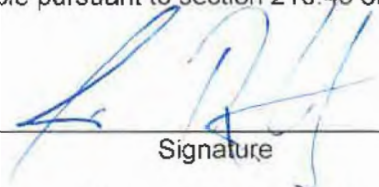
Email address: organicrecycling@dec.ny.gov

Permit prior to November 2017:

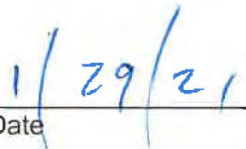
I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR 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



Date

Jonathan P. Ruff

Environmental Manager

Name (Print)

Title (Print)

ruffj@cityofplattsburgh-ny.gov

Email (Print)

41 City Hall Place

Plattsburgh

Address

City

NY 12901

518 536 7519

State and Zip

Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Sludge Distribution for 2020
- _____
- _____

Plattsburgh Organics Recycling Plant

Section 8 – Addendum – Product Distribution

No sludge was processed in 2020, thus no product was produced for distribution for 2020. All City sludge for 2020 was sent to disposal facilities as identified in the following table.

PERIOD	PLATTSBURGH Biosolids (to CCCF) DRY TONS		MERCHANT Biosolids (to CCCF) DRY TONS		TOTAL Biosolids Processd (CCCF) DRY TONS		CLASS "A" PRODUCT Produced				Plattsburgh	Plattsburgh	Merchant	Total	Nviro	
	DT's	DMT's	DT's	DMT's	DT's	DMT's	N-Viro		Compost		Sludge	Wet	Wet	Wet	Wet	
							DT's	DMT's	DT's	DMT's	Percent	Tons	Tons	Tons	Tons	
January	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
February	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
March	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
April	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
May	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
June	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
July	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
August	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
September	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
October	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
November	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
December	0.00	0.00		0.0	0.00	0.00	0.00	0.0	0.0	0	0			0	0	0
TOTAL	0.00	0.00	0.00	0.00	0	0.00	0.00	0.0	0.0	0.0	0.0		0	0	0	0

(IE(NORMALLY MEASURED) DRY TON (DT) *.907= METRIC TONS (DMT))

Note: All biosolids received for processing at the PORP meet the "EQ" standard per Veolia Water of North America

AMOUNT OF BIOSOLIDS DISPOSED OF BY CONTRACTOR - 2020

PERIOD	Plattsburgh Biosolids (to Franklin County landfill)		Plattsburgh Biosolids (to Grasslands)		Platteburgh Biosolids (to Coventry, Vermont)		Total DMT's	Franklin Co		Coventry	Plattsburgh		Wettons Wettons	Wettons St Henri	ALL Wettons Sum	
	DT's	DMT's	DT's	DMT's	DT's	DMT's		Landfill	Grasslands	Vermont	Sludge	Wettons				Wettons
January	86.2	78.2	32.6	29.6	0.0	0.0	107.8	354.73	134.2		24.3	134.16	0	0	488.9	
February	78.0	70.7	35.1	31.9	0.0	0.0	102.6	330.30	148.8		23.6	148.81	0	0	479.1	
March	82.8	75.1	38.2	34.7	0.0	0.0	109.8	361.60	167.0		22.9	167.00	0	0	528.6	
April	65.9	50.7	22.4	20.3	0.0	0.0	71.0	269.99	108.2		20.7	108.18	0	0	378.2	
May	75.7	68.6	21.2	19.2	0.0	0.0	87.9	409.07	114.6		18.5	114.64	0	0	523.7	
June	99.8	90.5	24.1	21.8	0.0	0.0	112.4	499.14	120.3		20.0	120.25	0	0	619.4	
July	96.5	87.6	33.9	30.8	0.0	0.0	118.3	402.22	141.3		24.0	141.28	0	0	543.5	
August	138.1	125.2	26.2	23.7	0.0	0.0	149.0	498.43	94.5		27.7	94.46	0	0	592.9	
September	79.2	71.9	25.3	23.0	0.0	0.0	94.8	440.11	140.8		18.0	140.79	0	0	580.9	
October	89.8	81.4	19.6	17.7	0.0	0.0	99.2	472.45	102.9		19.0	102.92	0	0	575.4	
November	77.6	70.4	25.3	23.0	0.0	0.0	93.4	336.05	109.6		23.1	109.55	0	0	445.6	
December	74.3	67.4	26.5	24.0	0.0	0.0	91.4	304.50	108.4		24.4	108.41	0	0	412.9	
TOTAL	1033.9	937.7	330.3	299.6	0.0	0.0	1237.3	4678.6	1490.5	0.0	22.2	1490.5	0.0	0.0	6169.0	

		DMR Annual Amount of Plattsburgh Sludge Disposed- Dry Metric Tons													
		By Other Method										0 Nviro			
Metric ton sum to Landfills =		1237.3 Dry Metric tons										300 Grasslands			
Dry short tons sum to Landfills =		1364.2 Dry Short Tons										938 Franklin County, NY Landfill			
Total dry short tons=		1364										1237 Total			