

February 28, 2021

Sally Rowland, Ph.D., P.E.
NYS Department of Environmental Conservation
Bureau of Waste Reduction & Recycling-Annual Report
Division of Material Management 9th floor
625 Broadway, Albany, New York 12233-7253

Additional copy sent to:

Thomas Annal
NYSDEC Region 7 Division of Solid Materials Management
615 Erie Blvd, West
Syracuse, New York 13204-2400

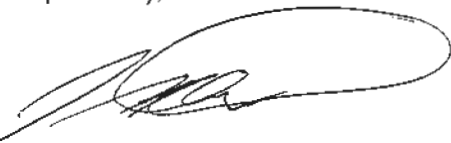
***Re: Town of Cazenovia Water Pollution Control Facility, formulary the Madison County Sewer District,
2020 Annual Biosolids Composting Facility Report.***

Dear Ms. Rowland,

Please find attached the Madison County Sewer District's 2020 biosolids composting report. As of January 1st 2018 The Madison County Sewer District no longer exist. The Town of Cazenovia has become the owner of the treatment facility.

No compost was produced during all of 2020 at the Town of Cazenovia Water Pollution Control Facility. All aerobically digested biosolids have been dewatered and hauled to the Madison County Landfill for disposal.

Respectfully,



Jim Cunningham
Town of Cazenovia Water Pollution Control Facility, Manager

Cc: Town Supervisor: William Zupan

Town of Cazenovia Water Pollution Control Facility

7 Albany Street, Cazenovia, New York, 13035 Phone 315-655-2261 Fax 315-655-2331

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Respectfully,



Jim Cunningham
Town of Cazenovia Water Pollution Control Facility, Manager

Cc: Town Supervisor: William Zupan

Town of Cazenovia Water Pollution Control Facility

FACILITY LOCATION ADDRESS: t 13 North	FACILITY CITY: Cazenovia	STATE: NY	ZIP CODE: 13035
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FACILITY TOWN: Town of Cazenovia	FACILITY COUNTY: Madison	FACILITY PHONE NUMBER: 315-525-4420
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SDEC REGION #:

FACILITY CONTACT: m Cunningham	CONTACT PHONE NUMBER: 315-525-4420
--	--

CONTACT EMAIL ADDRESS: JimCNWT@gmail.com

OWNER INFORMATION

OWNER NAME: wn of Cazenovia	OWNER PHONE NUMBER: 315-655-9213
---------------------------------------	--

OWNER ADDRESS: lbaney street	OWNER CITY: Cazenovia	STATE: NY	ZIP CODE: 13035
--	---------------------------------	---------------------	---------------------------

OWNER CONTACT: William Zupan	OWNER CONTACT EMAIL ADDRESS: BZUPAN@TOWNOFCAZENOVIA.ORG
--	---

OPERATOR INFORMATION

OPERATOR NAME:
 Same as owner **Jim Cunningham**

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):

Do 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.

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

FACILITY INFORMATION

FACILITY NAME:

Town of Cazenovia Water Pollution Control Facility

FACILITY LOCATION ADDRESS:

Rt 13 North

FACILITY CITY:

Cazenovia

STATE:

NY

ZIP CODE:

13035

FACILITY TOWN:

Town of Cazenovia

FACILITY COUNTY:

Madison

FACILITY PHONE NUMBER:

315-525-4420

**NYSDEC
REGION #:**

FACILITY CONTACT:

Jim Cunningham

CONTACT PHONE NUMBER:

315-525-4420

CONTACT EMAIL ADDRESS:

JimCNWT@gmail.com

OWNER INFORMATION

OWNER NAME:

Town of Cazenovia

OWNER PHONE NUMBER:

315-655-9213

OWNER ADDRESS:

7 Albany street

OWNER CITY:

Cazenovia

STATE:

NY

ZIP CODE:

13035

OWNER CONTACT:

Wiliam Zupan

OWNER CONTACT EMAIL ADDRESS:

BZUPAN@TOWNOFCAZENOVIA.ORG

OPERATOR INFORMATION

OPERATOR NAME:

Same as owner

Jim Cunningham

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.

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: Town of Cazenovia WPCA

PERMIT NUMBER: 7-2522-00030/00004

SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) _____

COUNTY WHERE FACILITY IS LOCATED: Madison

DEC USE ONLY

Region: _____ SWIMS: _____
MATRIX: _____

Date Reviewed: _____

Reviewed By: _____

Data Entered: _____

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

2020

PERMITTED FACILITY ANNUAL REPORT BIOSOLIDS

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PERMIT NUMBER: 7-2522-00030/00004

SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099) _____

COUNTY WHERE FACILITY IS LOCATED: Madison

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

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

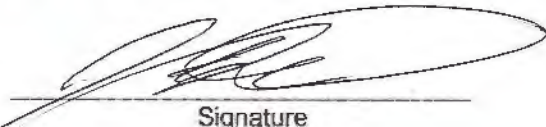
Email address: organicrecycling@dec.ny.gov

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 1-3 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

2-28-21

Date

Jim Cunningham

Name (Print)

Facility Manager

Title (Print)

JimCNWT@gmail.com

Email (Print)

Town of Cazenovia

Address

Cazenovia

City

NY 13035

State and Zip

315 525 4420

Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- Cover Letter
- _____
- _____

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
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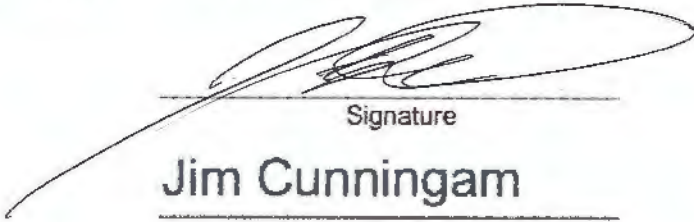
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Town of Cazenovia
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Cazenovia
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State and Zip

315 525 4420
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- Cover Letter
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