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

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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.

Village of Attica Wastewater Treatment Facility PERMITTED FACILITY NAME:
PERMIT NUMBER: 9-5622-0031/00001
SW FACILITY ACTIVITY NUMBER: (Ex. 02PP0099)
COUNTY WHERE FACILITY IS LOCATED: Wyoming

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: Village of Attica Was	tewater Treatmen	t Facility	/		
FACILITY LOCATION ADDRESS:	FACILITY CITY:		STATE:	ZIP CODE:	
122 Prospect St.	/ ttilou			14011	
FACILITY TOWN:	FACILITY COUNTY: FACILITY PHONE NUMBER:				
Attica	Wyoming 585-591-2595				
NYSDEC REGION #: 9				· · · · · · · · · · · · · · · · · · ·	
FACILITY CONTACT:	CONTACT PHONE NUMBER	R:		<u> </u>	
Jay Stockholm	585-591-2595				
CONTACT EMAIL ADDRESS: attic	awastewater@att	ica.org			
<u> </u>	OWNER INFORMATION				
owner name: Village of Attica	OWNER PHONE NUMBER 585-591-0898	Ŀ			
OWNER ADDRESS: 9 Water St.	OWNER CITY: Attica		STATE: NY	ZIP CODE: 14011	
OWNER CONTACT: Doug Post	owner contact email doug@attica.org				
	OPERATOR INFORMATIO				
OPERATOR NAME: Jay Stoc	kholm				
	PREFERENCES				
Preferred address to receive correspond Other (provide):	dence: Facility location address	O	Owner addres	s	
Preferred email address: Facility Co. Other (provide):	ntact Owner Contact	***			
Odner (provide).					
Preferred individual to receive correspo Other (provide):	ndence: Facility Contact	Owner	Oown	er Contact	
Did you operate in 2020? Yes; Co No; Co to relinquish your permit/registration as of your intent. See attachment for Region	omplete and submit Sections 1 are sociated with this solid waste mana	gement activity,	longer pla please not	n to operate and wis tify the regional office	

SECTION 2 - QUANTITY OF MATERIAL RECEIVED

Please report quantities received from <u>January 01, 2020</u> to <u>December 31, 2020</u>

Compost Input	Quantity	Unit	% Solids	Source
Biosolids (Sewage Sludge)	295	Cubic Yards	23	municipal sewer sludge
Bulking Agent/Amendment Specify: Wood Chips	580	Gubic Yards	63	Village, town, county and utility tree trimming
Other:		Choose Units		

SECTION 3 - COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? Note: Total time material is processed, not Including storage time	50	days
COMPOST PRODUCED DURING THE YEAR:	587	Cubic Yards
COMPOST DISTRIBUTED DURING THE YEAR:	568.7	Cubic Yards
QUANTITY CURRENTLY STOCKPILED: Note: Finished product stockpiled	277	Cubic Yards
AGE OF OLDEST PRODUCT ON SITE:	5	months

SECTION 4 - COMPOST DISTRIBUTION

Quantity Distributed Cubic Yards	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
568.7	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 ====>	3/17/21	6/16/21	9/1/21	12/8/21	Permit Pre 2017 Regs.	Permit Post 2017 Regs.
					Monthly Conc. (mg/kg)	Max. Conc. (mg/kg)
Arsenic (mg/kg)	<2.1	5.5	3.7	3.6	41	41
Cadmium (mg/kg)	<0.53	1.6	3.0	1.2	21	10:
Chromium (mg/kg)	88.7	105	91.6	90.9	1,000	1,000
Copper (mg/kg)	512	654	943	606	1,500	1,500
Lead (mg/kg)	38.8	38.8	52.6	94.9	300	300
Mercury (mg/kg)	0.33	0.57	1.9	0.356	10	10
Molybdenum (mg/kg)	10.1	7.4	8.6	8.4	40	40
Nickel (mg/kg)	<8.4	36.9	31.0	27.2	200	200
Selenium (mg/kg)	5.4	15.8	4.2	6.7	100	100
Zinc (mg/kg)	845	904	991	876	2,500	2,500
TKN (mg/kg)	1880	3520	2390	2340		
Ammonia Nitrogen (mg/kg)	4110	5120	5790	4450		
Nitrate (mg/kg)	<4.0	<4.4	<4.3	<4.0		
Total Phosphorus (mg/kg)	36300	41800	38500	30200		
Total Potassium (mg/kg)	<1050	<1050	<1210	<1090		
pH (s.u.)	7.3	7.4	6.9	7.0		
Total Solids(%)	24.5	23.1	22.7	22.6		100
Total Volatile Sölids (%)	49.3	51.1	51.1	48.8		100 Euro

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
Banch Scale Aerobic Digestion
SOUR
Aerobic Process 14 days, >40 °C, >45 °C avg.
DPH raised to ≥12 for 2 hours and ≥11.5 for 22 hours
75% solids
90% solids (untreeted 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.

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SECTION 7 - FINISHED COMPOST ANALYSIS

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

Analysis Date ===>	3/17/21	6/2/21	8/18/21	9/22/21	Permit Pre 2017 Regs. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
Arsenic (mg/kg)	<1.1	2.4	2.1	4.1	41	41
Cadmium (mg/kg)	0.38	1.5	<0.27	1.4	10	10
Chromium (mg/kg)	61.8	49.2	<1.1	52.8	1,000	1,000
Copper (mg/kg)	360	258	28.3	328	1,500	1,500
Lead (mg/kg)	41.8	22.4	0.97	32.4	300	300
Mercury (mg/kg)	0.27	0.32	0.28	0.24	10	10
Molybdenum (mg/kg)	7.0	4.1	<2.1	5.8	40	40
Nickel (mg/kg)	<4.4	13.9	<4.3	17.4	200	200
Selenium (mg/kg)	2.6	2.8	<1.1	4.4	100	100
Zinc (mg/kg)	636	422	33.6	524	2,500	2,500
TKN (mg/kg)	696	563	825	742		
Ammonia Nitrogen (mg/kg)	2480	1410	4750	2380	1	
Nitrate (mg/kg)	146	1.8	5.6	<24	pes () () () () () () () () () (
Total Phosphorus (mg/kg)	23200	18500	17200	23200		1 1 1 2 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Total Potassium (mg/kg)	3180	2490	<533	2700		
pH (s.u.)	7.2	6.8	6.7	6.4	illioni di s	
Total Solids (%)	46.9	54.8	42.7	49.0	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	
Total Volatile Solids (%)	53.3	65.8	69,7	73.2	1.1 × 10.2	
Fecal Coliform (MPN/g)					<1,000	MPN/g
Salmonella sp. (MPN/4g)	<1	<1	<1	<1	<3MI	PN/4g
Other					# 2 (1) # (1) (2)	

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Analysis Date ===>	1,1/10/21	12/29/21	Permit Pre 2017 Rege. Monthly Conc. (mg/kg)	Permit Post 2017 Regs. Max. Conc. (mg/kg)
Arsenic (mg/kg)	7.4	2.1	41	41
Cadmium (mg/kg)	0.26	0.51	10	10
Chromium (mg/kg)	24.1	44.3	1,000	1,000
Copper (mg/kg)	153	278	1,500	1,500
Lead (mg/kg)	30.1	24.3	300	300
Mercury (mg/kg)	0.28	0.164	10	10
Molybdenum (mg/kg)	3.4	3.9	40	40
Nickel (mg/kg)	9.2	12.6	200	200
Selenium (mg/kg)	1.2	3.8	100	100
·Zinc (mg/kg)	256	442	2,500	2,500
TKN (mg/kg)	1400	860		
Ammonia Nitrogen (mg/kg)	1850	2080		
Nitrate (mg/kg)	8.0	33.7		
Total Phosphorus (mg/kg)	20600	13300		
Total Potassium (mg/kg)	1440	2670		
pH (s.ŭ.)	6.3	6.3		
Total Solids (%)	51.5	59.5		
Total Volatile Solids (%)	69.6	48.4		
Fecal Coliform (MPN/g)			<1,000) MPN/g.
Salmonelia sp. (MPN/4g)	<1	<1	NE> <3M	PN/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 intevals during dewatering by our belt filter press. The biosolids product is sampled at eight different intervals from the discharge conveyor during the screening process. Sampling diagrams are included.

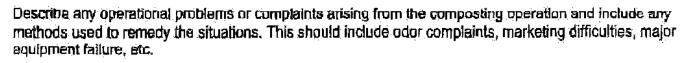
SECTION 9 - ATTACHMENTS

Please attach:

Temperature monitoring and determion time data.

- Sample analyses laboratory reports Any additional reporting requirements.
Do you have a variance to the Part 360 permit requirements? Yes ONo
if yes, please describe;
SECTION 10 - UNAUTHORIZED WASTE
Has unauthorized solid waste been received at the Processing Facility during the reporting period?
Yes (a) No
If yes, please explain.

SECTION 11 - PROBLEMS/COMPLAINTS



There have been no problems or complaints during the 2020 calendar year.

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.

~ I feel DANILLI	2/19/21
Signature	Date
Jay Stockholm	Chief Plant Operator
Name (Print)	Title (Print)
atticawastewater@attic	a.org
Em	ail (PrInt)
122 Prospect St.	Attica
Address	City
NY 14011	_/ 585 \591 2595
State and Zip	Phone Number

FACILITY

SAMPLE LOCATION FOR SLUDGE AND COMPOST

