



**COMPOST FACILITY ANNUAL REPORT  
SECTION 1 – FACILITY INFORMATION**

FACILITY INFORMATION			
FACILITY NAME: <b>Bedrock Industries Corp.</b>			
FACILITY LOCATION ADDRESS: <b>rr track road-brdwy</b>	FACILITY CITY: <b>Greenlawn</b>	STATE: <b>NY</b>	ZIP CODE: <b>11740</b>
FACILITY TOWN: <b>Huntington</b>	FACILITY COUNTY: <b>Suffolk</b>	FACILITY PHONE NUMBER: <b>631-757-5511</b>	
NYSDEC REGION #:			
FACILITY CONTACT: <b>Mario Pulvirenti</b>		CONTACT PHONE NUMBER: <b>631-673-2202</b>	
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME: <b>Mario Pulvirenti</b>		OWNER PHONE NUMBER: <b>631-757-5511</b>	
OWNER ADDRESS: <b>2298 New York Avenue</b>	OWNER CITY: <b>Huntington Station</b>	STATE: <b>NY</b>	ZIP CODE: <b>11746</b>
OWNER CONTACT: <b>Mario Pulvirenti</b>	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner <b>Mario Pulvirenti</b>			
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 type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Preferred individual to receive correspondence: <input type="radio"/> Facility Contact <input type="radio"/> Owner <input checked="" 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, 12 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

	Inputs	Quantity	Unit	Source(s)
YARD WASTE	Leaves only	250	Cubic Yards	residential
	Grass Clippings	0	Choose Units	
	Mixture of Grass and Leaves	0	Choose Units	
	Brush (Small branches and limbs, <4 inch diameter)	0	Choose Units	
SSO	Source Separated Organics (Food scraps, soiled paper products, etc.)	0	Choose Units	
	Food Processing Waste (brewery grains, grape pomace, etc.)	0	Choose Units	
OTHER	Crop Residues (Corn stalks, etc.)	0	Choose Units	
	Manure (including bedding)	0	Choose Units	
	Sawdust/Shavings	0	Choose Units	
	Animal Carcasses (road-kill, animal mortalities)	0	Choose Units	
	Paper Mill Residuals	0	Choose Units	
	Digestate	0	Choose Units	
	Other: _____	0	Choose Units	
BULKING AGENT	Woodchips	0	Choose Units	
	Sawdust	0	Choose Units	
	Other: _____	0	Choose Units	



If **PERMITTED SSO** composting facility, continue to Section #5  
SSO – Source Separated Organics

**ALL OTHER COMPOSTING FACILITIES**, continue to Section #9

**SECTION 5 – PATHOGEN AND VECTOR ATTRACTION REDUCTION**

For permitted SSO composting facilities only. 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
- SOUR
- Aerobic Process 14 days,  $\geq 40^{\circ}\text{C}$ ,  $\geq 45^{\circ}\text{C}$  avg.

**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 6 – FINISHED COMPOST ANALYSIS

For permitted SSOW composting facilities only. 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. See 361-3.9 Table 6 for pollutant limits and Table 5 for annual product testing frequency 361-3.9 Table 5.

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

Analysis Date =====>					Max. Conc. (mg/kg)	
Arsenic (mg/kg)					41	
Cadmium (mg/kg)					10	
Chromium (mg/kg)					1,000	
Copper (mg/kg)					1,500	
Lead (mg/kg)					300	
Mercury (mg/kg)					10	
Molybdenum (mg/kg)					40	
Nickel (mg/kg)					200	
Selenium (mg/kg)					100	
Zinc (mg/kg)					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 (MPN/4g)						<3MPN/4g
Other _____						

## SECTION 7 –SAMPLE MANAGEMENT PLAN

For permitted SSO composting facilities only. Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

## SECTION 8 – ATTACHMENTS (IF REQUIRED)

Permitted SSO composting facilities, 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 9 – UNAUTHORIZED WASTE**

Has unauthorized solid waste been received at the composting facility during the reporting period?

Yes  No

If yes, give information below for each incident (attach additional sheets if necessary):

## **SECTION 10 – PROBLEMS/COMPLAINTS**

Describe any operational problems or neighbor 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 11 – 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:

**NYS Department of Environmental Conservation  
Bureau of Waste Reduction and Recycling – Annual Report  
625 Broadway – 9<sup>th</sup> Floor  
Albany, New York 12233-7253**

**Phone: 518-402-8706**

**Fax 518-402-9024**

**Email address: organicrecycling@dec.ny.gov**

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

2/10/2020  
\_\_\_\_\_  
Date

Mario Pulvirenti  
\_\_\_\_\_  
Name (Print)

President  
\_\_\_\_\_  
Title (Print)

\_\_\_\_\_  
Email (Print)

2298 NY Avenue  
\_\_\_\_\_  
Address

hunt. sta  
\_\_\_\_\_  
City

NY 11746  
\_\_\_\_\_  
State and Zip

(631) 6732202  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  NO  YES (IF YES, LIST ATTACHMENTS)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_