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

2019

REGISTERED OR PERMITTED FACILITY ANNUAL REPORT

COMPOSTING

(DO NOT USE THIS FORM FOR BIOSOLIDS COMPOSTING)
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 may be used for all composting facilities under section 361-3.2 of the Part 360 series except for biosolids composting. Biosolids composting requires the submission of a different annual report form. 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.

FACILITY NAME: Bedrock Industries Corp
SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099)
COUNTY WHERE FACILITY IS LOCATED: Suffolk

DEC USE ONLY

Region:

SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

COMPOST FACILITY ANNUAL REPORT SECTION 1 – FACILITY INFORMATION

(1) (1) (2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	FACILITY INFORMATION			
FACILITY NAME: Rodrock Industries Corn				
Bedrock Industries Corp. FACILITY LOCATION ADDRESS:	FACILITY CITY:		STATE:	ZIP CODE:
	Greenlawn		NY	11740
rr track road-brdwy				
FACILITY TOWN:	FACILITY COUNTY:			IÉ NUMBER:
Huntington	Suffolk	631	-757-	-5511
NYSDEC REGION #:				
FACILITY CONTACT: Mario Pulvirenti	CONTACT PHONE NUMBER: 631-673-2202			
CONTACT EMAIL ADDRESS:				
	OWNER INFORMATION	F 6, 6 F		
OWNER NAME:	OWNER PHONE NUMBER:			
Mario Pulvirenti	631-757-5511	·		T
OWNER ADDRESS: 2298 New York Avenue	OWNER CITY: Huntington Station		STATE: NY	ZIP CODE: 11746
OWNER CONTACT:	OWNER CONTACT EMAIL ADD	RESS:		
Mario Pulvirenti		ender vissers av Joseph Son francisco	um perio, est especialistical d	
OPERATOR NAME: Mario Pulvir	operator information enti			
	PREFERENCES	7. (1. (1. (1. (1. (1. (1. (1. (1. (1. (1	eren er se Grander	
Preferred address to receive correspondence Other (provide):	: OFacility location address	O 0	wner address	
Preferred email address: Facility Contact	Owner Contact			· · · · ·
Other (provide):				population
Preferred individual to receive correspondend Other (provide):	e: OFacility Contact OO	wner	O Owne	r Contact
Did you operate in 2019? Yes; Comple No; Compl wish to relinquish your permit/registration ass office of your intent. See attachment for Region	ete and submit Sections 1, 12 an sociated with this solid waste mana	gement ac		

SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from <u>January 01, 2019</u> to <u>December 31, 2019</u>

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

SECTION 3 - COMPOST PRODUCTION

WHAT IS THE PROCESS DETENTION TIME? Note: Total time material is processed, not Including storage time	130	days	
COMPOST PRODUCED DURING THE YEAR:	175	cubic yards or tons	
COMPOST DISTRIBUTED DURING THE YEAR:	175	cubic yards or tons	
QUANTITY CURRENTLY STOCKPILED: Note: Finished product stockpiled	60	cubic yards or	
AGE OF OLDEST PRODUCT ON SITE:	24	months	

SECTION 4 - COMPOST DISTRIBUTION

Quantity Distributed (cubic yards)	Use of Compost (landscaping, agriculture, highway, onsite, bagged, etc.)
175	landscaping

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	
<u> </u>	

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	O _N ₀
If yes, please describe:	

SECTION 9 - UNAUTHORIZED WASTE

SECTION 3 - GRACITIONIZED WAS E
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 – 9th 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.

Mario Pulvirenti Name (Print)	President Title (Print)
<i>`</i>	ail (Print)
2298 NY Avenue	hunt. sta
Address	City
NY 11746	631,673220
State and Zip	Phone Number