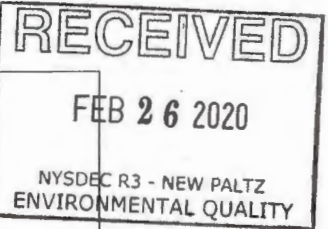


New York State Department of Environmental Conservation  
Division of Materials Management  
Albany, New York 12233-7253



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](mailto: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: City of Beacon Recycle & Transfer Station

SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099) 14Y01

COUNTY WHERE FACILITY IS LOCATED: Dutchess

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

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

FACILITY INFORMATION			
<b>FACILITY NAME:</b> <div style="font-size: 1.2em; font-weight: bold;">City of Beacon Recycle &amp; Transfer Station</div>			
<b>FACILITY LOCATION ADDRESS:</b> <div style="font-size: 1.1em; font-weight: bold;">90-96 Dennings Avenue</div>	<b>FACILITY CITY:</b> <div style="font-size: 1.1em; font-weight: bold;">Beacon</div>	<b>STATE:</b> <div style="font-size: 1.1em; font-weight: bold;">NY</div>	<b>ZIP CODE:</b> <div style="font-size: 1.1em; font-weight: bold;">12508</div>
<b>FACILITY TOWN:</b> <div style="font-size: 1.1em; font-weight: bold;">n/a</div>	<b>FACILITY COUNTY:</b> <div style="font-size: 1.1em; font-weight: bold;">Dutchess</div>	<b>FACILITY PHONE NUMBER:</b> <div style="font-size: 1.1em; font-weight: bold;">845-831-4390</div>	
<b>NYSDEC REGION #:</b> <div style="font-size: 1.2em; font-weight: bold;">3</div>			
<b>FACILITY CONTACT:</b> <div style="font-size: 1.1em; font-weight: bold;">Michael Manzi</div>	<b>CONTACT PHONE NUMBER:</b> <div style="font-size: 1.1em; font-weight: bold;">845-831-0932</div>		
<b>CONTACT EMAIL ADDRESS:</b> <div style="font-size: 1.1em; font-weight: bold;">highway@cityofbeacon.org</div>			
OWNER INFORMATION			
<b>OWNER NAME:</b> <div style="font-size: 1.1em; font-weight: bold;">City of Beacon</div>	<b>OWNER PHONE NUMBER:</b> <div style="font-size: 1.1em; font-weight: bold;">845-838-5000</div>		
<b>OWNER ADDRESS:</b> <div style="font-size: 1.1em; font-weight: bold;">One Municipal Plaza - Suite One</div>	<b>OWNER CITY:</b> <div style="font-size: 1.1em; font-weight: bold;">Beacon</div>	<b>STATE:</b> <div style="font-size: 1.1em; font-weight: bold;">NY</div>	<b>ZIP CODE:</b> <div style="font-size: 1.1em; font-weight: bold;">12508</div>
<b>OWNER CONTACT:</b> <div style="font-size: 1.1em; font-weight: bold;">Anthony J. Ruggiero</div>	<b>OWNER CONTACT EMAIL ADDRESS:</b> <div style="font-size: 1.1em; font-weight: bold;">administrator@cityofbeacon.org</div>		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b> <input checked="" type="checkbox"/> Same as owner			
PREFERENCES			
<b>Preferred address to receive correspondence:</b> <input type="radio"/> Facility location address <input checked="" type="radio"/> Owner address <input type="radio"/> Other (provide):			
<b>Preferred email address:</b> <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
<b>Preferred individual to receive correspondence:</b> <input type="radio"/> Facility Contact <input type="radio"/> Owner <input type="radio"/> Owner Contact <input checked="" type="radio"/> Other (provide): <div style="font-size: 1.1em; font-weight: bold;">egrogan@cityofbeacon.org</div>			
<b>Did you operate in 2019?</b> <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)
<b>YARD WASTE</b>	Leaves only		Choose Units	
	Grass Clippings		Choose Units	
	Mixture of Grass and Leaves	4200	Cubic Yards ▾	City Residents
	Brush (Small branches and limbs, <4 inch diameter)	4000	Cubic Yards ▾	City Residents
<b>SSO</b>	Source Separated Organics (Food scraps, soiled paper products, etc.)		Choose Units	
	Food Processing Waste (brewery grains, grape pomace, etc.)		Choose Units	
<b>OTHER</b>	Crop Residues (Corn stalks, etc.)		Choose Units	
	Manure (including bedding)		Choose Units	
	Sawdust/Shavings		Choose Units	
	Animal Carcasses (road-kill, animal mortalities)		Choose Units	
	Paper Mill Residuals		Choose Units	
	Digestate		Choose Units	
	Other: _____		Choose Units	
<b>BULKING AGENT</b>	Woodchips		Choose Units	
	Sawdust		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:	3200 _____ cubic yards or _____ tons
COMPOST DISTRIBUTED DURING THE YEAR:	1200 _____ cubic yards or _____ tons
QUANTITY CURRENTLY STOCKPILED: <i>Note: Finished product stockpiled</i>	_____ cubic yards or _____ tons
AGE OF OLDEST PRODUCT ON SITE:	24 _____ months

## SECTION 4 – COMPOST DISTRIBUTION

[illegible]

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 12 – FOOD DONATION & FOOD SCRAPS RECYCLING LAW

If you are registered or permitted to compost food scraps please complete the following. For all other operations that are interested in processing food scraps, please contact your DEC regional office to determine what is required.

In 2019, New York State passed the Food Donation & Food Scraps Recycling law. Effective January 1, 2022, large generators of food scraps (defined as generating an annual average of two tons per week or more) must donate excess food and recycle all remaining food scraps if they are within 25 miles of an organics recycler (composting facility, anaerobic digester, etc.). Examples of large generators include: large restaurants, grocery stores, hotels, colleges, etc. For more information visit: <https://www.dec.ny.gov/chemical/114499.html>

### Contact Information

Under this legislation, DEC is responsible for providing a list of organics recyclers (compost facilities, anaerobic digesters, etc.) to large generators so they can determine available food scraps recycling opportunities in their area.

You will be included in this listing if you hold a permit or registration for the composting of source separated organics or food scraps. This will educate both large generators and haulers of food scraps that you are an available composter in their area.

Please provide the following information to include in the listing.

Name of Business: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

☐ I would like to opt out of DEC listing my facility as an available food scraps recycler for large generators as it relates to the Food Donation and Food Scraps Recycling law.

### Assessing Your Food Scraps Recycling Capacity

DEC is responsible for assessing available food scraps recycling capacity across New York State. Information from your operation will help us do this. Please complete the following section to calculate the amount of excess food scraps your operation will have the capability to process in **2022**. Please stay consistent with units (wet tons or cubic yards).

A. Amount of foods scraps projected to be processed in **2020**: \_\_\_\_\_ Choose Unit

B. Amount of foods scraps projected to be processed in **2022**: \_\_\_\_\_ Choose Unit

\* Note: You will not be required to process this quantity of material, these estimates will only be used to assist DEC in capacity planning across the state in preparation for the Food Donation and Food Scraps Recycling law effective January 1, 2022.

**Questions?**

DEC USE ONLY

Excess Capacity:

\_\_\_\_\_

## 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:

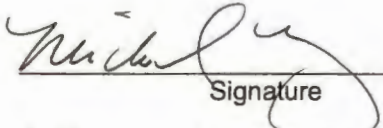
**NYS Department of Environmental Conservation  
Bureau of Waste Reduction and Recycling – Annual Report  
625 Broadway – 9<sup>th</sup> Floor  
Albany, New York 12233-7253**

**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

2/20/2020

Date

Michael Manzi

Highway Superintendent

Name (Print)

Title (Print)

highway@cityofbeacon.org

Email (Print)

One Municipal Plaza

Beacon

Address

City

New York, 12508

845 831 0932

State and Zip

Phone Number

ATTACHMENTS: ☒ NO ☐ YES (IF YES, LIST ATTACHMENTS)

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