

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: Town of Webster Highway Dept
SW FACILITY ACTIVITY NUMBER(S): (Ex. 02P20099) [28P10018]
COUNTY WHERE FACILITY IS LOCATED: Monroe

DEC Review Note: Registration states max throughput is 10,000 cubic yards/year and they processed 10,300 cubic yards.

DEC USE ONLY
Region: 8 SWIMS: x - KE
MATRIX: x - KE
Date Reviewed: 1/6/2020
Reviewed By: KE
Data Entered: 1/6/2020

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

FACILITY INFORMATION			
FACILITY NAME: Town of Webster Highway Department			
FACILITY LOCATION ADDRESS: 1005 Picture Pkwy	FACILITY CITY: Webster	STATE: NY	ZIP CODE: 14580
FACILITY TOWN: Webster	FACILITY COUNTY: Monroe	FACILITY PHONE NUMBER: 585-872-1443	
NYSDEC REGION #: 8			
FACILITY CONTACT: Joe Herbst		CONTACT PHONE NUMBER: 585-872-1443	
CONTACT EMAIL ADDRESS: jherbst@ci.webster.ny.us			
OWNER INFORMATION			
OWNER NAME: Town of Webster		OWNER PHONE NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> Same as owner Joe Herbst			
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="radio"/> Facility location address <input type="radio"/> Owner address <input type="radio"/> Other (provide):			
Preferred email address: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner <input 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	10,000	Cubic Yards ▾	Town
	Grass Clippings		Choose Units	
	Mixture of Grass and Leaves		Choose Units	
	Brush (Small branches and limbs, <4 inch diameter)	300	Cubic Yards ▾	Town
SSO	Source Separated Organics (Food scraps, soiled paper products, etc.)		Choose Units	
	Food Processing Waste (brewery grains, grape pomace, etc.)		Choose Units	
OTHER	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	
BULKING AGENT	Woodchips		Choose Units	
	Sawdust		Choose Units	
	Other: _____		Choose Units	

If **PERMITTED SSO** composting facility, continue to Section #3
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, $\geq 40C$, $\geq 45 C$ 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 \longleftrightarrow				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.

None

SECTION 11 – QUESTIONS

Please identify any questions or concerns that you would like the Department to answer or consider.

None

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 statements made herein are punishable pursuant to section 210.45 of the penal law.


Signature

Joseph Herbst

Name (Print)

1/3/20
Date

Supt of Hwy

Title (Print)

jherbst@ci.webster.ny.us

Email (Print)

1005 Picture Pkwy

Address

Webster

City

NY 14580

State and Zip

585 872 1443

Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- _____
- _____
- _____