

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

2020

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, 2020 to December 31, 2020

Annual Report Form Due: No Later than March 1, 2021

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: _____

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

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:
MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

SECTION 2 – QUANTITY OF MATERIAL RECEIVED

Please report quantities received from January 01, 2020 to December 31, 2020

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

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.

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.

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 **2021**: _____

B. Amount of foods scraps projected to be processed in **2022**: _____

* 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 – 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.

 _____ Signature	_____ Date
_____ Name (Print)	_____ Title (Print)
_____ Email (Print)	
_____ Address	_____ City
_____ State and Zip	(____)____-____ Phone Number

ATTACHMENTS: NO YES (IF YES, LIST ATTACHMENTS)

- _____
- _____
- _____

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Waste Reduction and Recycling

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Waste Reduction and Recycling
625 Broadway
Albany, NY 12233-7253
Phone: (518) 402-8706

For Submission of Organics Recycling Annual Reports only:

Fax: (518) 402-9024

Email: organicrecycling@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman/David Gibb
SUNY @ Stony Brook
50 Circle Road
Stony Brook, NY 11790
Phone: (631) 444-0375
SWMFannualreportR1@dec.ny.gov

REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4896
SWMFannualreportR2@dec.ny.gov

REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3123
SWMFannualreportR3@dec.ny.gov

REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie)

Victoria Schmitt
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2243
SWMFannualreportR4@dec.ny.gov

REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

Jessie Sangster
1115 State Route 86, PO Box 296
Ray Brook, NY 12977
Phone: (518) 897-1266
SWMFannualreportR5@dec.ny.gov

REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Gary McCullough
317 Washington Street
Watertown, NY 13601
Phone: (315) 785-2513
SWMFannualreportR6@dec.ny.gov

REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal
615 Erie Boulevard West
Syracuse, NY 13204
Phone: (315) 426-7419
SWMFannualreportR7@dec.ny.gov

REGION 8 (Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates)

Greg MacLean
6274 East Avon-Lima Road
Avon, NY 14414
Phone: (585) 226-5411
SWMFannualreportR8@dec.ny.gov

REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso
270 Michigan Avenue
Buffalo, NY 14203
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

September 2020

Village of Endicott
 Leaf Compost Data: 2020

Month	Date	% Sol.	% Vol.	pH	NH ₃ -N	TKN	PO ₄ -P	K	NO ₃ -N
		%	%	S.U.	(Results in dry weight measure)				
					mg/kg	mg/kg	mg/kg	mg/kg	mg/kg
Jan.									
Feb.									
Mar.									
Apr.									
May									
June	06/09/20	28.6	61	7.6	490	11,300	1,360	3,650	<22.7
July									
Aug.									
Sept.									
Oct.									
Nov.									
Dec.									
Average		28.6	61	7.6	490	11,300	1,360	3,650	<22.7

The % Solids,% Volatility, pH,NH3-N and TKN analysis performed by V. Endicott Wastewater Laboratory (Lab ID: 10458).
 K and NO3-N analysis performed by Microbac Laboratories - Ohio Valley (Lab ID: 10861)
 PO₄P analysis performed by Microbac Laboratories - Chicagoland.



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J0F0684

Project Description

Annual Leaf Compost

For:

Philip Grayson

Village of Endicott WWTP

1009 East Main Street

Endicott, NY 13760

Customer Relationship Specialist

Renee Lantz

Sunday, July 12, 2020

Please find enclosed the analytical results for the samples you submitted to Microbac Laboratories. Review and compilation of your report was completed by Microbac Laboratories, Inc., New York Division. If you have any questions, comments, or require further assistance regarding this report, please contact your service representative listed above.

I certify that all test results meet all of the requirements of the accrediting authority listed within this report. Analytical results are reported on a 'as received' basis unless specified otherwise. Analytical results for solids with units ending in (dry) are reported on a dry weight basis. A statement of uncertainty for each analysis is available upon request. This laboratory report shall not be reproduced, except in full, without the written approval of Microbac Laboratories. The reported results are related only to the samples analyzed as received.

Microbac Laboratories, Inc.

3821 Buck Dr. | Cortland, NY 13045 | 607-753-3403 p | www.microbac.com



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J0F0684

Village of Endicott WWTP

Project Name: Annual Leaf Compost

Philip Grayson
1009 East Main Street
Endicott, NY 13760

Project / PO Number: N/A
Received: 06/09/2020
Reported: 07/12/2020

Sample Summary Report

<u>Sample Name</u>	<u>Laboratory ID</u>	<u>Client Matrix</u>	<u>Sample Type</u>	<u>Sample Begin</u>	<u>Sample Taken</u>	<u>Lab Received</u>
LeafCompost060920G	J0F0684-01	Solid	Grab		06/09/20 11:03	06/09/20 16:00



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J0F0684

Analytical Testing Parameters

Client Sample ID:	LeafCompost060920G	Collected By:	OW-Client
Sample Matrix:	Solid	Collection Date:	06/09/2020 11:03
Lab Sample ID:	J0F0684-01		

Analyses Subcontracted to: Microbac Laboratories Inc., - Marietta, OH

General Parameters	Result	MDL	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
Method: ASTM D2216-10									
Percent Solids	26.4		1.00	% (by wt.)	1	Y1	06/11/20 0608	06/12/20 0640	ERP
Metals Total by ICP									
Method: EPA 6010C									
Potassium	3650		137	mg/kg dry	1		06/15/20 0544	06/15/20 1231	JYH
Anions by IC									
Method: EPA 9056A									
Nitrate as N	<22.7		22.7	mg/kg dry	1	H1		06/12/20 0325	ART

Analyses Subcontracted to: Microbac Laboratories, Inc. - Chicagoland

Inorganics Total	Result	MDL	RL	Units	Dilution	Note	Prepared	Analyzed	Analyst
Method: EPA 365.3, Rv 1978									
Phosphorus - Total as P	1360		745	mg/kg dry	1	Y1*	06/19/20 1149	06/22/20 1609	CGL
Method: SM 2540 G-1997									
Percent Solids	26		0.1	% (by wt.)	1	Y1*	06/15/20 1415	06/16/20 1324	CGL

Definitions

- % (by wt.): Percent by Weight
- H1: Sample was received past holding time.
- RL: Reporting Limit
- Y1: Accreditation is not offered by the accrediting body for this analyte.
- Y1*: Accreditation is not offered by the accrediting body for this analyte.

Cooler Receipt Log

Cooler ID: Default Cooler Temp: 4.5°C



Microbac Laboratories, Inc., New York Division

CERTIFICATE OF ANALYSIS

J0F0684

Cooler Inspection Checklist

Ice Present or not required?	Yes	Shipping containers sealed or not required?	Yes
Custody seals intact or not required?	Yes	Chain of Custody (COC) Present?	Yes
COC includes customer information?	Yes	Relinquished and received signature on COC?	Yes
Sample collector identified on COC?	Yes	Sample type identified on COC?	Yes
Correct type of Containers Received	Yes	Correct number of containers listed on COC?	Yes
Containers Intact?	Yes	COC includes requested analyses?	Yes
Enough sample volume for indicated tests received?	Yes	Sample labels match COC (Name, Date & Time?)	Yes
Samples arrived within hold time?	Yes	Correct preservatives on COC or not required?	Yes
Chemical preservations checked or not required?	Yes	Preservation checks meet method requirements?	Yes
VOA vials have zero headspace, or not recd.?	Yes		

Project Requested Certification(s)

Microbac Laboratories Inc., - Marietta, OH
10861

New York State Department of Health

Microbac Laboratories, Inc., New York Division
NY Lab ID No.: 10795

New York State Department of Health

Report Comments

Samples were received in proper condition and the reported results conform to applicable accreditation standard unless otherwise noted.

The data and information on this, and other accompanying documents, represents only the sample(s) analyzed. This report is incomplete unless all pages indicated in the footnote are present and an authorized signature is included. The services were provided under and subject to Microbac's standard terms and conditions which can be located and reviewed at <<https://www.microbac.com/standard-terms-conditions>>.

Reviewed and Approved By:

Renee Lantz
Customer Relationship Specialist
Reported: 07/12/2020 14:51



3821 Buck Drive
Cortland, NY 13045
607.753.3403

2369 Elmira Street, Suite C
Sayre, PA 18840
570.888.0169

1620 North Main Avenue
Scranton, PA 18508
570.348.0775

4359 Linglestown Road
Harrisburg, PA 17112
717.651.9700

CHAIN OF CUSTODY RECORD

Number
Instructions on back

TO BE COMPLETED BY MICROBAC

Lab Report Address

Invoice Address

Turnaround Time

Routine (5 to 7 business days)
 RUSH* (notify lab) **Temperature Upon Receipt (°C) 4.5**

Client Name: Village of Endicott WWTP

Client Name:

Level 1 Level 2 Level 3 Level 4 EDD

Address: 1009 East Main St.

Address:

Holding Time

City, State, Zip: Endicott NY 13760

City, State, Zip:

(needed by)

Samples Received on Ice? Yes No N/A

Contact: Olin Wood

Contact:

Report Type

Custody Seals Intact? Yes No N/A

Telephone No.: 607-757-5307

Telephone No.:

Results Only Level 1 Level 2 Level 3 Level 4 EDD

Send Report via: e-mail (address) wwtp@endicottny.com - graysonpb@hotmail.com

Send Invoice via: e-mail (address) wwtp@endicottny.com - graysonpb@hotmail.com

Project: Annual Leaf Compost

Location:

PO No.: 607-757-5307

Compliance Monitoring? Yes No
() Agency/Program

Sampled by (PRINT): Olin Wood

Sampler Signature: Olin Wood

Sampler Phone No.:

* Matrix Types: Soil/Solid (S), Sludge, Oil, Wipe, Drinking Water (DW), Groundwater (GW), Surface Water (SW), Waste Water (WW), Other (specify)

** Preservative Types: (1) HNO3, (2) H2SO4, (3) HCl, (4) NaOH, (5) Zinc Acetate, (6) Methanol, (7) Sodium Bisulfate, (8) Sodium Thiosulfate, (9) Hexane, (U) Unpreserved

REQUESTED ANALYSIS

Lab ID	Client Sample ID	Date Collected	Time Collected	No. of Containers	Matrix	Grab / Comp	Preservative Types **	PO4-P, K, NO3-N											
	LeafComp0609206	6/9/20	11:03am	1	S	G	unpreserved	1											

Endicott, Village of WWTP
PM: Renee Lantz

J
0
F
0
6
8
4

Possible Hazard Identification Hazardous Non-Hazardous Radioactive

Sample Disposition Dispose as appropriate Return Archive

Comments

Relinquished By (signature) Olin Wood	Date/Time 6/9/20	Received By (signature) <i>[Signature]</i>	Date/Time 6-9-2020 1440
Relinquished By (signature) <i>[Signature]</i>	Date/Time 6-9-2020 15:15	Received By (signature) Michael Gunn	Date/Time 6-9-2020 15:13
Relinquished By (signature) Michael Gunn	Date/Time 6/9/2020 16:00	Received By (signature) <i>[Signature]</i>	Date/Time 6/9/2020 16:00