

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

2023

PERMITTED FACILITY ANNUAL REPORT

ANAEROBIC DIGESTION

6 NYCRR Part 361-3.3

This annual report is for the year of operation from January 01, 2023 to December 31, 2023

Annual Report Form Due: No Later than March 1, 2024

This form is for anaerobic digester facilities that are permitted under section 361-3.3 of the Part 360 series. Forms for all solid waste management facilities can be found at <https://dec.ny.gov/environmental-protection/waste-management/solid-waste-management-facilities/forms>. If you have any questions on this form, please e-mail OrganicsAnnualReports@dec.ny.gov

Failure to provide the required information requested is a violation of 6 NYCRR Part 360.

Attach additional supplementary information if needed.

FACILITY NAME: _____

FACILITY ACTIVITY NUMBER (Ex. 02PP0099 or 29Z25): _____

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

PERMITTED ANAEROBIC DIGESTER ANNUAL REPORT

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
NYSDEC REGION #:			
FACILITY CONTACT:	CONTACT PHONE NUMBER:		
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:		
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> <i>same as owner</i>			
PREFERENCES			
Preferred address to receive correspondence: <input type="checkbox"/> Facility location address <input type="checkbox"/> Owner address			
<input type="checkbox"/> Other (provide):			
Preferred email address: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input type="checkbox"/> Facility Contact <input type="checkbox"/> Owner <input type="checkbox"/> Owner Contact			
<input type="checkbox"/> Other (provide):			
<p>Did you operate in 2023? <input type="checkbox"/> Yes; Complete this form.</p> <p><input type="checkbox"/> No; Complete and submit Sections 1 and 11. If you no longer plan to operate and wish to relinquish your permit associated with this solid waste management activity, please notify the regional office of your intent. See attachment for Regional Office addresses and contacts.</p>			

SECTION 2 – FEEDSTOCK INPUT

Input	Quantity	Unit	% Solids	Source(s)
Animal Manure				
Food processing wastes - (whey, etc.) Specify: _____				
Source separated organics (food scraps, etc.)				
FOGs (fats, oils, and grease)				
Biosolids (sewage sludge)				
Other: _____				

SECTION 3 – DIGESTER OPERATION

Average detention time in digester: _____ days

Average temperature in digester: _____ °F

Age of oldest digestate stored on site: _____ months

SECTION 4 – PATHOGEN REDUCTION & VECTOR ATTRACTION REDUCTION

Required for anaerobic digesters accepting biosolids and other waste materials deemed necessary to meet pathogen and vector attraction reduction.

Check one method for each:

Pathogen Reduction 361-3.7(a)

- Class A Alternative 2 – thermophilic digestion
- Other (specify): _____

Vector Attraction Reduction 361-3.7(b)

- 38 % Volatile Solids Reduction
- Bench Scale Anaerobic Digestion
- Bench Scale Aerobic Digestion
- SOUR
- Aerobic Process 14 days, >40 °C, >45 °C avg.
- pH raised to 12 for 2 hours and ≥ 11.5 for 22 hours
- 75 % solids
- 90 % solids (untreated solids)

Attach operating and monitoring data to show compliance with methods chosen.

If BIOSOLIDS, SETPAGE OR OTHER SLUDGES ACCEPTED, continue to Section 5

ALL OTHER ANAEROBIC DIGESTION FACILITIES, continue to Section 6

SECTION 5 – BIOSOLIDS, SEPTAGE AND SLUDGE ANALYSES

Complete this section only if anaerobic digester accepts biosolids, septage or other sludges. 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.

**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 (%)					

SECTION 6 – DIGESTATE USE

If digestate is dewatered to separate solids:

How are solids used:

- Animal Bedding Quantity: _____ wet tons
- Topsoil Quantity: _____ wet tons
- Composting Quantity: _____ wet tons

Location: _____

OR Activity Number: _____

- Land Application Quantity: _____ wet tons

Location: _____

OR Activity Number: _____

How is liquid managed? _____

Quantity: _____ gallons

Location: _____

OR Activity Number: _____

If digestate is not dewatered:

How is the digestate managed? _____

Quantity: _____ gallons

SECTION 7 – DIGESTATE ANALYSIS

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.

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

Analysis Date ==>					Max. Conc. (mg/kg)
Arsenic (mg/kg)					41
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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 sp. (MPN/4g)					<3MPN/4g
Physical Contaminants, if required					See 361-3.2(e)(3)(iv)

SECTION 8 – UNAUTHORIZED WASTE

Has unauthorized solid waste been received at the Processing Facility during the reporting period?
_____ Yes _____ No

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

Date Received	Type Received	Date Disposed	Disposal Method & Location

SECTION 9 – PROBLEMS/COMPLAINTS

Describe any operational problems or complaints arising from the digester operation and include any methods used to remedy the situations. This should include odor complaints, marketing difficulties, major equipment failure, etc.

SECTION 10 – FOOD DONATION & FOOD SCRAPS RECYCLING LAW

If you are permitted to process 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.

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 **2025**. Please stay consistent with units (wet tons or cubic yards).

A. Amount of foods scraps projected to be processed in **2025**: _____

* Note: You will not be required to process this quantity of material, these estimates will only be used to assist DEC with the annual food scraps recycling capacity assessment for the Food Donation and Food Scraps Recycling law.

Questions?

SECTION 11 - 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 (preferred), 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: OrganicsAnnualReports@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	_____ Date
_____ Name (Print)	_____ Title (Print)
_____ Email (Print)	
_____ Address	_____ City
_____ State and Zip	(_____)_____-_____ Phone Number

ATTACHMENTS: ____ NO ____ YES (IF YES, LIST ATTACHMENTS)

- _____
- _____
- _____
- _____

*This page for reference only. Please do not return with submittal.

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management

MATERIAL MANAGEMENT PROGRAM CONTACTS

CENTRAL OFFICE

Bureau of Waste Reduction and Recycling
625 Broadway
Albany, NY 12233-7253
Phone: (518) 402-8613

For Submission of Organics Recycling Annual Reports only:

Fax: (518) 402-9024

Email: OrganicsAnnualReports@dec.ny.gov

REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

REGION 1 (Nassau, Suffolk)

Syed Rahman / James Wade
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,

Regional Materials Management Supervisor
47-40 21st Street
Long Island City, NY 11101-5407
Phone: (718) 482-4996
SWMFannualreportR2@dec.ny.gov

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

Lee Reiff
21 South Putt Corners Road
New Paltz, NY 12561
Phone: (845) 256-3134
SWMFannualreportR3@dec.ny.gov

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

Brian Maglienti
1130 North Westcott Road
Schenectady, NY 12306
Phone: (518) 357-2085
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 McCullouch
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)

Steve Perrigo
5786 Widewaters Parkway
Syracuse, NY 13214
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
700 Delaware Avenue
Buffalo, NY 14209
Phone: (716) 851-7220
SWMFannualreportR9@dec.ny.gov

December 2023