

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

2023
PERMITTED FACILITY ANNUAL REPORT
BIOSOLIDS LAND APPLICATION
6 NYCRR Part 361-2

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 biosolids land application facilities that are permitted under Subpart 361-2. Permits for existing permitted facilities issued a permit prior to November 2017 remain in effect until their expiration date, unless a modification or a department-initiated modification is issued.

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.

PERMITTED FACILITY NAME: _____

FACILITY ACTIVITY NUMBER: (Ex. 35AP0099 or 59L04) _____

COUNTY WHERE LAND APPLICATION OCCURS: _____

DEC USE ONLY

Region: SWIMS:
 MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

PERMITTED BIOSOLIDS LAND APPLICATION 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 #:			
OWNER INFORMATION			
FACILITY CONTACT:	CONTACT PHONE NUMBER:		
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/registration 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 1 (continued) – FACILITY INFORMATION

WRRF NAME (If different from facility information above)		
WRRF MAILING ADDRESS:		
WRRF CITY/TOWN/VILLAGE:	STATE:	ZIP CODE:
OPERATOR NAME:	OPERATOR TELEPHONE:	OPERATOR EMAIL:

SECTION 2 – TRANSPORTER INFORMATION

NAME OF TRANSPORTER COMPANY:	
PART 364 NUMBER:	TRANSPORTER PHONE NUMBER:

SECTION 3 – SUMMARY OF APPLICATION INFORMATION

Total Acres Land Applied: _____ acres

Total Biosolids Land Applied During Reporting Period: _____ dry tons

Total Biosolids Landfilled During Reporting Period: _____ dry tons

SECTION 4 – BIOSOLIDS ANALYSES

Please attach sampling analyses and laboratory reports for each biosolids source 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 5 – SOIL ANALYSES
 (Complete one copy for each field used)

Please attach sampling analyses and laboratory reports as required under Part 360 or your permit. A minimum of one analysis is required for every 50 acres, or fraction thereof. 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 if needed.

Site Owner: _____

Field Number: _____

Number of Acres: _____

Analysis Date ==>>>				
Arsenic (mg/kg)				
Cadmium (mg/kg)				
Chromium (mg/kg)				
Copper (mg/kg)				
Lead (mg/kg)				
Mercury (mg/kg)				
Molybdenum (mg/kg)				
Nickel (mg/kg)				
Selenium (mg/kg)				
Zinc (mg/kg)				
pH (s.u.)				
Other _____				

SECTION 6 – FIELD APPLICATION RATES

(Complete one copy for each field used)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Biosolids Applied: _____ dry tons Acreage Applied To: _____ acres

Application Rate: _____ dry tons/acre

Crop Grown: _____ Remaining Site Life: _____ years

Dates Applied (List All Applications)	Biosolids Applied (dry tons)	Acreage Applied To (acres)	Application Rate (dry tons/acre)

Loading Parameters	Current Year
Hydraulic (gals/acre)	
Available Nitrogen (lbs/acre)	
Phosphorus (lbs/acre)	
Potassium (lbs/acre)	

*Attach calculations to support values in the table

SECTION 7 – NEXT YEAR’S PROPOSED QUANTITIES AND APPLICATION RATES

(Complete one copy for each field that will be used)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

Biosolids to be Applied: _____ dry tons

Proposed Application Rate: _____ dry tons/acre

Crop(s) to be Grown: _____

Proposed Loading Rates	
Loading Parameters	Next Year
Hydraulic (gals/acre)	
Available Nitrogen (lbs/acre)	
Phosphorus (lbs/acre)	
Potassium (lbs/acre)	

*Attach calculations to support values in the table

SECTION 8 – PATHOGEN REDUCTION/VECTOR ATTRACTION REDUCTION

Check one method for each:

Pathogen Reduction (361-2.5(d)(2)(i))

- Aerobic Digestion ≥ 40 days at ≥ 20 °C or ≥ 60 days at ≥ 15 and < 20 °C
- Air Drying
- Anaerobic Digestion ≥ 15 days at ≥ 35 °C or ≥ 60 days at ≥ 20 and < 35 °C
- Lime stabilization pH raised to 12 for ≥ 2 hours
- Fecal Coliform $< 2,000,000$ MPN
- Other: _____

Vector Attraction Reduction (361-2.5(d)(2)(ii))

- Incorporation within 6 hours
- ≥ 38 % Volatile Solids Reduction
- Bench Scale Anaerobic Digestion
- Bench Scale Aerobic Digestion
- SOUR
- pH raised to ≥ 12 for 2 hours, ≥ 11.5 for 22 hours
- 75 % solids
- 90 % solids (untreated solids)
- Subsurface injection
- Other: _____

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

SECTION 9 – 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 10 – PROBLEMS/COMPLAINTS

Describe any operational problems or 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 - 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:

**New York State 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

Permit prior to November 2017:

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

Permit post November 2017:

I certify, under penalty of law, that the information that will be used to determine compliance with the requirements in Subpart 361-2 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)

- _____
- _____
- _____

*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