

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

2023

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, 2023 to December 31, 2023

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

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 <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 series.

Attach additional supplementary information if needed.

FACILITY NAME: _____

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

COUNTY WHERE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:
MATRIX:
Date Reviewed:
Reviewed By:
Data Entered:

**COMPOST FACILITY 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:			
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"/> Same as owner			
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):			
Did you operate in 2023? <input type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 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, 2023 to December 31, 2023

Note: If you operate a registered or permitted mulch processing facility, please complete the Mulch Processing Facility annual report form.

	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 required to meet pathogen and vector attraction reduction.

Pathogen Reduction 361-3.7(a)

- Windrow Composting
- Aerated Static Pile Composting
- In-vessel Composting
- Other (specify): _____

Vector Attraction Reduction 361-3.7(b)

- Aerobic Process 14 days, $\geq 40^{\circ}\text{C}$, $\geq 45^{\circ}\text{C}$ avg.
- Other (specify): _____

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 4 or 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
Physical Contaminants, if required					See 361-3.2(e)(3)(iv)
Other _____					

SECTION 7 –SAMPLE MANAGEMENT PLAN

For permitted SSO composting facilities required to sample. Describe the number, frequency and location of samples taken. Include a diagram showing all sampling locations.

SECTION 8 – ATTACHMENTS (IF REQUIRED)

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 – COMPOSTING FACILITIES LOCATED ON LONG ISLAND

If your composting facility is located in Nassau or Suffolk County, please describe how your facility complied with the requirements of Section 361-4.6.

SECTION 10 – 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 11 – 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 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.

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 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 (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 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