

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

2023
REGISTERED FACILITY ANNUAL REPORT
UNRECOGNIZABLE FOOD PROCESSING WASTE
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 the land application of Unrecognizable Food Processing Waste (UFPW) under section 361-2.3 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 about 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.

REGISTERED FACILITY NAME: _____

FACILITY ACTIVITY NUMBER (Ex. 12A30099): _____

COUNTY WHERE LAND APPLICATION OCCURED: _____

DEC USE ONLY

Region: _____ SWIMS: _____

MATRIX: _____

Date Reviewed: _____

Reviewed By: _____

Data Entered: _____

REGISTERED UNRECOGNIZABLE FOOD PROCESSING WASTE 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 #:			
FACILITY CONTACT:			
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			
<i>Preferred address to receive correspondence:</i> <input type="checkbox"/> <i>Facility location address</i> <input type="checkbox"/> <i>Owner address</i> <input type="checkbox"/> <i>Other (provide):</i>			
<i>Preferred email address:</i> <input type="checkbox"/> <i>Facility Contact</i> <input type="checkbox"/> <i>Owner Contact</i> <input type="checkbox"/> <i>Other (provide):</i>			
<i>Preferred individual to receive correspondence:</i> <input type="checkbox"/> <i>Facility Contact</i> <input type="checkbox"/> <i>Owner</i> <input type="checkbox"/> <i>Owner Contact</i> <input type="checkbox"/> <i>Other (provide):</i>			
Did you operate in 2023? <input type="checkbox"/> Yes; Complete this form. <input type="checkbox"/> No; Complete and submit Sections 1 and 7. 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 – TRANSPORTER INFORMATION

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

SECTION 3 – SOURCE AND QUANTITY OF WASTE

Type of UFPW (i.e. whey, sludge, DAF, etc.): _____

Name of Food Processor: _____

Food Processor Address: _____

Total Quantity of UFPW Applied: _____ gallons or pounds

Total Acres Used for Application: _____ acres

*UFPW: Unrecognizable Food Processing Waste

SECTION 4 – UFPW NUTRIENT ANALYSIS

A minimum of three sampling analyses and laboratory results of the unrecognizable food processing waste as required under Part 360. Copies or original laboratory results must be attached.

Analysis Date =====>			
TKN (mg/kg)			
Ammonia Nitrogen (mg/kg)			
Nitrate (mg/kg)			
Total Phosphorus (mg/kg)			
Total Potassium (mg/kg)			
Calcium Carbonate Equivalence (%)			
Chlorides			
pH (s.u.)			
Total Solids(%)			

SECTION 5 – LAND APPLICATION FIELD(S)
Please provide example calculation for amount of nitrogen applied.
(Copy and use additional sheets if necessary)

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs/acre Nitrogen Applied: _____ lbs/acre

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs N/acre Nitrogen Applied: _____ lbs N/acre

Site Owner: _____

Field Address: _____ Town: _____ Zip Code: _____

Field Number: _____ Field Size: _____ acres

UFPW Applied: _____ gallons Application Rate: _____ gallons/acre

Crop Grown: _____ Chloride Loading: _____ lbs/acre/year

Crop Nitrogen Needs: _____ lbs/acre Nitrogen Applied: _____ lbs/acre

SECTION 6 – PROBLEMS

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also, identify any major procedural or operational changes during the reporting period. This should include odor complaints, marketing difficulties, major equipment failures, etc.

SECTION 7 – 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

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
_____ Email	
_____ 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