

**2023**  
**REGISTERED FACILITY ANNUAL REPORT**  
**SEPTAGE LAND APPLICATION**  
**(INCLUDING COMPOSTING TOILET RESIDUALS)**  
**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 septage including composting toilet residuals registered 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](mailto: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.

REGISTERED FACILITY NAME: _____
FACILITY ACTIVITY NUMBER (Ex. 05A40099): _____
COUNTY WHERE LAND APPLICATION OCCURED: _____

<b>DEC USE ONLY</b>	
Region:	SWIMS:
	MATRIX:
Date Reviewed:	
Reviewed By:	
Data Entered:	

# REGISTERED SEPTAGE 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:	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):			
Did you operate in 2023? <input type="checkbox"/> Yes; Complete this form.			
<input type="checkbox"/> No; Complete and submit Sections 1 and 8. 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 – QUANTITY OF WASTE

Total Acres Used for Application: \_\_\_\_\_ acres

Total Gallons of Septage Applied: \_\_\_\_\_ gallons

## SECTION 4 – SEPTAGE SCREENING

Note: Beginning in 2024, all septage must be screened before land application to remove visible contaminants (plastics, etc.). For guidance, see <https://dec.ny.gov/sites/default/files/2024-01/septagescreening.pdf>

**SECTION 5 – LAND APPLICATION FIELD(S)**  
**(Copy and use additional sheets if necessary)**

Site Owner: \_\_\_\_\_

Field Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field Number: \_\_\_\_\_ Field Size: \_\_\_\_\_ acres

Septage Applied: \_\_\_\_\_ gallons Application Rate: \_\_\_\_\_ gallons/acre

Crop Grown: \_\_\_\_\_

Site Owner: \_\_\_\_\_

Site Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field Number: \_\_\_\_\_ Field Size: \_\_\_\_\_ acres

Septage Applied: \_\_\_\_\_ gallons Application Rate: \_\_\_\_\_ gallons/acre

Crop Grown: \_\_\_\_\_

Site Owner: \_\_\_\_\_

Site Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Field Number: \_\_\_\_\_ Field Size: \_\_\_\_\_ acres

Septage Applied: \_\_\_\_\_ gallons Application Rate: \_\_\_\_\_ gallons/acre

Crop Grown: \_\_\_\_\_

**SECTION 6 – PATHOGEN REDUCTION (LIME ADDITION)**  
**(Copy and use additional sheets if necessary)**

Date	Field	Acres Applied To (acres)	Amount of Septage (gallons)	Amount of Lime (lbs.)	Times when pH was measured at 12 or above*	
Example: 7/6/16	Brooks-1	1	1,000	40	1:20pm	2:05pm

**\*Recorded times must be at least 30 minutes apart.  
 pH must be at 12 or higher for at least 30 minutes.**

## **SECTION 7 – 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 8 - 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 – 9<sup>th</sup> Floor  
Albany, New York 12233-7253**

**Phone: 518-402-8706**

**Fax 518-402-9024**

**Email address: [OrganicsAnnualReports@dec.ny.gov](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto: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](mailto:SWMFannualreportR9@dec.ny.gov)

December 2023