

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

2023

REGISTERED FACILITY ANNUAL REPORT

SEPTAGE STORAGE

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 may be used for storage facilities (lagoons, tanks, etc.) for storage of septage registered under Subpart 361-2 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 series.

Attach additional supplementary information if needed.

FACILITY NAME: _____

REGISTRATION/FACILITY ACTIVITY NUMBER (Ex. 52A50099): _____

COUNTY WHERE STORAGE FACILITY IS LOCATED: _____

DEC USE ONLY

Region: SWIMS:

MATRIX:

Date Reviewed:

Reviewed By:

Data Entered:

REGISTERED SEPTAGE STORAGE 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 #:			
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>	TRANSPORTER NAME AND NUMBER:		
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 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 6. 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 – QUANTITIES RECEIVED

Please report all quantities in GALLONS

Type of storage (lagoon, tank, etc.) _____ Size of the storage unit (gallons) _____

Input	Quantity (Gallons)	Source
Septage		
Compost Toilet Residuals		

Total quantity removed during the year: _____ gallons

Total quantity remaining in the unit at the end of the year: _____ gallons

Land application of septage or residuals from a composting toilet stored in a registered storage tank requires a registration under Subpart 361-2. Please list the associated activity number:

Land Application Activity Number (Ex: 05A40099 or 59L04): _____

SECTION 3 – STORAGE MAINTENANCE

Date tank was last emptied? _____ Date tank was last cleaned? _____

Date tank was last inspected for tightness? _____

Date tank was last inspected by DEC personnel? _____

Leak detection procedure used during operation (if any):

Describe inspection results and any repairs performed:

SECTION 4 - UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the Storage 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 5 - PROBLEMS

Identify any major problems encountered during the reporting period and methods for resolution of the problems. Also, identify any major procedural changes or operational changes during the reporting period.

SECTION 6 - 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 Solid Waste 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 (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