

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

<p style="text-align: center;">2023</p> <p style="text-align: center;">PERMITTED FACILITY ANNUAL REPORT</p> <p style="text-align: center;">STORAGE FACILITY FOR LAND APPLICATION</p> <p style="text-align: center;">6 NYCRR Part 361-2</p>
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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 storage facilities (lagoons, tanks) permitted under Subpart 361-2.

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.

<p>PERMITTED FACILITY NAME: _____</p> <p>FACILITY ACTIVITY NUMBER: (Ex. 35AP0099 or 59G02) _____</p> <p>COUNTY WHERE FACILITY IS LOCATED: _____</p>

DEC USE ONLY	
Region:	SWIMS:
	MATRIX:
Date Reviewed:	
Reviewed By:	
Data Entered:	

PERMITTED LIQUID 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 #:			
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 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 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 – STORAGE MAINTENANCE

Date storage facility was last emptied? _____ Date storage facility was last cleaned? _____

Date tank (if used) was last inspected for tightness? _____

Date storage facility was last inspected by DEC personnel? _____

Describe inspection results and any repairs performed:

Leak detection procedure used during operation (if any):

SECTION 3 – QUANTITY OF LIQUID STORED

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

Total quantity of waste placed in the storage unit during the year: _____ gallons

Total quantity of waste removed during the year: _____ gallons

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

Land application of waste from a permitted storage tank requires a registration or permit under Subpart 361-2.

Please list the associated activity number:

Land Application Activity Number (Ex: 35AP0099 or 59G02): _____

SECTION 4 – WELL SAMPLING

For surface impoundment storage facilities (lagoons only). Complete the following table and attach well sampling analyses and laboratory reports as required under Part 360 or your permit. Quarterly sampling is required unless otherwise stated by the Department.

Analysis Date =====>				
Chloride (u/l)				
Nitrate (u/l)				
Ammonia (u/l)				
Sulfate (u/l)				
Specific Conductivity (uS/cm)				
Total Hardness (mg/l)				
pH (s.u.)				
Total Organic Carbon (mg/l)				
Chemical Oxygen Demand (mg/l)				
Analyses Required for the Storage of Biosolids in Addition to Above				
Arsenic (mg/kg)				
Cadmium (mg/kg)				
Copper (mg/kg)				
Lead (mg/kg)				
Mercury (mg/kg)				
Molybdenum (mg/kg)				
Nickel (mg/kg)				
Selenium (mg/kg)				
Zinc (mg/kg)				
Boron				
Barium				
Beryllium				
Cyanide				
Turbidity				
Volatile Organic Compounds (VOC)				

SECTION 5 - 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 6 - 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 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 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
Division of Materials Management
Bureau of Waste Reduction and Recycling – Annual Report
625 Broadway – 9th Floor
Albany, New York 12233-7253**

Phone: 518-402-8706

Fax 518-402-9041

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 or Type)	Title (Print or Type)

Email (Print or Type)	
_____	_____
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