

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

RB

2016  
PERMITTED FACILITY ANNUAL REPORT  
BIOSOLIDS LAND APPLICATION  
6 NYCRR Part 360-5

This form is for biosolids land application facilities that are permitted under Subpart 360-5 of Part 360. Forms for all solid waste management facilities and a brief description of each type of facility can be found at <http://www.dec.ny.gov/chemical/52706.html>. If you have any questions on this form, please e-mail [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov).

Submit the Annual Report no later than March 2, 2017.

Failure to provide the required information requested is a violation of Environmental Conservation Law. Timely submission of a properly completed form to the Department's Regional Office that has jurisdiction over your facility and to the Department's Central Office is required to meet the Annual/Quarterly Report requirements of 6 NYCRR Part 360.

Attach additional sheets if space on the pages is insufficient or supplementary information is required or appropriate.

PERMITTED FACILITY NAME: Leo Dickson & Sons Inc.

PERMIT NUMBER: 8-4699-0012/00001

SW FACILITY ACTIVITY NUMBER: (Ex. 35L05) 51L05

COUNTY WHERE LAND APPLICATION OCCURS: Steuben

Preferred  
in swims  
89

## PERMITTED BIOSOLIDS LAND APPLICATION ANNUAL REPORT

Submit the Annual Report no later than March 2, 2017.

This annual report is for the year of operation from January 01, 2016 to December 31, 2016

### SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <b>Leo Dickson &amp; Sons, Inc.</b>			
FACILITY LOCATION ADDRESS: <b>5226 Bonny Hill Road</b>	FACILITY CITY: <b>Bath</b>	STATE: <b>NY</b>	ZIP CODE: <b>14810</b>
FACILITY TOWN: <b>Thurston</b>	FACILITY COUNTY: <b>Steuben</b>	FACILITY PHONE NUMBER: <b>607-776-7997</b>	
NYSDEC REGION #: <b>8</b>			
FACILITY CONTACT: <b>Phil Dickson</b>	CONTACT PHONE NUMBER: <b>607-776-7997</b>	CONTACT FAX NUMBER: <b>607-776-4217</b>	
CONTACT EMAIL ADDRESS: <b>a.sturtz@dicksonsenvironmental.com</b>			
OWNER INFORMATION			
OWNER NAME: <b>Philip Dickson</b>	OWNER PHONE NUMBER: <b>607-776-7997</b>	OWNER FAX NUMBER: <b>607-776-4217</b>	
OWNER ADDRESS: <b>5226 Bonny Hill Road</b>	OWNER CITY: <b>Bath</b>	STATE: <b>NY</b>	ZIP CODE: <b>14810</b>
OWNER CONTACT: <b>607-776-7997</b>	OWNER CONTACT EMAIL ADDRESS: <b>a.sturtz@dicksonenvironmental.com</b>		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="radio"/> same as owner			
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="radio"/> Facility location address <input type="radio"/> Owner address <input type="radio"/> Other (provide):			
Preferred email address: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="radio"/> Facility Contact <input type="radio"/> Owner Contact <input type="radio"/> Other (provide):			
Did you operate in 2016? <input checked="" type="radio"/> Yes; Complete this form. <input type="radio"/> No; Complete and submit Sections 1 and 11. 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.			

**SECTION 1 (continued) – FACILITY INFORMATION**

POTW NAME (If different from facility information above)		
POTW MAILING ADDRESS:		
POTW CITY/TOWN/VILLAGE:	STATE:	ZIP CODE:
OPERATOR NAME:	OPERATOR TELEPHONE:	OPERATOR EMAIL:

**SECTION 2 – SUMMARY OF APPLICATION INFORMATION** - *See attached*

Total Biosolids Land Applied During Reporting Period: \_\_\_\_\_ dry tons

Total Acres Land Applied: \_\_\_\_\_ acres

Total Biosolids Landfilled During Reporting Period: \_\_\_\_\_ dry tons

**SECTION 3 – BIOSOLIDS ANALYSES** - See attached

Copies of original laboratory results must be attached.  
All results, except pH and Total Solids, must be on a dry weight basis

Analysis Date =====>					Avg.	Max.
Arsenic (mg/kg)						
Cadmium (mg/kg)						
Chromium (mg/kg)						
Copper (mg/kg)						
Lead (mg/kg)						
Mercury (mg/kg)						
Molybdenum (mg/kg)						
Nickel (mg/kg)						
Selenium (mg/kg)						
Zinc (mg/kg)						
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 (%)						

## SECTION 4 – SOIL ANALYSIS

Site Name and Field Number: See Attached soil analysis

Copies of original laboratory results must be attached.  
All results, except pH and Total Solids, must be on a dry weight basis

Analysis Date ==>					Avg.
Arsenic (mg/kg)					
Cadmium (mg/kg)					
Chromium (mg/kg)					
Copper (mg/kg)					
Lead (mg/kg)					
Mercury (mg/kg)					
Molybdenum (mg/kg)					
Nickel (mg/kg)					
Selenium (mg/kg)					
Zinc (mg/kg)					
pH (s.u.)					
Other _____					

**SECTION 5 – FIELD APPLICATION RATES**

(Complete one copy for each field used) - *see attached*

Site Owner: \_\_\_\_\_ Field Number: \_\_\_\_\_ Field Size: \_\_\_\_\_ acres

Biosolids Applied: \_\_\_\_\_ dry tons Application Rate: \_\_\_\_\_ dry tons/acres

Crop Grown: \_\_\_\_\_ Remaining Site Life: \_\_\_\_\_ years

Dates Applied (List All Applications)	Biosolids Applied (dry tons)	Application Rate (dry tons/acre)

Loading Parameters	Loading Rates*	
	Current Year	Cumulative
Hydraulic (gals/acre)		
Available Nitrogen (lbs/acre)		
Phosphorus (lbs/acre)		
Potassium (lbs/acre)		
Cadmium (lbs/acre)		
Chromium (lbs/acre)		
Copper (lbs/acre)		
Lead (lbs/acre)		
Nickel (lbs/acre)		
Zinc (lbs/acre)		

\*Attach calculations to support values in the table

**SECTION 6 – NEXT YEAR'S PROPOSED QUANTITIES AND APPLICATION RATES**

(Complete one copy for each field that will be used)

Site Owner: See attached 2017 Recommendations for land application

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

Biosolids to be Applied: \_\_\_\_\_ dry tons

Proposed Application Rate: \_\_\_\_\_ dry tons/acre

Crop to be Grown: \_\_\_\_\_

**SECTION 7 – PATHOGEN REDUCTION/VECTOR ATTRACTION REDUCTION**

Check one method for each:

**Pathogen Reduction (CLASS B)**

- Anaerobic Digestion 15 days at 35 °C or 60 days at 20-35 °C
- Aerobic Digestion 40 days at 20 °C or 60 days at 15-20 °C
- Fecal Coliform <2,000,000 MPN
- Air Drying
- Composting 5 days at 40 °C
- pH raised to 12 for 2 hours
- Other: The method used applied is not suitable for waste at this site \_\_\_\_\_

**Vector Attraction Reduction**

- Aerobic Process 14 days, 40 °C, average 45 °C
- 38 % Volatile Solids Reduction
- Incorporation within 6 hours
- pH raised to 12 for 2 hours, 11.5 for 22 hours
- Subsurface injection
- 75 % solids
- 90 % solids (untreated solids)
- Other: \_\_\_\_\_

**Attach operating and monitoring data to show compliance with methods chosen.**

All Biosolids exported to landfill  
only manure + food processing waste  
land applied, therefore pathogen reduction  
not required.



### SECTION 8 – UNAUTHORIZED WASTE

Has unauthorized solid waste been received at the Processing 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 9 – PROBLEMS/COMPLAINTS

Describe any operational problems or 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.

No operational problems

### Section 10 – QUESTIONS

Please identify any questions or concerns that you would like the Department to answer or consider:

No Questions

## SECTION 11 - 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, fax or mail to:

New York State Department of Environmental Conservation  
Bureau of Waste Reduction and Recycling  
625 Broadway – 9<sup>th</sup> Floor  
Albany, New York 12233-7253  
Phone: 518-402-8706  
Fax 518-402-9024  
Email address: [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov)

I hereby affirm under penalty of perjury that information provided on this form and attached statements and exhibits was prepared by me or under my supervision and direction and is true to the best of my knowledge and belief, and that I have the authority to sign this report form pursuant to 6 NYCRR Part 360. I am aware that any false statement made herein is punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.

*Philip Dickson*  
Signature

3/1/2017  
Date

Philip Dickson  
Name (Print)

President  
Title (Print)

a.sturtz@dicksonsenvironmental.com  
Email (Print)

5226 Bonny Hill Road  
Address

Bath  
City

NY 14810  
State and Zip

607 776 7997  
Phone Number

ATTACHMENTS:  YES  NO

If required, please include analyses as an attachment.

New York State Department of Environmental Conservation  
Division of Materials Management  
Bureau of Waste Reduction and Recycling

## MATERIAL MANAGEMENT PROGRAM CONTACTS

### CENTRAL OFFICE

Bureau of Waste Reduction and Recycling  
625 Broadway  
Albany, NY 12233-7253  
Phone: (518) 402-8706

#### For Submission of Annual Reports only:

Fax: (518) 402-9041

Email: For organic solid waste management facilities - [organicrecycling@dec.ny.gov](mailto:organicrecycling@dec.ny.gov)

### REGIONAL OFFICE ADDRESS & LEAD CONTACT PERSON

#### REGION 1 (Nassau, Suffolk)

Syed Rahman  
SUNY @ Stony Brook  
50 Circle Road  
Stony Brook, NY 11790  
Phone: (631) 444-0375

#### REGION 2 (Bronx, Kings, New York, Queens, Richmond)

Joseph O'Connell  
47-40 21st Street  
Long Island City, NY 11101-5407  
Phone: (718) 482-4896

#### REGION 3 (Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester)

James Lansing  
21 South Putt Corners Road  
New Paltz, NY 12561  
Phone: (845) 256-3123

#### REGION 4 (Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schoharie)

Victoria Schmitt  
1130 North Westcott Road  
Schenectady, NY 12306  
Phone: (518) 357-2243

#### REGION 5 (Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington)

David Mt. Pleasant  
232 Golf Course Road  
Warrensburg, NY 12885  
Phone: (518) 623-1230

#### REGION 6 (Herkimer, Jefferson, Lewis, Oneida, St. Lawrence)

Yuan Zeng  
317 Washington Street  
Watertown, NY 13601  
Phone: (315) 785-2584

#### REGION 7 (Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins)

Thomas Annal  
615 Erie Boulevard West  
Syracuse, NY 13204  
Phone: (315) 426-7419

#### 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) 226-5408

#### REGION 9 (Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming)

Peter Grasso  
270 Michigan Avenue  
Buffalo, NY 14203  
Phone: (716) 851-7220

January 2017

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