



This is an example based on fictional information. Please use this as a guide to fill out the form with information that represents your business. Mail the completed form and the Organics Recycling Addendum to the Regional DEC office that best represents the area where you work at the mailing address listed on pg. 4 of this form. Highlighted sections are required to be completed by manure applicator businesses doing work on CAFO farms.

DEPARTMENT USE ONLY	
DEC ACTIVITY #	
DATE VALIDATED	
EXPIRATION DATE	

REGISTRATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

Please read attached instructions (found at the end of this document) before completing this application. This is not a UPA permit. Solid waste management facility operations are not authorized until a registration is validated by the Department. Attach all required information to this form, as described in the instructions.

1. REQUEST TYPE (check applicable box) <i>(Since this is a new requirement you will be a new facility)</i>			
<input type="checkbox"/> Initial (new facility)		<input type="checkbox"/> Renewal	
		<input type="checkbox"/> Modification	
2. FACILITY INFORMATION <i>(The facility is the company applying manure on behalf of the CAFO(s))</i>			
Facility Name		Facility Address	
City/Town		Zip Code	Phone
		DEC Region	
NYTM – E Coordinate	NYTM – N Coordinate	DEC Activity Number (for renewal or modification only)	
3. FACILITY OWNER <i>(Owner of the manure application company)</i>			
Owner Name		Owner Address	
City/Town/State/Zip Code		Owner Phone	Owner Email
4. FACILITY OPERATOR <i>(Operator of the manure application company, if different from the owner)</i>			
Operator Name		<input type="checkbox"/> same as facility owner	
		Operator Address	
City/Town/State/Zip Code		Operator Phone	Operator Email
5. SITE OWNER <i>(You do not own the site where manure is applied, so you can leave this blank or enter "N/A")</i>			
Site Owner Name		<input type="checkbox"/> same as facility owner	
		Site Owner Address	
City/Town/State/Zip Code		Site Owner Phone	Site Owner Email
6. PREFERRED CONTACT <i>(Select the main contact for DEC to communicate with from your business)</i>			
<input type="checkbox"/> Facility Owner		<input type="checkbox"/> Facility Operator	
		<input type="checkbox"/> Site Owner	
		<input type="checkbox"/> Other (provide): _____	
7. FACILITY OPERATING DAYS/HOURS			
8. SERVICE AREA <i>(List the counties where you work, or individual farms if they are always the same each year)</i>			
9. SOLID WASTE RECEIVED <i>(List manure with estimated maximum annual totals in gallons/tons)</i>			
Material	Maximum Throughput		
	Quantity	Units	Frequency (day/mo/wk/yr)
1.			
2.			
3.			
4.			
10. TOTAL STORAGE CAPACITY <i>(Since you don't store any manure, you can leave this blank or enter "N/A")</i>			

11. REGISTRATION TYPE * Indicates Addendum required – see instructions for additional details		
Facility Type (check all applicable)		
<input type="checkbox"/> Research, Development, and Demonstration Project [360.18(a)]	<input type="checkbox"/> Waste Tire Collection and Storage [361-6.3(a)(1)]	
<input type="checkbox"/> Recyclables Handling and Recovery [361-1.3(a)]	<input type="checkbox"/> Waste Tire Sellers [361-6.3(a)(2)]	
<input type="checkbox"/> Land Application and Associated Storage – Storage of Recognizable Food Processing Waste [361-2.3(b)(1)] *	<input type="checkbox"/> Waste Tire Retreaders [361-6.3(a)(3)]	
<input type="checkbox"/> Land Application and Associated Storage – Storage of Manure and Food Processing Wastes or Scraps [361-2.3(b)(2)] *	<input type="checkbox"/> Scrap Metal Processors [361-7.3(a)(1)]	
<input type="checkbox"/> Land Application and Associated Storage – Land Application of Unrecognizable Food Processing Waste or Papermill Residuals [361-2.3(b)(3)] *	<input type="checkbox"/> Motor Vehicle Repair Shop - Store > 50 ELVs on-site at any time [361-7.3(b)(1)]	
<input type="checkbox"/> Land Application and Associated Storage – Land Application of Septage or Composting Toilet Residuals [361-2.3(b)(4)] *	<input type="checkbox"/> Vehicle Dismantling Facility - Receive > 25 ELVs/year or store > 50 ELVs on-site at any time [361-7.3(b)(2)]	
<input type="checkbox"/> Land Application and Associated Storage – Storage of Septage or Composting Toilet Residuals [361-2.3(b)(5)] *	<input type="checkbox"/> Mobile Vehicle Crusher [361-7.3(b)(3)]	
<input type="checkbox"/> Third-Party Manure Applier at CAFO [361-2.3(c)] *	<input type="checkbox"/> Used Cooking Oil and Yellow Grease Processing [361-8.3]	
<input type="checkbox"/> Composting – Yard Trimmings [361-3.2(b)(1)] *	<input type="checkbox"/> Navigational Dredged Material Handling and Recovery [361-9.2]	
<input type="checkbox"/> Composting – Source Separated Organics [361-3.2(b)(2)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Waste Tires [362-1.3(a)]	
<input type="checkbox"/> Composting – Animal Mortalities [361-3.2(b)(3)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Used Cooking Oil or Yellow Grease [362-1.3(b)]	
<input type="checkbox"/> Composting – Digestate [361-3.2(c)] *	<input type="checkbox"/> Combustion and Thermal Treatment – Alternative Fuel Storage [362-1.3(c)]	
<input type="checkbox"/> Anaerobic Digestion [361-3.3(b)(1)] *	<input type="checkbox"/> Transfer Facility – 50 tons/day [362-3.3(a)]	
<input type="checkbox"/> Anaerobic Digestion – Digestate Storage or Land Application [361-3.3(b)(2)] *	<input type="checkbox"/> Transfer Facility – septage [362-3.3(b)]	
<input type="checkbox"/> Fermentation for Source Separated Organics [361-3.4(b)(1)] *	<input type="checkbox"/> Transfer Facility – source separated recyclables [362-3.3(c)]	
<input type="checkbox"/> Animal Feed Production [361-3.5(b)(1)] *	<input type="checkbox"/> Landfill Reclamation [363-11.2]	
<input type="checkbox"/> Other Organics Recycling [361-3.6(b)(1)] *	<input type="checkbox"/> RMW Generator – Treatment at biosafety level 3 facility with FSAP registration [365-1.2(d)(1)(ii)] *	
<input type="checkbox"/> Mulch Processing [361-4.3] *	<input type="checkbox"/> RMW Treatment, Storage, and Transfer – Storage of Radiological RMW [365-2.3(a)] *	
<input type="checkbox"/> CDDHRF – Concrete, Brick, Rock, Asphalt Pavement or Millings [361-5.3(a)(1)]	<input type="checkbox"/> RMW Generator – Treatment of less than 500 lbs/month (except for a biocontainment facility at biosafety level 3 or 4) at the Site of RMW Generation [365-1.2(d)(1)(i)] *	
<input type="checkbox"/> CDDHRF – Concrete, Brick, Rock, Asphalt Pavement Storage Only [361-5.3(b)(1)]	<input type="checkbox"/> RMW Treatment, Storage, and Transfer – Healthcare Facilities that Treat, Store or Dispose of RMW from Other Generators (except Part 364 Transporters) [365-2.3(b)] *	
<input type="checkbox"/> CDDHRF – Asphalt Roofing Shingles [361-5.3(a)(2)]	<input type="checkbox"/> Infectious Waste Management – Storage at the Site of Waste Generation [365-3.3(a)] *	
<input type="checkbox"/> CDDHRF – Gypsum Wallboard [361-5.3(a)(3)]	<input type="checkbox"/> Infectious Waste Management – Storage/Transfer Locations Other than the Site of Generation [365-3.3(b)] *	
<input type="checkbox"/> CDDHRF – Uncontaminated, Unadulterated Wood [361-5.3(a)(4)]	<input type="checkbox"/> Infectious Waste Management – Temporary Treatment Devices at the Site of Waste Generation [365-3.3(c)] *	
<input type="checkbox"/> CDDHRF – Soil/Sand/Gravel/Rock without contamination [361-5.3(a)(5)]	<input type="checkbox"/> Used oil collection centers [374-2.10(a)]	
<input type="checkbox"/> CDDHRF – Other CDD with Case-Specific BUD [361-5.3(a)(6)]		
12. CERTIFICATION (fill in blanks, enter name, sign and date)		
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 as _____ (title) of _____ (entity) to sign this registration form pursuant to 6 NYCRR Part 360, Section 360.15. By signing this registration form, I affirm that I have read the applicable regulations and will abide by all conditions of the registration requirements under Parts 360, 361, 362, 363, and 365, as applicable. 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.		
Printed/Typed Name	Signature	Date

Instructions for completion of a REGISTRATION FORM FOR A SOLID WASTE MANAGEMENT FACILITY

GENERAL

This registration form is prescribed by the New York State Department of Environmental Conservation (Department) for solid waste management facilities pursuant to the conditions specified in 6 NYCRR Part 360.15 and the under the requirements of 6 NYCRR Parts 360, 361, 362, 363, and 365. This form serves as notification to the Department of the intention to operate a registered solid waste management facility. The registration applicant and holder must be the site owner or facility operator. Please note: **this form must be submitted and validated by the Department before commencement of construction or operation of any facility or activity subject to the registration requirements.** This is not a Uniform Procedures Act (UPA) Permit. The owner or operator of the facility required to be registered must comply with the design, operating, closure, and financial assurance criteria detailed in the regulations. Please complete this form entirely, as well as any applicable addenda or attachments, **attaching additional sheets as necessary.**

Completed applications must be submitted to the Regional Materials Management Engineer in the Regional Office corresponding to the DEC region in which the facility is or is proposed to be located. As part of the application process, Department staff may inspect the proposed site. During such inspections, staff may take measurements, photographs, videos, and make written documentation.

CHECKLIST

Applications for solid waste management facility registration must include the items listed below:

- Completed registration application form
- Completed addenda to this form, if required (as noted in item 11)
- Site plan, which must include, but is not limited to:
 - storage for all waste materials (and for processed materials when required) declared as part of the registration application;
 - site grading and dimensions (arrows identifying slopes, contour lines, etc.) of all storage areas and piles;
 - storage and process tank details, if applicable;
 - location(s) of all processing equipment;
 - demonstration that there is adequate room for the safe, unobstructed movement of vehicles and equipment;
 - demonstration that the facility is not located within a floodplain or state regulated wetland, and that the facility follows all applicable buffer zones; and
 - location of all structures.
- List all exempt activities taking place at the site to of the registered solid waste management facility, as per 360.15(c)(1).
- Certificate Under Seal of the Department of State for applications submitted by a corporation or a limited liability company as required in 360.15(c)(3), if applicable.
- Any additional attachments as required in 6 NYCRR Parts 360, 361, 362, 363, and 365.

In addition to the items listed above, the Department may request the following additional items:

- Waste control plan, demonstrating compliance with the requirements of 6 NYCRR Section 360.19, including:
 - location(s) of signs indicating hours of operations and types of wastes accepted/not accepted;
 - procedures for pre-screening incoming materials and the inspection of incoming loads;
 - sampling procedures, if required;
 - education of customers on types of waste accepted;
 - training of staff to recognize authorized and unauthorized waste;
 - tracking procedures and documents for incoming and outgoing waste;
 - segregation and management of unauthorized waste; and
 - site access controls.
- Facility manual or other additional information, if determined necessary by the Department, to demonstrate compliance with registration requirements, such as methods to ensure dirt is not tracked offsite, methods to control blowing litter, dust control, vector control, and odor control/response.
- Closure cost estimate, which must include the cost to remove all anticipated waste from the site, if required by regulation or determined by the Department. Financial assurance may be required prior to receiving a validated registration (specified in 6 NYCRR Section 360.22).
- Record of Compliance form (if required), including any required supplemental information. Any outstanding violations must be corrected prior to receiving a valid registration.
- Owner's Statement form

ADDITIONAL INSTRUCTIONS BY ITEM NUMBER - Renumber

1. Check applicable box.
2. Identify the name, address, and [DEC region](#) for the proposed facility.
3. Identify the entity or person that owns the facility.
4. Identify the entity or person responsible for the overall management and operation of the facility.
5. Identify the entity or person who owns the site on which the facility will be located, or who will own the site during the facility's operation, if different than the current facility owner.
6. Check applicable box.
7. Describe the facility's days/hours of operation.
8. List all municipalities (i.e., counties, cities, towns, villages) or planning units in the existing and/or proposed service area of the proposed facility.
9. List all wastes and/or materials to be accepted by the facility. Enter the maximum throughput (i.e., incoming quantity) of each material.
 - Use units and an acceptance frequency appropriate to the waste material being handled (e.g., number of tires per year for waste tires managed, tons per day for C&D debris, cubic yards per year for yard trimmings, gallons per year for used oil, etc.).
10. Describe all on-site storage for solid waste(s) handled and list the total capacity that is available.
11. Check all applicable boxes that describe the facility that is the subject of this registration.
 - Note: For each registration type that requires an additional addendum, please complete the addendum and attach to this application. Facility-specific addenda can be found on the Department website: <http://www.dec.ny.gov/chemical/52706.html>
12. Certification must be completed by the registration holder (site owner or site operator).
 Note: Retain a copy of this form and all applicable attachments. Submit form(s) to the appropriate [Regional Materials Management Engineer](#) (see below).

REGIONAL OFFICES

Please send all applications to the attention of the Regional Materials Management Engineer.

DEC Region	Address	Phone	Counties Served
1	SUNY Stony Brook 50 Circle Road Stony Brook, NY 11790	(631) 444-0375	Nassau, Suffolk
2	1 Hunters Point Plaza 47-40 21 st Street Long Island City, NY 11101	(718) 482-4996	Bronx, Kings, New York, Queens, Richmond
3	21 South Putt Corners Road New Paltz, NY 12561	(845) 256-3000	Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster, Westchester
4	1130 North Westcott Road Schenectady, NY 12306	(518) 357-2045	Albany, Columbia, Delaware, Greene, Montgomery, Otsego, Rensselaer, Schenectady, Schoharie
5	232 Golf Course Road Warrensburg, NY 12885	(518) 623-1200	Clinton, Essex, Franklin, Fulton, Hamilton, Saratoga, Warren, Washington
6	317 Washington Street Watertown, NY 13601	(315) 793-2590	Herkimer, Jefferson, Lewis, Oneida, St. Lawrence
7	5786 Widewaters Parkway Syracuse, NY 13214	(315) 426-7400	Broome, Cayuga, Chenango, Cortland, Madison, Onondaga, Oswego, Tioga, Tompkins
8	6274 East Avon-Lima Road Avon, NY 14414	(585) 226-5411	Chemung, Genesee, Livingston, Monroe, Ontario, Orleans, Schuyler, Seneca, Steuben, Wayne, Yates
9	700 Delaware Avenue Buffalo, NY 14209	(716) 851-7220	Allegany, Cattaraugus, Chautauqua, Erie, Niagara, Wyoming