NEW YORK STATE OF OPPORTUNITY | Department of Environmental Conservation

COMBUSTION AND THERMAL TREATMENT FACILITY ANNUAL / QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2021.

A. This annual/quarterly is for the year of operation from January 01, 2020 to December 31, 2020

B. Quarterly Report for: ☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4

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NYSDEC R3 - NEW PALTZ
ENVIRONMENTAL QUALITY

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Wheelabrator Westchester L.P.			
FACILITY LOCATION ADDRESS: One Charles Point Avenue	**FACILITY CITY:** Peekskill	**STATE:** NY	**ZIP CODE:** 10566
FACILITY TOWN: Peekskill	**FACILITY COUNTY:** Westchester	**FACILITY PHONE NUMBER:** 914.739.9304	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).		**NYSDEC REGION #:** 3	

360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE:
3-5512-00031/00004	February 11, 2020	February 10, 2025	60-E-01

FACILITY CONTACT:	☐ public ☒ private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
Brett Baket		914.739.9304	914.739.9104
CONTACT EMAIL ADDRESS: bbaker@wtienergy.com			

OWNER INFORMATION			
OWNER NAME: Westchester County DA	**OWNER PHONE NUMBER:** 914.995.2926	**OWNER FAX NUMBER:** 914.995.3044	
OWNER ADDRESS: 148 Martine Avenue	**OWNER CITY:** White Plains	**STATE:** NY	**ZIP CODE:** 10601
OWNER CONTACT:	**OWNER CONTACT EMAIL ADDRESS:**		

OPERATOR INFORMATION	
OPERATOR NAME: ☒ *same as owner*	☐ public ☐ private

PREFERENCES		
Preferred address to receive correspondence: ☒ *Facility location address*	☐ *Owner address*	☐ *Other (provide):*
Preferred email address: ☒ *Facility Contact*	☐ *Owner Contact*	☐ *Other (provide):*
Preferred individual to receive correspondence: ☒ *Facility Contact*	☐ *Owner Contact*	☐ *Other (provide):*

Did you operate in 2020? ☒ Yes; Complete this form.

☐ No; Complete and submit Sections 1 and 16. If you no longer plan to operate and wish to relinquish your permit/registration associated with this solid waste management activity, also complete the "Inactive Solid Waste Management Facility or Activity Notification Form" located at: http://www.dec.ny.gov/chemical/52706.html .

SECTION 2 - SOLID WASTE RECEIVED/PROCESSED

Provide the tonnages of solid waste received. DO NOT REPORT IN CUBIC YARDS!

Specify the methods used to measure the quantities received and the percentages measured by each method

_____% Scale Weight _____% Estimated

_____% Truck Count _____% Other (Specify: _____)

Type of Solid Waste	January (tons)	February (tons)	March (tons)	April (tons)	May (tons)	June (tons)	July (tons)
Construction & Demolition Debris							
Industrial Waste (Including Industrial Process Sludges)							
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	55,552	54,887	54,783	49,581	51,670	54,540	56,578
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
Other (specify)							
Total Tons Received	55,552	54,887	54,783	49,581	51,670	54,540	56,578
Total Tons Processed	56,434	54,703	55,513	53,091	59,319	59,102	57,517

SECTION 2 - SOLID WASTE RECEIVED/PROCESSED (continued)

Type of Solid Waste	Tip Fee ($/ton)	August (tons)	September (tons)	October (tons)	November (tons)	December (tons)	Total Year (tons)	Daily Avg. (tons)
Construction & Demolition Debris								
Industrial Waste (Including Industrial Process Sludges)								
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)		54,171	47,880	51,157	55,744	56,852	643,395	1,758
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
Total Tons Received		54,171	47,880	51,157	55,744	56,852	643,395	1,758
Total Tons Processed		57,931	42,942	55,680	54,972	56,539	663,742	1,814

SECTION 3 – SERVICE AREA OF SOLID WASTE RECEIVED

Please identify where the waste is coming from. The total tons received reported below should equal the total tons received in Section 2 (Solid Waste Received/ Processed). DO NOT REPORT IN CUBIC YARDS!

- If the waste ***WAS*** received from another solid waste management facility, please write in the name *and* address of the facility along with the appropriate state, county and planning unit/municipality.
- If the waste ***WAS NOT*** received from another solid waste management facility, please write in "***Direct Haul***" along with the appropriate state, county and planning unit/municipality where the waste was generated.

Specify transport method and percentages of total waste transported by each:

_____% Road _____% Rail _____% Water _____% Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

_____

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	**SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED** (Name & Address) **OR "Direct Haul"**	**SERVICE AREA STATE OR COUNTRY**	**SERVICE AREA COUNTY OR PROVINCE**	**SERVICE AREA NYS PLANNING UNIT** (See Attached List of NYS Planning Units)	**TONS RECEIVED**
Construction & Demolition Debris					
Industrial Waste (Including Industrial Process Sludges)					

SERVICE AREA OF SOLID WASTE RECEIVED					
TYPE OF SOLID WASTE	**SOLID WASTE MANAGEMENT FACILITY FROM WHICH IT WAS RECEIVED (Name & Address) OR "Direct Haul"**	**SERVICE AREA STATE OR COUNTRY**	**SERVICE AREA COUNTY OR PROVINCE**	**SERVICE AREA NYS PLANNING UNIT (See Attached List of NYS Planning Units)**	**TONS RECEIVED**
Mixed Municipal Solid Waste (Residential, Institutional & Commercial)	Direct Haul	NY	Dutchess County		6,462
	WM Brooklyn and BQE Transfer Stations	NY	Kings County		29,561
	Direct Haul	NY	Orange County		314
	Direct Haul	NY	Putnam County		1,757
	Direct Haul	NY	Rockland County	Rockland County Solid Wa	2,242
	Westchester and County Transfer Stations	NY	Westchester County	Westchester County	501,560
Sewage Treatment Plant Sludge	City Carting (Taylor Reed, Holly Hill, Norwalk)	CT			117,220
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
				TOTAL RECEIVED (tons):	643,395

Part 360 Permit Limit (tpy) 755,000

Permit Limit based on Steaming rate (tpy) _____

* List generators that provide you Certificates of Treatment forms and quantities of TRMW from each _____

Reprinted (12/20)

SECTION 4 – PLANT PERFORMANCE LOG

Complete the following Annual/Quarterly Plant Performance Log:

PLANT PERFORMANCE LOG ANNUAL/QUARTERLY SUMMARY

Processible Waste Bypassed (Tons): _____

Untreatable Waste Bypassed (Tons): _____

Incinerator #1 Operations (Hours): 7,922

Incinerator #2 Operations (Hours): 7,968

Incinerator #3 Operations (Hours): 7,478

Incinerator #4 Operations (Hours): _____

Steam Generated (Klbs): 4,129,557

Steam Sold (Klbs): 26,642

Turbine Operation (Hours): 8,616

Turbine Steam Consumption (Klbs): 3,875,277

Power Generation (MWH): 424,363

Purchased Power (MWH): 180

Annual Electricity Sold to User (MWH): 369,872

Ash Residue (Tons): 152,613

Volatile Matter in Ash (%): <10

Ferrous Metal Recovered (Tons): 13,408

Ferrous Metal Sold (Tons): 13,408

Non-ferrous Metal Recovered (Tons): 0

Non-ferrous Metal Sold (Tons) 0

Water Consumption (Kgal): 68,927

Facility's Size

Number of Units Installed: 3

Nominal rated capacity of each unit: 750TPD

Operations

Facility is in production:

Hours per day: 24

Days per week: 7

Days per year: 365

Hours of Downtime	Unit #1	Unit #2	Unit #3	Unit #4	Total
Scheduled Maintenance	530	584	773		1,887
Unscheduled Maintenance	319	316	531		1,166
Total	849	900	1304		3,053
Availability (%) Reprinted	90.3	89.7	85.2		

(12/20)

SECTION 5 – TRANSFER OR DISPOSAL DESTINATION

Identify the transfer or disposal destination of waste removed by indicating the name of the transfer or disposal facility, the type of solid waste transferred, the corresponding State/Country, the County/Province, the NYS Planning Unit of the transfer or disposal destination facility, and the amount transferred or disposed or used as alternative operating cover (AOC) at each destination. This only includes waste sent off-site for disposal, not metal recovered reported in Section 6. **Refer to the list of NYS Planning Units that can be found at the end of this report.** DO NOT REPORT IN CUBIC YARDS!

Transport (specify percentages):

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

Explain which waste types and service areas below are included in these transport methods _____

_____

TRANSFER OR DISPOSAL DESTINATION								
TYPE OF SOLID WASTE	SOLID WASTE MANAGEMENT FACILITY TO WHICH IT WAS SENT (Name & Address)	DESTINATION STATE OR COUNTRY	DESTINATION COUNTY OR PROVINCE	DESTINATION NYS PLANNING UNIT (See Attached List of NYS Planning Units)	AMOUNT TO TRANSFER DESTINATION (TONS)	AMOUNT TO DISPOSAL DESTINATION (TONS)	AMOUNT USED AS AOC (TONS)	TOTAL YEAR (TONS)
Ash (MSW Energy Recovery)	Putnam Connecticut Landfill	CT			152,613			152,613
Bypass								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
							TOTAL SENT (tons):	152,613

SECTION 6 – METAL RECOVERED

Provide the tonnages of metal recovered from the mixed solid waste stream. Identify the location or solid waste management facility to which the recovered metal was sent from your facility, by indicating the name of the facility, the type of metal recovered, the corresponding State/Country, the County/Province, the NYS Planning Unit, and the amount recovered. **Refer to the list of NYS Planning Units that can be found at the end of this report.** DO NOT REPORT IN CUBIC YARDS!

Transport (specify percentages):

_____% Road _____% Rail

_____% Water _____% Other (specify: _____)

Explain which waste types and service areas are in these transport methods_____

_____

METAL RECOVERED FOR REUSE/RECYCLING					
METAL RECOVERED	**DESTINATION** (Name & Address)	**DESTINATION STATE OR COUNTRY**	**DESTINATION COUNTY OR PROVINCE**	**DESTINATION NYS PLANNING UNIT** (See Attached List of NYS Planning Units)	**TONS RECOVERED** (out of facility)
Ferrous Metal	Weitsman Shredding LLC	NY	Otsego County		13,408
Non-ferrous Metal					
Other Metal (specify)					
				TOTAL METAL RECOVERED (tons):	13,408

SECTION 7 - FIRE AND SAFETY INCIDENTS

Provide a summary of the time, date, and details of any incidents which required the implementation of the contingency plan.

SECTION 8 - BUDGET

Provide an annual income and expense statement providing details on the major accounting items and operating and maintenance costs.

SECTION 9 - INSPECTIONS

Provide a copy of the annual facility inspection report conducted and stamped by a professional engineer licensed to practice in New York State.

Annual Facility Inspection Report is attached.

SECTION 10 - GOALS

Provide a narrative of the goals and objectives to be attained in the next future calendar year and any major repairs or renovations proposed.

Trough our preventative maintenance program, the plant will improve availability and reliability

SECTION 11 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the 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

Radiation Monitoring

Does your facility use a fixed radiation monitor? ☐ Yes ☐ No

Identify Manufacturer _____ and Model _____ of fixed unit.

Does your facility use a portable radiation monitor? ☐ Yes ☐ No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 11 – UNAUTHORIZED SOLID WASTE

Has unauthorized solid waste been received at the 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

Radiation Monitoring

Does your facility use a fixed radiation monitor? ■ Yes ☐ No

Identify Manufacturer Ludlum and Model 177 of fixed unit.

Does your facility use a portable radiation monitor? ☐ Yes ■ No

Identify Manufacturer _____ and Model _____ of fixed unit.

If the radiation monitors been triggered give information below for each incident:

Incident Number	Received		Hauler	Origin	Truck Number	Reading	Disposal Status	Removed	
	Date	Time						Date	Time

SECTION 16 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit one completed form to the appropriate Regional Office (See attachment for Regional Office addresses, email addresses and Materials Management Contacts.)

The Owner or Operator must also submit one copy by email, fax or mail to:

New York State Department of Environmental Conservation
Division of Materials Management
Bureau of Solid Waste Management
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@dec.ny.gov

I certify, under penalty of law, that the data and other information identified in this report have been prepared under my direction and supervision in compliance with a system designed to ensure that qualified personnel properly and accurately gather and evaluate this information. I am aware that any false statement I make in such report is punishable pursuant to section 71-2703(2) of the Environmental Conservation Law and section 210.45 of the Penal Law.

Signature

3/1/2021
Date

Brett Baker
Name (Print or Type)

Plant Manager
Title (Print or Type)

bbaker@wtienergy.com
Email (Print or Type)

One Charles Point
Address

Peekskill
City

New York, 10566
State and Zip

(914) 739-9304
Phone Number

ATTACHMENTS: ☒ YES ☐ NO
(Please check appropriate line)