



Wheelabrator Hudson Falls
93 River Street
Hudson Falls, NY 12839

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February 27, 2025

Katelyn White
New York State Department of Environmental Conservation
232 Golf Course Road
Warrensburg, New York 12885

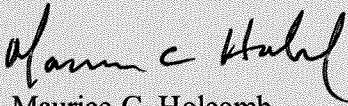
RE: ANNUAL FACILITY OPERATING REPORT

Dear Ms. White:

In accordance with our Operating Permit Special Condition SW-18 and 6NYCRR360, Section 3, we are pleased to submit our 2024 Annual Facility Operating Report.

If I can be of any further assistance, please do not hesitate to call me at 747-2390.

Very truly yours,


Maurice C. Holcomb
Plant Manager

MCH/rb
Enclosure

cc: NYSDEC Solid Waste, Albany
R. Brynes - WHF
Control Room Permit Folder
Correspondence Index
File:WST.3210.20241231.Annual Solid Waste Report



COMBUSTION AND THERMAL TREATMENT FACILITY ANNUAL/QUARTERLY REPORT

Submit the Annual Report no later than March 1, 2025.

A. ___ This annual/quarterly is for the year of operation from January 01, 2024 to December 31, 2024

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

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME:			
FACILITY LOCATION ADDRESS:	FACILITY CITY:	STATE:	ZIP CODE:
FACILITY TOWN:	FACILITY COUNTY:	FACILITY PHONE NUMBER:	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report).			NYSDEC REGION #:
360 PERMIT #:	DATE ISSUED:	DATE EXPIRES:	NYS DEC ACTIVITY CODE:
FACILITY CONTACT:	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER:	CONTACT FAX NUMBER:
CONTACT EMAIL ADDRESS:			
OWNER INFORMATION			
OWNER NAME:	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS:	OWNER CITY:	STATE:	ZIP CODE:
OWNER CONTACT:	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input type="checkbox"/> same as owner		<input type="checkbox"/> public <input type="checkbox"/> private	
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 2024? ☐ 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:

https://extapps.dec.ny.gov/docs/materials_minerals_pdf/inactiveswmf.pdf

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)							
Sewage Treatment Plant Sludge							
Treated Regulated Medical Waste							
Emergency Authorization Waste (Storm Debris)							
International							
Total Tons Received							
Total Tons Processed							

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)								
Sewage Treatment Plant Sludge								
Treated Regulated Medical Waste								
Emergency Authorization Waste (Storm Debris)								
International								
Total Tons Received								
Total Tons Processed								

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)					
Sewage Treatment Plant Sludge					
Treated Regulated Medical Waste (TRMW)*					
Emergency Authorization Waste (Storm Debris)					
Other (specify)					
TOTAL RECEIVED (tons): _____					

Part 360 Permit Limit (tpy) _____

Permit Limit based on Steaming rate (tpy) _____

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

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
Industrial Waste	Casella Waste Management, Hepaco LLC, County Waste & Recycling	NY	Albany County	Capital Region Solid Waste Management Partnership (CRSWMP)	252.81
	TAYLOR GARBAGE SERVICE INC	NY	Broome County	Broome County	84.85
	Veolia Environmental Services	NY	Clinton	Clinton County	83.04
	Veolia Environmental Services	NY	Essex	Essex County	4.09
	Casella Waste Management	NY	Rensselaer County	Rensselaer County	1,767.94
	Direct Haul	NY	Saratoga	Saratoga County	30.15
	Direct Haul, Waste Management	NY	Warren County	Warren County	240.80
	Direct Haul, ESMI	NY	Washington County	Washington County	900.10
	TRIUMVIRATE ENVIRONMENTAL INC	NY	Westchester County	Westchester County	10.62
	TAM INC DBA Casella Waste Shaftsbury	Vt	Bennington	N/A	29.60

Reprinted (12/18)

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, and Commercial)	Murphy Road Western Recycling Casella Waste Management Auburne	Ma	Hampden County	N/A	4,739.82
	Murphy Road Western Recycling	Ma	Hampshire County	N/A	240.61
	Casella Waste Management	Ma	Worcester County	N/A	25,568.15
	Direct Haul, WM ENY Albany, Casella Waste Management	NY	Albany County	Capital Region Solid Waste Management Partnership (CRSWMP)	3,346.63
	US Customs	NY	Clinton County	Clinton County	1.00
	Casella Waste Management	NY	Essex County	Essex County	77.08
	Waste Manangement of ENY Albany Hauling	NY	Fulton County	Fulton County	306.07
	Consolidated Waste Services, Casella Waste Management, WM ENV Albany	NY	Rensselaer County	Poestenkill (Town) - ERCSWMA Inactive Member	4,360.64
	Ace Carting, Casella Waste, Consolidated Waste Services, County Waste, Republic Services, Waste Management of ENY, Direct Haul	NY	Saratoga County	Saratoga County	37,383.67
	Direct Haul, WM ENY Albany	NY	Schenectady County	Schenectady County	66.88
	Casella Waste Management - Oneonta	NY	Schoharie County	Schoharie County	592.22
	Casella Waste, Ace Carting, Republic Services, CV Waste, IBS Waste, Waste Management of ENY, Direct Haul	NY	Warren County	Warren County	17,191.02
	Casella Waste, Waste Management of ENY, IBS Waste, CV Waste, Republic Services, Carpenter Waste, Direct Haul	NY	Washington County	Washington County	14,768.78
	Direct Haul	NY	Ulster	Ulster County	362.88
	Casella Waste Manangement	Vt	Chittenden County	N/A	720.92
	US Customs	Vt	Franklin County	N/A	0.87
	Hubbard Brothers, Town of Castleton	Vt	Rutland County	N/A	17,616.80
					-

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
Pharmaceuticals	Clean Harbors	Canada	Ontario	N/A	44.96
	DANOX ENVIRONMENTAL SERVICES INC	NY	Chenango	Chenango County	261.70
	Triumvirate Environmental Inc.	NY	Westchester	Westchester County	120.64
	DANOX ENVIRONMENTAL SERVICES INC	OH	Franklin	N/A	39.05
	DANOX ENVIRONMENTAL SERVICES INC	Vt	Franklin	N/A	119.57

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
Whole Tires	Casella Waste Management, WM of Fort Edward	NY	Albany County	Capital Region Solid Waste Management Partnership (CRSWMP)	31.80
	NEW ENGLAND WASTE SERVICES OF NY INC	NY	Clinton	Clinton County	38.46
	Serkill, Moore Recycling, Town of North Elba	NY	Essex County	Essex County	109.07
	Bonded Concrete	NY	Rensselaer County	Rensselaer County	73.28
	Earth, Waste, and Metal, Town of Castleton	Vt	Rutland	N/A	86.62
	Saratoga County DPW, Saratoga Spa Park, JGS Recycling, Waste Management, Plan It Waste Recycling, Crist Trucking	NY	Saratoga County	Saratoga County	66.60
	CASELLA WASTE MANAGEMENT INC	NY	Schoharie	Schoharie County	130.35
	WM of ENY Fort Edward	NY	Ulster County	Ulster County	2.31
	NYSDEC, WM of ENY Fort Edward	NY	Warren County	Warren County	20.88

Reprinted (12/17)

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): _____

Incinerator #2 Operations (Hours): _____

Incinerator #3 Operations (Hours): _____

Incinerator #4 Operations (Hours): _____

Steam Generated (Klbs): _____

Steam Sold (Klbs): _____

Turbine Operation (Hours): _____

Turbine Steam Consumption (Klbs): _____

Power Generation (MWH): _____

Purchased Power (MWH): _____

Annual Electricity Sold to User (MWH): _____

Ash Residue (Tons): _____

Volatile Matter in Ash (%): _____

Ferrous Metal Recovered (Tons): _____

Ferrous Metal Sold (Tons): _____

Non-ferrous Metal Recovered (Tons): _____

Non-ferrous Metal Sold (Tons): _____

Water Consumption (Kgal): _____

Facility's Size

Number of Units Installed: _____

Nominal rated capacity of each unit: _____

Operations

Facility is in production: _____

Hours per day: _____

Days per week: _____

Days per year: _____

Hours of Downtime	Unit #1	Unit #2	Unit #3	Unit #4	Total
Scheduled Maintenance	_____	_____	_____	_____	_____
Unscheduled Maintenance	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____
Availability (%)	_____	_____	_____	_____	_____

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)								
Bypass								
Emergency Authorization Waste (Storm Debris)								
Other (specify)								
TOTAL SENT (tons): _____								

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					
Non-ferrous Metal					
Other Metal (specify)					
TOTAL METAL RECOVERED (tons): _____					

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.

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.

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 - Radiation Monitoring

[illegible]

SECTION 12 - COST ESTIMATES AND FINANCIAL ASSURANCE DOCUMENTS

Are there required cost estimates and financial assurance documents for closure?

☐ Yes ☐ No If yes, attach additional sheets reflecting annual adjustments for inflation and any changes to the Closure Plan?

SECTION 13 – PROBLEMS

Were any problems encountered during the reporting period (e.g., specific occurrences which have led to changes in facility procedures)?

☐ Yes ☐ No If yes, attach additional sheets identifying each problem and the methods for resolution of the problem.

SECTION 14 – CHANGES

Were there any changes from approved reports, plans, specifications, and permit conditions?

☐ Yes ☐ No If yes, attach additional sheets identifying changes with a justification for each change.

SECTION 15 - PERMIT/CONSENT ORDER REPORTING REQUIREMENTS

Are there any additional permit/consent order reporting requirements not covered by the previous sections of this form?

☐ Yes ☐ No If yes, attach additional sheets identifying the reporting requirements with their respective responses.

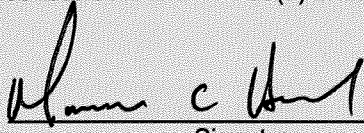
SECTION 16 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2.21.25
Date

Maurice Holcomb

Name (Print or Type)

Plant Manager

Title (Print or Type)

mholcomb@win-waste.com

Email (Print or Type)

93 River Street

Address

Hudson Falls

City

New York 12839

State and Zip

(518) 747-2390

Phone Number

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

Wheelabrator Hudson Falls LLC

FACILITY CLOSURE PLAN

1.0 METHOD OF CLOSURE

1.1 General

This closure plan is designed to document costs and activities associated with closing Wheelabrator Hudson Falls Waste to Energy facility located in Hudson Falls, New York. Activities associated with closure include removal of waste, stored materials, chemicals, and lubricants. A thorough cleaning of the Facility would also be performed, including wash down and general housekeeping activities. All water used in the cooling system and boiler must be discharged to the sewer system. These activities are discussed below in more detail.

1.2 Disposal of On-Site MSW and Ash Residue

The pit and ash residue storage areas are assumed to be completely full of MSW and ash residue, respectively. The capacity of the pit is 3,000 tons of MSW and a maximum ash residue storage capacity of 1,350 tons (3.5 days generation at the maximum continuous rating). This is a very conservative estimate and can only be realized in practice if ash is allowed to stockpile in the ash handling building. All waste materials will be loaded onto 30-ton trucks and transported to the Waste Management High Acres Landfill in New York.

A tipping fee of \$65 was used to calculate the disposal cost (including transportation). This is based on current prices at the Waste Management High Acres.

1.3 High Pressure Washing of Areas Exposed to MSW and Ash Residue

Once the waste material is removed from the facility, the storage areas for MSW and ash residue would be thoroughly washed by high-pressure washing. These areas include the tipping floor, pit, crane buckets, charging hoppers, ram feeders, residue conveyors, and residue storage building floor. All wash water would be collected and transported to an approved disposal location or treated on site for discharge to the sanitary sewer.

1.4 Drain and Flush All Liquid Containing Vessels

1.4.1 System Process Wasters

This involves draining the boiler water, cooling water, and residue quench water contained in the boiler, cooling tower, closed loop cooling system, condenser, deaerator, combustor, and residue quench trough. A total volume of water for all streams is calculated to be approximately 592,000 gallons, upon treatment on site yielding wastewater within the County discharge limits.

1.4.2 Material Storage Tanks

Chemicals stored in stationary tanks on site include sulfuric acid, sodium hydroxide, lubricating oils, lime, and diesel fuel. All these chemicals are virgin materials and are considered to be a commodity; they are assumed to be sold to third parties at a price which would exceed the drainage cost. A contractor would be hired to clean the stationary tanks to decontaminate them or remove them from disposal. Any disposal of waste listed or characterized under State or Federal RCRA regulations would be managed accordingly.

1.5 General Labor Cost

This task includes the major labor-intensive activities needed to close the Facility. Work activities include:

- 1.5.1.1 Assisting haulers with refuse and residue loading operations.
- 1.5.1.2 General Facility cleaning, inside and outside.
- 1.5.1.3 Drain and flush liquid vessels and lime slurry pipes and associated tanks, including urea tank and carbon tank.
- 1.5.1.4 Securing Facility buildings and fence line.
- 1.5.1.5 Shutting off all utilities to Facility.

1.6 Sampling and Analysis

The storm water runoff samples will be collected and sampled as per New York State Stormwater General Permit requirements. Visual runoff samples will be collected and visually inspected quarterly.

1.7 Engineering Supervision and Certification

A registered professional engineer will supervise the entire work effort for Facility closure. He will direct tasks to fully clean, secure, and vacate the Facility. Once work is completed, he will certify that the facility qualifies for closure.

2.0 CLOSURE COST

2.1 MSW and Ash Residue Disposal

Amount of MSW and ash residue for disposal:

Pit capacity (4 days storage) = 550 tpd x 4 days = 2,200 tons

Ash storage capacity (4 days storage in bays) = 357.5 tpd x 4 days = 1,430 tons

Metal Recovery = 50 tons

Total waste for disposal = 3,680 tons

2.1.1 Tipping fee for disposal/transportation = \$65/ton:

Based on current tipping fee rates:

Total for MSW and Ash Disposal = 3,680 tons x \$65/ton = \$239,200

2.2 High Pressure Washing Areas Exposed to MSW and Ash Residue

Tipping floor: 100 ft x 135 ft = 13,500 ft²

Pit Walls: 135 ft x 85 ft x 1 side = 11,475 ft²

135 ft x 20 ft x 1 side = 2,700 ft²

30 ft x 85 ft x 2 sides = 5,100 ft²

Total pit surface area = 32,775 ft²

Charging hoppers/ram feeding system = 3,500 ft²

Ash residue conveyors and building floor = 100 ft x 100 ft. = 10,000 ft²

Ash building storage walls = 150 ft. x 15 ft. = 2,250 ft²

Total area for high pressure washing cost: 48,525 ft² x \$1.50/ft² = \$72,787.50

2.3 Drain and Flush All Liquid Containing Vessels

2.3.1 Volumes of water containing equipment:

Recovered Water Tank	32,000 gal
Boiler (2 x 8,000)	16,000 gal
Deaerator	5,000 gal
Expellers (2 x 2,000)	4,000 gal
Demineralized Water Tank	28,000 gal
Process Water Tank	8,600 gal
Total	93,600 gal

Water charge = \$.20/gal

Disposal cost for water: 93,600 gal x \$.20/ gal = \$18,720

2.3.2 Material Storage Tanks

Chemicals stored in stationary tanks include:

Kerosene Tank	275 gal
Diesel Tank Fire Pump	275 gal
Diesel Fuel	500 gal
Lube Oil Tank	1,140 gal
Lime	6,100 gal
Phosphoric Acid	1,500 gal
Sodium Hydroxide	1,000 gal
Carbon	20,000 gal
Total	30,790 gal

Disposal of chemicals – \$2.50/gallon x 30,790 gallons = \$79,975

Cleaning tanks \$1.00/gallon x 30,790 gallons = \$ 30,790

2.4 General Labor Cost

Maintenance and securing facility:

Grass mowing and snow plowing = **\$36,000**

Repairs/inspections/security = **\$10,000**

Labor for general cleaning, flushing vessels, pressure washing, etc.:

20 workers x 2 weeks x 40hr/week x \$45/hr = **\$72,000**

Total Labor/Maintenance Costs = \$118,000

2.5 Boiler Cleaning of Combustion Chambers, pressure washing and furnace blasting.

Blasting 2 boilers = **\$10,000**
Washing 2 boilers = **\$56,000**

Total for Boiler Cleaning and Blasting = \$66,000

2.6 Sampling and Analysis

SPDES annual sampling - **\$1,500/year** (Outfall 1 and 3).

Estimate: Engineer \$250/hour X 6 hours to get to site, collect samples, and fill out DMR.

Analysis \$115 X 2 samples

SPDES quarterly visual samples - **\$6,000/year** (Outfall 3).

Estimate: Engineer \$250/hour X 6 hours X 4 times/year to get to site, collect samples, and fill out visual inspection sheets.

Total for sample collection, analysis, and reporting = \$7,500

2.7 Engineering Supervision and Certification

5 man weeks x 40 hours/man week x \$125/hr = \$25,000

Cost associated with closure supervision by a registered professional engineer including certification closure.

2.8 Closure Cost Summary

Waste Removal		\$239,200
Surface Decontamination		\$72,788
Drain and Flush Liquid Containing Vessels		\$18,720
Material Storage Tank Disposal		\$79,975
Material Storage Tank Cleaning		\$30,790
Maintenance		\$118,000
Boiler cleaning and blasting		\$66,000
Sampling and Analysis		\$7,500
Engineering and Supervision		\$25,000
Subtotal Closure Costs		\$657,973
Inflation cost for Facility (10.5%)		\$ N/A
Administrative Fees (10%)		\$65,798
Contingency at 12.5%		\$ N/A
Total Closure Costs	2020	\$723,771
Total Closure Costs	2021 (2020 Cost *1.025)	\$741,865
Total Closure Costs	2022 (2021 Cost *1.025)	\$760,411
Total Closure Costs	2023 (2022 Cost *1.025)	\$779,421
Total Closure Costs	2024 (2023 Cost *1.025)	\$798,907

Total Closure Costs	2025	(2024 Cost *1.025)	\$818,880
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2.9 Closure Activities Schedule

Notification

Part 360.21 requires that certain notification be performed in conjunction with the closure of the facility. In addition to NYSDEC regulations, these types of notifications are typical of a Wheelabrator Facility Closure Plan.

The notification and schedules are:

1. In the event of closure of the facility, the owner or operator will notify the department in writing 30 days before closure is expected to begin. This is in accordance with Part 360.21(a)(1).
2. Facility will submit an annual report within 30 days after receiving the final quantity of waste.
3. No solid waste will be accepted after the final date of closure, and all solid waste and ash residue will be removed within 60 days of closure as specified in Section 1.2 of this closure plan. This is in accordance with Part 360.21(a)(3).
4. All closure activities will be completed within 90 days after receiving the final quantity of solid waste Part 360.21(a)(4).
5. A final closure report will be submitted to the Department when closure is completed. The report, or certification, will be sealed by an individual licensed to practice engineering in the State of New York; the report will also be retained by the owner or operator. The report will verify that the facility has been closed in accordance with the approved closure plan.