

ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2019 to December 31, 2019

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: Medi-Physics, Inc. d/b/a GE Healthcare			
FACILITY LOCATION ADDRESS: 80 Seaview Blvd	FACILITY CITY: Port Washington	STATE: NY	ZIP CODE: 11050
FACILITY TOWN: North Hempstead	FACILITY COUNTY: Nassau	FACILITY PHONE NUMBER: 516-626-2799	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). North Hempstead SWMA			NYSDEC REGION #: 1
360 PERMIT #:	DATE ISSUED: 10/30/2019	DATE EXPIRES: 10/29/2024	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: 30J10120
FACILITY CONTACT: David Blanchard	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: 516-626-2799	CONTACT FAX NUMBER: 516-621-5807
CONTACT EMAIL ADDRESS: David.Blanchard@ge.com			
OWNER INFORMATION			
OWNER NAME: Rinsi Chacko	OWNER PHONE NUMBER: 516-626-2799	OWNER FAX NUMBER: 516-621-5807	
OWNER ADDRESS: 80 Seaview Blvd	OWNER CITY: Port Washington	STATE: NY	ZIP CODE: 11050
OWNER CONTACT: Rinsi Chacko	OWNER CONTACT EMAIL ADDRESS: Rinsi.Chacko@ge.com		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" type="checkbox"/> same as owner		<input checked="" type="checkbox"/> public <input type="checkbox"/> private	
PREFERENCES			
Preferred address to receive correspondence: <input checked="" type="checkbox"/> Facility location address <input type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			
Preferred individual to receive correspondence: <input checked="" type="checkbox"/> Facility Contact <input type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2019? Yes; Complete this form.

No; Complete and submit Sections 1 and 10. 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 – PERMITTED RMW WASTE TRANSFER OR TREATMENT FACILITIES

	AMOUNT GENERATED OR RECEIVED FOR PROCESSING (tons)	AMOUNT TRANSFERRED TO TREATMENT FACILITY (tons)	AMOUNT TREATED (tons)	AMOUNT BYPASSED (tons)	AMOUNT OF SHARPS OR DEVICES PROCESSED FOR RECYCLING (tons)	IF WASTE IS TRANSFERRED, THE NAME AND ADDRESS OF TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	3.905	3.5225 0.0925				Curtis Bay Energy, Baltimore, MD Stericycle, Inc., Warren, OH	
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)							
Radioactive Waste (specify for each very short lived, short lived or long lived)							
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	3.905						

Reprinted (12/19)

SECTION 3 – DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT <small>(See Attached List of NYS Planning Units)</small>
Treated Waste					
TOTAL WASTE					

SECTION 4 – 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

SECTION 5 - 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 6 – 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 7 – 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 8 - 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.

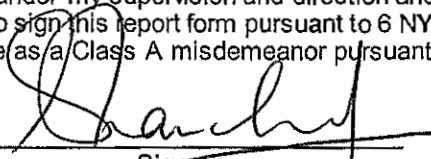
SECTION 9 - SIGNATURE AND DATE BY OWNER OR OPERATOR

Owner or Operator must sign, date and submit the completed form by email or mail to the appropriate Regional Office (See attachment for Regional Office email & mailing addresses and Solid Waste 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 Permitting and Planning
625 Broadway
Albany, New York 12233-7260
Fax 518-402-9041
Email address: SWMFannualreport@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.



Signature

2-18-20

Date

David Blanchard

Name (Print or Type)

Radiation Safety Officer

Title (Print or Type)

david.blanchard@ge.com

Email (Print or Type)

80 Seaview Blvd.

Address

Port Washington

City

NY, 11050

State and Zip

(516) 626 -2799

Phone Number

ATTACHMENTS: YES NO



February 14, 2020

Ms. Jie Zhao
NY State Department of Environmental Conservation
Division of Solid & Hazardous Materials, Region One
Building 40 – SUNY
Stony Brook, New York 11790-2356

RE: Financial Assurance Reporting for Registration No. 30J10120

Dear Ms. Zhao:

GE Healthcare would like to submit this correspondence to satisfy Section 5 of the annual report regarding the adjustment of facility closure costs due to inflation.

As required by section 5, GE Healthcare is to adjust the closure cost estimate so as not to exceed our credit limit. The attached table shows that taking into account Implicit Price Deflator adjustments issued by the U.S. Department of Commerce, GE Healthcare has not exceeded our financial surety credit limit year to date.

GE Healthcare currently holds a financial surety bond in the amount of \$ 75,000.00 for this permit. The current cost has been calculated to be \$ 63,516.45. If you are in need of any additional information or clarification regarding the above mentioned items, please contact me @ 516. 626.2799 or by email @ David.Blanchard@ge.com.

Regards,

A handwritten signature in black ink, appearing to read 'David Blanchard', with a horizontal line extending from the end of the signature.

David Blanchard
Radiation Safety Officer

GE Healthcare Port Washington Facility

Permit #1-2822-00509/00002

1. NY DEC annual report section 5 specifies an attachment be made to the annual report reflecting annual adjustments for inflation and any changes to the closure plan. adjustment have been made by recalculating the maximum cost of closure in current dollars, or by using an inflation factor derived from the most recent Implicit Price Deflator for Gross National Product published by the U.S. Department of Commerce in its Survey of Current Business. The inflation factor is the result of dividing the latest published annual deflator by the deflator for the previous year. The first adjustment is made by multiplying the closure cost estimate by the inflation factor. Subsequent adjustments are made by multiplying the latest closure cost estimate by the latest inflation factor”.
2. Gross Domestic Product: Implicit Price Deflator (U.S. Department of Commerce: Bureau of Economic Analysis) table was used.The table was aquired from <https://research.stlouisfed.org/fred2/data/GDPDEF.txt>
3. The inflation factor was determined by dividing the latest inflation factor obtained from the IPD table and the inflation value used in generating the original cost closure estimate.
4. The closure cost estimate provided in the 2019 application was \$62,490.26

Finanical Assurance Closure Cost Estimate	<u>Previous Year's adjusted Closure Cost</u>	<u>Current Year's Adjusted Cost</u>
	\$62,490.26	\$63,516.45
	<u>Inflation Date</u>	<u>Inflation Value</u>
	10/1/2018	111.256
Latest Inflation Value	10/1/2019	113.083
Calculated Inflation Factor	1.016421586	