

ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2018 to December 31, 2018

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NYSDEC - Region 1
FEB 28 2020
Division of Materials Mgmt.

SECTION 1 - FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: CORONAL HEALTH			
FACILITY LOCATION ADDRESS: 25 PANCHILO AVE	FACILITY CITY: PLAINVIEW	STATE: NY	ZIP CODE: 11801
FACILITY TOWN: OYSTER BAY	FACILITY COUNTY: NASSAU	FACILITY PHONE NUMBER: (516) 349-7958	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). OYSTER BAY SOLID WASTE DISTRICT			NYSDEC REGION #: 1
360 PERMIT #: 1-254-000219/0002/1	DATE ISSUED: 10/26/15	DATE EXPIRES: 10/26/22	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:
FACILITY CONTACT: Tom Okunewitch	<input type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: (516) 349-7958	CONTACT FAX NUMBER: (516) 349-7880
CONTACT EMAIL ADDRESS: Tom.Okunewitch@CORONALHEALTH.COM			
OWNER INFORMATION			
OWNER NAME: CORONAL HEALTH	OWNER PHONE NUMBER: (646) 759-2646	OWNER FAX NUMBER: 614-652-4958	
OWNER ADDRESS: 7000 CORONAL PLACE	OWNER CITY: DUBLIN	STATE: OH	ZIP CODE: 43017
OWNER CONTACT: PTN: Q+R	OWNER CONTACT EMAIL ADDRESS:		
OPERATOR INFORMATION			
OPERATOR NAME: <input checked="" 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 checked="" type="checkbox"/> Owner address <input type="checkbox"/> Other (provide):			
Preferred email address: <input checked="" type="checkbox"/> Facility Contact <input checked="" 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 2018? 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)							
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)	I-131 0.06	I-131 0.02				CURTIS BAY ENERGY BALTIMORE, MD 2011-WM1-0034	OYSTER BAY
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	0.06						

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)	0.11	0.11					
Other Infectious Waste (specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)						↑ CURTIS BAY ENERGY 3200 HAWKINS PT. RD BALTIMORE MD 21226 #2011-WMI-0636	OYJCL B04
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	0.11						

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)							
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)	VSL 0.27	VSL 0.30				CURTIS BAY ENERGY BALTIMORE MD 2011-UNIT-0026	OYSTER BAY
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	0.27						

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)							
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)	Long Lived 0.20	Long Lived 0.27				CURTIS BAY ENERGY BALTIMORE MD 2011-LWT-0076	DYSD BPL
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	0.20						

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)							
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)	Short Lived 2.76	Short Lived 3.10				CURTIS BAY ENERGY BALTIMORE MD 2011-LMI-2031	Oyster Bay
Pharmaceutical Waste							
Hazardous Waste							
Other (specify amount for each material including hydrolysate, ash, C&D, etc. requiring further processing.)							
TOTAL	2.76						

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	0				

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.

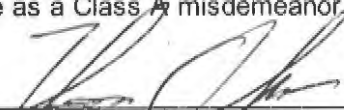
SECTION 9 - SIGNATURE AND DATE BY OWNER OR OPERATOR

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

2/26/20
Date

THOMAS OKUNEVICH
Name (Print or Type)

MANAGER
Title (Print or Type)

Tom.Okunevich@CARDINALHEALTH.COM
Email (Print or Type)

25 Fairchild Ave Suite 100
Address

PLAINVIEW
City

NY 11803
State and Zip

(516) 349-7958
Phone Number

ATTACHMENTS: YES NO