

REGULATED MEDICAL WASTE FACILITY ANNUAL REPORT

This Regulated Medical Waste Facility Annual Report is for the year of operation from January 01, 2020 to December 31, 2020

SECTION 1 – FACILITY INFORMATION

FACILITY INFORMATION			
FACILITY NAME: <i>Cardinal Health - Plainville</i>			
FACILITY LOCATION ADDRESS: <i>25 Fairchild Ave</i>	FACILITY CITY: <i>Plainville</i>	STATE: <i>NY</i>	ZIP CODE: <i>11803</i>
FACILITY TOWN: <i>Plainville</i>	FACILITY COUNTY: <i>NASSAU</i>	FACILITY PHONE NUMBER: <i>(516) 349-7958</i>	
FACILITY NYS PLANNING UNIT: (A list of NYS Planning Units can be found at the end of this report). <i>Oyster Bay</i>			NYSDEC REGION #: <i>1</i>
365 PERMIT #: <i>365</i> REG # <i>36510132</i>	DATE ISSUED: <i>10/23/20</i>	DATE EXPIRES: <i>10/26/25</i>	NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER: <i>36510132</i>
FACILITY CONTACT: <i>Tom Oknewitch</i>	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	CONTACT PHONE NUMBER: <i>(516) 349-7958</i>	CONTACT FAX NUMBER: <i>(516) 349-7968</i>
CONTACT EMAIL ADDRESS: <i>Tom.Oknewitch @ CardinalHealth.com</i>			
OWNER INFORMATION			
OWNER NAME: <i>Cardinal Health</i>	OWNER PHONE NUMBER:	OWNER FAX NUMBER:	
OWNER ADDRESS: <i>7000 Cardinal Place</i>	OWNER CITY: <i>Dublin</i>	STATE: <i>OH</i>	ZIP CODE:
OWNER CONTACT: <i>Morgan Deamon</i>	OWNER CONTACT EMAIL ADDRESS: <i>MORGAN.DEAMON @ CardinalHealth.com</i>		
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 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 checked="" type="checkbox"/> Owner Contact <input type="checkbox"/> Other (provide):			

Did you operate in 2020? 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 TREATMENT FACILITY (include county and state)	NYS PL UN (See Attach NYS Plan
including: and man al man Blood Sharps, (Waste)	1.050 1.050	0.01					0.04 1.01
itious city ch material itious human gement						Curtis Bay Energy 3200 Hawkins Pt Rd Annapore MD 21404 443-692-2300	
e Waste ch very ort lived or							
utical							
Waste							
fy amount rial olysate, . requiring ssing.)							
TOTAL	0.01						

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 UNITS (See Attachment NYS Planning)
Including: and human animal human Blood Sharps, (Waste)							
Infectious biological material contaminated human equipment							
Solid Waste (including very hazardous or lived or dead)	Short tons 2.10	Short tons 1.89				CURTIS BRY Energy BALTIMORE MD	OYST BRY
Liquid chemical							
Waste							
Specify amount of material (polyester, etc. requiring special handling.)							
TOTAL	2.10						

SECTION 2 - PERMITTED RMW WASTE TRANSFER OR TREATMENT FACILITIES

WASTE TYPE	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 TREATMENT FACILITY (include county and state)	NYS PLANNING UNITS (See Attachment NYS Planning Unit)
Including: and human animal man Blood Sharps, (Waste)							
Infectious city each material itious human gement							
Solid Waste each very port lived or	Very Short 0.27	Very Short 0.24				Curtis Roy Energy BOLTING/C MD	DYS BOL
Chemical							
Liquid Waste (Specify amount material polysate, requiring 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 TREATMENT FACILITY (include county and state)	NYS PLANNING UNITS (See Attachment NYS Planning Unit)
including: and human al man Blood Sharps, (Waste)							
itious city ch material itious , human gement							
e Waste ch very ort lived or	Long Lives 0.12	Long Lives 0.15				Curtis Asph Energy BROOKING NY	OYST BAY
utical							
Waste ify amount aterial rolystate, e. requiring ssing.)							
TOTAL	0.12						

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 TREATMENT FACILITY (include county and state)	NYS PLANNING UNITS (See Attachment NYS Planning)
including: and human animal human Blood Sharps, (Waste)							
Infectious Infectious material Infectious human management	131 6.04	131 0.05				CURTIS BROS Energy Bd/Tinola NY	6457 B.P.
Waste (each very port lived or utilized)							
Waste (by amount material polymer, etc. requiring processing.)							
TOTAL	0.04						

SECTION 3 – DISPOSAL DESTINATION

WASTE TYPE	AMOUNT (tons)	FACILITY NAME AND ADDRESS	STATE	COUNTY	NYS PLANNING UNIT (See Attached List of NYS Planning Units)
Solid Waste	/	/	/	/	/
HAZARDOUS WASTE	/				

SECTION 4 – UNAUTHORIZED SOLID WASTE

Unauthorized solid waste received at the facility during the reporting period? Yes No

Provide 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 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.

Thomas Okunevitch
Signature

2/22/21
Date

Thomas Okunevitch
Name (Print or Type)

MANAGER
Title (Print or Type)

Tom. Okunevitch @ CardinalHealth.com
Email (Print or Type)

25 FAIRCHILD AVE SUITE 100
Address

PLAINVILLE
City

NY 11803
State and Zip

(516) 349-7958
Phone Number

ATTACHMENTS: YES NO