

## 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			
<b>FACILITY NAME:</b> Plum Island Animal Disease Center			
<b>FACILITY LOCATION ADDRESS:</b> 40550 Rt 25	<b>FACILITY CITY:</b> Orient Point	<b>STATE:</b> NY	<b>ZIP CODE:</b> 11957
<b>FACILITY TOWN:</b> Southold	<b>FACILITY COUNTY:</b> Suffolk	<b>FACILITY PHONE NUMBER:</b> 631-323-3045	
<b>FACILITY NYS PLANNING UNIT:</b> (A list of NYS Planning Units can be found at the end of this report). Southold (Town) (except Fishers Island)			<b>NYSDEC REGION #:</b> 1
<b>360 PERMIT #:</b> 1-4738-00028/00014	<b>DATE ISSUED:</b> 12/1/2020	<b>DATE EXPIRES:</b> 11/30/2025	<b>NYS DEC ACTIVITY CODE OR REGISTRATION NUMBER:</b> 52H09
<b>FACILITY CONTACT:</b> Tom Dwyer	<input checked="" type="checkbox"/> public <input type="checkbox"/> private	<b>CONTACT PHONE NUMBER:</b> 631-323-3045	<b>CONTACT FAX NUMBER:</b> 631-323-3169
<b>CONTACT EMAIL ADDRESS:</b> Thomas.Dwyer@st.dhs.gov			
OWNER INFORMATION			
<b>OWNER NAME:</b> U.S. Department of Homeland Security	<b>OWNER PHONE NUMBER:</b> 631-323-3045	<b>OWNER FAX NUMBER:</b> 631-323-3169	
<b>OWNER ADDRESS:</b> PO Box 848	<b>OWNER CITY:</b> Greenport	<b>STATE:</b> NY	<b>ZIP CODE:</b> 11944
<b>OWNER CONTACT:</b> Tom Dwyer	<b>OWNER CONTACT EMAIL ADDRESS:</b> Thomas.Dwyer@st.dhs.gov		
OPERATOR INFORMATION			
<b>OPERATOR NAME:</b>	<input checked="" type="checkbox"/> same as owner		<input checked="" 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 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 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 TRANSFER OR TREATMENT FACILITY (include county and state)	NYS PLANNING UNIT <i>(See Attached List of NYS Planning Units)</i>
RMW (Including: Cultures and Stocks, Human Pathological Waste, Human Blood and Blood Products, Sharps, and Animal Waste)	see	attached	spreadsheet				
	for	waste	streams and				
	volumes,	destinations					
Other Infectious Waste <i>(specify amount for each contaminated material including infectious incident waste, human remains management waste, etc.)</i>							
Radioactive Waste <i>(specify for each very short lived, short lived or long lived)</i>							
Pharmaceutical Waste							
Hazardous Waste							
Other <i>(specify amount for each material including hydrolysate, ash, C&amp;D, etc. requiring further processing.)</i>							
<b>TOTAL</b>							

### 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					
<b>TOTAL WASTE</b>					

### 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

04/01/21  
\_\_\_\_\_  
Date

Thomas Dwyer  
\_\_\_\_\_  
Name (Print or Type)

Environmental Protection Specialist  
\_\_\_\_\_  
Title (Print or Type)

Thomas.Dwyer@st.dhs.gov  
\_\_\_\_\_  
Email (Print or Type)

PO Box 848  
\_\_\_\_\_  
Address

Greenport  
\_\_\_\_\_  
City

NY 11944  
\_\_\_\_\_  
State and Zip

(631) 252-8687  
\_\_\_\_\_  
Phone Number

ATTACHMENTS:  YES  NO

<b>PIADC Monthly Exit Autoclave Waste Processing Totals - CY 2020</b>														
<b>Waste Stream</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>	<b>Jul-20</b>	<b>Aug-20</b>	<b>Sep-20</b>	<b>Oct-20</b>	<b>Nov-20</b>	<b>Dec-20</b>	<b>Annual Totals</b>	<b>Tons</b>
<b>Asbestos (bags)</b>	90	105	60	0	10	15	0	10	0	0	0	0	<b>290 Bags</b>	<b>2.65</b>
<b>Ash (lbs)</b>	797	0	0	379	512	0	0	3,924	3,271	404	450	3,803	<b>13,540</b>	<b>6.77</b>
<b>C&amp;D (lbs)</b>	2,750	6,848	7,658	1,504	4,466	7,645	3,411	6,414	401	1,975	2,180	0	<b>45,252</b>	<b>22.626</b>
<b>E-waste (lbs)</b>	935	830	565	426	436	0	0	0	0	172	176	0	<b>3,540</b>	<b>1.77</b>
<b>MSW (lbs)</b>	4,608	5,152	3,495	2,161	4,047	4,914	4,192	6,097	5,624	5,287	4,547	4,610	<b>54,734</b>	<b>27.367</b>
<b>RMW (lbs)</b>	7,337	13,039	10,440	2,925	1,031	2,299	7,312	4,073	12,037	7,229	6,419	6,000	<b>80,141</b>	<b>40.0705</b>
<b>Sludge (lbs)</b>	1,391	376	0	893	0	0	1,015	0	0	330	787	0	<b>4,792</b>	<b>2.396</b>
												<b>Total</b>	<b>201,999</b>	<b>103.65</b>

<b>Waste Stream</b>	<b>Destination Facility</b>	<b>Planning Unit</b>
<b>Asbestos</b>	Casella Waste Systems, Ontario County Landfill, 1879 SR 5 & 20, Stanley, NY	8
<b>Ash</b>	Casella Waste Systems, Ontario County Landfill, 1879 SR 5 & 20, Stanley, NY	8
<b>C&amp;D</b>	Mattituck Environmental Services, 560 Commerce Rd, Cutchogue, NY 11935	1
<b>E-waste</b>	Clean Harbors Reidsville LLC, 208 Watlington Industrial Drive, Reidsville, NC	N/A
<b>MSW</b>	Covanta Incinerator, Ronkonkoma, NY	1
<b>RMW</b>	Stericycle Inc., 1901 Pine Avenue SE, Warren, OH Curtis Bay Energy, 3200 Hawkins Point Road, Baltimore, MD	N/A
<b>Sludge</b>	Stericycle Inc., 1901 Pine Avenue SE, Warren, OH Curtis Bay Energy, 3200 Hawkins Point Road, Baltimore, MD	N/A



January 14, 2021

**Section 6 of Regulated Medical Waste Facilities Annual Report**

Exit autoclave 1506 Experienced electrical issues on 7/20/20 and subsequently taken out of service for troubleshooting and repairs. After repairs were completed, autoclave 1506 was revalidated and a validation report submitted to NYSDEC Region 1 on 9/21/20. NYSDEC requested that validation of ash with buried carriers be repeated. The report of the ash re-validation was submitted to NYSDEC Region 1 on January 12, 2021.