In the pursuit of a Biomedical Waste (BMW) permit at our Bristol Waste-to-Energy facility, Covanta brings over 30 years of experience processing BMW using mass burn Waste-to-Energy technology. Over this time period Covanta has developed well established BMW Standard Operating Procedures and a comprehensive Quality Assurance/Quality Control program and is recognized throughout the industry as being the safest and most compliant processor of BMW.

The permit application at Covanta Bristol will cap the amount of BMW that can be received to 8% of total processing capacity and there will be no increase in the total amount of waste received at the facility. Additionally, there will be no change in air emissions and no increase in truck traffic.

A BMW permit at Covanta Bristol will address a lack of thermal treatment capacity for BMW in the region and will provide a more sustainable method to manage BMW using Waste to Energy technology that generates steam/electricity and captures metal for recycling which existing medical waste incinerators do not offer.

Bristol Residents for Clean Air
Questions and Requests for Covanta Bristol, Inc. regarding their incinerator and plans to burn biomedical waste in Bristol, CT.

1) Which states require medical waste to be incinerated? Please break this list down by whether it's medical waste in general, or specific subsets such as pathological waste or chemotherapeutic waste.

From a review of regulations for each state in the northeastern United States, Covanta found that different states are more explicit than others with regards to breaking down subsets of medical waste. However, on a consistent basis, states require that pathological waste must be incinerated, infectious waste must be incinerated or managed by other state approved methods such as disinfection and medical waste liquids may be discharged to wastewater systems if they meet certain requirements. These management methods are consistent with CT regulations which require:

(a) Chemotherapy waste shall be disposed of only by incineration.

(b) Pathological waste shall be disposed of only by incineration or internment.

(c) Infectious waste shall be disposed of only by:

(i) incineration.

(ii) discharge to a sanitary sewer, provided that such waste is in liquid or semi-solid form, that secondary treatment is available at the publicly owned treatment works or privately owned treatment works to which such waste is discharged, that local law does not prohibit such discharge, that all permits and other authorizations required by law have been obtained for such discharge, and that aerosol formation is minimized during such discharge to such sewer.

or

(iii) any other method which provides protection of the public health and the environment at least equivalent to that provided by the disposal methods specified in this subparagraph and which is first described in writing to the Commissioner and approved in writing by the Commissioner.

2) In the 7/14/2021 public meeting, Covanta claimed that the "must incinerate" component of medical waste is 20%. In Covanta's March 2018 power point presentation to the City of Bristol, page 3 states that the "'Must Incinerate' components comprise 8% to 15% of the entire RMW stream."

a) Which percentage is true? Or did this change dramatically in three years? If it has changed, please explain how and why.

As previously stated, Covanta estimates the 'must incinerate' portion of BMW is 8-15% of the BMW stream.

b) What is the source of this information?

That information is derived from proprietary information.

c) What are these "must incinerate" components? Pathological? Chemotherapeutic? Pharmaceutical? Infectious? Sharps? Other categories?

For the state of Connecticut under the permit we are seeking, Covanta will process nonhazardous biomedical waste, which includes IV bags, tubes, sharps, vials, pharmaceutical residue as well as bedding, gowns and bandages, all of which is potentially infectious as a result of contact with blood or body fluids. It also includes pathological waste (i.e., tissue samples from biopsies, organs from surgical procedures) and waste from research facilities.

d) Why is an honest "must incinerate" figure for the region you intend to burn medical waste from, factoring in the differences between states in "must incinerate" requirements, the proportion of those categories in the waste stream, and weighted by the amount of medical waste generated in each state (or expected to be imported from each state)?

As previously stated, Covanta estimates the 'must incinerate' portion of BMW is 8-15% of the BMW stream. Covanta has requested 8% of total permitted processing capacity be allocated to BMW. Covanta believes this BMW capacity is adequate to manage the day-to-day variability safely and effectively in BMW anticipated from our customers.

3) What percentage of medical waste is pathological, chemotherapeutic, pharmaceutical, sharps, or other subcategories? How does this break down as a national average? How does this break down in CT?

As noted above, this is proprietary information. As previously stated, Covanta estimates that the 'must incinerate' portion of BMW is 8-15% of the BMW stream.

4) In Covanta's March 2018 presentation to the City of Bristol, the power point presentation states that "The Covanta RMW Program typically accepts the 'must incinerate' components of the RMW stream that are not processed in a conventional autoclave, microwave, or alternative treatment facility." Since this is what Covanta's regulated medical waste (RMW) program typically accepts, will Covanta commit to ensuring that a majority of medical waste burned at Covanta Bristol is from a "must incinerate" category, based on its state of origin? In other words, will Covanta cap at 49% the amount of medical waste it burns that does not need to be incinerated?

Covanta does not plan to cap the percentages of medical waste types. The application submitted to CT DEEP does not request the disposal of only must incinerate portions, rather it requests approval for the disposal of BMW as defined under CT regulations. Under the CT regulations, "Chemotherapy waste and Pathological waste shall be disposed of only by incineration. and Infectious waste may also be disposed of by incineration." However, Covanta has only requested approval for 8% BMW, consistent with its CT DEEP Special Waste Disposal Authorization; therefore, Covanta is not seeking any caps other than the 8% on the types of BMW that will be processed unless specified in the permit.

5) In each state you're considering taking medical waste from (at least PA, NJ, NY, CT, RI, MA, VT, NH and ME), how much medical waste does each state generate per year? Please break this down by how much is pathological waste or other medical waste subsets where possible, especially in states where certain medical waste subsets are required to be incinerated, such as pathological waste in CT.

Covanta does not have access to state specific records that break down medical wastes by subsets.

6) Where is CT medical waste currently being treated? Please break down by facility name and type and how many tons per year are processed.

Based on our knowledge, CT medical waste could be going to the following permitted medical waste facilities: Stericycle (Warren, OH), Curtis Bay Medical Waste Services (Baltimore, MD), or Stericycle (Haw River, NC). Future Healthcare (Bridgeport, CT) and Stericycle (Woonsocket, RI) are facilities limited to treating only the infectious category of medical waste but then must ship this treated waste for proper disposal. They cannot treat\process "must incinerate" wastes.

Covanta does not have access to records from these facilities; therefore, we cannot provide a breakdown of tonnage processed. Other permitted medical waste facilities may also be receiving CT medical waste.

7) To the extent that data is available, please provide the same information as the previous question for the other states where you hope to draw from: PA, NJ, NY, RI, MA, VT, NH and ME.

Based on our knowledge, medical waste from the states listed above could be going to the following permitted medical waste facilities: Stericycle (Warren, OH), Curtis Bay Medical Waste Services (Baltimore, MD), or Stericycle (Haw River, NC). Future Healthcare (Bridgeport, CT) and Stericycle (Woonsocket, RI). Future Healthcare (Bridgeport, CT) and Stericycle (Woonsocket, RI) are facilities limited to treating only the infectious category of medical waste but then must ship this treated waste for proper disposal. They cannot treat\process "must incinerate" wastes.

Covanta does not have access to records from these facilities; therefore, we cannot provide a breakdown of tonnage processed. Other permitted medical waste facilities may also be receiving medical waste from these other states.

8) During your virtual open meeting presentation on Wednesday, July 14, 2021, a Covanta Bristol representative claimed that there is a shortage of medical waste burning capacity in the region.

a) Based on your answers to the earlier questions, please provide the total amount of "must incinerate" tons produced in PA, NJ, NY, CT, RI, MA, VT, NH and ME, based on each state's requirements (if any) to burn certain types of medical waste.

   Data on the 'must incinerate' tons produced in PA, NJ, NY, CT, RI, MA, VT, NH, and ME is not made readily available by these jurisdictions.

b) Is most of this tonnage currently being processed at Curtis Bay Energy in Baltimore?

   'Must incinerate' waste could go to the following facilities: Stericycle (Warren, OH), Curtis Bay Medical Waste Services (Baltimore, MD), or Stericycle (Haw River, NC).

Covanta does not have access to records from these facilities; therefore, we cannot provide a breakdown of tonnage processed. Other permitted medical waste facilities may also be receiving medical waste from these other states.

c) If not, please make the case for the lack of capacity, and why the capacity planned at Covanta Bristol is commensurate with the scale of the alleged problem.

Currently there is no permitted medical waste incineration capacity in the state of CT, therefore there is no capacity. As a result, all 'must-incinerate' BMW generated by CT and regional healthcare facilities and industries is exported out of CT. The BMW could be transported hundreds of miles across multiple state lines to incinerator facilities in Maryland (284 miles from CT), Ohio (478 miles from CT) or North Carolina (613 miles from CT).

9) Are medical waste volumes increasing since COVID-19 started? Can you provide data on the national or regional medical waste generation trends?

Data on the impact of COVID-19 and the generation of biomedical waste is not available to our knowledge.

10) What percentage of medical waste to be burned do you anticipate will be from medical research facilities?

Covanta does not have data on biomedical waste generation rates from medical research facilities. All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program. Covanta has a robust quality control program to minimize risk and ensure that all shipments of BMW from our customer sites meet our program specifications which are the most stringent in the industry. Our agreements with customers give us the right to inspect any upstream customer facility that receives, processes, or consolidates BMW that would be delivered to Covanta Bristol. We inspect our customer sites prior to accepting their waste into our facility and on an annual basis or more frequently if required. All BWM loads are also inspected upon delivery.

Covanta's Biomedical Waste Program does not contract directly with these waste generators, our direct customers are BMW waste service companies who are contracted by BMW waste generators such as medical research facilities and hospitals.

11) Describe the acceptable medical waste this permit allows from medical research facilities, including specifics about research animals and the chemicals that have been researched.

Covanta does not have data on specific biomedical wastes generated by medical research facilities. All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program. Covanta's Biomedical Waste Program does not contract directly with these waste generators, our direct customers are BMW waste service companies who are contracted by BMW waste generators such as medical research facilities and hospitals.

12) From which states will you accept waste from medical research facilities?

Covanta does not have data on the location of medical research facilities. Covanta's Biomedical Waste Program does not contract directly with these waste generators, our direct customers are BMW waste service companies who are contracted by BMW waste generators such as medical research facilities and hospitals.

13) What facilities or collection entities will contribute medical research waste to be burned at the Covanta Bristol facility?

Covanta does not have data on facilities or collection entities related to medical research facilities. All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program. Covanta's Biomedical Waste Program does not contract directly with these waste generators, our direct customers are BMW waste service companies who are contracted by BMW waste generators such as medical research facilities and hospitals.

14) Will medical waste be accepted from facilities with any of the following Biosafety Level classifications: BSL-1? BSL-2? BSL-3? BSL-4? ABSL (animal research)? BSL-Ag (agricultural research)? See https://www.phe.gov/s3/BioriskManagement/biosafety/Pages/Biosafety-Levels.aspx for a guide to the classifications.

All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program.

15) Will research animals injected with radioactive tracers or other radioactive materials be accepted? If not, what measures will be taken to ensure that they will not be accepted.

All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program.

16) Does Covanta Bristol have radiation monitors in place? If not, will they be installed before Covanta starts burning medical waste? If so:

a) What type are they?
Yes, the Covanta Bristol facility is equipped with Ludlum 375-20 radiation monitors that monitor all waste received at the facility.

b) How sensitive are the instruments and how capable are they of detecting alpha and beta radiation?

Yes, the Covanta Bristol facility is equipped with Ludlum 375-20 radiation monitors that monitor all waste received at the facility.

c) How many times have the radiation alarms been tripped since 1/1/2018, and what types of materials have tripped the alarms? Please provide a spreadsheet of incidents, whether the materials were located and removed before burning, what type of materials were found, and what was done with them.

Since 2018, the radiation alarms have tripped 33 times. Of these, 22 trips were from waste contaminated with Iodine 131 from thyroid and medical tests. 9 trips were from waste contaminated with technetium-99m from cardiac medical tests. There was one trip from waste containing a water filter with radon-222 and one trip from the driver of the waste vehicle. In each case, a state certified radiation technician was called in to investigate and determine the proper disposition of the waste. No waste was taken by the Bristol facility until the radiation had decayed to an acceptable level for safe processing.

17) Please list the chemotherapeutic agents that may become part of the medical waste stream to be incinerated at Covanta Bristol, along with their chemical formulas.

All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program. As part of the Covanta application this would include BMW with trace amounts of Chemotherapeutic waste below 3%.

18) Please list the types of organs and body parts that may be accepted as pathological waste as part of the medical waste stream to be incinerated at Covanta Bristol.

All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program. Covanta will not accept human fetal tissue, cadavers, large human body parts and large animal carcasses for disposal at Covanta Bristol.

19) Will any municipal solid waste (MSW) be displaced by the burning of medical waste? If so, how many tons per year are projected to be displaced?

No, the application does not seek to displace permitted tons of MSW. Rather, biomedical waste would be part of the 8% of special wastes approved by CT DEEP to be received and processed at the Facility.

20) Please provide specific information about the special waste that you presently accept that you will be displaced in order to accept medical waste for incineration, including the waste types, customer names, and locations.

Under the Facility's Special Waste Disposal Authorization, the following special wastes are approved to be accepted and disposed at the Facility:

- **Commodity Wastes (Consumer Products)**
- **Paint/Plastics/Rubber Wastes**
- **Oil/Petroleum Product Contaminated Wastes and Debris**
- **Industrial Wastes**
- **Pharmaceutical Wastes (Pre-consumer) and (Post-consumer)**
- **Printing Wastes**
- **Processed Screenings from Sewage Treatment Facilities**
- **Wood Debris derived from Processed Construction and Demolition Waste**
- **Contraband Wastes**
- **Agricultural Wastes/Quarantined Wastes**
- **Materials for Secure Destruction, such as paper documents**
- **Non-hazardous autoclaved wastes originating from medical waste treatment facility processes**

Covanta is proposing to add BMW to the list of approved special wastes. The percentage of any single special waste varies based upon market conditions. As mentioned, Covanta would only be able to accept and dispose of 8% special wastes mixed with 92% MSW.

21) For the waste types that will be displaced by burning medical waste, where is it likely to go when Covanta Bristol can no longer take it? Please break it down by waste types and the names and locations of likely facilities where that waste will go instead of Covanta Bristol.

Covanta will continue to receive and process special wastes in accordance with contract requirements and permit requirements at applicable facilities. Special waste contracts will continue based upon market conditions. Alternative processing locations for special waste are not within the scope of this application.

22) Please provide the amount of the tipping fees you receive for special waste you presently burn in Bristol. If it varies based on type, please break down by type of special waste.

Special and BMW processing tipping fees are considered business confidential and are beyond the scope of the permit application.

23) What is the average tipping fee for waste that would be displaced by the burning of medical waste?

Special and BMW processing tipping fees are considered business confidential and are beyond the scope of the permit application.

24) What does Covanta expect to charge per ton of medical waste accepted?

BMW processing tipping fees are considered business confidential and are beyond the scope of the permit application.

25) How much more money does Covanta Bristol expect to make per year if burning 8% medical waste?

BMW processing tipping fees are considered business confidential and are beyond the scope of the permit application.

26) Will any of this extra revenue from burning medical waste be shared with the City of Bristol?

Yes. Covanta has entered into a community environmental benefit agreement with the City of Bristol. These types of agreements are required by CT DEEP under its EJ policy.

27) Page 273 of your medical waste burning permit application to DEEP states that “Additional revenue to the City of Bristol” includes “host benefit to increase by approximately $450,000 per year.” Is this in a written agreement? Please provide all documentation of this negotiation or agreement.

Covanta and the City of Bristol have a host agreement as required under the EJ regulation that is on file and is available under public records request with the City of Bristol.

28) Page 273 also states "$6 million over the course of the 12-year contract." Which contract is this exactly? Please provide a copy.

This was a poster presented in 2018/2019 that estimated the benefit to the host city of $450,000 per year. Multiplied by 12 years, the host city benefit equals $5.4M, which was the basis of the $6M identified on the poster.

29) Also on page 273 is the statement: "in 2018, revenues from Covanta to the city were $1.75 million." Please provide this revenue information for each year that Covanta Bristol has operated and break out how much is host fees vs taxes, utilities, or other forms of payment (with each payment type described).

Revenue for 2015 – 2020 was as follows: 2015 - $263,412; 2016 - $257,889; 2017 - $268,574; 2018 - $204,776; 2019 - $257,435; 2020 - $250,580. The annual revenue provided above is shared with each of our 14 core communities and is prorated by the percent of waste that each community brings into Covanta Bristol on an annual basis.

30) Please name the facility in Louisiana that you claimed in the virtual meeting on July 14, 2021 is the only medical waste incinerating facility in the U.S. that abides by emissions standards for medical waste incinerators.

The permitted medical waste incinerators are registered under the operating state under a Title V permit. Covanta believes, but has not yet been able to confirm, that a Medical Waste Incinerator in Louisiana may be the only facility in the United States subject to the standards for new medical waste incinerators at 40 CFR Part 60 Subpart Ec.

31) Is Covanta claiming that Curtis Bay Energy, Stericycle, and other medical waste incinerators are not abiding by emissions standards for medical waste incinerators?

No. Hospital, Medical Infectious Waste Incinerators are subject to the emission standards in 40 CFR Part 60 Subpart Ce or Subpart Ec depending upon when they were constructed or modified.

32) How many tons of medical waste are typically carried in a medical waste hauling truck?

The number of tons can vary depending upon the waste density and the type of packaging. Covanta's experience has shown a tonnage range of 4-15 tons per delivery.

33) How many tons of MSW are carried in the trash trucks that deliver to Covanta Bristol? If it varies by truck type, please provide the details for each and what percentage each size represents.

The number of tons can vary depending upon the waste density, truck type and the moisture content. Our experience has shown a tonnage range of 6-30 tons. For example, a transfer trailer type truck carrying 100 cubic yards of waste could weigh 30 tons, while a residential curbside truck may weigh 6 tons.

34) How many tons of special waste are carried in the trucks that deliver to Covanta Bristol?

The number of tons of special waste carried in the trucks that deliver to Covanta Bristol varies depending on the type of special waste, truck type or shipping container that is used.

35) Along with existing health and safety protocols implemented by clients, collectors, consolidators, and haulers when they prepare medical waste for delivery to Covanta Bristol, will Covanta Bristol also commit to conduct routine and regular inspections of the contents of the containers that arrive to be incinerated to ensure the waste is acceptable under your permit restrictions?

As described in the application, Covanta will conduct routine and regular inspections of the containers that arrive to be incinerated for compliance with the conditions of Covanta's permit. The pre-approval and BMW receipt and inspection procedures detailed in Section 5 and Appendix B of the permit application will be followed when receiving each load.

36) Will Covanta be installing any additional pollution controls, or upgrading or using existing air pollution control systems to meet a more protective emissions standard, or to further reduce any air pollutants in any way beyond how these controls are currently utilized?

Our many years of experience at our other Covanta Waste-to-Energy facilities that have been processing this type of waste have shown no discernable effect on emissions. In fact, emissions testing at these facilities, conducted while combusting BMW, has demonstrated that the emissions at the facilities have continued to be much lower than the permit limits. No additional air pollution controls or upgrading of existing control systems are planned as part of the proposed project.

37) What expanded emissions monitoring, if any, is Covanta proposing at the Covanta Bristol facility?

The continuous emissions monitoring and annual stack testing required by CT DEEP and USEPA are the tools for monitoring emissions from the Bristol Facility. Emissions testing at our other facilities, conducted while combusting biomedical waste, has demonstrated that the emissions have continued to be much lower than the required permit limits. As discussed in Section 7.4 of the permit application, at the request of the CT Coalition for Environmental Justice during prior public outreach consultation, and as part of this project, Covanta will propose a means of continuously measuring mercury emissions in a subsequent application to modify the air permit for the Facility.

38) In addition to continuous emissions monitoring for opacity, sulfur dioxide (SO2), nitrogen oxides (NOx), carbon monoxide (CO) and oxygen, will Covanta commit to installing continuous emissions monitors (or continuous/long-term sampling where truly real-time equipment is not available) for each of the following contaminants:

- arsenic (As);
- beryllium (Be);
- cadmium (Cd);
- chromium (Cr); and hexavalent chromium (Cr+6);
- dioxins and furans;
- fine particulate matter (PM2.5);
- hydrochloric acid (HCl);
- hydrogen sulfide (H_2S);
- lead (Pb);
- mercury (Hg);
- per-and polyfluoroalkyl substances (PFAS);
- polychlorinated biphenyls (PCBs); and
- polycyclic aromatic hydrocarbons (PAHs)?

As per the response to Question No. 37, as part of the proposed project to dispose of BMW, Covanta is committed to proposing a means of continuously measuring mercury emissions in a subsequent application to modify the air permit for the Bristol Facility. As noted, Covanta does continuously monitor for opacity, sulfur dioxide, nitrogen oxides, carbon monoxide and oxygen at Covanta Bristol. In addition to these constituents, a number of operational parameters related to the effective performance of the emissions control systems are also continuously monitored, including steam generation rates, temperatures at the inlets of the fabric filters and reagent usage rates. Annual emissions testing is performed for particulate matter, cadmium, dioxins and furans, hydrochloric acid, lead, and mercury. Testing is required once every 5 years for arsenic, beryllium, copper, chromium, ammonia, fluorides, and polycyclic aromatic hydrocarbons. The combination of continuous emissions monitoring, the monitoring of operational parameters, and annual emissions testing ensure proper functioning of the air pollution control systems and compliance with permitted emission limits.

Discussions have been held with CT Coalition for EJ and CT Zero Waste Coalition where they requested Covanta consider a mercury monitor. As detailed in the permit application, following issuance of the solid waste permit we will request inclusion of that monitor as part of our air emissions monitoring.

39) If Covanta commits to continuous monitoring for additional contaminants, how long will it take to install this new monitoring?

The means of continuously monitoring mercury emissions referenced in response to Question No. 37 above would be operable prior to the combustion of BMW at the Facility.

40) Will Covanta commit to providing immediate and historic public access to continuous monitoring data for the additional contaminants listed above, along with the data already collected?

Yes. Covanta has made a voluntary commitment to add the continuous monitoring data for the Covanta Bristol Facility to the publicly accessible website so that the public can stay informed.

41) Will Covanta commit to providing immediate and historic public access to radiation monitoring data?

Covanta is unable to make this commitment since this information is generated after the waste truck is rejected from the Bristol facility.

42) What additional safety and health protocols for facility workers will be implemented if medical waste is permitted to be burned at Covanta Bristol?

Covanta has developed Standard Operating Procedures for the acceptance and processing of non-hazardous BMW that are the most comprehensive in the industry. We have installed automated systems that handle the material so that minimal interaction with employees is required. This is in addition to mandatory personal protective equipment and "no-touch" procedures in use at our facilities. Our Waste-to-Energy facilities in Lake County, Florida, Marion County, Oregon and Huntsville, Alabama have been successfully processing this material for many years and we will apply best practices from these locations to the program at the Bristol facility.

Training is an essential component of the Covanta BMW program and mitigates the risk of exposure to hazards associated with the processing of BMW. Initial operator training will be conducted by a

competent individual for any employee who will be working directly with BMW prior to performing the functions of this job. Recurrent training will be provided on an annual basis.
Operators at the Bristol Facility have been trained in accordance with the Municipal Waste Combustor (MWC) Operator Training Program developed by the USEPA in support of improving the air pollution control practices at MWCs. The USEPA was required to develop a model state training and certification program for solid waste incinerator operators under Title 111 of Section 129 of the Clean Air Amendments of 1990. In accordance with State of Connecticut regulations, all chief and shift operators are required to be certified by the Commissioner. Operators must satisfactorily complete an operator training course conducted by the Commissioner.

43) Covanta Bristol was cited by OSHA in 2015 for 16 serious violations of workplace safety and health standards and fined $80,100. The cited violations include toxic metals in ash, the dangers of falls or working in confined spaces, and electrical and mechanical hazards. The agency said the plant had combustible dust accumulating on catwalks, floors, ledges, guardrails and work platforms. It also said there wasn't adequate training or protective clothing for a worker who was testing live electrical parts. See https://www.baltimoresun.com/hc-covanta-osha-fine-20150217-story.html

a) Why does Covanta believe that this plant is an appropriate one for safe treatment of workers?

Covanta is committed to developing and maintaining a safe and healthful workplace. We are continuously looking to improve our work processes to ensure that everyone goes home safely every day. This has included efforts around electrical safety, rigging, fire protection, protective equipment, behavioral safety, and many other areas. Covanta Bristol has demonstrated this significant level of improvement by going over five years without an OSHA recordable injury from 12/30/2015 to 5/14/2021.

b) Why does Covanta believe that this is a suitable plant to handle a more dangerous waste stream?

BMW is a non-hazardous waste per CT regulation and with the proper procedures in place there is no additional risk to the employees and residents. Employees at Covanta Bristol are committed to working safely This includes making sure that waste streams are handled in a safe manner and are processed according to plant procedures to ensure effective treatment of that material. The site has an active Safety Committee, and they are involved with the development and implementation of any new processes and/or job safety analyses utilized at the site. The permit application indicates that draft SOP's would be available for CT DEEP review and finalization 6 months after the first processing of BMW.

Why did these serious workplace safety violations occur in the first place?

Covanta has always been focused on creating a safe workplace. We were disappointed that OSHA found any issues that did not meet our internal standards. After this incident, we did a thorough site and company review and made improvements to our systems to address these issues. Covanta Bristol has demonstrated a significant level of improvement by going over five years without an OSHA recordable injury from 12/30/2015 to 5/14/2021.

c) What has Covanta done to ensure that such violations cannot take place again?

Covanta has made modifications to its procedures and work practices at the Bristol site and beyond to address OSHA's findings. Specifically, there has been a complete review and update of the company electrical safety program. The company has also made improvements to many other programs as part of its efforts to address this situation, in addition to our normal continuous improvement process. All operating and maintenance employees now wear long sleeved and long pants that are Flame Retardant Clothing with reflective striping, gloves, as well as a hard hat, safety glasses, and safety shoes at all times. We have also developed an electronic system for conducting and tracking procedure reviews and safe behavior assessments to ensure that procedures are being followed and appropriate safety precautions are in place. Site and corporate personnel are also frequently in the plant to monitor systems and work practices. Through direct employee involvement, Covanta Bristol is one of leading plants in Covanta at identifying and correcting near misses and conducting behavioral safety assessments. Additionally, the plant performs at least monthly Cross Functional Walkdowns with safety, operations, and maintenance personnel to identify and correct potential hazards.

<u>As stated previously, Covanta Bristol has demonstrated significant improvement by going over five years without an OSHA recordable injury from 12/30/2015 to 5/14/2021.</u>

44) Are adult diapers more prevalent in medical waste than in municipal solid waste?

Covanta does not have information to answer this question.

45) The NOx emissions limit for Covanta Bristol was listed as "120 / 150." Please explain where 120 ppm applies and where 150 ppm applies.

120 ppmdv7 is the 24-hr daily average permit limit that applies to Bristol MWC Unit 1.
150 ppmdv7 is the 24-hr daily average permit limit that applies to Bristol MWC Unit 2.

46) If Covanta Bristol were permitted as a new facility in 2021, what would the nitrogen oxide (NOx) emissions permit limit be under New Source Review standards considering that Hartford County is classified as "non-attainment" for ground-level ozone?

If Covanta Bristol was permitted in 2021 as a newly proposed facility in a nonattainment area for ozone, it would be subject to New Source Review nonattainment provisions for the emission of oxides of nitrogen (NOx). The emission limit for NOx would be based on the application of Lowest Achievable Emission Rate (LAER) technology. LAER emission limits are determined on a case-by-case basis and would be established by CTDEEP.

47) How do Covanta Bristol's average emissions in recent years compare to the regulatory limits for medical waste incinerators?

Average emissions from Covanta Bristol and the three Waste-to-Energy facilities at which Covanta disposes of BMW operate well below their permit limits which reflect the Maximum Achievable Control Technology standards for municipal waste combustors established by the USEPA. The average actual emissions from these facilities are below the federal standards which apply to Hospital /Medical/Infectious Waste Incinerators (HMIWI) constructed prior to December 1, 2008 and are

commensurate with the federal standards which apply to HMIWI facilities constructed after that date. The 'must-incinerate' BMW that would be processed at Covanta Bristol is presently being processed at an HMIWI constructed prior to December 1, 2008 standards. Covanta believes, but has not yet been able to confirm, that an HMIWI facility in Louisiana may be the only facility in the United States subject to the standards for new HMIWI constructed after December 1, 2008.

48) How do the average emissions over the last five years for Covanta Huntsville (AL), Covanta Marion (OR), and Covanta Lake (FL) compare to the regulatory limits for medical waste incinerators? Please provide corresponding data on the tonnage of trash vs. medical waste burned each year, and at the time of testing, in the case of annual stack results.

See the response to Question No. 47.

49) How do the average emissions over the last five years for Covanta Huntsville (AL), Covanta Marion (OR), and Covanta Lake (FL) compare to the five years prior to the burning of medical waste at these incinerators?

Comparison of average emissions during the years prior to processing BMW at Covanta Huntsville and Covanta Lake to test results following the start of processing of BMW show that the emissions from the facilities are unaffected by BMW co-combustion. Pre-BMW and post-BMW emission data from Covanta Lake while combusting 8-9% BMW were provided in Section 6 of the permit application. No comparison of emissions data for Covanta Marion is possible because BMW has always been processed at the facility and hence no pre-BMW data are available.

50) What is the actual tonnage of medical waste burned per year in the past five years at Covanta Marion (OR), Covanta Huntsville (AL), and Covanta Lake (FL)?

In the last 5 years Covanta has processed a total of 56,386 tons of BMW at these three facilities.

51) Since Covanta Bristol would become the 3rd or 4th largest medical waste incinerator in the nation if burning 8% medical waste, why will Covanta not commit to abiding by the regulatory limits for medical waste incinerators?

The permit conditions for Covanta Bristol are equal to or more stringent than the Maximum Achievable Control Technology standards codified in 40 CFR Part 60, Subpart Cb, Emission Guidelines for Large Municipal Waste Combustors. The Subpart Cb emission standards are more stringent than those required for existing medical waste incinerators at 40 CFR Part 60 Subpart Ce. This assessment is based on the following;

- **Subpart Cb requires continuous monitoring of criteria pollutants including SO2, NOx and CO whereas Subpart Ce and Subpart Ec, do not require continuous compliance.**

- **Subparts Ce and Ec allow for bypass of the air pollution control equipment. That is not allowed per Subpart Cb and is not physically possible at Covanta Bristol.**

A comparison of Subparts Cb with Subpart Ce or Subpart Ec that only focuses on the stack numerical emission limits is an incomplete comparison that does not recognize the full scope of a performance standard which should include continuous monitoring.

52) What would it cost for Covanta Bristol to upgrade to meet the regulations for medical waste incinerators?

Covanta Bristol is a mass burn waterwall combustor designed to generate steam and/or electricity and to recover metals for recycling. Medical waste incinerators do not generate steam and/or electricity or recover metals – and are simply a mechanism for reducing the volume of waste. Covanta Bristol uses an automated combustion control system to enable continuous compliance with stack emission standards and/or operating parameters for other emissions. Covanta Bristol does not have an emergency bypass around the air pollution control system allowing emissions to be vented directly to atmosphere like many medical waste incinerators. Covanta is required to process all flue gas through its air pollution control system.

Covanta Bristol is designed, built, and operated with modern air pollution control systems including;

- **Automated combustion controls**
- **Selective non-catalytic reduction for control of NOx emissions**
- **Semi dry scrubber system including a spray dryer and baghouse for the control of acid gases and particulate matter**
- **Powdered activated carbon injection system for the control of mercury and dioxin/furan emissions**
- **A continuous emission monitoring system for SO2, NOX and CO and a continuous opacity monitoring system – including automated reporting of emissions for direct comparison with permit standards**
- **Continuous monitoring of process parameters including steam production rate, carbon injection rate and temperature at the inlet to the baghouses.**

None of the changes to Covanta Bristol identified in the permit application to provide for the effective and safe disposal of BMW are proposed in order to meet the regulations for HMIWI.

53) If Covanta does not get permission to burn medical waste, will Covanta (and its new owner) allow this small plant to remain in operation, or is it too unprofitable to continue operating?

Covanta is committed to operating the Bristol plant through 2034, consistent with our contractual obligations to the Bristol Resource Recovery Facility Operating Committee communities. New ownership and the ultimate determination on the BMW permit do not affect this commitment.

54) Your virtual open meeting presentation on Wednesday, July 14, 2021 touted the support of the Chester Environmental Partnership in Chester, Pennsylvania. How much money does Covanta provide annually to the Chester Environmental Partnership (CEP) or projects controlled by CEP or Rev. Strand?

This question is beyond the scope of the Bristol permit application.

55) For how many years is the ash landfill in Agawam expected to be available? Will it be available for the full life of the Covanta Bristol incinerator?

The Bondi Island Landfill located In Agawam, MA has capacity until at least 2032. If disposal capacity is no longer available Covanta will find an alternative disposal location well in advance. Covanta provides regular updates to MA DEP and CT DEEP on its ash disposal capacity.

56) What additional contaminants does Covanta anticipate will be present in fly and bottom ash produced as an end product from incinerating medical waste?

Based upon many years of operation at Covanta's other facilities combusting BMW, no additional constituents are anticipated to be present in fly and bottom ash.

57) What amount of ash (in tons) is generated per year in recent years?

The Covanta Bristol facility generates approximately 46,000 tons per year.

58) For the past five years, please provide charts of how many tons of Covanta Bristol's ash went each year to the Bondi Island landfill in Agawam, MA, to the Wheelabrator Putnam ash landfill, or to other facilities (name each).

Covanta Bristol facility ash has been disposed of at the Bondi landfill over the past five years and not to the Wheelabrator Putnam ash landfill.

59) What safety and health protocols are presently in place to ensure safe transport of incinerator ash from Covanta Bristol to any and all destinations?

Covanta routinely tests the ash to demonstrate that it is non-hazardous. Covanta personnel inspect trucks as they leave the ash building and before they exit the facility gate to ensure that trucks are tarped and not leaking.

60) Will any additional safety or health protocols be implemented to ensure safe transport of ash if the facility is permitted to burn medical waste?

Current protocols are sufficient to properly transport ash. There will be no discernable differences or new materials introduced into the ash.

61) Are trucks leaving Covanta Bristol routinely inspected to be sure ash is secured and the trucks will not endanger haulers or disperse ash enroute to landfills where it is to be stored?

Yes. Covanta personnel inspect trucks as they leave the ash building and before they exit the facility gate.

62) Will Covanta commit to ensuring by physical inspections that all loaded ash hauling trucks are covered and sealed to prevent ash becoming airborne enroute to the storage destinations?

Yes. As stated in question 61. Covanta personnel inspect trucks as they leave the ash building and before they exit the facility gate.

63) In your virtual open meeting on July 14, 2021 Covanta claimed that the Bristol incinerator could last 50-60 years. Please also provide the basis for this claim. Please also name all U.S. trash incinerators that have operated for 50 years or more.

In 2012, Covanta undertook the refinancing of selected assets within our portfolio of waste to energy plants. In conjunction with this effort, the company retained SAIC Energy, Environment & Infrastructure, LLC (which is now a part of Leidos) to conduct an independent engineering review related to the potential useful operating life of the facilities being refinanced via the issuance of bonds. The review included the most recent 5-year history of historical operating and related financial data, on-site visits, and estimated capital expenditures ("Renewals and Replacements") which would allow the plants to continue operating through the terms of the bonds. The report stated, "In general, energy generating facilities such as [Covanta's facilities] can be expected to have a useful operating life, as originally built, of 40 to 50 years with proper [Operations and Maintenance] and timely Renewals and Replacements. However, beyond 40 to 50 years, it is reasonable to expect that some type of additional capital expenditures, beyond those included as part of Renewals and Replacements will be required."

Covanta is not aware of any modern Waste-to-Energy plants which have been in operation in the U.S. for 50 or more years.

64) The Covanta Bristol facility is approximately 34 years old. What is the expected lifespan of a trash incinerator? Please name all U.S. trash incinerators that have operated for 40 years or more.

As stated above, the expected lifespan of a waste to energy plant is 40 to 50 years as originally built. The lifespan may be extended with additional capital investments beyond those made in the normal course of business.

Based on Covanta's review of the Energy Recovery Council's 2018 Directory of Waste-to-Energy Facilities (http://energyrecoverycouncil.org/wp-content/uploads/2019/10/ERC-2018-directory.pdf), the following U.S. Waste-to-Energy facilities have been operating for 40 years or more:

- **Arnold O. Chantland Resource Recovery Plant in Ames IA; started in 1975**
- **Pittsfield Resource Recovery Facility in Pittsfield, MA; started in 1981**
- **Wheelabrator Saugus in Saugus, MA; started in 1975**
- **Niagara Falls Resource Recovery Facility in Niagara, NY; started in 1980**
- **Susquehanna Resource Management Complex in Harrisburg, PA; started in 1972 but retrofitted and refurbished in 2006**

65) What is the average lifetime of the trash incinerators in the U.S. that have closed since 2000?
Covanta does not have a comprehensive list of U.S. Waste-to-Energy facilities which have closed since 2000. However, since most Waste-to-Energy facilities in the U.S. were built after 1985; it is reasonable to assume that the average age of facilities which have closed since 2000 is about 25 years.

66) How many new trash incinerators have been built in the U.S. since 1996? Please name them and list their locations.

Based on Covanta's review of the Energy Recovery Council's 2018 Directory of Waste-to-Energy Facilities (http://energyrecoverycouncil.org/wp-content/uploads/2019/10/ERC-2018-directory.pdf), the following new Waste-to-Energy facilities have been built in the U.S. since 1996:

- **Unit 4 of Hillsborough County Resource Recovery Facility in Tampa, FL; built in 2009**

- **Unit 3 of Lee County Resource Recovery Facility in Ft. Myers, FL; built in 2007**
- **Palm Beach Renewable Energy Facility 2 in West Palm Beach, FL; built in 2015**
- **HPOWER Unit 3 in Kopelei, HI; built in 2012**
- **Perham Resource Recovery Facility Expansion in Perham, MN; built in 2014**
- **Unit 3 of Pope Douglas Waste-to-Energy Facility in Alexandria, MN; built in 2011**

67) Once all needed permits are issued, how many months before you start accepting medical waste?

Covanta anticipates that it will take 6-12 months to complete the necessary construction, equipment installation, commissioning and start-up before BMW can be received.

68) What changes are needed at the plant before accepting medical waste is possible.

The application describes the changes planned in detail including the automatic feed system. Other changes include the construction of loading docks, a buffer wall on tipping floor, truck parking area, and waste conveying system.

69) How is it possible that the Covanta plant in Bristol will not experience a significant increase in truck traffic when delivering medical waste from 7 states and the rest of Connecticut? Covanta stated at the public Zoom presentation that part of their responsibility with respect to the environmental justice component of the permit process, that traffic would not be increased.

Covanta Bristol is not requesting additional tons of capacity but rather is proposing to utilize existing capacity currently permitted for other special wastes to include BMW. Trucks that previously held other special wastes would be replaced with trucks carrying BMW.

70) The Government of the State of Rhode Island banned the incineration of biomedical waste in their state. What was their basis for taking this step? What do they know that Covanta and DEEP do not know?

Covanta was not involved with Rhode Island's decision to ban incineration of biomedical waste.

71) Covanta is being acquired by EQT out of Sweden. Is this purchase completed? If not, please spell out the time frame for this merger and whether shareholder lawsuits might delay the transaction.

On July 14, 2021 Covanta announced that it had entered into a definitive agreement with EQT Infrastructure ("EQT") whereby EQT will purchase the company and it will no longer be a publicly traded company effective sometime during the fourth quarter of 2021. As such, the purchase has not been completed and the company is not in a position to comment on whether or not shareholder lawsuits might delay the transaction.

72) Will the new owner honor all commitments made by Covanta to communities in the U.S.?

Following the completion of the acquisition, EQT will work with Covanta's management team to build upon its impressive strengths including its portfolio of assets that provide essential waste services to municipalities and commercial customers, its long-term community relationships, as well as its numerous growth opportunities, including Covanta's Environmental Solutions platform, which has been spearheading the BMW permit application process in Bristol, CT. Covanta will maintain its

Corporate headquarters in Morristown, New Jersey and its management team is expected to remain in place. No announcements have been regarding any anticipated changes relative to commitments which have been made communities in the U.S.

73) Will the corporate structure description in the permit application be updated to reflect the new ownership?

Following the closing of the EQT transaction, Covanta will provide updated business information to CT DEEP to the extent such information is required for the permit application.

74) In the past year, Covanta's CEO has indicated that some less profitable plants may be closed. What criteria are used to determine which plants may close or be sold? When will announcements be made about which plants may be closed or sold?

The statements referred to in the question were made in conjunction with the strategic review process announced in October 2020 by Covanta's CEO Mike Ranger. The strategic review process concluded with the announcement in July 2021 that EQT Infrastructure ("EQT") of Sweden will purchase the company and it will no longer be a publicly traded company effective sometime during the fourth quarter of 2021. No announcements regarding plant closures or sales were made in conjunction with the EQT transaction. Covanta remains committed to its continued operation of the Bristol waste to energy facility, its decades-long partnership with the Bristol Resource Recovery Facility Operating Committee member communities, and its plans to permit and process BMW at the Bristol facility in accordance with a permit it hopes will be issued by CT DEEP after it completes its review of the permit application submitted in March 2021.

75) Despite the fact that the Bristol Mayor and City Council have prohibited the burning of human tissue as part of this agreement, why would Covanta consider burning animal tissue, even if it wasn't specified?

All wastes proposed to be received must meet the requirements of the permits received by the facility as well as the requirements of the Covanta Biomedical Waste QA/QC Program and CT regulations.

76) Regarding Covanta's particulate matter emissions:

a) Paul Gilman stated that PM10 is inclusive of PM2.5 as measured and reported. If that is true, why does the emissions data reported by Covanta's Pinellas, FL incinerator, as represented by EPA's 2017 National Emissions Inventory, show that PM2.5 emissions (62.1 pounds) are five times greater than PM10 (12.2 pounds)

   By definition total PM-2.5 emissions are a subset of total PM-10 emissions. The permit for the Pinellas County Facility has a limit for PM 2.5 which includes filterable PM 2.5 plus condensable PM but does not have a limit for PM-10 emissions. Filterable PM-10 emissions are measured during testing. It appears that the number quoted for PM-2.5 emissions includes condensable PM and the PM-10 emission number is filterable PM-10 only.

b) Similarly, if PM2.5 is a subset of PM10, why are six of Covanta's incinerators reporting the identical number for PM2.5 and PM10? Is there no PM from these facilities greater than 2.5

microns but smaller than 10 microns? Another five Covanta incinerators have suspiciously high PM2.5 ratios (97 to 99%).
By definition total PM-2.5 emissions are a subset of total PM-10 emissions. Not all of Covanta's facilities have permit limits for PM-10 and PM-2.5 and so may have different testing requirements, may use different test methods and/or are making different assumptions about how the results are reported. For example, in cases where only PM-10 is tested and PM-2.5 is not tested, it may conservatively be assumed that all PM-10 is PM-2.5 for reporting purposes.

c) Why do the PM2.5 to PM10 ratios vary so radically across Covanta's fleet?
Please refer to the response provided in 76 d below.

d) Why do the PM emissions per year also vary radically across Covanta's fleet, out-of-proportion to the size of the facility, and do not simply correlate due to the presence of pollution controls

With one exception, all of Covanta's facilities are equipped with fabric filters for particulate matter control. Not all of these fabric filters were designed equally at the time the facilities were constructed. They have different design features including air-to-cloth ratios and use different means of cleaning the filter bags. Hence, they perform differently. There are also some differences in the waste streams processed at the different facilities. Most importantly, all of the facilities are meeting their permit limits for particulate matter based on the applicable MACT emission standards.

e) Why are Covanta-operated incinerators in CT the only facilities with a 0% ratio of PM2.5 to PM10? With a fleet average of 90%, it is statistically impossible that your two facilities in CT are at the bottom of the list, with next to no fine particulate (PM2.5) emissions relative to PM10 output. Please explain whether these numbers are accurate, and if not, who is responsible for this incorrect report, and where we can find accurate data for PM2.5 and PM10 across your fleet. The aforementioned data and ratios can be found compiled here:

Covanta facilities in CT are required to stack test for particulate matter utilizing USEPA Method 5. In this method, a filter with a 0.3-micron filter is required. Thus, the total of all fractions of filterable particulate larger than 0.3 microns are captured and reported including PM10 and PM2.5. This method does not determine separate fractions of particulate matter.

f) Why do the PM emissions per year also vary radically across Covanta's fleet, out-of-proportion to the size of the facility, and do not simply correlate due to the presence of pollution controls for this pollutant?

Please refer to the response provided for 76 d.

77) Did DEEP suggest an 8% or 10% limit on the proportion of medical waste to be burned, or did Covanta suggest that? Which percentage is it, and where did this percentage originate in the permits for Covanta's medical waste burning incinerators in AL, FL, and OR?

Covanta, not CT DEEP, proposed an 8% limit on BMW waste consistent with the Facility's 8% limit on special wastes as found in the CT DEEP approved Special Waste Disposal Authorization No. 01701245-SWDA.

78) Is there any regulatory barrier to Covanta burning 100% medical waste at Covanta Bristol? If so, please cite it.

Covanta has no intention of combusting 100% BMW at Covanta Bristol. Covanta's application proposes an 8% limit on BMW combusted consistent with the Facility's 8% limit on special waste processing as mandated in the CT DEEP approved Special Waste Disposal Authorization No. 01701245-SWDA. Approvals or revisions to operating permits and the Special Waste Disposal Authorization would be required to increase the allowable amounts of BMW above the 8% level.

79) If Covanta Bristol was to start burning 100% medical waste, would the incinerator be required to meet medical waste incineration standards, or would it still be held only to the weaker standards for municipal waste combustors? Please cite relevant regulations.

As per the permit application, Covanta will continue to combust a minimum of 92% municipal solid waste at Covanta Bristol. In accordance with 40 CFR Part 60.31b, Covanta Bristol is a "municipal waste combustor plant" and the facility and its combustors are subject to the provisions of 40 CFR Part 60, Subpart Cb for existing Large Municipal Waste Combustors.

80) Why does Covanta seek to burn medical waste? Is this decision part of a business plan to monetize existing facilities to increase revenues?

The Northeastern United States has a shortage of capacity to handle 'must incinerate' nonhazardous BMW. In addition, healthcare institutions are increasingly expressing a preference not to autoclave and then landfill their non-hazardous BMW to reduce potential liability. Waste-to-Energy facilities have proven to be a safe and environmentally responsible way to manage nonhazardous BMW. This material must be combusted at a high temperature and the Covanta Bristol facility is equipped to provide this essential public service and ensure that this material is handled and treated properly.

81) Why did Covanta seek to burn medical waste at its Bristol facility and not at Preston or other Covanta incinerators in the region?

Covanta Bristol uses inclined grate stoker technology provided by Martin GmbH of Germany, which has demonstrated its effectiveness in processing BMW. Covanta Bristol's central location within the Northeast BMW waste shed coupled with combustors using Martin technology, were primary drivers for choosing Covanta Bristol as the location to process BMW.

82) Please provide the host agreement with the City of Bristol and any other host agreements Covanta may have in Connecticut.

Such information can be obtained via a FOIA request with the City of Bristol. Other host agreements within Connecticut are not pertinent to this permit application.

83) Please provide the settlement agreement that formed the BRRFOC /Bristol Facility Policy Board. Covanta has stated that this agreement is an extension of a master agreement when they purchased the plant. Please also provide a copy of that master agreement.

This is proprietary information and the BRRFOC is a private entity.

84) Please provide copies of the contracts with each of the towns that provide waste to Covanta Bristol.

This is proprietary business information.

85) Is Covanta considering developing non-burn capacity for medical wastes, pharmaceutical wastes, chemotherapeutic waste, or pathological wastes?

Covanta is not considering developing non-burn capacity.

86) Page 273 of the permit application states that the "Proposed Changes at Covanta Bristol" include to "Process up to 77 tons per day of regulated medical waste." Was this a mistake? Other statements say that this amount would be 57 tons per day.

The "77 tons per day" found on page 273 of the permit application is a typographical error which was contained in a 2019 presentation on the project. As stated in various places in the permit application under consideration, Covanta seeks to include BMW in the list of approved special wastes it is allowed to process at Covanta Bristol. The limit on special wastes which may be processed would remain at 8% (or 57 tons per day on a weekly average basis) of the permitted total annual waste throughput rate for the facility of 261,340 tons.

87) Similarly, at your virtual open meeting presentation on Wednesday, July 14, 2021, one of your slides titled "Answer to some frequently asked questions" stated that "the most BMW [biomedical waste] that could be received would be 57 tons on a weekly average, but no more than 114 tons on any given day." This confusing wording was pointed out to you as early as December 11, 2020, and it's perpetuation led a reporter to state in a June 25, 2021 article that "Covanta maintains that burning up to 57 tons of medical waste a week at its Enterprise Drive plant wouldn't harm the environment." See https://www.courant.com/news/connecticut/hc-news-bristol-medical-waste-20210625-txqcgzccazb6tayjqwpsu2qa44-story.html .

This has rightfully misled some Bristol residents who think that the scale of the proposal is seven times smaller than proposed. This misleading wording remained in your presentation on 7/14/2021, and remains in the online copy of the Courant article. What will Covanta do to correct this reporting, and all future communications, and to inform the public of these misstatements that your company is aware of and has failed to correct?

Covanta's application proposes to combust 57 tons per day, or 8% of the annual waste throughput limit of 261,340 tons contained in the solid waste permit for the facility. Consistent with the facility's special waste disposal authorization, this is reported on a weekly average basis. Also, consistent with the facility's special waste disposal authorization, a single day maximum of 114 tons may be received since special waste is not received 7 days per week at the facility. Covanta's application proposes an 8% limit on BMW waste consistent with the Facility's 8% limit on special wastes as found in the CT DEEP approved Special Waste Disposal Authorization No. 01701245-SWDA.

88) Page 288 of Covanta Bristol's medical waste burning application to DEEP states:
"BMW generated in Connecticut has limited treatment and management options. Some BMW is treated by autoclaving resulting in a waste material requiring disposal. Other BMW is transported out-of-state for treatment and disposal. For example, BMW is transported to an incinerator in Maryland for proper treatment and disposal. This management solution requires trucks to drive approximately 600

miles roundtrip to transport the BMW from Connecticut to Maryland. The addition of BMW to Covanta's process provides a needed treatment and disposal outlet for BMW management in Connecticut, as well as a more sustainable option of transport as compared to trucking out-of-state."

The application repeats this concern on pages 332 and 360, even though Connecticut medical waste tonnage going to Maryland was just 17 and 21 tons in 2018 and 2019, respectively -- which is about 0.2% of the medical waste generated in Connecticut, and about 0.1% of the tonnage Covanta seeks to burn in Bristol.

a) Why is Covanta so concerned about the 600 roundtrip miles for this amount of waste?

   Covanta is being responsive to the needs of the BMW market and our customers, who have communicated their preference to reduce long-haul transport of BMW to disposal facilities.

b) If Covanta is so concerned about these travel miles, why does Covanta routinely accept much larger amounts of waste at its other incinerators, knowing that it has traveled much father, such as Covanta's Chester, PA incinerator accepting 166 tons of waste from Canada, 210 tons from Oklahoma, 718 tons from Tennessee, 985 tons from Georgia, 8,280 tons from Puerto Rico, and 11,574 tons from North Carolina? Will Covanta commit, company-wide, to stop accepting waste from such long-distances? If not, will Covanta commit to no longer making arguments about hauling distance?

   Distances that Covanta customers' waste travels to our permitted facilities is beyond the scope of this permit application.

c) On page 350 of the application, Covanta states: "Any BMW that would bypass the Covanta Bristol Waste-to-Energy facility in the event of an operational outage can be received and processed at Covanta Huntsville and/or Covanta Lake." Since Covanta is so concerned about travel miles from Connecticut to Baltimore, Maryland being excessive, will Covanta commit to sending any bypass medical waste to local non-burn treatment facilities unless there is a "must incinerate" requirement in the state of generation -- and if such a requirement applies, to hauling it only as far as the Baltimore, Maryland facility or the next nearest commercial medical waste incineration facility, to avoid having to ship it as far as Covanta's incinerators in Florida and Alabama?

   Covanta plans for maintenance outages and schedules customers' waste deliveries to meet these reduced processing hours. This means that we would schedule less BMW tons during an outage. If a situation arose where Covanta Bristol could not process some or all of the BMW being delivered, Covanta would fulfill its commercial obligation by processing at Covanta Huntsville or Covanta Lake.

89) In 2017, when Covanta was selected as one of three finalists to replace the MIRA trash incinerator in Hartford, part of the plan discussed expanding the Bristol incinerator.

a) How large of an expansion would it have required to handle the trash going to MIRA's incinerator?

b) If the proposal at the time was not to take all of the waste to Bristol, but to distribute it across other Covanta facilities, how many tons/day and tons/year would Covanta have sought to bring to Bristol? How large of an expansion would that have required? What other Covanta facilities would have needed to be expanded to handle that waste?

c) In 2017, Bristol Mayor Ellen Zoppo-Sassu stated that Covanta Bristol only has the ability to expand by a certain amount. Please explain what physical or other limitations there are on the ability of the Covanta Bristol incinerator to expand other than the fact that such expansion would require new state permits. What is the maximum capacity (tons/day and tons/year) of expanded capacity that would be possible at the Covanta Bristol site? [Note: we acknowledge that the current medical waste burning proposal does not involve expanding the capacity of the facility.]

(**a-c) The permit application to process BMW at Covanta Bristol does not contemplate an expansion of the facility. BMW is a special waste by State regulation and its receipt and processing at the facility would count toward the existing total special waste limit of 8% contained in the Special Waste Disposal Authorization for the facility and the total annual waste limit of 261,340 tons contained in the solid waste permit. Physical limitations to expand above the solid waste permit limit may include, but not be limited to, the size of the site, the heat release rate and size of the grates, the rating of the combustion air fans and the capacity of the turbine. The questions pertaining to the MIRA facility located in Hartford, CT, are not relevant to the BMW permit application under consideration.**

90) On November 12, 2020, Covanta stated to Connecticut environmental organizations that "plastics are problematic for us," that they lower your throughput, and that it's "self-serving to get that out of the waste stream." Please explain why this is, and how much plastics lower your throughput.

The general statement that plastics lower the throughput of a Waste-to-Energy facility refers to the fact that the higher heating value (HHV) of most plastics is greater than that of most of the other components of the waste stream. The design of a municipal waste combustor is based on a specified heat input rate to the unit expressed in millions of BTUs per hour and its capacity is typically expressed as tons per day of waste having an HHV expressed in BTUs per pound. Therefore, if the HHV of the overall waste stream were significantly increased above the design HHV, then fewer than the design tons per day of waste may be processed.

91) How does the percentage (or weight) or plastics in municipal solid waste compared to that in medical waste? You've stated that medical waste has more plastics. How much more?

Covanta does not have this data to answer this question.

92)You've stated that you "won't take anatomical waste like pathological waste." Other messaging has stated that you'd accept small pathological waste, but not large pathological waste. The proposed permit allows for pathological waste, except for "bulk"

pathological waste. Please explain what this means in practical terms. Can Covanta accept large body parts for burning so long as they're not delivered in bulk?

Covanta's BMW program will not be accepting Human Fetal Tissue, cadavers, large body parts and large animal carcasses.

93) How much money does Covanta spend on lobbying in Connecticut annually?

Covanta spends $70,000 annually to retain a lobbying firm that represents us in the Capitol on legislative and other policy matters.

94) How much money has Covanta and its PACs or management, or executive staff donated in political campaign contributions to local and state candidates and elected officials in the past five years? Please provide a breakdown of available data in campaign finance reports by date, contributor, candidate, and amount.

Corporations are prohibited from making political contributions at the state level. Covanta PAC has not made state or local contributions. Covanta's Senior Management does not give to local or state candidates.