

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

August 11, 2021

**Permit Application Details:**

[https://portal.ct.gov/-/media/DEEP/air/permits/TitleV/Covanta\\_Bristol/P-026-0055-TV.pdf](https://portal.ct.gov/-/media/DEEP/air/permits/TitleV/Covanta_Bristol/P-026-0055-TV.pdf)

Title V Permit Number - 026-0055-TV

Client/Sequence/Town/Premises Numbers - 6590/2/026/202

Date Issued - March 10, 2021

Expiration Date - March 30, 2025

Corporation - Covanta Bristol, Inc.

Premises Location - 170 Enterprise Drive, Bristol, Connecticut 06010

Name of Responsible Official and Title - Brian Kent, Facility Manager

**We request that this document is placed in the CT DEEP record for the permit application referenced above.**

**We consider our questions and requests as allowed and Covanta Bristol, Inc.'s responses to be required under Connecticut's Environmental Justice Law as updated on October 20, 2020.**

**We ask the following of Covanta before the Environmental Justice Law's requirements for meaningful public involvement are satisfied:**

- 1. That these questions be responded to by Covanta in writing.**
- 2. That all answers be cited with source references and links to the sources (if online) or that copies of source materials be made available if not already online.**
- 3. That Covanta provides these answers at least seven days prior to a new public meeting.**
- 4. That this new public meeting be hosted by Bristol Residents for Clean Air and attended by Covanta. This will be by Zoom set up by Bristol Residents for Clean Air, and Covanta should have sufficient staff attending the meeting in order to answer any clarifying questions that may arise from the questions below, and Covanta's answers to them. Covanta will not be given time for a new public presentation, as that is already available for residents to view in advance. This time will solely be focused on addressing clarifying questions and followups, or new questions from concerned residents.**

**This list does not encompass every question or request, and we and others may have additional questions or requests.**

**Please respond in writing to: [contactus@bristolresidents.org](mailto:contactus@bristolresidents.org)**

- 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.
- 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 powerpoint 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.
  - b) What is the source of this information?
  - c) What are these "must incinerate" components? Pathological? Chemotherapeutic? Pharmaceutical? Infectious? Sharps? Other categories?
  - 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)?
- 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?
- 4) In Covanta's March 2018 presentation to the City of Bristol, the powerpoint 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?
- 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.
- 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.
- 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.

- 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.
  - b) Is most of this tonnage currently being processed at Curtis Bay Energy in Baltimore?
  - 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.
- 9) Are medical waste volumes increasing since COVID-19 started? Can you provide data on the national or regional medical waste generation trends?
- 10) What percentage of medical waste to be burned do you anticipate will be from medical research facilities?
- 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.
- 12) From which states will you accept waste from medical research facilities?
- 13) What facilities or collection entities will contribute medical research waste to be burned at the Covanta Bristol facility?
- 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.
- 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.
- 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?
  - b) How sensitive are the instruments and how capable are they of detecting alpha and beta radiation?

- 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.
- 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.
- 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.
- 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?
- 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.
- 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.
- 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.
- 23) What is the average tipping fee for waste that would be displaced by the burning of medical waste?
- 24) What does Covanta expect to charge per ton of medical waste accepted?
- 25) How much more money does Covanta Bristol expect to make per year if burning 8% medical waste?
- 26) Will any of this extra revenue from burning medical waste be shared with the City of Bristol?
- 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.

- 28) Page 273 also states "\$6 million over the course of the 12-year contract." Which contract is this, exactly? Please provide a copy.
- 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).
- 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.
- 31) Is Covanta claiming that Curtis Bay Energy, Stericycle, and other medical waste incinerators are not abiding by emissions standards for medical waste incinerators?
- 32) How many tons of medical waste are typically carried in a medical waste hauling truck?
- 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.
- 34) How many tons of special waste are carried in the trucks that deliver to Covanta Bristol?
- 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?
- 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?
- 37) What expanded emissions monitoring, if any, is Covanta proposing at the Covanta Bristol facility?
- 38) In addition to continuous emissions monitoring for opacity, sulfur dioxide (SO<sub>2</sub>), nitrogen oxides (NO<sub>x</sub>), 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<sup>+6</sup>);

- dioxins and furans;
- fine particulate matter (PM2.5);
- hydrochloric acid (HCl);
- hydrogen sulfide (H<sub>2</sub>S);
- lead (Pb);
- mercury (Hg);
- per- and polyfluoroalkyl substances (PFAS);
- polychlorinated biphenyls (PCBs);
- and polycyclic aromatic hydrocarbons (PAHs)?

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

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?

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

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

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?
- b) Why does Covanta believe that this is a suitable plant to handle a more dangerous waste stream?
- c) Why did these serious workplace safety violations occur in the first place?
- d) What has Covanta done to ensure that such violations cannot take place again?

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

45) The NO<sub>x</sub> emissions limit for Covanta Bristol was listed as "120 / 150." Please explain where 120 ppm applies and where 150 ppm applies.

- 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?
- 47) How do Covanta Bristol’s average emissions in recent years compare to the regulatory limits for medical waste incinerators?
- 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.
- 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?
- 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)?
- 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?
- 52) What would it cost for Covanta Bristol to upgrade to meet the regulations for medical waste incinerators?
- 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?
- 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?
- 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?
- 56) What additional contaminants does Covanta anticipate will be present in fly and bottom ash produced as an end product from incinerating medical waste?
- 57) What amount of ash (in tons) is generated per year in recent years?

- 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).
- 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?
- 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?
- 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?
- 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?
- 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.
- 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.
- 65) What is the average lifetime of the trash incinerators in the U.S. that have closed since 2000?
- 66) How many new trash incinerators have been built in the U.S. since 1996? Please name them and list their locations.
- 67) Once all needed permits are issued, how many months before you start accepting medical waste?
- 68) What changes are needed at the plant before accepting medical waste is possible.
- 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.

- 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?
- 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.
- 72) Will the new owner honor all commitments made by Covanta to communities in the U.S.?
- 73) Will the corporate structure description in the permit application be updated to reflect the new ownership?
- 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?
- 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?
- 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)?
  - 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%).
  - c) Why do the PM2.5 to PM10 ratios vary so radically across Covanta's fleet?
  - d) 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: <https://docs.google.com/spreadsheets/d/18fRAzrwTG66gGrVtYaFDyfHdYkWfj9yFPddwJXrTrKk/edit>.

- e) 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?
- 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?
- 78) Is there any *regulatory* barrier to Covanta burning 100% medical waste at Covanta Bristol? If so, please cite it.
- 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.
- 80) Why does Covanta seek to burn medical waste? Is this decision part of a business plan to monetize existing facilities to increase revenues?
- 81) Why did Covanta seek to burn medical waste at its Bristol facility and not at Preston or other Covanta incinerators in the region?
- 82) Please provide the host agreement with the City of Bristol and any other host agreements Covanta may have in Connecticut.
- 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.
- 84) Please provide copies of the contracts with each of the towns that provide waste to Covanta Bristol.
- 85) Is Covanta considering developing non-burn capacity for medical wastes, pharmaceutical wastes, chemotherapeutic waste, or pathological wastes?
- 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.
- 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?

- 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?
- 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 farther, 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?
- 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?

- 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.]
- 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.
- 91) How does the percentage (or weight) of plastics in municipal solid waste compare to that in medical waste? You've stated that medical waste has more plastics. How much more?
- 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?
- 93) How much money does Covanta spend on lobbying in Connecticut annually?
- 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.