creating a better place for people and wildlife



c/o Dan Ginnetti Company Director SRCL Limited

Sent by email: DG10028@STERICYCLE.com

Dear Sir,

Request for Information: Healthcare Waste Permit Review

Permit Number: EPR/CB3200UL (EAWML 401880)

Operator: SRCL Ltd

Facility/Location: Ilkeston Healthcare Waste Transfer Station

We have recently reviewed and updated our technical guidance for the healthcare waste sector <u>EPR 5.07</u> (Clinical waste). The revised technical guidance <u>Healthcare Waste:</u> <u>Appropriate measures for permitted facilities</u> sets out the standards we expect operators to meet in order to comply with the requirements of their environmental permit.

Date: 10 February 2021

We intend to review all healthcare waste permits from 2021 and replace references to EPR 5.07 and include conditions to implement the revised appropriate measures guidance. For the permit review process we require you to provide information about:

- your activities on site
- your management system
- your waste pre-acceptance, acceptance and tracking appropriate measures
- your waste storage, segregation and handling appropriate measures
- your waste treatment appropriate measures
- your emissions control appropriate measures
- your emissions monitoring and limits appropriate measures
- vour process efficiency measures
- hazardous substance release
- your site infrastructure plan
- storage capacity
- types of waste accepted
- existing pre-operational and improvement conditions
- combustion plant or specified generators you use at your facility
- your climate change adaptation measures

Please find enclosed an information notice issued under Regulation 61(1) of the Environmental Permitting (England and Wales) Regulations 2016 that relates to the above permit. The notice specifies the information you need to provide and the date by which it must be submitted to the Environment Agency. We may take enforcement action against you if you fail to respond to this notice.

If you have any queries regarding this notice please contact Jill Rooksby at <u>wastetreatment@environment-agency.gov.uk</u> or telephone 02030 252738 in the first instance.

Yours faithfully

Anthony Watts Senior Permitting Officer

Environmental Permitting (England and Wales) Regulations 2016 Regulation 61(1)

NOTICE REQUIRING INFORMATION

To: SRCL Ltd

Permit Reference: EPR / CB3200UL (EAWML 401880)

Regulated Facility: Ilkeston Healthcare Waste Transfer Station

The Environment Agency requires you to provide the information specified in Schedule 1 of this notice by Monday 1 June 2021

1. The information must be sent by email to:

wastetreatment@environment-agency.gov.uk

Date: 10 February 2021 Signed: Anthony Watts

Senior Permitting Officer

Please see over for notes.

SRCL Ilkeston: CB3200UL / EAWML 401880

Environmental Permitting (England and Wales) Regulations 2016 Regulation 61(1)

Notes:

- 1. For the purposes of discharging its functions under the Environmental Permitting (England and Wales) Regulations 2016, the Environment Agency may (by virtue of Regulation 61(1) of those Regulations), require any person to provide information.
- 2. Failure to comply with this notice without reasonable excuse is an offence under Regulation 38(4)(a) of the Environmental Permitting (England and Wales) Regulations 2016, and may lead to legal action being taken against you.
- 3. Making any statement in response to this notice that you know to be false or misleading in a material particular, or recklessly making any statement which is false or misleading in a material particular is an offence under Regulation 38(4)(b) of the Environmental Permitting (England and Wales) Regulations 2016, and may lead to legal action being taken against you.
- 4. There is no right to appeal against this notice.
- 5. You may wish to seek independent legal advice.

SRCL Ilkeston: CB3200UL / EAWML 401880

Environmental Permitting (England and Wales) Regulations 2016 Regulation 61(1)

SCHEDULE 1

Description of information required

The Environment Agency is required to undertake a periodic review of your permit. This review has been initiated as a result of us reviewing and publishing our revised guidance Healthcare Waste: appropriate measures at permitted facilities This Notice sets out the information we require from you in order to be able to carry out a review of your permit. Subject to your response to this Notice we will vary your permit to ensure that it delivers compliance with the updated requirements.

If you no longer wish to operate, you must inform us of this within 3 months of the date of this notice, and confirm the date when you will cease operations.

SRCL Ilkeston: CB3200UL / EAWML 401880

Non-technical Summary: Please provide a brief non-technical description of your regulated facility Please include the following information where appropriate: The listed activities and waste operations at the site, and whether the permit is consolidated or if there is more than one permit for the site A brief non-technical description of the facility, including the key stages in the "process" and the relevant disposal and recovery operations An indication of the scale of the operation, for example treatment, repackaging and storage capacity A brief description of the principal releases to air, land and water including noise and odour, along with a description of any abatement techniques A description of the site location and any key sensitive receptors Any specific significant legislation that applies and why, for example MCPD A description of any management systems, for example ISO 14001

| 1. Activities | | |
|--|--|--|
| Confirm which of the waste processes listed below are carried out or apply at your site. | Check the boxes below if the activity applies at your site | Provide a description of each process Include, where relevant, number of plant/lines, mode of operation (batch or continuous), maximum daily potential capacity, maximum validated load, whether treating hazardous and/or non-hazardous healthcare waste (include EWC codes) with reference to Types of healthcare waste by packaging colour, whether treating for recovery and/or disposal, chemicals used (for example for chemical disinfection) and abatement equipment used including manufacturer/model. Where heat is provided to the treatment process please explain how this is provided and what emissions are released. |
| Shredding | | |
| Integrated pre-shredder for untreated waste | | |
| Separate pre-shredder for untreated waste | | |
| Integrated post-shredder for treated waste | | |
| Separate post-shredder for treated wastes | | |
| Shredding untreated waste for off-site recovery or disposal | | |
| No shredding of waste | | |
| Alternative treatment (AT) (sterilisation) | | |
| Hot oil auger | | |
| Autoclave / Rotoclave | | |
| Hydroclave | | |
| Microwave | | |

| Friction heat | |
|--|--|
| Other (please specify) | |
| No alternative treatment | |
| Alternative Treatment Plant (ATP) floc | |
| Compaction of ATP floc | |
| Other treatment/processing of ATP floc | |
| No compaction or treatment of ATP floc | |
| Compaction of offensive waste | |
| Light compaction | |
| Heavy compaction | |
| No compaction | |
| Repackaging of healthcare waste | |
| Taking a waste package (for example a bag, drum or box) out of one cart or bulk container (for example a skip) and placing it into another cart or bulk container (for example, a skip). | |
| Taking a waste package from a cart or bulk container (for example, skip) and placing it onto a pallet or vehicle. | |

| Taking a waste package from a pallet and placing it into a cart or bulk container (for example, skip). | |
|--|--|
| Transferring, removing or separating waste from its primary packaging into another container but only where the primary package is designed specifically for re-use. | |
| Transferring, removing or separating waste from its primary packaging into another container where the primary package is not designed specifically for re-use. | |
| No repackaging | |
| Cleaning & disinfection of containers/carts | |
| Automated, contained bin wash facility that cleans and disinfects | |
| Other wash process that cleans and disinfects | |
| Other wash process that cleans but does not disinfect | |
| No cleaning or washing of containers or carts | |
| Please detail any other waste operations or processes carried out at your facility that are not covered by the sections above. | |

| 2. General management appropriate measures | Answer Yes/No/NA | Date compliance expected / Response / Reference to attached document |
|--|---------------------|--|
| Do you currently comply with all the general management appropriate measures given in the guidance? | res/No/NA | document |
| If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, staff competence point 3) and tell us when you will be in full compliance. | | |
| If you believe some appropriate measures in this section are not applicable, please explain which ones they are including heading and numbered points and why you consider they do not apply. | | |
| If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and justification for the alternative measures here (or in a separate document). | | |
| Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance. | | |
| Does your management system include: | Answer Yes/No/NA | |
| an odour management plan? | | |
| a noise and vibration management plan? | | |
| a dust management plan? | | |
| a pest management plan? | | |
| a fire prevention plan? | | |
| 3. Waste pre-acceptance, acceptance and waste tracking appropriate measures | Answer Yes/No/NA | Date compliance expected / Response / Reference to attached document |

Do you currently comply with all the waste pre-acceptance, acceptance and tracking appropriate measures given in the guidance? If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, waste acceptance point 5 and 6) and tell us when you will be in full compliance. If you believe some appropriate measures in this section are not applicable, please explain which ones they are including heading and numbered points and why you consider they do not apply. If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and justification here or in a separate document. Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance.

| 4. Waste storage, segregation and handling appropriate measures | Answer Yes/No/NA | Date compliance expected / Response / Reference to attached document |
|---|---------------------|--|
| Do you currently comply with all the waste storage segregation and handling appropriate measures given in the guidance? | | |
| If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, waste storage, segregation and handling points 22 and 23) and tell us when you will be in full compliance. | | |
| If you believe some appropriate measures in this section are not applicable, please explain which ones they are including heading and numbered points and why you consider they do not apply. | | |
| If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and justification here or in a separate document. | | |
| Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance. | | |
| If you repackage healthcare waste at your facility confirm what types of healthcare waste you repackage, and describe the repackaging activity and say how and where on site you carry it out. | | |
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| 5. Waste treatment appropriate measures | Answer Yes/No/NA | Date compliance expected / Response / Reference to attached document |
|---|---------------------|--|
| If you carry out waste treatment activities do you currently comply with all the waste treatment appropriate measures given in the guidance? | | |
| If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, General Waste Treatment points 3 and 9) and tell us when you will be in full compliance. | | |
| If you believe some appropriate measures in this section are not applicable, please explain which they are including subsection heading and numbered points and why you consider they do not apply. | | |
| If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and justification here or in a separate document. | | |
| Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance. | | |
| If you treat waste, submit an up to date H1 assessment. | | |

| 6. Emissions control appropriate measures | Answer Yes/No/NA | Date compliance expected / Response / Reference to attached document |
|---|---------------------|--|
| Do you currently comply with all the emissions control appropriate measures given in the guidance? | | |
| If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, emissions of noise and vibration point 4) and tell us when you will be in full compliance. | | |
| If you believe some appropriate measures in this section are not applicable, please explain which they are including subsection heading and numbered points and why you consider they do not apply. | | |
| If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and justification here or in a separate document. | | |
| Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance | | |

| 7. Emissions monitoring and limits appropriate measures | Answer | Date compliance expected / | Response / Referen | ce to attached |
|---|-----------|----------------------------|--------------------|----------------|
| | Yes/No/NA | document | | |
| Do you currently comply with all the emissions monitoring and limits appropriate measures given in the guidance? | | | | |
| If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, chemical emissions to air point 2) and tell us when you will be in full compliance. | | | | |
| If you believe some appropriate measures in this section are not applicable, please explain which ones they are including heading and numbered points and why you consider they do not apply. | | | | |
| If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and justification here or in a separate document. | | | | |
| Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance | | | | |
| Does your facility have any point source emissions to air? | | | | |
| If you answer Yes, submit a fully characterised emissions inventory for your facility (see subsection Emissions to air). | | | | |
| Are any of your point source emissions to air abated? | | | | |
| If you answer Yes, confirm which emission points are abated, what forms of abatement are provided (for example HEPA filter, carbon filters, and scrubbers), what plant or process it serves, and what pollutant(s) it abates. | | | | |
| Does your facility have any point source emissions to water (surface water, sewer or groundwater)? | | | | |
| If you answer Yes, submit a fully characterised emissions inventory for your facility (see subsection Emissions to water or sewer). | | | | |

| If you discharge to surface water confirm whether the discharge is authorised by your environmental permit or by an alternative permission. | |
|--|--|
| If the emission is to sewer provide a copy of the discharge consent. | |
| Is there any storage or treatment of water or effluent on site prior to discharge? | |
| If you answer Yes, confirm what forms of treatment are provided (for example neutralisation, flocculation, settlement), what plant or process it serves and what pollutant(s) it treats. | |
| | |
| Do you currently monitor your facility's point source emissions to air or water? | |
| If you answer Yes, please detail the parameters or pollutants monitored and the monitoring methods and frequencies used. | |
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| 8. Process efficiency appropriate measures | Answer Yes/No/NA | Date compliance expected / Response / Reference to attached document |
|---|---------------------|--|
| Do you currently comply with all the process efficiency appropriate measures given in the guidance? | res/No/NA | document |
| If you answer No, confirm which appropriate measures you are not in compliance with including subsection heading and numbered points (for example, energy efficiency point 2) and tell us when you will be in full compliance. | | |
| If you believe some appropriate measures in this section are not applicable, please explain which ones they are including heading and numbered points and why you consider they do not apply. | | |
| If you are proposing alternative measures to those in the guidance, please indicate which appropriate measures, by subsection heading and numbered points, you will provide alternative measures for, what the alternative measures are and your justification. | | |
| Note: If you are proposing alternative measures, you must explain how they provide an equivalent level of environmental protection to the measures given in the guidance. | | |
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| 9. Hazardous substance release | Response / Reference to attached document |
|---|---|
| Where you are undertaking a listed activity which involves the use, production | |
| or release of a relevant hazardous substance (as defined in Article 3(18) of | |
| the Industrial Emissions Directive), you must carry out a risk assessment | |
| considering the possibility of soil and groundwater contamination at the | |
| installation with such substances. Where any risk of such contamination is | |
| established, either: | |
| • prepare and submit a baseline report¹ containing information necessary to determine the current state of soil and groundwater contamination; or | |
| provide a summary report referring to information previously submitted | |
| where you are satisfied that such information represents the current state | |
| of soil and groundwater contamination, so as to enable a quantified | |
| comparison to be made with the state of soil and groundwater | |
| contamination upon definitive cessation of the activity. | |
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| If you have concluded that there are no risks of soil and groundwater | |
| contamination, provide a copy of the risk assessment. | |
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¹ Baseline report - Defra Guidance - Industrial emissions Directive EPR Guidance on Part A installations (Section 5.10 – 5.15, pages 28-29) https://www.gov.uk/government/publications/environmental-permitting-regulations-guidance-on-part-a-installations

| 10 Sito infrastructuro plan | Posnonso / Potoronso to attached document |
|--|---|
| Provide a copy of an up to date site infrastructure plan (or plans) to include the relevant items in the guidance Develop a Management System for Environmental Permits, in particular: Buildings (with any internal storage areas identified) Storage bays, tanks, compactor skips Treatment plant Drainage including direction of flow of water in the drain; surface water drainage; discharge points to sewer, watercourse or soakaway; manhole covers and drains Location of point source emissions to air Container washer Quarantine area Entrances and Exits to be used by the emergency services Surfacing types (for example permeable unmade ground, impermeable hard standing) and containment measures (for example bunds and kerbing) In addition, the plan(s) should include the maximum capacities of the individual storage areas (number of pallets, containers, bins etc. and tonnes equivalent). | Response / Reference to attached document |
| 11. Storage capacity | Tonnes |
| What is the total capacity of waste that can be physically stored on site at any one time in the building the guidance? What is the total capacity of waste that can be physically stored on site at any one time outside the building with the guidance? | ng in compliance with |

| Answer Yes/No | Details of waste accepted / Reference to attached document |
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| Does your permit require healthcare wastes to be segregated and packaged to conform with HTM 07.01? | | |
| If you answer No, please reference the categorisation approach (for example Categories A to E Safe Disposal of Clinical Waste) | | |
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| 13. Existing Pre-operational Conditions | Answer Yes/No | Details of outstanding pre-operational conditions / Reference to attached document |
| Do you have any outstanding pre-operational conditions in your existing permit? | | |
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| 14. Existing Improvement Conditions | Answer Yes/No | Details of outstanding pre-operational conditions / Reference to attached document |
| Do you have any outstanding improvement conditions in your existing permit? | | |
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| 15. Combustion plant or specified generators on site | Answer Yes/No | Response / Reference to attached document |
|---|------------------|---|
| Do you have a combustion plant or specified generator(s) associated with your permitted activity, as per Schedule 25A or 25B of The Environmental Permitting (England and Wales) Regulations 2016? | | |
| If you answer Yes, tell us: the individual thermal input of your combustion plant(s) and/or specified generator(s), including any additional back-up diesel generators. the date that each combustion plant and generator came into operation. the type of plant (boiler, engine etc) the fuel used; the hours of operation per year. if applicable, details of contracts to supply electricity or do Triad specifically the date entered in to the contract or agreement | | |
| 16. Climate change | Answer Yes/No | Response / Reference to attached document |
| Have you considered whether your operations could be affected by a changing climate, for example by having a climate change adaptation plan in place? | | |

In all cases, where information required by this notice has been previously submitted to and accepted by the Environment Agency, and where this remains current and valid, you do not need to resubmit it. Instead, clearly specify the nature of the information and the date it was submitted, with the document reference and version number.

Key URLs for guidance:

https://www.gov.uk/guidance/healthcare-waste-appropriate-measures-for-permitted-facilities

http://eippcb.jrc.ec.europa.eu/reference/wt.html

https://www.gov.uk/guidance/best-available-techniques-environmental-permits#how-to-propose-an-alternative-technique

https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32010L0075

http://www.legislation.gov.uk/uksi/2018/110/regulation/16/made