

**Shetland Islands Council
Lerwick Energy Recovery Plant (Shetland Waste Incinerator)**

Permit Variation (Substantial Change)

Permit Number PPC/A/1003141

Draft for Consultation

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1 NON-TECHNICAL SUMMARY OF DETERMINATION

SEPA received an application from Shetland Islands Council (SIC), on the 14 January 2022, to vary the conditions of their existing permit (PPC/A/1003141), issued under the Pollution Prevention and Control (Scotland) Regulations 2012, to accept and incinerate a restricted type and quantity of healthcare waste. Specifically wastes from the 'European Waste Catalogue 1801 series':

- 180103* (wastes whose collection and disposal is subject to special requirements in order to prevent infection);
- 180106* (chemicals consisting of, or containing, hazardous substances);
- 180107 (chemicals other than those mentioned in 180106); and
- and 180109 (medicines other than cytostatic or cytotoxic drugs).

During the pandemic (and as a result of limited processing capacity on mainland Scotland following the collapse of the previous NHS waste contractor) SEPA issued an enforcement position that allowed SIC to temporarily accept and process a restricted amount of clinical waste at their Lerwick Energy Recovery Plant (LERP). This application is to formalise that enforcement position by amending the conditions of the existing permit to allow LERP to accept and incinerate specified clinical wastes.

New infrastructure (initially a front-end hoist lift and feed hopper, to be replaced with a fully automated bin loading system) is being installed within the main process building to ensure that all hazardous clinical waste can be fed into the incinerator without unnecessary handling or mixing with other wastes. There are no changes to site emissions or overall waste volumes expected from this variation request.

The Operator has managed the plant in compliance with their permit over the two-year period they have been accepting healthcare waste under an agreed 'temporary enforcement position'.

In determining this application SEPA has ensured that all legislative requirements have been met, that due regard has been given to all applicable guidance, and that consideration has been given to issues raised during the consultation process.

Determination of the application has found no potential for significant pollution and the measures proposed by the Applicant have been determined to represent Best Available Techniques (BAT). Additional permit control conditions are proposed to ensure pollution, and the potential for incidents, are minimised in line with BAT.

2 EXTERNAL CONSULTATION AND SEPA'S RESPONSE

Is Public Consultation Required -

Advertisements Check:	Date	Compliance with advertising requirements
Edinburgh Gazette	22 April 2022	Yes
Shetland Times	15 April 2022	Yes

Officer checking advert:

No. of responses received: none (Journalist from Shetland Times contacted SEPA for further information but no public responses were received).

Is PPC Statutory Consultation Required –

Food Standards Agency: no objections

Health Board: no response - NHS Shetland is the waste originator	
Local Auth: no response - Shetland Islands Council is the Applicant.	
Scottish Water: no objections. Discharge into outfall of Gremista leachate treatment plant from there via Scottish Water outfall into Lerwick Harbour. 100% compliance noted.	
Harbour Authority: no response (Lerwick Port Authority, Albert Building Lerwick Shetland ZP1 0LL info@lerwick-harbour.co.uk)	
Health and Safety Executive: N/A as not a COMAH site.	
Nature Scotland: no objections	
Discretionary Consultation – N/A	
Enhanced SEPA public consultation – N/A	
'Off-site' Consultation – N/A	
Transboundary Consultation – N/A	
Public Participation Consultation - Yes	
<p>STATEMENT ON THE PUBLIC PARTICIPATION PROCESS The Pollution Prevention and Control (Public participation) (Scotland) Regulations 2005 requires that SEPA's draft determination of this application be placed on SEPA's website and public register and be subject to 28 days' public consultation. The dates between which this consultation took place, the number of representations received and SEPA's response to these are outlined below.</p>	
Date SEPA notified applicant of draft determination	
Date draft determination placed on SEPA's Website	01 June 2022
Date public consultation on draft permit opened	01 June 2022
Date public consultation on draft permit consultation closed	
Number of representations received to the consultation	
Date final determination placed on the SEPA's Website	
Summary of responses and how they were taken into account during the determination:	
Summary of responses withheld from the public register on request and how they were taken into account during the determination:	
Officer: JM	

3 ADMINISTRATIVE DETERMINATIONS

Determination of the Schedule 1 activity

Adding the following new Schedule 1 activity to the Permit to enable the incineration of hazardous infectious clinical waste: Incineration of hazardous waste in an incineration or co-incineration plant as described by sub-paragraph (a) in Part A of Section 5.1 in Schedule 1 of the PPC (Scotland) Regulations 2012 (PPC 2012).

Determination of the stationary technical unit to be permitted:

Additional front-end (hazardous clinical) waste handling equipment as detailed in application.

Determination of directly associated activities:

No change

Determination of 'site boundary'

No change

Officer: JM

4 INTRODUCTION AND BACKGROUND

4.1 Historical Background to the activity and variation

See non-technical summary at Section 1. This variation is to formalise the processing of clinical waste at LERP (which is currently permissible under a temporary enforcement position EP07)

4.2 Description of activity

Adding the following new schedule 1 activity to the Permit: Incineration of hazardous waste in an incineration or co-incineration plant as described by sub-paragraph (a) in Part A of Section 5.1 in Schedule 1 of the PPC (Scotland) Regulations 2012 (PPC 2012).

Additional hazardous and non-hazardous EWC 18 series codes will be added to the Permit to allow the incineration of specified clinical wastes.

Shetland Islands Council operate Lerwick Energy Recovery Plant and intend to install specific infrastructure to meet the requirements of Art. 50(6) in IED which states that "Infectious clinical waste shall be placed straight in the furnace, without first being mixed with other categories of waste and without direct handling."

Compliance is to be achieved by segregated storage of 18 01 03* and 18 01 06* material in 3 x 770 litre clinical waste bins which are moved into a cage for transfer and direct loading by remote control service hoist to the waste hopper feeding the furnace. It is intended to install an automated bin loading system to charge waste bins to the waste hopper in the longer-term and both the short-term and long-term plans form part of the application for variation.

The relatively low volumes of clinical non-hazardous waste streams (2 tonnes per annum of EWC 180107, and 5 tonnes of EWC 180109) will follow the existing processing route already established within the permit for 180104 wastes.

The incinerator was originally permitted to burn non-hazardous waste in an incinerator or co-incinerator as described by sub-paragraph (b) in Part A of Section 5.1 in Schedule 1 of the PPC (Scotland) Regulations 2012.

The addition of a new Schedule 1 activity, for the incineration of hazardous waste, requires a substantial variation to be carried out, as specified in Article 54 of Chapter IV in the Industrial Emissions Directive Ref. IED/2010/75 EC.

4.3 Guidance/directions issued to SEPA by the Scottish Ministers under Reg.60 or 61.

No guidance or direction issued under Regulations 60 or 61.

4.4 Identification of important and sensitive receptors

No new receptors identified from this change.

5 KEY ENVIRONMENTAL ISSUES

5.1 Summary of significant environmental impacts

No significant change in environmental impacts is predicted since neither emissions, nor overall waste volumes, are expected to change from this variation.

5.2 Implications of the Variation on - Point Sources to Air, Point Source Emissions to Surface Water and Sewer, Point Source Emissions to Groundwater, Fugitive Emissions to Air, Fugitive Emissions to Water, Odour, Raw Materials, Raw Materials Selection, Waste Minimisation Requirements, Water Use, Energy, Noise, Closure, and Site Condition Report

None - the proposed changes do not materially alter the aforementioned aspects of site operation.

5.3 Implications of the Variation on – Management

The suitable processing of clinical waste relies heavily on the upstream waste segregation, infrastructure design at site, staff training, and the implementation of high-quality management control procedures. An adequate description of the above has been provided during the determination stage. However, the implementation, review, and auditing of these procedures, and the Operators processes for making sure the procedures are followed, is recommended as a priority inspection topic at LERP.

Conditions are proposed to formalise the requirements for adequate management control procedures – e.g., competent assessment of pre-acceptance audit (PAA) checks.

5.4 Implications of the Variation on - Waste Handling

A new front-end hoist lift and feed hopper are being installed within the main process building to ensure that all hazardous clinical waste can be fed into the incinerator without direct handling or mixing with other wastes. This facilitates compliance with the requirements of Article 50(6) of the recast Industrial Emissions Directive 2010/75/EU.

The current enforcement position (EP07) contains a stipulation that hazardous waste does not exceed 20% of the overall daily waste input into the incinerator and that clinical wastes are incinerated within 48hrs of acceptance at site. Conditions limiting the hazardous clinical waste feed rate to <20% of the daily municipal mass waste input, and on-site storage of clinical waste to 24hrs, are proposed to ensure the indicative BAT requirements specified by IPPC S5.01 Section 2.1.4.4 (which covers) “issues for the combined incineration of different waste types” are met.

To ensure the appropriate modifications to waste handling procedures are implemented - Conditions specific to the checking of clinical waste acceptance procedures are proposed.

5.5 Implications of the Variation on - Waste Recovery or Disposal

The addition of new clinical waste streams is not expected to alter the composition (and hence waste recovery or disposal options) for bottom or fly ash. Sharps (which can affect the potential end uses of bottom ash) are not part of this variation request. The site has been processing clinical waste for ~2 years under a temporary enforcement position (currently EP07), no specific issues have arisen during the routine testing of ash content during that period. Ongoing ash testing requirements will pick up any unexpected deviations going forward.

5.6 Implications of the Variation for - Accidents and their Consequences

To minimise the potential consequences of plant upset conditions - procedures are in place to divert waste streams away from LERP in the event of an incident. A Condition is proposed to formalise the current procedure where clinical waste is not directly handled, compacted, mixed with other wastes, or loaded on to the incinerator grate within the first 4hrs of steady state running following start-up. A Condition is proposed to prevent the loading of hazardous clinical waste at any time where the Continuous Emissions Monitoring System indicates a temporary exceedance of Emission Limit Values (ELVs). A condition is proposed to deal with accidental spillages.

5.7 Implications of the Variation for - Implications of the Variation for – Monitoring

No changes to current ELVs or ash sampling are proposed. However, robust upstream and on-site monitoring procedures, to ensure incoming hazardous clinical waste streams are suitably segregated and labelled compliant, are expected. A procedure for the visual inspection of hazardous wastes transport containers (770L bins) is required. Other non-hazardous clinical waste streams not arriving in containers will be subject to the existing visual inspection requirements currently in operation for the handling of EWC 180104 wastes.

5.8 Implications of the Variation for - Consideration of BAT

The proposals to manage the acceptance and loading of hazardous clinical waste at LERP are accepted as BAT.

The current enforcement position (EP07) allows the processing of up to 1586 tonnes of clinical waste per annum. The application proposes an increase to ~4000 tonnes to provide resilience for the NHS Grampian and NHS Tayside regions should processing capacity be unavailable on the mainland.

It is appreciated that unnecessary (e.g.14hr ferry) waste journeys should be avoided where possible. However, it is also apparent that the capacity for processing clinical waste in Scotland is severely restricted at present. Until additional capacity is secured – should any of the waste facilities in Scotland be unable to accept clinical waste in an emergency then the closest alternative facilities are in Wales and southern England. It is hoped additional Scottish capacity will be forthcoming over the next few years. Until that is in place, the resilience provision of accepting clinical waste from Grampian and Tayside in an emergency is accepted as BAT. A condition requiring LERP to justify BAT for accepting waste from mainland Scotland is proposed to ensure that any processing capacity that is available in mainland Scotland is pursued as a first option.

6 OTHER LEGISLATION CONSIDERED
<i>Nature Conservation (Scotland) Act 2004 & Conservation (Natural Habitats &c.) Regulations 1994</i>
Is there any possibility that the proposal will have any impact on site designated under the above legislation? No

Justification: Nature Scotland were consulted (due to the natural heritage interests and designations on Shetland) and advised that they had no objections to this variation due to the control of airborne emissions exercised by SEPA under the PPC Permit regime.

Officer: JM

7 ENVIRONMENTAL IMPACT ASSESSMENT AND COMAH

How has any relevant information obtained or conclusion arrived at pursuant to Articles 5, 6 and 7 of Council Directive 85/337/EEC on the assessment of the effects certain public and private projects on the environment been taken into account? N/A to this variation

How has any information contained within a safety report within the meaning of Regulation 7 (safety report) of the Control of Major Accident Hazards Regulations 1999 been taken into account? N/A to this variation

Officer: JM

8 DETAILS OF PERMIT

Do you propose placing any non-standard conditions in the Permit? Yes

Do you propose making changes to existing text, tables or diagrams within the permit? Yes

LERP is the only incinerator taking clinical waste in Scotland so there's no template and most of the conditions in the draft Variation Notice are non-standard. The variation has been peer reviewed by SM (Spec 1, Waste and Industry Unit, Energy from Waste lead) and DW (Solicitor, CB Legal).

Condition Number	Condition Text	Comment
4.2.5	Hazardous clinical waste must not exceed 20% of the overall daily waste input to the incinerator in any 24-hour period.	<p>UK Technical Sector Guidance Note IPPC S5.01 "Guidance on the incineration of waste and fuel manufactured from or including waste" – Section 2.1.4.4 provides notes on the indicative BAT requirements for the combined incineration of different waste types.</p> <p>One indicative BAT requirement is that "a mass throughput limit is applied which corresponds to a small fraction of the total waste burned".</p> <p>The guidance does not specify what "a small fraction" would be. However, the temporary Enforcement Positions (EPs) at LERP stipulated a max throughput of 20% - which has been retained in this Variation. There have been no ELV breaches during the period of operation under EP's, although the actual % throughput of clinical waste would have been much less than the 20% limit. If LERP require to take greater volumes of clinical waste from mainland Scotland in an emergency – SEPA will need to ensure close regulation of emission monitoring and control.</p>

Table 4.2	The physical and as far as practicable the chemical composition of any hazardous waste and all other information necessary to validate that the waste can be suitable for Incineration in the Incineration Plant	<p>Advised by SM to comply with the requirements of IED-t-14 (the waste incineration template).</p> <p>The set-up and implementation of waste characterisation procedures is a specified technique in the Waste Incineration BAT conclusions document (BAT9)</p>
Table 4.2	The hazardous characteristics of the waste, the substances with which it could not be mixed, and the precautions to be taken in handling that hazardous waste.	<p>Advised by SM to comply with the requirements of IED-t-14 (the waste incineration template).</p> <p>The set-up and implementation of waste characterisation procedures is a specified technique in the Waste Incineration BAT conclusions document (BAT9)</p>
4.5.1	The Operator shall notify SEPA in writing of their intention to accept clinical waste originating from outwith NHS Shetland or NHS Orkney at least 7 days prior to accepting such waste. The notification shall include a justification that transport to, and processing on, Shetland represents BAT.	The Applicant estimates that typically <100 tonnes of clinical waste from NHS Shetland will be processed per annum (~1% of overall waste throughput at LERP). However, the Application requests a maximum clinical waste throughput of 4000 tonnes per annum as a national contingency measure (3750 tonnes of which maybe EWC 180103 hazardous infectious clinical waste). Due to current limitations on processing capacity in Scotland, this request is accepted with the caveat that a BAT justification is made prior to accepting such waste. In an emergency, clinical waste may be transported from the mainland to Shetland for incineration. The justification for this (as BAT for disposal of mainland derived clinical waste) would have to be made at the time with reference to other treatment options that may be available closer to the site where the waste is produced.
4.5.2	Pre-acceptance audit (PAA) reports must be reviewed by competent site personnel prior to accepting any clinical waste from new establishments (and thereafter on a specified schedule). Clinical waste must not be accepted on site if the associated PAA is more than 12 months old. A procedure for reviewing and recording PAA's must be available at site for inspection. A system must be in place to notify site personnel when annual update PAA's are due to be submitted.	<p>The compliant acceptance and processing of clinical waste at the incinerator site relies heavily on suitable upstream waste segregation at the healthcare establishments. A new system of pre-acceptance audits (PAAs) has been established to help ensure this process works effectively. The draft VN conditions are to ensure the PAA system is properly adhered to. Compliance checking (by inspection) will be essential to confirm if the system is working satisfactorily.</p> <p>The set-up and implementation of waste pre-acceptance procedures is a specified technique in the Waste Incineration BAT conclusions document (BAT9)</p>
4.5.3	All hazardous clinical wastes entering the site must arrive in bins designed to prevent direct handling of those wastes. The bins must be visually inspected to ensure the contents meet the waste types and quantities authorised prior to the delivery vehicles leaving site. All 770L transport bins must be inspected to ensure they arrive locked and free from visible defects. A procedure for undertaking and recording these inspections must be available at site for inspection.	To minimise risk of spillage, ensure compliance with IED article 50(6), and ensure BAT procedures are in place in line with SEPA's Healthcare Waste Guidance document and EA document "Healthcare waste: appropriate measures for permitted facilities".
4.5.4	Condition 4.3.4 does not apply to clinical waste. All non-conforming clinical wastes are to be returned to	The Applicant was asked to explain how they would handle non-conforming waste loads. LERP did not provide a procedure for the quarantining of non-conforming wastes –

	the producer on the vehicle in which they arrived. Non-conforming wastes are not to be quarantined on site. A procedure for recording non-conforming wastes and bin defects must be available at site for inspection.	indicating that they would be returned immediately to the waste producer. This condition is imposed in the absence of a working plan to deal with non-conforming wastes.
4.5.5	Hazardous clinical wastes must not be directly handled, compacted, or mixed with other wastes prior to entering the designated clinical waste feed hopper.	Art. 50(6) of IED states that “Infectious clinical waste shall be placed straight in the furnace, without first being mixed with other categories of waste and without direct handling.” The restriction on ‘compaction’ is to minimise the risk of spillage by splitting bags – this is replicated in SEPA’s Healthcare Waste Guidance document.
4.5.6	No hazardous clinical waste or empty clinical waste transport bins should remain on site for more than 24 hours.	UK Technical Sector Guidance Note IPPC S5.01 “Guidance on the incineration of waste and fuel manufactured from or including waste” – Section 2.1.4.4 provides notes on the indicative BAT requirements for the combined incineration of different waste types. One indicative BAT requirement is that “the CW is burned within 24 hrs”. The Applicant has advised that arriving clinical waste load will be time slotted and treated immediately upon reception – and that there will be no storage of hazardous clinical wastes on site.
4.5.7	Clinical waste delivery bins must not be cleaned or disinfected on site.	SEPA Guidance is that clinical waste containers should be cleaned and disinfected after the waste has been deposited. However, the Guidance is not specific as to ‘where or when’ this should take place. LERP have no facilities for cleaning or disinfecting clinical waste transport containers. In future, a cleaning / disinfection station may be constructed - this is likely to be the subject of a further (non-substantial) variation application. The Applicant has advised that cleaning / disinfection currently takes place off-site. SEPA should assess the suitability of this activity if it takes place at a local waste facility. If it takes place back at the originating healthcare facility, then SEPA may not have regulatory control (recommended as a future inspection issue).
4.5.8	Robust procedures, equipment, and broad-spectrum disinfectants must be available to prevent environmental impact from chemical and biological spillages at the facility. Spillages must be cleaned up without delay, and all appropriate staff must be trained in clinical waste equipment cleaning and spillage response procedures.	To ensure compliance with SEPA’s Healthcare Waste Guidance document and EA document “Healthcare waste: appropriate measures for permitted facilities”.
4.5.9	Notwithstanding Condition 4.3.2, the Operator must maintain a system for recording: a) the quantities of different clinical waste types received on site each	To ensure the Operator has a system in place to comply with Conditions 4.2.4 (maximum waste quantities by EWC code) and Condition 4.5.6 (maximum storage times).

	<p>day, the cumulative annual totals, and remaining annual capacity compared to the maximum processing limits (see Condition 4.2.4); and</p> <p>b) the total time clinical wastes have been on-site compared to the maximum duration of storage (see Condition 4.5.6).</p>	
5.1.4	No hazardous clinical waste shall be loaded to the incinerator grate within 4 hours of steady state running following start-up	Additional precaution to ensure hazardous waste is only added to incinerator during a period of sustained steady running – reflects current site working practice.
5.4.3 In addition, no clinical wastes shall be loaded into the waste feed hopper, at any time, if any parameters of Condition 5.1.1 are non-compliant	Additional precaution to ensure hazardous waste is only added to incinerator during a period of compliant steady running.
6.1.17	and a statement confirming the type (by EWC code) and quantity (if any) of clinical waste on the incinerator bed at the time	Additional precaution to ensure that any unburned hazardous clinical waste is appropriately identified in the event that the incinerator breaks down mid-process.

Note on BAT conclusions – the Waste Incineration BAT conclusions document was published in December 2019 (with a 4-year implementation period for existing sites). However, the BATc requirements for the introduction of a new waste stream (haz and non-haz clinical waste) should be applied immediately.

This decision document and draft Variation Schedule have focussed on the specific aspects related to the variation application. Wider BATc issues are being dealt with concurrently via a separate project.

SEPA are addressing the general requirements of the BATc document on a sector wide basis. A further information notice (FIN) has been sent out to all waste incinerators requiring them to undertake a BAT gap analysis by August 2022. SEPA are also holding an information session for operators on the BATc expectations. Once the FIN responses are received, SEPA will vary the permits accordingly.

In relation to this variation:

BAT 8	Input	Output
To determine the POP content in the output stream, (bottom ash).	Contents of the orange bags will be dressings, swabs, wipes, gloves, gowns, masks, aprons, and blood bags.	No POPS within input stream
BAT 9	Waste types	Controls in place
a) To improve the overall environmental management of the plant by waste stream management.	Existing permit in place, this application seeks to vary it by adding waste, (18-01-03*, 18-01-06*, 18-01-07 & 18-01-09) to it.	Existing waste acceptance criteria
b) Set-up and implementation of waste characterisation and pre-acceptance procedures	The site will be using a template pre-acceptance procedure which is already used by the NHS across the UK when dealing with waste arising from healthcare sites.	New Doc NHSS PAA version 1.2 (issued 01 April 2021) for site to be able to see potentially hazardous clinical waste.
c) Set up and implementation of waste acceptance procedures.	Site currently has an existing waste procedure in place.	New Doc (Hazardous waste acceptance document – draft 1).
d) Set-up and implementation of a waste tracking system and inventory		This is covered in the doc referenced above and only applies to the hazardous waste being treated at the plant.
e) Waste segregation		The hazardous waste is stored away from all other wastes and is transferred directly to the hopper via a bin-lift.
f) Verification of waste compatibility prior to the mixing or blending of hazardous wastes	See input details above, (BAT 8) The pre-acceptance audit is vital in this instance.	180kg of hazardous waste will be mixed with approximately 500kg of domestic waste once in the hopper.
BAT 10	Existing method	
In order to improve the overall environmental performance of the bottom ash treatment plant, BAT is to include output quality management features in the EMS (see BAT 1).	Currently the bottom ash is sent to landfill once the metals have been recovered from it using an over-band magnet.	No change in this disposal of bottom ash.
BAT 11	Existing method	New method
In order to improve the overall environmental performance of the incineration plant, BAT is to monitor the waste deliveries as part of the waste acceptance procedures (see BAT 9(c)) including, depending on the risk posed by the incoming waste, the elements given below:	Municipal solid waste and other non-hazardous waste – waste acceptance criteria in place, (Doc P1085), waste is weighed prior to unloading – EWC & SIC codes used to determine waste type and origin.	No change to current waste acceptance criteria in place
	Sewage sludge – plant is permitted to accept 20-03-04, 19-08-05, 19-08-14, 02-01-01, 02-02-01 & 02-02-04	No change
	Hazardous waste other than clinical waste – plant cannot accept this type of waste.	No change
	Clinical waste – currently plant permitted to accept 18-01-04.	Plant will accept clinical waste codes, 18-01-03*, 18-01-06*, Ref 001 Clinical waste acceptance procedure

<p>BAT 12</p> <p>In order to reduce the environmental risks associated with the reception, handling and storage of waste, BAT is to use both of the techniques given:</p>	<p>a) Impermeable surfaces with an adequate drainage infrastructure – under section 4.4 of the permit item 4.4.3 waste can only be unloaded within a designated area provided with impermeable hardstanding served by a drainage system that allows an isolation of any spillage from the waste, or rainwater contaminated by the waste. In the short-term the 770 litre wheeled bins will be taken to the hopper floor via a bin-lift and will be automatically emptied directly into the hopper. In the longer-term a fully automated solution will be devised which may make use of an airlock to mitigate any environmental issues that may arise.</p>	<p>b) Adequate waste storage capacity – under section 1.1.4-part c of the existing permit there is a waste reception, inspection and storage comprising a tipping hall and waste bunker with a capacity of 1600m³, an overhead grab crane used to mix the waste.</p> <p>Hazardous clinical waste will be segregated from the non-hazardous waste and will not be mixed until placed in the hopper.</p>
<p>BAT 13</p> <p>In order to reduce the environmental risk associated with the storage and handling of clinical waste, BAT is to use a combination of the techniques given:</p>	<p>a) Automated or semi-automated waste handling. Hazardous clinical waste will be received in orange bags contained within 770 locked litre wheeled bins which will be moved into the hopper via a bin-lift. The bins will then be emptied into the hopper and the bins will be returned to site.</p>	
	<p>b) Incineration of non-reusable sealed containers, if used – these containers will not be used here.</p>	
	<p>c) Cleaning and disinfection of reusable containers. In the short term the bins will be transferred back to the relevant sites for them to clean & disinfect. In the long-term the Lerwick plant can supply hot water at a constant 112 degrees centigrade which will be used to clean the bins in a secure and properly drained area.</p>	

9 EMISSION LIMIT VALUES OR EQUIVALENT TECHNICAL PARAMETERS/ MEASURES

Are you are dealing with either a permit application, or a permit variation which would involve a review of existing ELVs or equivalent technical parameters? No

Justification: No changes proposed to ELVs

10 PEER REVIEW***Has the determination and draft permit been Peer Reviewed? Yes***

Name of Peer Reviewer and comments made: SM, Spec 1, Waste & Industry Unit
DW, Solicitor, C&B Legal

Comments made: all comments discussed, addressed, and incorporated into DD's and Variation Schedule.

11 FINAL DETERMINATION**Issue of a Permit - Based on the information available at the time**

Issue a Permit – Based on the information available at the time of the determination SEPA is satisfied that

- The Applicant will be the person who will have control over the operation of the installation,
- The Applicant will ensure that the installation is operated so as to comply with the conditions of the Permit,
- The Applicant is a 'fit and proper person' (specified waste management activities only),
- Planning permission for the activity is in force (specified waste management activities only),
- That the operator is in a position to use all appropriate preventative measures against pollution, in particular through the application of best available techniques.
- That no significant pollution should be caused.

Officer: JM

12 REFERENCES AND GUIDANCE

Guidance Notes – Identify key references, guidance (BREF, UK Technical Guidance, etc) used in determination

1. Chapter 4 "Special provisions for Waste Incineration Plants and Waste Co-incineration Plants" of the Industrial Emissions Directive (IED) Dir 2010/75/EU.
2. Commission Implementing Decision (EU) 2019/2010 of 12 November 2018 establishing the best available techniques (BAT) conclusions under Directive 2010/75/EU of the European Parliament and of the Council, for waste incineration, as published in the Official Journal of the European Union in 3 December 2019, these are known as the Best Available Techniques (BAT) Conclusions for Waste Incineration, or the WI BATCs.
3. UK Technical Sector Guidance Note IPPC S5.01 "Guidance on the incineration of waste and fuel manufactured from or including waste" July 2004.
4. SEPA draft consultation document "Guidance for the storage and treatment of healthcare waste Storage and treatment of healthcare waste: Appropriate measures and supporting guidance 1.0"
5. EA document "Healthcare waste: appropriate measures for permitted facilities"
6. EA document "How to comply with your environmental permit. Additional guidance for clinical waste EPR 5.07" Jan 2011