Hunter New England Local Health District
Hunter New England Population Health
Direct Contact Details
Phone: (02) 49246476 Fax: (02) 49246490
allison.garrett@hnehealth.nsw.gov.au

NSW GOVERNMENT | Health
Hunter New England
Local Health District

20 October 2016

Emma Barnet
Environmental Planning Officer
Department of Planning & Environment
GPO Box 39
Sydney NSW 2001

Dear Ms Barnet

Weston Aluminium Thermal Waste Processing Project (SSD 15_7396)

I refer to the Environmental Impact Statement (EIS) exhibited on the NSW Department of Planning & Infrastructure web site in relation to the Weston Aluminium Thermal Waste Processing Project (SSD 15_7396).

Weston Aluminium proposes to install and operate thermal processing equipment for the processing of medical and other wastes - including clinical, pharmaceutical, pathogenic and cytotoxic-related wastes, as well as solvents, pitch residues, documents and oily rags. The proposed thermal oxidiser and feeding systems will be established within the northern end of the site, utilising some existing plant infrastructure - including common emission control systems. Currently an Aluminium Dross and Spent Pot Lining recycling facility exist on-site. Operations are to occur 24 hours per day, 7 days per week, processing up to 8,000 tonnes per annum.

Hunter New England Population Health (HNEPH) has reviewed the Environmental Impact Statement (EIS) Report and associated documentation, paying particular attention to the management of air quality, noise, soil, water and other issues which may have an impact on human health.

HNEPH notes the emphasis in the Director General's Requirements on effective and genuine community consultation with active involvement of the community in this process. There is some sensitivity in the community associated with this development proposal. Human Health Risk Assessments (HHRA) are best conducted when members of the impacted community are recruited as equal partners in the HHRA team providing input and oversight of research questions, data collection, methods, analysis, interpretation, and communication of results. It will be important to bring community members into this process as soon as possible. HNEPH notes there has only been a single community consultation session thus far.

Hunter New England Local Health District
ABN 63 598 010 203

Hunter New England Population Health
Locked Bag 10
Wallsend NSW 2287
Phone (02) 4924 6477 Fax (02) 4924 6490
Email HNELHD-PHEnquiries@hnehealth.nsw.gov.au
www.hnehealth.nsw.gov.au/hneph

HNEPH requires further information as detailed following in order to fully evaluate potential health impacts.

- HNEPH requires clarification as to whether operation of the Thermal Waste Processing Plant will occur at separate times to the processing of Aluminium Dross and Spent Pot Lining; or, if planned for simultaneous operation, whether cumulative emissions are accounted for in the EIS.

- The EIS states that if plant failure occurred and the by-pass stack was utilised then automated systems would shut down other elements of the plant and therefore, emissions from the bypass stack would largely be limited to those in the system at the time of the shutdown. HNEPH requires information on the period of time the bypass stack may need to operate and therefore the quantity of emissions.

- The waste streams that may be incinerated at this facility vary greatly. The types and volumes of substances to be processed are difficult to discern from the report. Because of this, the quantity and potential health impacts of emissions are difficult to estimate. A sensitivity analysis of best case and worse case waste stream scenarios would assist HNEPH's understanding of the potential health impacts. HNEPH understands that waste streams may vary over time and therefore emissions will vary. HNEPH assumes that EPA licences will set upper bounds for the frequency and quantity of selected waste streams. Clarification of how these variances will be managed from an operational and regulatory perspective would be useful.

- The level of Dioxins emitted appears to be significant, particularly during bypass operations. Whilst VOCs are considered, emissions from thermal destruction of hazardous chemicals, including paint, may result in higher VOC emissions than may be predicted from pharmaceutical wastes. Worst case (quantity/frequency) scenarios for Dioxins and VOCs should be explicitly explored in the EIS.

- HNEPH is of the understanding that incineration trials of illicit drugs and pharmaceutical wastes have occurred at Weston Aluminium over the past year. The results of these trials should be included in the submission to assist with the assessment.

- HNEPH notes that Table 2, Page 5 of the Air Quality and Odour Assessment showing the NEPM Ambient Air Quality Criteria for PM 2.5, is incorrect. The NEPM Ambient Air Standard for annual average PM2.5 is 8 $\mu g/m^3$ and the 24 hour maximum for PM2.5 is 25 $\mu g/m^3$. It is very important for the annual PM2.5 increment to be carefully modelled.

- The likelihood of project ozone impacts should be explicitly addressed.

Finally, all of the above comments need to feed into and be considered within a more community driven approach to the development HHRA as noted above.

Addressing the issues outlined above will result in a substantial amount of information that will require some time to evaluate. HNEPH requests that at least an 8 week period be allowed for review. Consultation between stakeholders during this time could expedite the review process.

If you require any further information please contact Allison Garrett, Environmental Health Officer on (02) 49246476

Yours Sincerely

Dr David Durrheim
Service Director- Health Protection
Hunter New England Population Health