



**Medical Waste Treatment Facility  
Permit Application**  
Alaska Department of Environmental Conservation  
Solid Waste Program

**ADEC Office Only:**

Facility Name:

Authorization #:

**Instructions:**

This application is for a new permit or a permit renewal for a Medical Waste Treatment Facility that is not located within a hospital, laboratory, medical or research institution, or medical office.

In the application, the term **“facility”** refers to all land, structures, other appurtenances, and improvements on land used for treatment, storage, or disposal of solid waste.

If the required information is not applicable, please explain why. Please include all the applicable data for each section regardless if it has been previously submitted.

**The permit application must be signed and sealed by a registered engineer to meet the requirements of 18 AAC 60.210(c).**

For new facilities or significant changes to an existing facility or process, prepare a draft application with a list of any questions and schedule a meeting with the ADEC Solid Waste Program.

**Section 1. Property Information**

Facility Name:

Facility Address:

City:

Zip:

Legal Property Description:

Section:

Township:

Range:

Meridian:

General Property Description:

Latitude:

Longitude:

Landowner:

Contact Name:

Address:

City:

State:

Zip:

Email:

Phone:

**Section 2. Contact Information**

**Permit Applicant** (Co. or Entity):

Contact Name:

Address:	City:	State:	Zip:
Email:	Phone:		
Type of Entity:	Government	Corporation	Other:
State of Incorporation or Registration:		Alaska Business License Number:	
IRS Tax ID Number:			

**Facility Owner** (if different than applicant):

Contact Name:

Address:	City:	State:	Zip:
Email:	Phone:		

**Facility Operator** (if different than applicant):

Contact Name:

Address:	City:	State:	Zip:
Email:	Phone:		

**Agent/Consultant:**

Contact Name:

Address:	City:	State:	Zip:
Email:	Phone:		

**Section 3. Fees**  
 A check or money order for the appropriate fees [listed in 18 AAC 60.700(a) Table E-2] must be submitted with the permit application. If not included, the application will be returned to the applicant.

1. Submit payment for the first year’s annual fee with the initial application for a facility. No fee is required for permit renewal applications; annual fees will be billed each year.
2. You will be billed separately for time spent reviewing waiver requests.

This application is for a:	New Permit	Permit Renewal
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#### Section 4. Cover Letter and Certifications

Submit a cover letter with the following information and signature.

1.	A statement indicating you wish to obtain a permit to treat medical waste for disposal.
2.	A brief general description of the location of the treatment facility
3.	A brief description of the treatment method(s) that will be used to treat the medical waste.
4.	A statement that you are aware of all applicable federal and state laws and local ordinances and zoning requirements, and list any other permits or authorizations required.
5.	The applicant must sign the cover letter.
6.	The applicant must submit the following signed statement, which may be added exactly as shown in the box below to the cover letter, or the applicant may sign this sheet and submit it as an attachment to the cover letter.

**I certify, under penalty of perjury, that all of the information and exhibits in this cover letter and application are true, accurate, and complete.**

Printed Name:	Title:
Signature:	Date:

All applications must be signed as follows per 18 AAC 15.030:

- **Corporations:** A principal executive officer, an officer that is no lower than the level of vice president, or a duly authorized representative who is responsible for the overall management of the project or operation.
- **Municipal, state, federal, or other public entity:** A principal executive officer, ranking elected official, or duly authorized employee.
- **Partnerships:** A general partner.
- **Sole proprietorship:** The proprietor.

**Section 5. Waste Handling and Processing Information** [18 AAC 60.030; 18 AAC 60.210]

1. List the sources and quantities of medical waste you expect to receive at the facility each year:

<u>Quantity</u>	<u>Source Type</u>
Tons      Cubic yds. Gallons	(e.g. Hospitals, Veterinary Clinics, Dental Offices, Care Homes, etc.)
<b>TOTAL</b>	

2. List the treatment methods that will be employed based on the type of waste:

<u>Waste type</u>	<u>Treatment</u>

3. List the disposal locations used and estimated annual disposal quantities for treated medical waste:

<u>Quantity</u>	<u>Disposal Location</u>
Tons      Cubic yds. Gallons	
	<b>TOTAL</b>

<b>Section 6. Location Information</b>		Please identify the specific attachment page that addresses each requested item
1.	<b>Property Ownership and Location Information</b> [18 AAC 60.210]	<b><u>Identify Attachment</u></b>
	a. Attach a copy of the deed or another legal document that identifies the landowner(s) of the treatment facility.	
	b. If the applicant is not the landowner, attach a written and notarized statement or a copy of any lease agreement signed by the landowner showing that the landowner consents to the treatment facility.	
2.	<b>Maps</b> Attach maps and/or aerial photographs as needed to show the following. You may submit maps that show more than one of the required items. For example, one map can show property boundaries and the location of surface water bodies. [18 AAC 60.210; 18 AAC 60.225]	
	a. Location of the treatment facility and property boundaries.	
	b. Location and flow direction of surface water bodies, streams, containment, or diversion structures within 500 feet of the property boundary.	

<b>Section 7. Facility Design</b>		
A complete set of design drawings must be submitted with the following information, as appropriate. Please ensure the documentation represents the entire facility. [18 AAC 60.210]		
1.	<b>Facility map(s) which show site conditions, including:</b> [18 AAC 60.030; 18 AAC 60.210; 18 AAC 60.220; 18 AAC 60.225]	<b><u>Identify Attachment</u></b>
	a. All existing and planned operational areas.	
	b. Fences, gates, berms, and other access control devices around the facility.	
	c. Access roads to and within the facility property.	
	d. Storage areas for both untreated and treated medical waste.	
	e. Location of treatment system, processing areas, and all treatment devices	
	f. All roads, ditches, berms, etc. associated with the facility.	
2.	<b>Floor plans</b> for: [18 AAC 60.030; 18 AAC 60.210]	
	a. Treatment system(s) and areas. (Note, autoclaves must be on a sealed floor that can be easily sterilized and contain any leaks). If the treatment system is located outside then clearly identify that and the type of ground (soil, gravel, asphalt, etc.) that it is located on.	
	b. Storage areas for both treated and untreated medical waste (note, must be enclosed, lockable, designed to contain any leaks, and have sealed floors that can be easily sterilized). Please include details on the type of substrate that each storage area is located on.	
3.	<b>Construction detail drawings <u>and</u> cross sections</b> that show: [18 AAC 60.210; 18 AAC 60.225]	
	a. Storm water drainage structures, culverts and other surface water control devices.	
	b. Any processing or treatment areas used in the treatment of medical waste.	
	c. Any storage areas for untreated and treated medical waste.	
4.	<b>Design calculations, data, and documentation</b> must include the following with supporting calculations: [18 AAC 60.030; 18 AAC 60.210]	

	a. An estimate (including calculations) of the maximum inventory of both untreated and treated medical waste that can be stored onsite at the facility at any given time.	
	b. An estimate (including calculations) of the number of days, based on the average waste acceptance, that can be adequately stored onsite at any given time.	
	c. Manufacturer specifications and designs for each treatment unit.	

## Section 8. Operations Plan

The operations plan should be a separate document that provides sufficient detail and information that an operator could use it to perform all necessary tasks for day-to-day operation of the facility.

The operations plan is a flexible document that should be reviewed annually and updated as necessary. The following table represents the minimum requirements which must be included. Additional information should be added, as needed, to ensure the facility operates in compliance with all state and federal regulations. A copy of the operations plan should be kept at the facility and it must include the following information.

Please include a reference page and/or section of the operations plan where each item is addressed.

1.	<b>Access control</b> [18 AAC 60.010; 18 AAC 60.210; 18 AAC 60.220]	<u>page/section</u>
	a. Access to the facility will be controlled, including gates, fences, berms or other means of preventing access; hours of operation; signage; and other control measures.	
	b. Access and onsite roads for treatment facility will be kept passable and safe for vehicles during operating months.	
2.	<b>Waste acceptance and handling policy</b> [18 AAC 60.030; 18 AAC 60.210; 18 AAC 60.240]	
	a. Description of how medical waste arrives and is unloaded at the treatment facility.	
	b. Description of how untreated medical waste is sorted and stored upon acceptance to prevent leaks and ensure that it will be treated and disposed of in the required timeframe.	
	c. Waste screening procedures to ensure no prohibited or unacceptable wastes are accepted at the facility.	
	d. All signage placed at the facility entrance.	
	e. All signage placed on the waste storage and treatment areas. (note: biohazard symbols must be placed on the entrance to all storage and treatment areas)	
	f. Description of packaging and transport for disposal.	
3.	<b>Medical Waste Treatment Procedures</b> [18 AAC 60.010; 18 AAC 60.030; 18 AAC 60.210]	
	a. Sorting procedures when waste arrives at the facility.	
	b. Identification or labeling procedures for each type of waste.	
	c. Treatment requirement for each type of waste.	
	d. <b>Autoclave –</b>	
	(1) Include a description and specifications for the treatment of medical waste using an autoclave. This should include step-by-step details from the beginning to the end of the process, including start up procedures, shut down procedures, unloading, and any observations required.	
	(2) Describe the visual identification method used to ensure that each item treated meets the pathogen destruction heat standard (e.g. Each bag or box is labeled with autoclave tape).	
	(3) Describe the process used to ensure that each load is maintained at an appropriate temperature, pressure, and time to adequately treat medical waste. Describe how all information will be documented and maintained in the operating record (e.g. use of an autoclave charting mechanism for each load)	
	(4) Provide information on the maximum capacity/throughput of the autoclave. How much waste can be adequately treated at one time?	
	(5) Provide information on how long each load/cycle takes to complete treatment from loading to unloading.	

	<p>(6) Describe, in detail, the biological testing method used and the frequency of the tests to ensure that the treatment unit is meeting the pathogen destruction standards</p> <ol style="list-style-type: none"> <li>a) Testing must be performed at least monthly</li> <li>b) Outline detailed procedures for how monthly biological testing will be performed, including how and where the test or test tubes are placed in the autoclave, how tests will be interpreted, etc. The location(s) of the test needs to be within the specific area of the treatment unit that takes the longest time to reach the minimum treatment temperature. The location(s) should also be based on autoclave manufacturer specifications for testing.</li> <li>c) Describe how any failures in testing will be handled</li> <li>d) Identify if biological testing will be performed in house or via an outside laboratory. If an outside laboratory provide the name of the laboratory.</li> </ol>	
	(7) Provide a copy of the manufacturer specifications and operating manual for the autoclave (if available).	
	(8) Describe how treatment information (such as time, temperature, date, etc) will be recorded and stored. Submit copies of all forms that will be used to record treatment information.	
	e. Incinerator	
	(1) Include a description and specifications for the treatment of medical waste using the incinerator. This should include step-by-step details from the beginning to the end of the process, including start up procedures, shut down procedures, unloading, and any observations required	
	(2) Describe the process used to ensure that each load is incinerated at an appropriate temperature and time in accordance with the regulations to adequately treat medical waste (e.g. use of a temperature and charting mechanism in each chamber for each load)	
	(3) Provide information on the maximum capacity/throughput of the incinerator. How much waste can be adequately treated at one time?	
	(4) Provide information on how long each load/cycle takes to complete treatment from loading to unloading.	
	(5) Provide a copy of the manufacturer specifications and operating manual for the incinerator (if available).	
	(6) Describe how treatment information (such as time, temperature, date, etc) will be recorded and stored. Submit copies of all forms that will be used to record treatment information.	
	f. Other treatment methods	
	(1) Include a description and specification for the treatment of medical waste using the proposed treatment method. This should include step-by-step details from the beginning to the end of the process, including start up procedures, shut down procedures, unloading, and any observations required.	
	(2) Describe the testing or identification method used to ensure that each item is adequately treated.	
	(3) Describe in detail the efficacy of biological testing used and the frequency of the tests to ensure that the treatment unit is adequately treating all medical waste.	
	(4) Provide information on the maximum capacity/throughput of the treatment unit. How much waste can be adequately treated at one time?	



	(5) Provide information on how long each load/cycle takes to complete treatment from loading to unloading.	
	(6) Provide a copy of the manufacturer specifications and operating manual for the treatment unit (if available).	
	(7) Describe how treatment information will be recorded and stored. Submit copies of all forms that will be used to record treatment information.	
	(8) Proof of efficacy for the proposed treatment method must be provided.	
4.	<b>Medical Waste Storage</b> [18 AAC 60.010; 18 AAC 60.030; 18 AAC 60.210]	<b>page/section</b>
	a. Describe how the facilities used to store medical waste, both treated and untreated, are maintained to control the spread of pathogens.	
	b. Describe how any leakage from the storage area will be controlled, collected, and disposed of.	
	c. Describe how waste will be monitored during storage to ensure that any leaks are identified and remediated quickly.	
	d. Describe how waste, both untreated and treated, will be tracked throughout the storage process to ensure it is treated and disposed of in accordance with the requirements.	
5.	<b>Litter, vector, and nuisance control plan</b> [18 AAC 60.010; 18 AAC 60.230; 18 AAC 60.233; AS 46.06.080]	
	a. Procedures to ensure wildlife and domestic animals do not endanger the public or facility staff, cannot come into contact with the waste, and do not become a nuisance.	
	b. Procedures to control dust, noise, odor, traffic, litter, disease vectors and other effects from facility operations so they do not become a nuisance or hazard outside of the facility boundary.	
6.	<b>Corrective action plan</b> describe the actions for: [18 AAC 60.010; 18 AAC 60.800]	
	a. Addressing any batch that does not pass the pathogen destruction method and is not adequately treated	
	b. Failed treatment unit test (e.g. biological testing, autoclave tape, failed temperature monitoring, etc).	
	c. Managing any improper or unauthorized waste.	
	d. Repairing any damage to the facility or structures.	
	e. Addressing any violations of regulations or permit conditions.	
7.	<b>Operator training</b> [18 AAC 60.235]	
	a. Identify any training that will be required for an operator working at the treatment facility, including on-the-job training. This training must include annual blood borne pathogen training for each employee in accordance with 29 CFR 1910.1030(g)(2)(ii).	
	b. Identify any training that operators will receive on the appropriate operation and maintenance of each specific treatment equipment based on manufacturers specifications.	
	c. Describe how that training will be documented and filed in the operating record.	
8.	<b>Recordkeeping</b> [18 AAC 60.235]	
	a. Describe in detail how each treatment container or batch will be identified and how records associated with each batch will be organized. This must include a description of how waste is tracked throughout the entire process from acceptance to storage, to treatment, to storage prior to disposal, and finally disposal.	

	b. Include copies of any forms used for tracking batches from delivery to disposal. This includes waste acceptance forms, waste manifests, waste treatment records, etc.	
9.	<b>Operating record</b> [18 AAC 60.235]	
	a. The operating record includes all the elements listed in 18 AAC 60.235, as well as any other documentation, such as batch tracking records, pathogen destruction test records, etc. specific to the facility and operation.	
	b. The plan must state where the operating record will be located.	
	c. Describe how all original source documents (handwritten, charts, etc) will be kept in the operating record and accessible for review for a minimum of 5 years.	
10.	<b>Reporting</b>	
	a. A statement that an annual report will be submitted to ADEC as required by the permit. The annual report must contain (at a minimum): <ul style="list-style-type: none"> <li>• Total volume or weight of medical waste received at the facility.</li> <li>• Total volume or weight of medical waste treated at the facility in each permitted treatment process.</li> <li>• Total volume or weight of treated medical waste disposed of at each disposal location.</li> <li>• A discussion of any treatment or test failures, related corrective action, and retreating or testing results.</li> <li>• A discussion of any other operational issues at the facility and the related corrective action.</li> </ul>	
	b. List any other required report submittals.	

### Section 9. Monitoring Plan

The monitoring plan should be a separate document and must include sufficient detail to allow a qualified person to complete all monitoring in full compliance with the applicable regulations and permit conditions. It must include the following information.

1.	<b>Visual monitoring plan</b> [ 18 AAC 60.210; 18 AAC 60.800]	<b>page/section</b>
	a. Description of the procedures for visual monitoring of the facility. This needs to be specific to each treatment unit and storage area and the procedures used at each.	
	b. Checklist or visual monitoring form including all applicable items in 18 AAC 60.800(a)	

### Section 10. Closure Plan and Cost Estimate

It is understood that the closure plan submitted with the permit application will be conceptual and may change throughout the active life of the facility. The closure plan **must include** the following information.

1.	Description of the closure process [18 AAC 60.210]	Section or Attachment
	a. A description and timeline for the closure and removal of all remaining waste from the treatment and storage facilities.	
	b. A site plan drawing showing the area once the facilities have been removed.	
	c. Any expected future use of the site.	
2.	Financial information [18 AAC 60.210; 18 AAC 60.265]	
	a. The total present-day equivalent cost estimate for an independent contractor (do not assume onsite use of any material or machinery) to close the facility, including treatment and disposal of the maximum inventory of waste that may be onsite.	
	b. Demonstration of the mechanism of financial responsibility to cover the cost of closing and removing the facility and disposal of the remaining waste. Proof of financial responsibility may be demonstrated by self-insurance, insurance, or other guarantee approved by ADEC.	

### Section 11. Waiver Requests and Justification

18 AAC 60.900 allows ADEC to grant an exemption from any regulation not required by federal law. The applicant will be billed separately for time spent reviewing waiver requests at the rate identified in 18 AAC 60.700(e).

1.	<b>Waiver requests must</b> include the specific regulation for which you are requesting a waiver, and for each requested waiver, a detailed justification that meets the criteria of 18 AAC 60.900 by demonstrating that: [18 AAC 60.210]	
	a. The proposed alternative action will provide equal or better environmental protection, reduction in public health risk, and control of nuisance factors than compliance with the identified provision; or	
	b. Compliance with the identified provision would cost significantly more than the value of the environmental benefit, public health risk reduction, and nuisance avoidance that could be achieved through that compliance.	

### Additional information

Attach any additional information necessary to accurately reflect the location, construction, and operations of the facility.