



**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, research facility, or medical facility that is regulated by the Department of Health and Human Services.

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, prepare a draft application with a list of any questions and schedule a meeting with the local ADEC office.

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.

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|----|---|
| 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 6. Location Information		Please identify the specific attachment page that addresses each requested item
1.	Property Ownership and Location Information [18 AAC 60.210]	<u>Identify Attachment</u>
	a. Attach a copy of the deed or another legal document that identifies the landowner.	
	b. If the applicant is not the landowner, attach a written and notarized statement signed by the landowner showing that the landowner consents to the facility, or a copy of any lease agreement that clearly states the same.	
2.	Maps 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. [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 and streams, and the location of containment or diversion structures, within 500 feet of the property boundary.	

Section 7. Facility Design		
Facility Design Drawing must be submitted for each of the items identified below. [18 AAC 60.210]		
1.	Facility map(s) which show site conditions, including: [18 AAC 60.030; 18 AAC 60.210; 18 AAC 60.220; 18 AAC 60.225]	<u>Identify Attachment</u>
	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 untreated and treated medical waste.	
	e. Treatment system housing.	
	f. All roads, ditches, berms, etc. associated with the facility.	
2.	Floor plans for: [18 AAC 60.030; 18 AAC 60.210]	
	a. Treatment system housing.	
	b. Storage areas (note, must be enclosed, lockable, designed to contain any leaks, and have floors that can be easily sterilized).	
3.	Construction detail drawings <u>and</u> cross sections that show: [18 AAC 60.210; 18 AAC 60.225]	
	a. Storm water drainage structures, culverts and other surface water control devices.	
4.	Design calculations, data, and documentation 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 medical waste that can be stored onsite at the facility at any given time.	
	b. 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.	Access control [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.	Waste acceptance and handling policy [18 AAC 60.030; 18 AAC 60.210; 18 AAC 60.240]	
	a. Description of packaging sent for use by clients, and discussion of how it meets DOT packaging regulations [49 CFR 173]; if the postal service is used, USPS regulations [Publication 52, part 346.3]; and OSHA labeling requirements [29 CFR 1910.1030(g)(1)].	
	b. Description of how medical waste arrives and is unloaded at the treatment facility.	
	c. Waste screening procedures to ensure no prohibited or unacceptable wastes are accepted at the facility.	
	d. Any signage placed at the facility entrance.	
	e. Description of packaging and transport for disposal.	
3.	Medical Waste Treatment Procedures [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. Pathogen Destruction Method – include a separate section for each if using more than one process.	
	<ul style="list-style-type: none"> • Include a description and specifications for the pathogen destruction method 	
	<ul style="list-style-type: none"> • Describe the testing or identification used to ensure that each item meets the pathogen destruction heat standard (e.g. Each bag or box is labeled with autoclave tape). 	
	<ul style="list-style-type: none"> • Describe any biological testing used and the frequency of the tests to ensure that the treatment unit is meeting the pathogen destruction standards (must be tested at least monthly). 	
	e. General operation of each piece of treatment equipment:	
	<ul style="list-style-type: none"> • Loading • Startup procedures • Shut down procedures • Unloading and observations required • Recording treatment information 	

Section 8. Operations Plan (Continued)		
4.	Medical Waste Storage [18 AAC 60.010; 18 AAC 60.030; 18 AAC 60.210]	page/section
	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.	
5.	Litter, vector and nuisance control plan [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, are not harmed by 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.	Corrective action plan describe the actions for: [18 AAC 60.010; 18 AAC 60.815(a)]	
	a. Addressing any batch that does not pass the pathogen destruction method.	
	b. Failed treatment unit test.	
	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.	Operator training [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.	
	b. Describe how that training will be documented and filed in the operating record.	
8.	Recordkeeping [18 AAC 60.235]	
	a. Describe how each treatment container or batch will be identified and how records associated with each batch will be organized.	
	b. Include copies of any forms used for tracking batches from delivery to disposal.	
9.	Operating record [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.	
10.	Reporting	
	a. A statement that an annual report will be submitted to ADEC as required by the permit.	
	b. List any other required report submittals.	

Section 9. 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 10. 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.	Waiver requests must 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.