



# Medical Waste Treatment Permit Application

(Print or Type)

### A. Treatment Facility Identification:

Name of facility: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title of contact person: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business telephone number: (\_\_\_\_) \_\_\_\_\_-

Emergency/after-hours number: (\_\_\_\_) \_\_\_\_\_-

Has medical waste been previously treated at this site? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type of technology was utilized? \_\_\_\_\_

What date did the last waste treatment occur? \_\_\_\_\_

Name and mailing address of property owner if different from applicant:

Name of property owner: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Owner's telephone number: (\_\_\_\_) \_\_\_\_\_-

### B. Permit Status: (Check one)

First Application

Permit renewal: Permit No. \_\_\_\_\_

Expiration date of current permit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Permit Modification: Provide a narrative description of the modifications sought, listing the Section(s) of the existing permit to be modified, and the rationale for the request to modify the permit.

**C. Treatment Method:**

1. Steam Sterilization

Cycle Operating Parameters: \_\_\_\_\_ Minutes; \_\_\_\_\_ ° F Temp; Pressure, \_\_\_\_\_ psi

2. Other Treatment Method: (Specify, include Letter of approval)

**D. Attachments:** (The application will not be reviewed unless all attachments are submitted)

1. Medical Waste Management Plan
2. Applicable fees
3. A detailed floor plan of the facility showing all handling, storage and treatment equipment.
4. List equipment (including shredders) utilized in treatment of medical waste. Include model numbers, manufacturers, number of years in use, certifications, number of pieces, etc. (Attach sheets as necessary)

**E. Certification:** (To be signed by a responsible official)

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Signature: \_\_\_\_\_

Typed name: \_\_\_\_\_

Official Title: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit two copies of each Application and attachments to:

Alabama Department of Environmental Management

(Mailing Address):

Environmental Services Branch

Land Division

P.O. Box 301463

Montgomery, AL 36130-1463

(Street Address):

Environmental Services Branch

Land Division

1400 Coliseum Boulevard

Montgomery, AL 36110-2059

Phone: 334-271-7984

Fax: 334-279-3050

Make all checks payable to the Alabama Department of Environmental Management