# Medical Waste Treatment Permit Application

(Print or Type)

**A. Treatment Facility Identification:**

Name of facility: _____

Contact person: _____

Title of contact person: _____ Email Address: _____

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)

*[ Note: ADEM Form 412, Medical Waste Treatment Permit Application, is not complete without payment of all the appropriate fees specified in Chapter 335-1-6 of the ADEM Administrative Code.]*

**DI. 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