

FEE SHEET FOR MEDICAL WASTE PERMITS

ADEM No.: 12595

Applicant: Dept. of Veteran Affairs Health Care

Location: 700 South 19th Street

Birmingham, AL 35040

County: 73

State: Alabama

Permit No.: TRTS 122894-3702

Date Application Received: 12/11/25

Permit Fees Required	Initial Issuance	Modification	Reissuance	Total
New Technology Review	\$10,205	-	-	
Commercial Treatment Facility	\$16,460	\$7,280	\$9,180	\$9,180
Commercial Transportation of Medical Waste	\$3,490	\$1,460	\$2,035	
Storage of Untreated Medical Waste	\$2,630	\$665	\$1,960	

Additional Fees				
Geological Review	\$4,865	\$3,275	\$3,275	
Solid Waste Disposal Notification	\$215	\$215	\$215	
Greenfield Fee	\$1,610	-	-	
Variance Request	\$1,460	-	-	

RECEIVED

DEC 12 2025

ADEM
EDDS

	Total Fee Due:	\$9,180
	Amount Submitted with Application:	\$9,180
Conf/Check No.:	Amount Received:	
	Amount to be Billed:	
Permits & Services	Amount Received:	9,180
	Date Received: <i>Qm p</i>	12/12/2025
	Amount to be Refunded:	
	ADEM Fund Code:	422

E-pay 12082025

Fee Schedule Prepared by: ASP X7703

Date: 12/12/25

Fee Schedule Reviewed by: _____

Date: _____

Payment Receipt

12/08/2025 11:15 AM

Thank you for completing your transaction.
Please save a copy of this receipt for your records.

Receipt Confirmation Number: 20251208000008594

Agency: Alabama Department Of
Environmental Management
Application: ADEM General Payment

Payment Item	Fee
Application Fee	\$9,180.00

Total Fee through Alabama.gov [\(learn more\)](#) \$9,457.40

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Alabama.gov 



Medical Waste Treatment Permit Application

(Print or Type)

A. Treatment Facility Identification:

Name of facility: Birmingham Department of Veteran Affairs Health Care System

Contact person: Arivia Allison

Title of contact person: Acting, Chief, Evironmental Management Service Email Address: arivia.allison@va.gov

Mailing address: 700 South 19th Street

City: Birmingham State: AL Zip Code: 35233

Business address: 700 South 19th Street

City: Birmingham State: AL Zip Code: 35235

Business telephone number: (205) 933 - 8101 x335416

Emergency/after-hours number: (205) 615 - 6496

Has medical waste been previously treated at this site? Yes ☒ No ☐

If yes, what type of technology was utilized? Steam Sterilization

What date did the last waste treatment occur? Daily

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. TRTS 122894-3702

Expiration date of current permit: 02 / 04 / 2026

☐ 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: 45 Minutes; 270 ° F Temp; Pressure, 35 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: Arivia Allison

Official Title: Acting, Chief Environmental Management Service

Date: 12/16/2025

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

T

MEDICAL WASTE MANAGEMENT PLAN

1. GENERATOR: Birmingham Veteran Administration Health Care System (BVAHCS), 700 South 19th Street, Birmingham, AL 35233

2. BVAMC ADEM PERMIT NUMBER:

- a. Generator Permit Number: G- HOS- 127
- b. Treatment Permit Number: TRTS 122894- 3702

3. BVAMC Point of Contact (Responsible Party): Environmental Management Service (EMS) Acting Chief, Arivia Allison, 700 South 19th Street, Birmingham, AL 35233; Phone: 1- 205- 933- 8101x 335417.

4. OFFSITE DISPOSAL FACILITY:

- a. Name: EWA Direction
- b. Address: 1924 Joy Lake Rd. Lake City, GA 30260
- c. Contact: Ben Hunter – (918) 571-8282
- d. ADEM Permit: 102391 GA02

5. MANAGEMENT OF BIO- HAZARDOUS WASTE:

a. Noncombustible, closed-top receptacles displaying the biohazard waste symbol shall be provided in close proximity to bio- hazardous waste generation areas.

b. Syringes, needles, scalpels and other sharp objects shall be discarded directly into the puncture resistant containers mounted on the walls or stabilized by use of appropriate stands or carts. Using services shall utilize only these special containers designed for disposal of such objects. Once the sharps disposal container is two-thirds full, the container shall be sealed and then placed in the designated area for pick up by EMS personnel.

c. Disposable materials having direct contact with blood/ body fluids of any patients will be placed in bio- hazardous disposal containers lined with a buff color autoclave bag for final disposition by EMS personnel.

d. All bio-hazardous waste shall be removed twice daily or as required. The bags should be visually inspected for leaks. If a leak is present, the waste shall be placed inside a second buff color autoclave bag. The receptacle shall be disinfected prior to relining, as well as any surrounding areas that may be contaminated.

e. The bio-hazardous waste shall be collected at the bio-hazardous waste generation points by utilizing a closed-top container. The container once filled or at predetermined times, shall be moved to the facility's fire lane and placed in the storage bins for sterilization and compacting.

f. All bio-hazardous waste receptacles at the generation site shall be cleaned and disinfected on a weekly basis or at the time a container is discovered contaminated with a bio-hazardous substance. The transport containers shall be cleaned and disinfected on a daily schedule or in the event of contamination, as soon as possible. The bio-hazardous waste storage building, located in the facility's fire lane, shall be locked at all times.

g. All bio-hazardous waste, except for waste generated in the laboratory area, shall be placed in a buff color autoclave bag. These bags shall be placed in the steam sterilizer chamber for sterilization. Upon completion of the sterilization process, the chamber bag will be dumped, in accordance with Regulation 335-17-7 Disposal of Medical Waste, and the conveyer system will transport the bag to the compactor for compacting.

h. All bio-hazardous waste generated in the laboratory area will be placed in a red bag and placed in the storage building label bio-hazardous located in the facility's fire lane for pick up by the contractor. All pathological waste (body parts) and sharps will also be placed in the storage building label bio-hazardous for pick up by the contractor.

Name: EWA/ Stericycle, Inc.

Address: 1485 Hartman Industrial Blvd, Midfield, AL 35221

Permit Number: TRN 105391-GA02

i. All pathological waste and sharps will be shipped off site for incineration. All bio-hazard waste generated in the laboratory will be shipped off site for incineration.

ii. All other bio-hazardous waste will be treated on-site using the autoclave steam sterilization system.

Model Number: Autoclave Model 3040-3P Sterilizer

iii. Bio-hazardous waste treated on-site using the autoclave steam sterilization system is monitored weekly with a biological indicator/ SteriTec Biological Test Pack for Steam. This pack contains a biological indicator sample, indicator strips and a record-keeping card. The indicator strips on the label and within the pack will change color to show the pack was indeed steam processed. The biological indicator located within the

pack will show the ability of the San-I-Pak to penetrate the barriers within the test pack, thus achieving sterilization.

iv. Bio-hazardous waste is further monitored through monthly waste reports generated by EWA Direction. The waste reports monitor the amount of waste process by the facility.

v. All treated waste will be treated as solid waste and disposed of by the following contractor:

Name: Hamilton Alliance, Inc.

Address: 1601 Belvedere Road Suite 114E, West Palm Beach, FL 33406

Contact: Paul Bickford 913-433-4680

Waste Permit: STT0000-000069

Landfill; Mt. Olive Landfill.

i. In the event of a bio-hazardous waste spill designated EMS personnel shall initiate the following clean-up procedures immediately, as determined by the size of the spill:

i. Immediately contain the spill by placing special absorbent materials, disposable towels, etc., then isolate the area by placing "wet floor" signs at avenues of approach or mark with barricade tape.

ii. If liquid materials (blood, urine, feces, or other body fluids) are present, they should be clean in accordance with the cleaning procedures described in the EMS Housekeeping Aid Manual for excessive blood. Per the EMS Housekeeping Aid, EMS staff shall use a blood kit, and flood the area with appropriate liquid disinfectant germicide (EPA approved). All materials used to clean up the spill are to be treated as bio-hazardous waste and disposed of accordingly. Any liquid waste not absorbed), such as mop rinse water, shall be deposited in the sanitary sewer via a janitor sink. The sink and mop bucket(s) shall then be disinfected.

iii. After initial bulk clean up, the contaminated area should be decontaminated by wet wiping or mopping with a fresh germicidal solution. Once the area is dry, the signs or barricade tape shall be removed, and the area returned to its general use.

iv. Disposable protective coveralls, aprons, gloves, masks and shoe covers, if worn, shall be removed from the clean-up site and deposited in a buff color autoclave bag and treated as bio-hazardous waste. The individual(s) transporting waste shall don clean gloves for this purpose.

v. In the event the autoclave steam sterilization system is inoperable trained EMS personnel box the bio-hazardous waste in cardboard boxes dedicated for waste. The boxes are placed in the storage building label bio-hazardous located in the facility's fire lane for pick up by the contractor.

6. TRAINING OF EMPLOYEES

- a. All employees are trained to recognize regulated medical waste and how to properly manage waste according to ADEM regulations.
- b. Facility has a maintenance contract with San-I-Pac, which provides in service Operation training for all supervisors and employees who operate the sterilizer.
- c. Training records are kept on file for three (3) years in the EMS administrative office.
- c. Supervisor provides hands on training to employees as needed.

7. REFERENCE(S):

The Joint Commission, Environment of Care Standards, current edition
MCM 00- S- 15, Management of Hazardous Materials and Waste Risks Hazardous Materials Plan
MCM 137-06, Waste Management Plan
MCM 00- S- 16, Hazardous Material Spill Release Policy
40 CFR Parts 260- 265, 273, 279, Hazardous Waste Regulations
Alabama Department of Environmental Management Regulations 335- 13- 7, Medical Waste
National Fire Protection Association (NFPA) 30, Flammable and Combustible Liquids Code
Title 10 Code of Federal Regulations (CFR), Waste Management

8. **RESCISSION:** MCM 137-06, Waste Management Plan, dated June 14, 2019 is rescinded.

8. **REISSUE:** This plan will be revised as needed.

Arivia Allison
Acting Chief,
Environmental Management Service



January 4, 2021

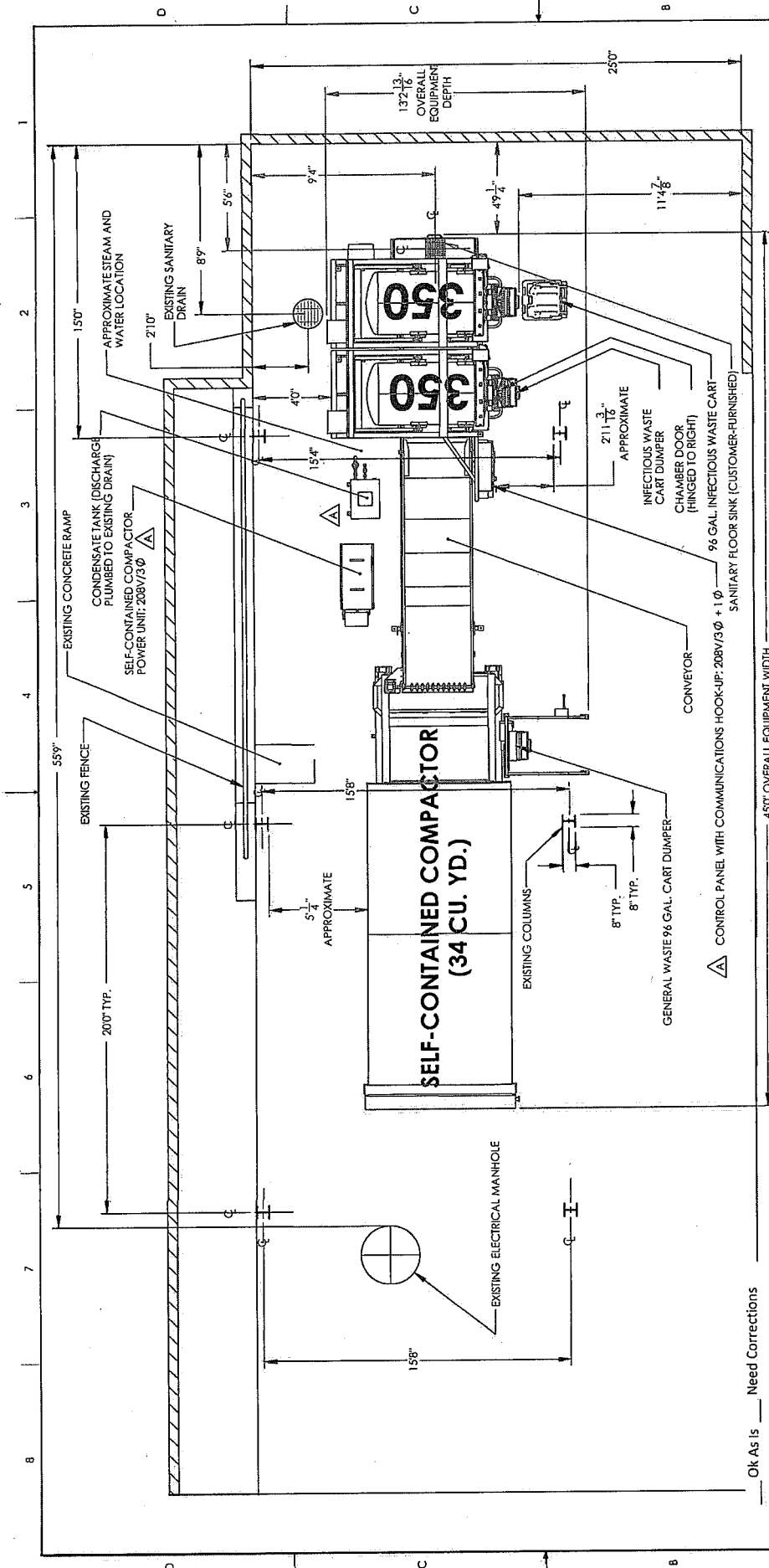
Andre Singleterry – Chief, EMS
Lindsey Williams – Administrative Officer, EMS
VAMC Birmingham
700 19th Street
Birmingham, AL 35233

Please review, sign, and return this form and one set of the enclosed installation drawings. You will be provided with a shipping and installation date once we receive the signed and approved drawings and a copy of this completed form. Our current production lead time for San-I-Pak equipment is 6-8 months from receipt date of final signed drawings and utility info. Production of your unit will not commence until we received signed drawings.

- Initial here to acknowledge receipt of the installation information packets. AS
- Date when facility will be ready for us to install equipment: Now
*Please note, all utilities noted in our utility drawing need to be in place before installation can occur. Customer is responsible for making all final utility connections.
- Color of new equipment (National Blue) check color: Blue ☒ Other _____
- 3-phase voltage desired for San-I-Pak Production (circle): (240V), (480V), (208V) Other: _____
- 120V single-phase (40 amp minimum) is also required. Amperage available (circle one) (40AMP x 1 line),
(20AMP x 2 lines), (Other _____)
- Door hinges: Right
- What is the Dock Height at your facility: Adjustable
- Confirm Slope if Applicable: N/A
Adjustable
- Steam Pressure Available: 30-140 PSI Water Pressure Available 80 PSI
- Sanitary drain floor sink installed per San-I-Pak drawings: yes
- Waste hauling company name: RAS Enterprises
- Contact person at waste hauler: Todd Miller PH# 228-868-5478
(Must be a person who knows the understructure and hookups required for hauler to pick up the roll-off container.)
- San-I-Pak Net™

Form completed by: (Name) Andre Singleterry (Title) Chief, EMS
Phone Number: 205-558-4723 (Email) Andre.Singleterry@VA.gov

If you have any questions please call Kristy Coleman at 209-836-2310 x 104



Ok As Is _____ Need Corrections _____

Signature: _____

Printed Name: _____

Title: _____

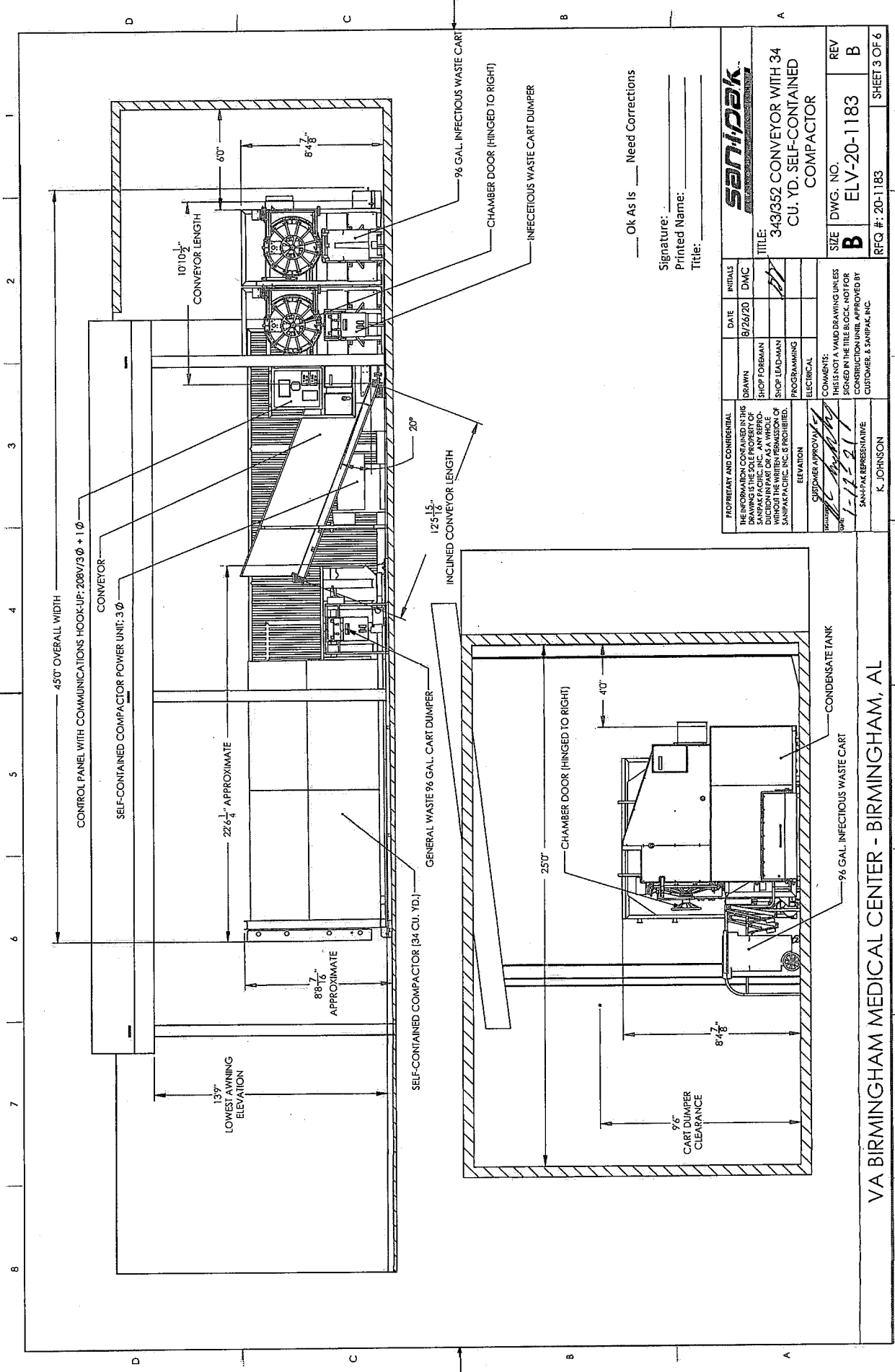
VA BIRMINGHAM MEDICAL CENTER - BIRMINGHAM, AL

- GENERAL NOTES:**
1. ALL DIMENSIONS ARE TO BE VERIFIED BY CUSTOMER.
 2. PRECAST CONCRETE CHANNELS, THICKNESS MINIMUM IS 8" THICK, 3000 PSI FOR TOTAL LENGTH INCLUDING FULL LENGTH GUIDE CHANNELS.
 3. MODIFYING OF SANITARY UNIT TO CONCRETE PAD IS ACCOMPISHED WITH WEDGE ANCHOR BOLTS.
 4. ANY SLOPE EXCEEDING 1" IN 10' IN ANY DIRECTION ON THE EQUIPMENT MOUNTING SURFACES MUST BE NOTED IN THE SITE SURVEY, THEREFORE, SHOWN ON THIS DRAWING. PLEASE CONFIRM EXCESSIVE SLOPES MAY REQUIRE ADDITIONAL INSTALLATION & DESIGN EXPENSE.
 5. LOADING DOCK HEIGHT IS N/A.
 6. SANITARY EQUIPMENT IS TO BE PAINTED SANITARY BLUE UNLESS OTHERWISE NOTED.

- UTILITY NOTES:**
1. 1" STEAM LINE CONNECTION MUST BE AT A MINIMUM OF 45 PSI & A MAXIMUM OF 100 PSI AT THE EQUIPMENT ABOVE 100 PSI REQUIRES A PRV STEAM LINE REQUIRES A PRESSURE GAUGE AND SHUT OFF VALVE (ACCESSIBLE FROM MACHINE).
 2. 1/2" WATER LINE CONNECTION MUST BE AT A MINIMUM OF 30 PSI & A MAXIMUM OF 40 PSI ABOVE 40 PSI REQUIRES A PRV. CUSTOMER TO SUPPLY SHUT OFF VALVE (ACCESSIBLE FROM MACHINE).
 3. CONDENSATE TANK DRAIN HAS A 2" FLANGE. CUSTOMER IS RESPONSIBLE FOR PLUMBING FROM THE CONDENSATE TANK TO THE SANITARY DRAIN.
 4. ALL SANITARY DRAINS ARE EXISTING OR CUSTOMER FURNISHED.
 5. HIGH VOLTAGE CABINET ELECTRICAL VOLTAGE TO BE DETERMINED.
 6. ALL FINAL UTILITY CONNECTIONS (STEAM, WATER, ELECTRICAL) ARE THE RESPONSIBILITY OF THE CUSTOMER.

IN CASES OF MODIFYING THE EQUIPMENT, THE DRAWING IS TO BE PREPARED BY THE SANITARY UNIT MANUFACTURER. ANY CHANGES TO THE EQUIPMENT, THE DRAWING IS TO BE PREPARED BY THE SANITARY UNIT MANUFACTURER. ANY CHANGES TO THE EQUIPMENT, THE DRAWING IS TO BE PREPARED BY THE SANITARY UNIT MANUFACTURER.

CHANGE LOG		REV.	DESCRIPTION	INITIALS	DATE
A	INCREASED OVERALL EQUIP. WIDTH, INCLUDED 208V ELECTRICAL NOTES, RELOCATED COND. TANK, ADDED STEAM AND WATER LOCATION, ADDED ISOMETRIC SHEET, ADDED UTILITIES SHEET	DMC	9/17/2020		
B	ADDED ELECTRICAL JUNCTION BOX, RELOCATED POWER UTILITY AND AMFORAGE WAS PDA RELOCATED	DMC	12/29/2020		
<div> <div>FORBIDDING AND CONSTRUCTION</div> <div>THIS DRAWING IS THE PROPERTY OF SANITARY PAK, INC. ANY REPRODUCTION OR USE OF THIS DRAWING WITHOUT THE WRITTEN PERMISSION OF SANITARY PAK, INC. IS PROHIBITED.</div> <div> <div>PROGRAMMING</div> <div>TECHNICAL</div> <div>CUSTOMER APPROVAL</div> </div> </div>					
<div> <div>DATE</div> <div>INITIALS</div> <div>DATE</div> <div>INITIALS</div> </div>					
<div> <div>8/26/20</div> <div>DMC</div> <div>8/26/20</div> <div>DMC</div> </div>					
<div> <div>SHOP FOREMAN</div> <div>SUB. E. LEAD. MAN.</div> </div>					
<div> <div>343/352 CONVEYOR WITH 34 CU. YD. SELF-CONTAINED COMPACTOR</div> </div>					
<div> <div>SIZE</div> <div>DMG. NO.</div> <div>REV</div> </div>					
<div> <div>B</div> <div>SPN-20-1183</div> <div>B</div> </div>					
<div> <div>RFQ #</div> <div>20-1183</div> <div>SHEET 1 OF 6</div> </div>					

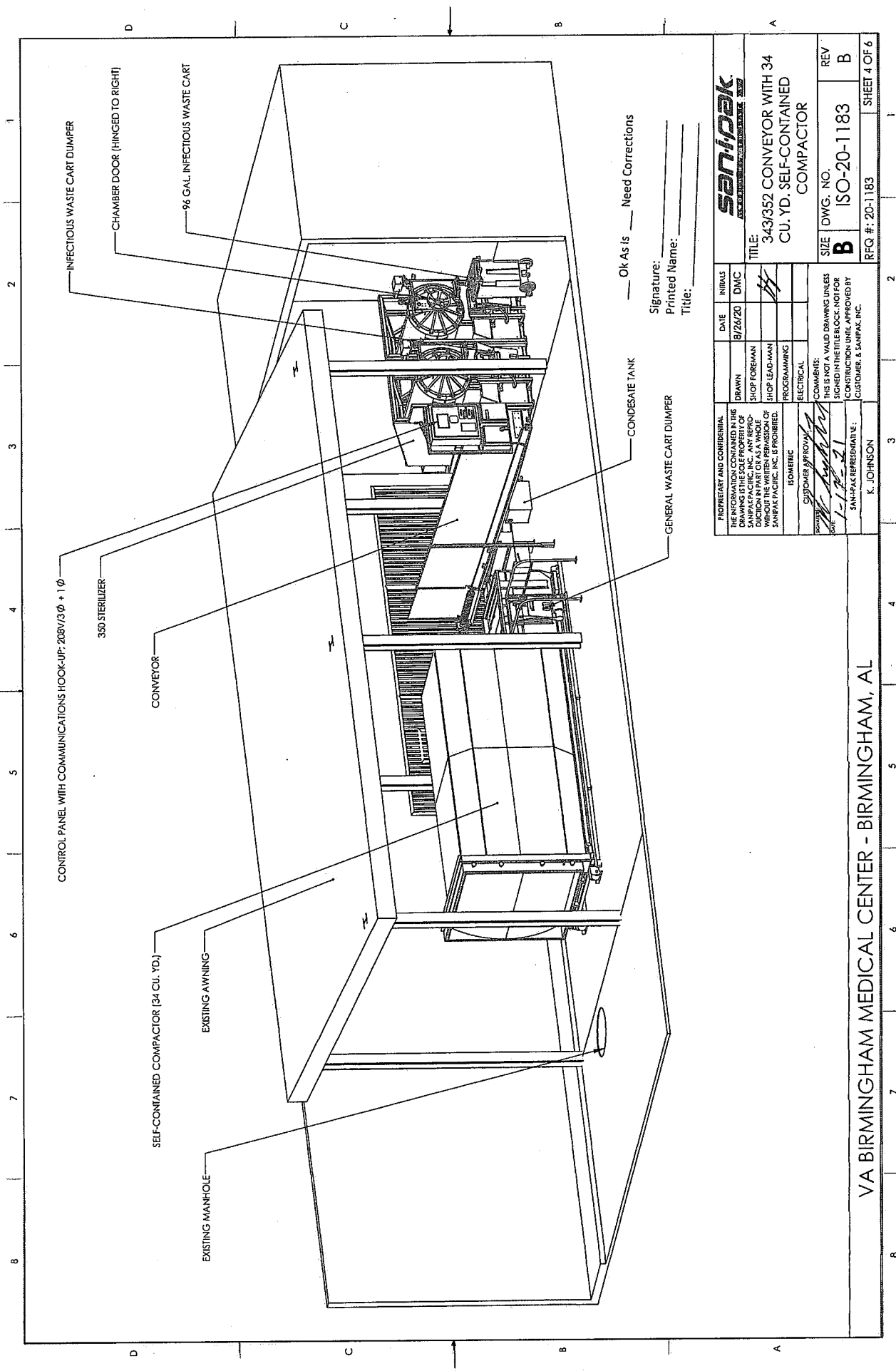


Signature: _____
 Printed Name: _____
 Title: _____

___ Ok As Is ___ Need Corrections

sanipak <small>WASTE MANAGEMENT SYSTEMS</small>				sanipak <small>WASTE MANAGEMENT SYSTEMS</small>			
PROPRIETARY AND CONFIDENTIAL THE INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF SANIPAK, INC. ANY REPRODUCTION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF SANIPAK, INC. IS PROHIBITED.	DRAWN SHOP FOREMAN SHOP LEAD-MAN PROGRAMMING ELECTRICAL	DATE 8/26/20	INITIALS DMC	TITLE 34/352 CONVEYOR WITH 34 CU. YD. SELF-CONTAINED COMPACTOR	SIZE DWG. NO. B ELV-20-1183	REV B	SHEET 3 OF 6
COMMENTS: THIS IS NOT A VALID DRAWING UNLESS SIGNED IN THE TITLE BLOCK, NOT FOR CONSTRUCTION. APPROVED BY CUSTOMER & SANIPAK, INC.				RFQ # 20-1183			
CUSTOMER APPROVAL DATE 11-11-21 K. JOHNSON SANIPAK REPRESENTATIVE				REV B			

VA BIRMINGHAM MEDICAL CENTER - BIRMINGHAM, AL



Ok As Is _____ Need Corrections _____

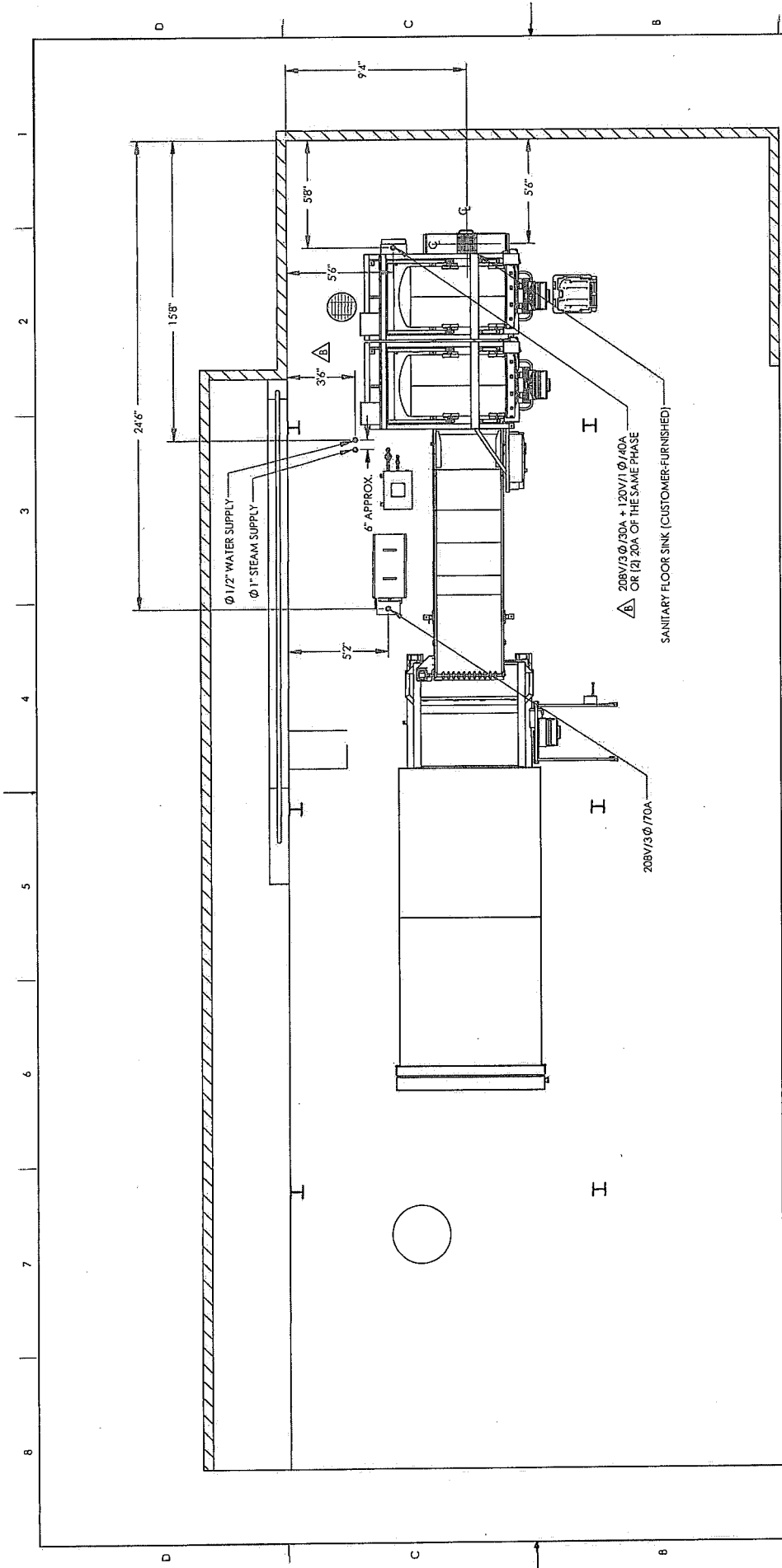
Signature: _____

Printed Name: _____

Title: _____

sanipak <small>EST. 1982 • 100% U.S. OWNED & OPERATED</small>	
TITLE: 343/352 CONVEYOR WITH 34 CU. YD. SELF-CONTAINED COMPACTOR	SIZE DWG. NO. REV B ISO-20-1183 B RFG #: 20-1183 SHEET 4 OF 6
DATE 8/26/20 DRAWN SHOP FOREMAN SHOP LEAD-MAN PROGRAMMING ELECTRICAL	INITIALS DMC COMMENTS: THIS IS NOT A VALID DRAWING UNLESS SIGNED IN THE TITLE BLOCK. NOT FOR CONSTRUCTION UNTIL APPROVED BY CUSTOMER & SANIPAK, INC.
PROPERTY AND CONFIDENTIAL THIS INFORMATION CONTAINED IN THIS DRAWING IS THE SOLE PROPERTY OF SANIPAK, INC. ANY REPRO- DUCION IN PART OR AS A WHOLE WITHOUT THE WRITTEN PERMISSION OF SANIPAK, INC. IS PROHIBITED.	CUSTOMER APPROVAL 1-18-21 SANIPAK REPRESENTATIVE: K. JOHNSON

VA BIRMINGHAM MEDICAL CENTER - BIRMINGHAM, AL



___ Ok As Is ___ Need Corrections

Signature: _____
Printed Name: _____
Title: _____

DO NOT INSTALL UTILITIES TO CONNECTION POINTS UNTIL AFTER INSTALLATION OF SANIPAK MACHINE. SANIPAK IS NOT RESPONSIBLE FOR ANY DAMAGE THAT MAY OCCUR TO UTILITY LINES DUE TO INTERFERENCE DURING INSTALLATION. UTILITY LOCATIONS ARE ESTIMATED AND WILL VARY +/- 4" DUE TO SITE AND MACHINE VARIANCES. CUSTOMER IS RESPONSIBLE FOR INSTALLING UTILITIES ACCORDING TO THE BUILDING CODES AS SPECIFIED IN YOUR AREA.

VA BIRMINGHAM MEDICAL CENTER - BIRMINGHAM, AL

sanipak <small>Sanitary Air Purification</small>		DATE	INITIALS
TITLE: 343/352 CONVEYOR WITH 34 CU. YD. SELF-CONTAINED COMPACTOR		8/26/20	DMC
SIZE DWG. NO. B UTL-20-1183		REV B	
COMMENTS: THIS IS NOT A VALID DRAWING UNLESS SIGNED IN THE TITLE BLOCK. NOT FOR CONSTRUCTION UNTIL APPROVED BY CUSTOMER & SANIPAK, INC.		RFQ #: 20-1183 SHEET 5 OF 6	

PROPRIETARY AND CONFIDENTIAL THE INFORMATION CONTAINED IN THIS DRAWING IS THE PROPERTY OF SANIPAK, INC. AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, WITHOUT THE WRITTEN PERMISSION OF SANIPAK, INC.	DRAWN SHOP FOREMAN SHIP LEAD-MAN PROGRAMMING ELECTRICAL	CUSTOMER APPROVAL 1-12-21 K. JOHNSON SANIPAK REPRESENTATIVE
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