

FEE SHEET FOR MEDICAL WASTE PERMITS

ADEM No.: 16940

Applicant: Triad dba Flowers Hospital

Location: 4370 W Main St
Dothan, AL 36305

County: 69

State: Alabama

Permit No.: TRTS122001-3501

Date Application Received: 04/13/26

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

APR 21 2026

ADEM
EDDS

	Total Fee Due:	\$9,180
	Amount Submitted with Application:	\$9,180
Conf/Check No.:5000278456	Amount Received:	
	Amount to be Billed:	
Permits & Services	Amount Received:	\$9,180
	Date Received:	04/21/2026
	Amount to be Refunded:	
	ADEM Fund Code:	422

Fee Schedule Prepared by: ASP X7703

Date: 04/21/26

Fee Schedule Reviewed by: _____

Date: _____

Ⓞ
CK "5000278456"

DA6155

CHS Shared Business Operations, LLC
Community Health Systems
Attn: Accounts Payable
P.O. Box 680010
Franklin, TN 37068

Received

APR 16 2026

Land Division

Date: 04/08/2026
Check #: 5000278456
Payment Amount: 9,180.00
Vendor #: 222677



005542 R3K4T1A
STATE OF ALABAMA
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
LAND DIVISION
PO BOX 301463
MONTGOMERY AL 36130



Remittance Advice

Invoice Date	Invoice #	Related PO #	Invoice Gross Amt	Discount Amount	Invoice Net Amt
04/06/2026	16940		9,180.00	0.00	9,180.00
MEDICAL WASTE PERMIT FEE - PERMIT NUMBER TRTS122001-3501					

PLEASE DETACH BEFORE DEPOSITING CHECK

CHS Shared Business Operations, LLC
Community Health Systems
Attn: Accounts Payable
P.O. Box 680010
Franklin, TN 37068

88-156/531

Date: 04/08/2026
Check #: 5000278456

Pay Exactly **Nine Thousand One Hundred Eighty and 00/100 -US Dollars**

Amount

\$****9,180.00

TO THE ORDER OF STATE OF ALABAMA
ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
LAND DIVISION
PO BOX 301463
MONTGOMERY AL 36130

VOID AFTER 90 DAYS

WELLS FARGO BANK, N.A.

R. Ottinger
Authorized Signer

Karen J. Hammons
Authorized Signer

2 Signatures on All Checks

Security Outline in Black



Medical Waste Treatment Permit Application

(Print or Type)

A. Treatment Facility Identification:

Name of facility: Flowers Hospital
Contact person: Chris Pruitt
Title of contact person: Director, Plant Operations Email Address: cpruitt@flowershospital.com
Mailing address: Flowers Hospital P.O. Box 6907
City: Dothan State: AL Zip Code: 36302
Business address: 4370 West Main St
City: Dothan State: AL Zip Code: 36305
Business telephone number: (334) 793 - 5000
Emergency/after-hours number: (334) 793 - 5000
Has medical waste been previously treated at this site? Yes X No
If yes, what type of technology was utilized? Steam Sterilization
What date did the last waste treatment occur? on going

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
[checked] Permit renewal: Permit No. TRTS 013001-3502
Expiration date of current permit: 07 / 03 / 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: 30 Minutes; 205 ° F Temp; Pressure, 38 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: _____

Chris M. Pruitt

Typed name: _____

Chris M. Pruitt

Official Title: _____

Director Plant Operations & Support Services

Date: _____

04/03/26

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

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	Date Received:	
	Amount to be Refunded:	
	ADEM Fund Code:	422

Fee Schedule Prepared by: ASP X7703 Date: _____
 Fee Schedule Reviewed by: _____ Date: _____

Flowers Hospital Medical Waste Management Plan

335-17-2-.01 (2) - Generator

- (a) Flowers Hospital generates medical waste in the following forms: Blood and Body Fluids, Biological Waste, Pathological Waste, Trace Chemotherapy Materials, Sharps and Surgical Waste.
- (b) All medical waste is placed in red bags and collected in red rolling carts and transported to the processing area. This is accomplished by Environmental Services hospital personnel. All personnel are provided training utilizing courses assigned in our Advance Learning Center program and will wear proper PPE while performing the task. The medical waste autoclave is located in a separate building at the rear of the hospital that is designated for this purpose only. Materials to be sent off site for treatment are packaged in appropriate containers, labeled and staged in the secure autoclave building awaiting pick up.
- (c) At the processing area, red bags are placed into rolling bins and rolled into the medical waste autoclave. The medical waste is treated at 285°F, at 38 PSI for 30 minutes. The medical waste autoclave's treatment cycle is recorded on a circular plot chart which indicates temperature and cycle time and also by the operator on a log sheet. This information is filed and available for inspection. The treated medical waste is removed from the autoclave and rolled to the trash compactor where the treated medical waste is lifted, dumped and compacted. The trash compactor is transported three times a week by Martin Environmental Services to the Coffee County Landfill under ADEM Waste Profile #162355. This landfill does not require our waste to be shredded.
- (d) Pathological waste, trace chemo material and sharps are serviced by Stericycle Inc. Their location is 1924 Joy Lake Road, Lake City, GA 30260. Our account representative is Charles Morton. He may be reached at 866.338.5120 or Charles.Morton@stericycle.com. Permit #TRN102391-GA02
- (e) Off-site storage facilities: See Stericycle's information above.
- (f) Treatment/processing facilities: See Stericycle's information above.
- (g) Disposal facility utilized for on-site treatment material: Coffee County (AL) Landfill for Martin Environmental Services under ADEM Waste Profile #162355. This landfill does not require waste to be shredded.
- (h) Medical waste to be treated off-site is picked up three times per week or once per week for items with volumes low enough for efficient management. Both of these are serviced by Stericycle, Inc.
- (i) All facility personnel who collect, package, transport or treat medical waste are provided training utilizing courses assigned in our Advance Learning Center program.

335-17-5-.01(18) - Transportation

- (a) Medical waste from our sister facility, Medical Center Enterprise is collected in the same manner as described above and transported to a collection location to be loaded onto our

transport vehicle. All red bags are placed in sealed, leak proof, rigid, puncture-resistant containers. These containers are labeled as biohazard waste. All personnel will wear the appropriate PPE. Flowers Hospital maintains a Medical Waste Transport Management Plan describing all pertinent elements and is linked to ADEM Medical Waste Transporter Permit: TRN 122001-3501. Chris Pruitt, Director of Plant Operations & Support Services, is responsible for the transportation and management of medical waste (cpruitt@flowershospital.com).

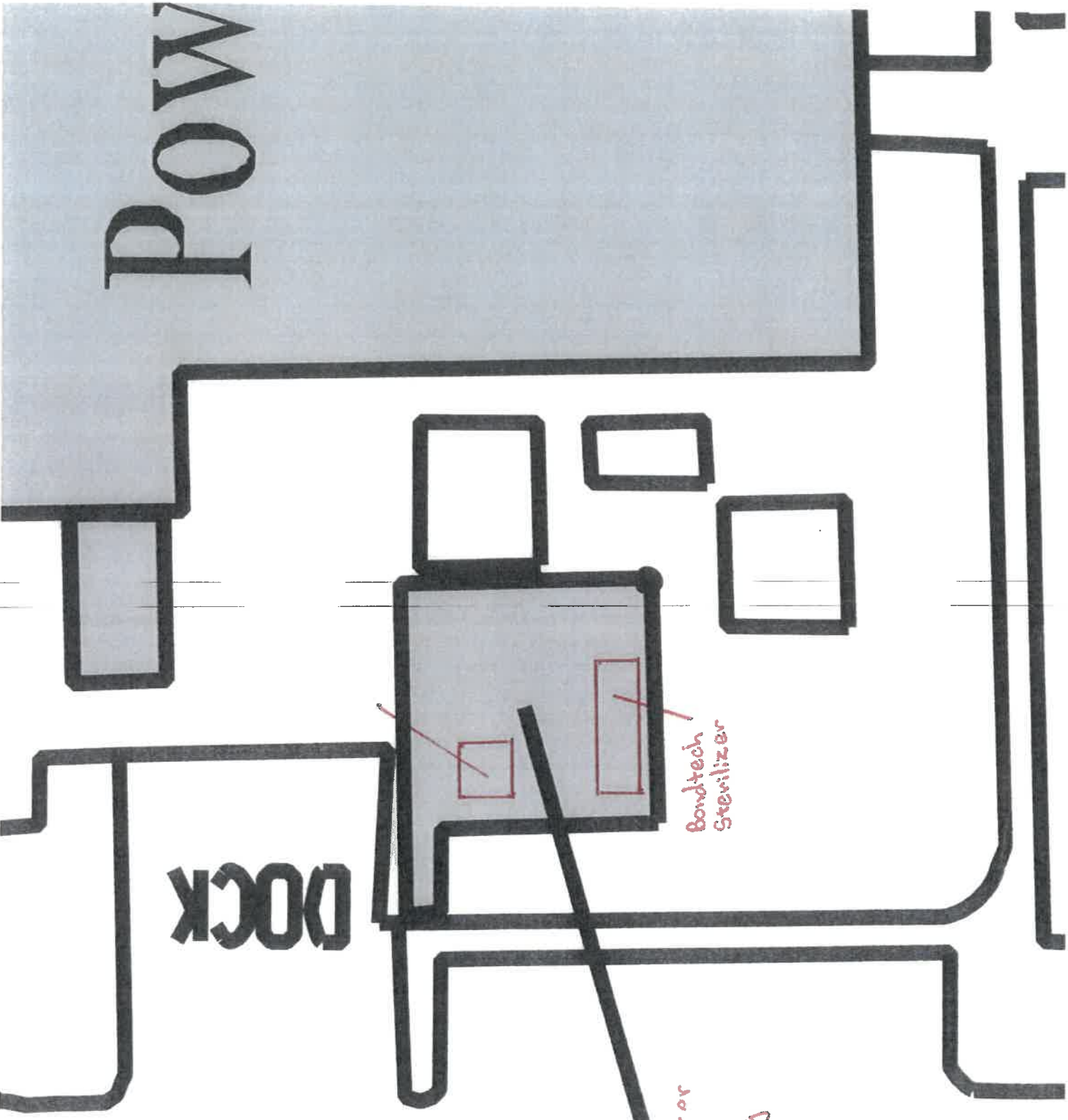
- (b) The Medical Waste Transport Management Plan is kept with the permit in binders in the Plant Operations office.
- (c) The Medical Waste Transport Management Plan is available at all times for review.

335-17-6-.01(3) - Treatment

- (a) Flowers Hospital treats medical waste in the following forms: Blood and Body Fluids, Biological Waste and Surgical Waste.
- (b) At the processing area, red bags from the transport carts are placed into rolling bins and rolled into the medical waste autoclave by Environmental Services hospital personnel. The treated medical waste is removed from the autoclave and rolled to the trash compactor where the treated medical waste is lifted, dumped and compacted.
- (c) All personnel wear proper PPE while performing their tasks. Autoclave door seals and latch are securely closed prior to the treatment cycle and system gauges ensure pressures reach set points and relief valves are in place for any potential over pressurization. The medical waste autoclave is located in a separate building at the rear of the hospital that is designated for this purpose only. The trash compactor is transported three times a week by Martin Environmental Services to the Coffee County Landfill under ADEM Waste Profile #162355. This landfill does not require our waste to be shredded.
- (d) In the event of an emergency at the facility or the autoclave becomes inoperable, all medical waste would be transported off-site by Stericycle, Inc.
- (e) In the event of a medical waste spill, the following steps would be taken:
 - (i) Don proper PPE
 - (ii) Block off area of the spill
 - (iii) Use a broom or shovel to collect solid medical waste and absorbent pads to collect any liquid medical waste and place into red bags or other medical waste containers to be taken to the treatment facility or soiled utility closet.
 - (iv) Clean the area with a disinfecting solution
- (f) Logs are kept to track total poundage treated and waste manifests from the disposal company are maintained to maintain record of how much material is removed from our site. This information is filed and available for inspection.
- (g) The medical waste is treated at 285°F, at 38 PSI for 30 minutes. The medical waste autoclave's treatment cycle is recorded on a circular plot chart which verifies temperature and cycle time as well as by the operator on a log sheet. Spore growth testing is performed weekly to ensure all bacteria is killed in the treatment cycle.
- (h) All facility personnel who collect, package, transport or treat medical waste are provided training utilizing courses assigned in our Advance Learning Center program.

POW

DOCK



Bondtech
Sterilizer

Sterilizer
Building

EQUIPMENT

1. Sterilizer is a Bondtech BTT 5 x 14 in use since 9/2015