

FEE SHEET FOR MEDICAL WASTE PERMITS

ADEM No.: 38146

Applicant: Greer Enterprises, LLC

Location: 1909 Brookdale Dr., W
Mobile, AL 36618

County: 97

State: Alabama

Permit No.: STG030811-4905

Date Application Received: 05/28/26

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

	Total Fee Due:	\$1,960
	Amount Submitted with Application:	\$1,960
Conf/Check No.: online pay	Amount Received:	
	Amount to be Billed:	
Permits & Services	Amount Received:	\$ 1,960
	Date Received:	JSM 05/28/2026
	Amount to be Refunded:	
	ADEM Fund Code:	422

RECEIVED

MAY 28 2026

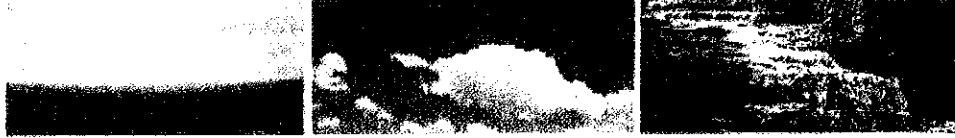
ADEM
EDDS

Fee Schedule Prepared by: ASPX7703 Date: 05/28/26

Fee Schedule Reviewed by: _____ Date: _____

epay "05152026"

ALABAMA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



(334) 271-7700 1400 Coliseum Blvd. Montgomery, AL 36110
mailing address: Post Office Box 301463, Montgomery, AL 36130-1463

Receipt Confirmation Page

ADEM requires that when you pay online, you MUST print out the confirmation information and submit it as proof of payment with your permit application or any other correspondence requiring proof of payment.

Payment Summary	
Payment Item	Fee
Online Payment - 05/15/2028 15:33:32	\$1,960.00
Total Fee through Alabama.gov (more info)	\$2,020.80

Receipt Confirmation Number: 20260515000020982

General Invoice Information

Choose the type of payment you are making: 6570-OTHER FEES (Must Enter Description of Other Fees)

Description of Other Fees: Medical Waste Storage Permit

Additional Information/Fee Description: Med Waste Permit

Number on your ADEM Invoice: 38146

Date on your ADEM Invoice:

Contact Information

Company/Facility or Individual Name: Greer Enterprises LLC

Facility Permit Number (if applicable): STG0308114905

Company or Facility Phone: 251-679-1967

Contact Person: Craig Greer

Contact Phone: 251-679-1967

Contact email address: craig@greerllc.com

Name of an ADEM Program Staff Member (if known): Ashley Powell

Policy Related Questions: 334-271-7700

Application Support: 860-353-3468 or support@alabamainteractive.org

Version 2.1.9

ADEM ePay Summary

PRINT VIEW

TRANSACTION_DATE: 5/15/2026 INVOICENUMBER: 38146

ORDER_ID:	20260515000020982	INVOICEDATE:	
PAYMENTTYPE:	6570-OTHER FEES (Must Enter Description of Other Fees)		
OTHERDESCRIPTION:	Medical Waste Storage Permit		
ADDITIONALDESCRIPTION:	Med Waste Permit		
FEES_PAID:	\$1,960.00		
TRANSACTION_FEE:			

COMPANYNAME:	Greer Enterprises LLC
PERMITNUMBER:	STG0308114905
COMPANYORFACILITYPHONE:	251-679-1967
CONTACTPERSON:	Craig Greer
CONTACTPHONE:	251-679-1967
CONTACTEMAILADDRESS:	craig@greerllc.com
STAFFMEMBER:	Ashley Powell



MEDICAL WASTE STORAGE FACILITY PERMIT APPLICATION

(Print or type and submit in duplicate)

A. Storage Facility Identification:

Name of Storage Facility: Greer Enterprises, LLC

Contact Person: Craig Greer

Title of Contact Person: Managing Member

Email Address: craig@greerllc.com

Mailing Address: PO Box 16011

City: Mobile State: AL Zip code: 36616

Business Address: 1909 Brookdale Dr W

City: Mobile State: AL Zip code: 36618

Business telephone number: (251) 679 - 1967

Emergency/after hours number: (251) 679 - 1967

B. Permit Application: (Check one)

First Application.

X Permit Renewal: Permit No. STG 030811-4905

Expiration Date of current permit: 08 / 28 / 2026

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

C. Storage Facilities: Complete the following for the principal storage facility identified above in Section A.

1. Will this facility repackage medical waste? Yes No X

2. Will this facility compact medical waste? Yes No X

3. Will this facility operate refrigeration devices other than a transport vehicle? Yes No X

D. Transfer Facilities:

Does this permit application also include transfer facilities? Yes ___ No X

If Yes, complete the following for each transfer facility to be included.

Transfer Facility Name: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Will this facility repackage medical waste? Yes ___ No ___

Will this facility compact medical waste? Yes ___ No ___

Transfer Facility Name: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Will this facility repackage medical waste? Yes ___ No ___

Will this facility compact medical waste? Yes ___ No ___

Transfer Facility Name: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Will this facility repackage medical waste? Yes ___ No ___

Will this facility compact medical waste? Yes ___ No ___

Transfer Facility Name: _____

Business Address: _____

City: _____ State: _____ Zip code: _____

Will this facility repackage medical waste? Yes ___ No ___

Will this facility compact medical waste? Yes ___ No ___

Submit additional sheets as required for the number of transfer facilities included in this application.

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

1. Medical Waste Management Plan.


2. A detailed plan of the facility showing property boundaries, area secured for access control, vehicle parking areas, buildings and other ancillary facilities.

3. Vehicle information, for each vehicle used to store or transport regulated medical waste:
 - a. Make, model and year for all motorized vehicles.
 - b. License number of vehicle and state of registration.
 - c. Vehicle Identification Number and state.
 - d. Name of registered vehicle owner and/or operator.
 - e. Specify which vehicles are refrigerated.
 - f. List of other vehicles including trailers, containers, boxcars, etc. and identification number(s).

[Note: ADEM Form 413, Medical Waste Storage Facility Permit Application, is not complete without payment of all the appropriate fees specified in Chapter 335-1-6 of the ADEM Administrative Code.]

F. 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: Craig Greer

Official Title: Managing Member

Date: 05/15/2026

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

Make all checks payable to the Alabama Department of Environmental Management.

ALABAMA
DEPARTMENT OF ENVIRONMENTAL MANAGEMENT



(334) 271-7700 1400.Coliseum Blvd. Montgomery, AL 36110
mailing address: Post Office Box 301463, Montgomery, AL 36130-1463

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Company or Facility Phone: 251-679-1967

Contact Person: Craig Greer

Contact Phone: 251-679-1967

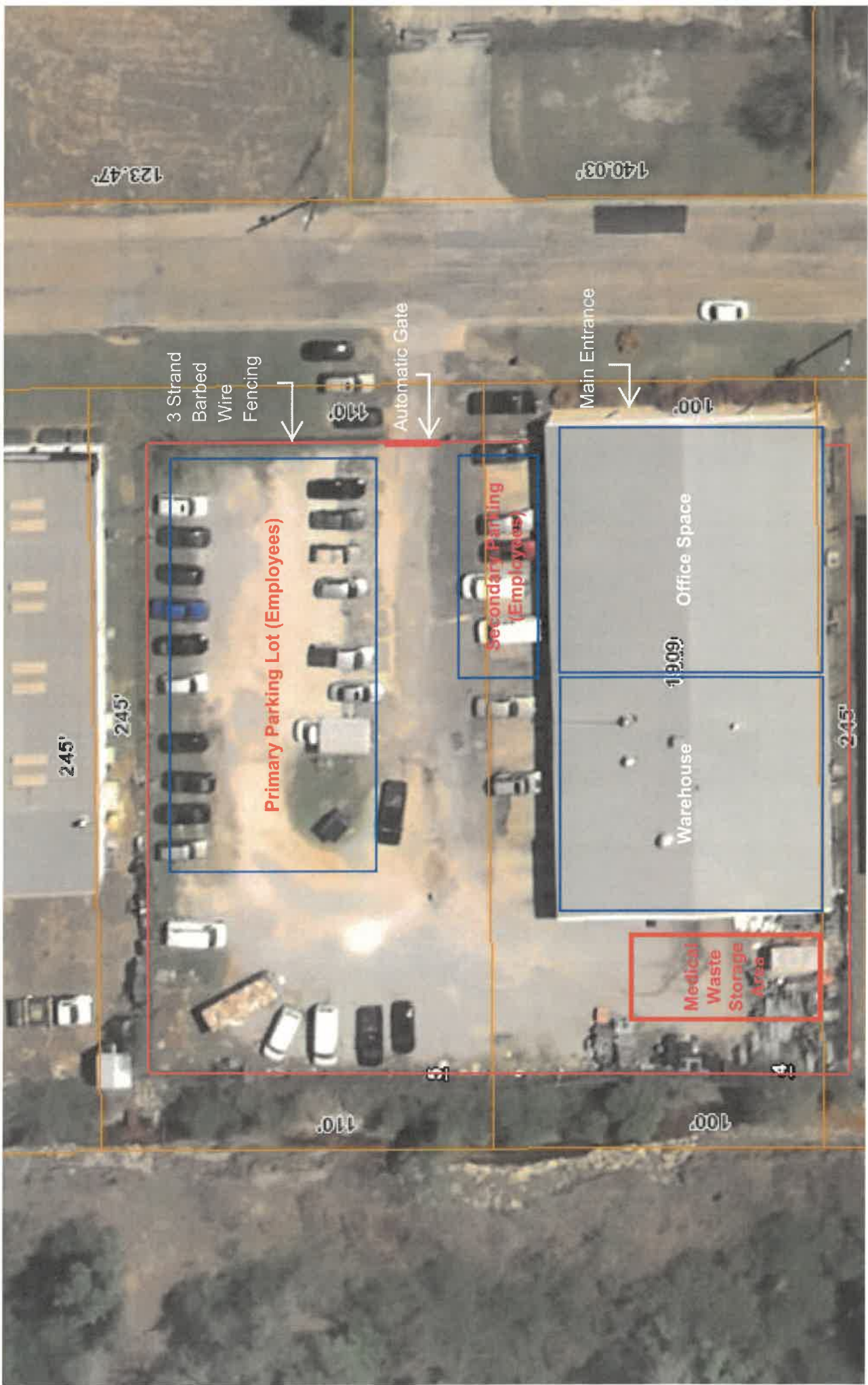
Contact email address: craig@greerllc.com

Name of an ADEM Program Staff Member (if known): Ashley Powell

Policy Related Questions: 334-271-7700

Application Support: 866-353-3468 or support@alabamainteractive.org

Version 2.1.9



123.47'

140.03'

3 Strand
Barbed
Wire
Fencing

Automatic Gate

Main Entrance

100'

Primary Parking Lot (Employees)

Secondary Parking
(Employees)

Office Space

19.09'

Warehouse

245'

Medical
Waste
Storage
Area

245'

245'

110'

100'



GREER ENTERPRISES, LLC

Specializing in Waste Management & Recycling

PO Box 16011 Mobile, AL 36619 – Office: (251) 679-1967
1909 Brookdale Dr. W. Mobile, AL 36616 – Fax: (251) 679-1968

Medical Waste Management Plan

Purpose:

Greer Enterprises, LLC offers services of collecting and transporting medical waste and promotes 2 product lines. These include:

- Dedicated transport of medical waste for small businesses.
- Route Truck Pickup and Delivery to Physicians, Nursing Homes, Dentists, and other small Medical Waste Generators.

Definitions:

Medical Waste - medical waste shall mean the following:

- **Animal Waste** - carcasses and body parts of animals exposed to human infectious agents as a result of the animal being used for the production and/or testing of biologicals and pharmaceuticals or in research. Bulk blood, blood components and potentially infectious body fluids from these animals shall be treated/handled in the same manner as for human blood and body fluids. All materials discarded from surgical procedures involving these animals which are grossly contaminated with bulk blood, blood components, or body fluids shall be treated as specified for surgical waste.
- **Blood and Body Fluids** - all human bulk blood, bulk blood components (serum and plasma, for example), and bulk laboratory specimens of blood, tissue, semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. Precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine or vomitus unless they contain visible blood. Free-flowing material or items saturated to the point of dripping liquids containing visible blood or blood components would be treated/handled as bulk blood and bulk blood components.
- **Pathological Waste** - all discarded human tissues, organs, and body parts which are removed during surgery, obstetrical procedures, autopsy, laboratory, embalming, or other medical procedures, or traumatic amputation. Extracted teeth are not included in this definition.
- **Renal Dialysis Waste** - all liquid waste from renal dialysis contaminated with peritoneal fluid or with human blood visible to the human eye. Solid renal dialysis waste is considered medical waste if it is saturated, having the potential to drip or splash regulated blood or body fluids.
- **Sharps** - any used or unused discarded article that may cause punctures or cuts and which has been or is intended for use in animal or human medical care, medical research, or in laboratories utilizing microorganisms. Such waste includes, but is not limited to, hypodermic needles, IV tubing with needles attached, scalpel blades, and syringes with a needle attached. Items listed above that have been removed from their original sterile containers are included in this definition. Glassware, blood vials, pipettes, and similar items are to be handled as sharps if they are contaminated with blood or body fluids.
- **Surgical Waste** - all materials discarded from surgical procedures which are contaminated with human bulk blood, blood components, or body fluids, including but not limited to, disposable gowns, dressings, sponges, lavage tubes, drainage sets, underpads, and surgical gloves. Discarded surgical material is considered medical waste if it is saturated, having the potential to drip or splash regulated blood or body fluids. Extracted teeth are not included in this definition.

Management Procedures:

Contact Person(s): Responsible parties for transportation and medical waste management.

Craig Greer, Manager
Leigh Anne King, Medical Waste Coordinator

(228) 332-1052 - 24 Hour Number
(251) 288-0845 – 24 Hour Number

I. Packaging and labeling procedures for untreated medical waste for off-site transportation:

Greer Enterprises, LLC receives UN3291, 6.2, PGII medical waste, but specifically excludes any medical waste deemed to be radioactive and non approved waste. Greer Enterprises, LLC owns box trucks and other vehicles for the transportation of Used Health Care Products, Regulated Medical Waste, Sharps and Non Narcotic Pharmaceuticals. Before transport, all medical waste is properly packaged by the Generator. All "Sharps Waste" is placed directly into rigid; DOT approved puncture resistant containers and sealed to prevent loss of content under normal handling procedures. All waste is bagged utilizing Red Bags of 1.5 mil thickness. All waste is collected utilizing rigid red containers in accordance with AL 335-17-3-.01 (2) and utilize wording required by AL 335-17-17-3-.01 (1). Each container is labeled with the Biohazard emblem with florescent orange background to conspicuously identify it as containing BIOHAZARD Medical Waste. The wording utilizes letters two inches or more in size, and the UBS is at least six inches in diameter. Our Company name and contact information is on all containers. The wording and symbol are contrasting colors to the background color. Each dedicated load or individual container within a mixed load will be tracked with a manifest and will include the following information:

- Date of receipt
- Name, address and telephone number of generator, transporter and treatment facility
- Dated signature of Generator, Transporter and Disposal Facility
- Each individual container will be documented to insure "cradle to grave" destruction.

Each container will be affixed with a label that includes the following information:

- Generator name and address
- Manifest Number
- Collection date

All medical waste will be transported in Greer Enterprises' vehicles which meet all DOT regulations. Each vehicle has spill containment equipment on board, a Hazardous Spill plan, and all employees are trained in spill response.

II. Co-Mixing

All Medical waste which is mixed with hazardous waste shall be managed as hazardous waste. All solid waste, other hazardous waste, mixed with biomedical waste shall be managed as Medical Waste.

III. Training

- (a) All employees must receive Medical Waste training prior to commencement of duties and be updated yearly. Employee training shall detail compliance with all state and federal operating plans and in relation to Medical Waste shall include:
1. Identification
 2. Transport
 3. Segregation
 4. Handling
 5. Treatment
 6. Labeling
 7. Storage
 8. Procedures for decontaminating spills, leaks, and
 9. Contingency plans for emergencies
- (b) Documentation must be provided to show that employees have been properly trained. We utilize a Driver Training Record to document each new employee's progress throughout the training process. This document is completed following each ride along and is reviewed and discussed directly with the trainee to ensure understanding and continuous improvement. Upon completion of the training review, the document is signed by both the trainee and the trainer to acknowledge the

training completed and the employee's progress. These training documents are stored digitally in the Medical Waste folder.

**Greer Enterprises, LLC
1909 Brookdale Dr. W. Mobile, AL 36618**

All employees are trained in proper handling of medical waste and spill response. The following items are made readily available to all employees:

- **GLOVES**

Gloves shall be worn when the employee has the potential for the hands to have direct contact with blood and other potentially infectious materials. Disposable gloves shall be replaced as soon as possible when visibly soiled, torn, and punctured or when their ability to function as a barrier has been compromised. Disposable gloves shall not be washed or disinfected for reuse. Utility gloves may be disinfected for reuse if the integrity of the glove has not been compromised. If the gloves are cracked, peeling, discolored, torn, punctured, or show sign of deterioration, they must be discarded.

- **MASKS, EYE PROTECTION AND FACE SHIELDS**

Masks, eye protection, or chin length face shields shall be worn whenever splashes, spray, splatter, droplets or aerosols of blood or potentially infectious materials may be generated. Training is provided by Management concerning handling of the Hazardous Materials to ensure the personal protective equipment is appropriate and effective for the operation.

- **GOWNS, APRONS, AND OTHER PROTECTIVE BODY CLOTHING**

Appropriate protective clothing shall be worn when the employee has the potential for an occupational exposure to blood or other potentially infectious materials. Selection of the appropriate protective clothing will be made on a case by case basis by the Hazardous Materials and Waste Coordinator dependent on the task and the degree of exposure. The clothing shall be fluid resistant if there is a potential for splashing or spraying of blood or potentially infectious materials.

IV. Storage method utilized on-site:

No registered transporter shall knowingly deliver Medical Waste for storage or treatment facility which does not have a valid permit. Storage of Medical Waste other than the generating facility shall not exceed 30 days. The storage period will begin on the day it was collected from the generator. The waste collected will be transferred at the location:

**Greer Enterprises, LLC
1909 Brookdale Dr. W. Mobile, AL 36618**

V. Site Security:

When storing Medical Waste at the Greer Enterprises' facility, storage enclosures and accumulation areas will be secured by locking doors or receptacle lids to prevent unauthorized entry with a posting containing the words "CAUTION: BIOHAZARDOUS WASTE STORAGE AREA". Medical waste will not be stored in unsecured, common use rooms.

Transporter of untreated medical waste transported off-site:

Greer Enterprises, LLC
PO Box 16011
Mobile, AL 36616
(251) 679-1967
ADEM Permit: TRN111610-4905

Storage facilities utilized both off-site for transfer:

Self-sustaining Refrigerated Trailer will be utilized onsite for storage
1909 Brookdale Dr. W.
Mobile, AL 36618
(251) 679-1967
ADEM Permit: STG 030811-4905

VI. All treatment/processing facilities utilized: Medical Waste shall be treated by steam or incineration by approved facility.

Waste to be treated by steam autoclave is delivered to Clean Earth 89 Wesley Grant Rd. Hattiesburg, MS 39401 or WestMed Disposal Inc. 27 Industrial Park Drive Woodstock, AL 35188. Clean Earth or WestMed completes the Manifests for all Medical Waste and sends signed copies to Greer Enterprises, LLC or Generator. In accordance with OSHA's blood-borne pathogen rule, all employees are offered; free of charge the HBV series vaccine. Signed declarations are maintained for all employees who are offered the vaccine but decline to accept.

VII. Procedures for Using Chemical Disinfectants for Spills:

1. Use appropriate commercial disinfectants. Label directions must be followed. Bleach will be the main disinfectant used by Greer Enterprises, LLC.
2. The minimum required contact time for decontamination is thirty (30) minutes.
3. Chemical disinfectants are not approved as substitutes for an approved treatment process. Note: Use disinfectants that are compatible with the treatment process.

VIII. Emergency Action Plan:

1. Equipment Failure: Non-sharps medical waste can be held up to seven days prior to treatment. This should be adequate time to restore equipment service.
2. Natural Disasters: Spills and releases will be handled by Greer Enterprises, LLC and any local authorities that need to be contacted.
3. In case of emergency situation, including mechanical failure, the following shall be allowed:
 - a) If an emergency occurs during transport, Medical Waste may be transferred to another transport vehicle, including a rental vehicle, without being at a storage or treatment facility.
 - b) If a rental vehicle is used, the County Health Department shall be notified of its use of the vehicle the first working day after the emergency. A copy of the written authorization from the rental agency stating awareness of the intended use of the vehicle shall be submitted to the County Health Department within 7 days. The rental vehicle must meet all of the requirements to legally and safely haul infectious materials.
 - c) Medical Waste shall be removed and transported to a permitted storage or treatment facility within 24 hours of the emergency.
 - d) Before return to the rental agency, the vehicle shall be decontaminated.

Medical Waste Management Plan Sign off Sheet

I acknowledge that I have been informed and given a copy of the Company's Hazardous Materials Security Plan. Procedures contained therein have been covered with me. I understand and accept the policy as a working document that I will support and follow in my daily work.

Employee Signature: _____.

Date: _____.

Safety Compliance Signature: _____.

Date: _____.

Manager Signature: _____.

Date: _____.



GREER ENTERPRISES, LLC

Specializing in Waste Management & Recycling

Medical Waste Transporter Vehicles

1. 2022 Isuzu NPR-HD
 - a. Alabama tag # 2A08BYE
 - b. Vin # JALC4W126N7014905
 - c. Registered Owner: Greer Enterprises, LLC
 - d. Not Refrigerated

2. 2006 Wabash Refrigerated Trailer
 - a. Alabama tag # 2A06B8N
 - b. Vin # 1JJV532W86L943021
 - c. Registered Owner: Greer Enterprises, LLC
 - d. Refrigerated

3. 2019 Mack Tractor
 - a. Alabama tag # 1229828
 - b. Vin # 1M1PN4GY0KM001633
 - c. Registered Owner: Greer Enterprises, LLC

4. 2023 Ford Van
 - a. Alabama tag # 2A0UEMD
 - b. Vin # 1FTBR1C88PKB78193
 - c. Registered Owner: Greer Enterprises, LLC
 - d. Not Refrigerated

If you have any questions, please contact me at your earliest convenience at (251) 679-1967.