



BUREAU OF LAND AND WASTE MANAGEMENT
SC INFECTIOUS WASTE TREATMENT FACILITY APPLICATION

A. APPLICANT INFORMATION (Please type or print)

- 1. Name of Company:
2. Employee ID Number (federal tax identification number):
3. Site Address:
4. Mailing Address:
5. Name of Contact Person/Tite:
6. Phone Number: Emergency Phone Number:
7. Fax Number: E-mail Address:
8. Name of legal owner/operator:
9. Authorized signature: Date:
10. Print Name of Authorizing Agent/Title:

B. TYPE TREATMENT: (Please check)

- Incineration: Steam Sterilization:
Chemical Disinfection: Autoclave:
Other treatment method:

C. Application Requirements (Section W. Permit Applications and Issuance) Please attach documentation addressing the following:

Demonstration of Need

To obtain an infectious waste facility treatment permit, the applicant shall demonstrate the need for such a facility or expansion. To determine if there is a need, infectious waste generated outside of the state may not be considered without Department approval.

This application is to be completed with the guidance of the SC Infectious Waste Management Regulations, R.61-105. The Department requires the following information:

- 1. A draft of the manual required in Section U(4) of the SC Infectious Management Regulations, R.61-105 must accompany the permit application;
a. unloading and handling procedures;
b. safety procedures;
c. emergency preparedness and response plans;
d. receiving, record keeping, and reporting procedures;
e. remedial action plans;
f. quality assurance plans for treatment methods;
g. radiological and hazardous waste monitoring procedures;
h. procedures for identifying types and quantities of infectious waste received;
i. contingency plans for use of alternate facilities; and
j. procedures for disposition of treatment residues.

IW Permit application (continued)

2. An engineering report, which at a minimum contains a description of the facility, the process and equipment to be used, the proposed service area, and storage of the waste;
3. The engineering plans and specifications, which describe the architectural, mechanical, electrical plumbing, heating, ventilating, process equipment, instrumentation and control diagrams, and performance specifications for all major equipment and control centers;
4. The latitude and longitude of the facility;
5. A topographic map;
6. Written acknowledgement for the governing body of the city or town;
7. A description of the process to be used for treating, storing, handling, transporting and disposing of infectious waste and design capacity of these items;
8. A description of the type of the infectious waste to be disposed of annually;
9. A quality assurance and quality control report;
10. A contingency plan;
11. An identification of possible air releases and groundwater or surface water discharges;
12. A waste control plan;
13. A plan outlining the flow of traffic;
14. A closure plan (including estimated cost of closure);
15. A closure cost estimate, which must be based on the cost of hiring a third party to close the facility;
16. A cost estimate, which may not include any salvage value from the sale of any structures;
17. Demonstration of Financial responsibility;
18. Training protocol and documentation;
19. A log of quality assurance testing and calibration;
20. A copy of the manifest form (if other than the Dept. approved form);
21. The Department may require other information.

Compliance with Sections I through AA of the SC Infectious Waste Management Regulations, R. 61-105 are required by the Department for acceptance and approval of the permit.