

Permit No.	Scan Date	DIN
3615	October 25, 2011	15495



North Carolina Department of Environment and Natural Resources
Division of Waste Management
Dexter R. Matthews
Director

Beverly Eaves Perdue
Governor

Dee Freeman
Secretary

SOLID WASTE SECTION
October 25, 2011

Mr. Dale Sullivan, General Manager
MedWaste Solutions, LLC
Post Office Box 536
Gastonia, North Carolina 28053

Subject: Determination of Completeness and Technical Review – New Permit Application
MedWaste Solutions Gastonia, Gaston County, DIN 15495

Dear Mr. Maxwell:

On October 5, 2011 the Division of Waste Management (Division) received MedWaste Solutions, LLC's (Company) application for a new permit, entitled;

MedWaste Solutions, LLC, Medical Waste Treatment Facility, Gastonia, North Carolina, Operation Plan, Date: October 1, 2011. Prepared by MedWaste Solutions, LLC. August 2011. DIN 15333.

The Division has performed a review of you application for a determination of completeness and determined the application is complete in accordance North Carolina General Statute NCGS 130A-295.8(e). A determination of completeness means the application contains the required components in accordance with North Carolina administrative Code 15A NCAC 13B .1200. In addition to the determination of completeness the Division has completed the technical review of the application and requests that you respond to the following items in order to further process the application;

1. Financial Assurance

The Division must give approval to the Company's Financial Assurance mechanism prior to issuance of the Permit to Operate by the Division.

2. Compliance Review

On October 25, 2011 the Division emailed you a letter entitled;
Compliance Review for MedWaste Solutions LLC, New Permit, Gaston County, North Carolina.
Prepared by Shawn McKee Division Compliance Officer.

The Company provide requested information, the information must be reviewed for content and accuracy, and the Division must give approval, prior to issuance of the Permit to Operate by the Division.

3. Operations Plan

- a. 3.0 Operations –The Section refers to *by pass waste*, within the scope of the Plan define *by-pass waste*.
- b. 3.1A General Operations – The Section refers to *waste requiring incineration*, within the body of the Plan give more details about how the Company intends to identify waste that will require



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incineration. Specifically how will the Company characterize and recognize *waste requiring incineration* when it arrives at the Facility.

Note: Division personnel have found that generators do not normally label medical waste that should be incinerated and Company may wish to require their clients to do so.

- c. *3.1B(1) Service* – The Section refers to *proper packaging*, within the body of the Plan define *proper packaging*.
- d. Include in the Plan a statement that; should the Facility close for reasons other than normal business hours, the Company will inform the Division of Waste Management, Solid Waste Section, upon its closing and re-opening.

Please address the issues presented in this letter and send your responses to my attention. If you should have any questions regarding this matter you may contact me at (828) 296-4704 or larry.frost@ncdenr.gov .

Sincerely,

A handwritten signature in black ink, appearing to read "L. Frost".

Larry Frost
Environmental Engineer

cc: Bill Wagner – SWS/ARO