

**SOLID WASTE SECTION PERMIT APPLICANT COMPLIANCE REVIEW**  
Instructions: Complete upper portion and submit this form to the Field Operations Branch Head

Review Requested by: Larry Frost

Date Requested: November 22, 2011

Type of Permit: Medical Waste Incinerator, Permit No. 0102

Check One: New Permit

Amendment

Date Application Received: November 21, 2011

Applicant Business Name: Stericycle Inc.

Applicant Mailing Address

Contact Name and Title: Don Nuss, Regional Environmental Manager

Company: Stericycle Inc.

Street Address: 1168 Porter Avenue

City/State/Zip: Haw River, North Carolina, 27258

Parent Company: Stericycle Inc.

Known Subsidiaries: unknown

Other known names business has operated under: unknown

Known Counties of Operation: Alamance, Cabarrus

Does the applicant have a past or current solid waste permit? Yes  No

If yes, write Facility Type: Med Waste Incinerator, and Permit #: 0102

Does the applicant have other DENR permits? Yes  No

If yes, please specify DENR Division DWM Permit Type Med Waste Sterilizer and Permit # 1305

Did the permit applicant submit Financial Assurance cost estimates? Yes  No  N/a

Are the cost estimates sufficient? Yes  No  N/a