

Permit No.	Scan Date	DIN
3615	August 11, 2010	15539



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
August 11, 2010

Mr. Gerry Moore, General Manager
BioClean Remediation Services
Post Office Box 2554
Rock Hill, South Carolina 29732

Subject: Requirements for a New Permit – Medical Waste Treatment Facility
BioClean Remediation Services
Mecklenburg County

Dear Mr. Moore:

In response to your recent request for the permit requirements for a new medical waste treatment facility in Mecklenburg County, I am providing the list below. The permit comes in two (2) parts, a permit to construct and a permit to operate. Therefore in accordance with North Carolina General Statute NCGS 130A and North Carolina Administrative Code 15A NCAC 13B submit for a new permit an application containing the following;

Medial Waste Treatment Facility Application – Format and Contents

Letter of transmittal, which states desired Department action – application for a new permit.

Title page

Table of Contents

Section 1 – General Information

Provide a narrative of general information for the facility, including the following:

1. Name of proposed facility.
2. Name, address, telephone number, and email address of the applicant and contact person.
3. Name, address, telephone number, and email address of the contract operator and contact person, if applicable.
4. Name, address, telephone number, and email address of the landowner. A landowner authorization form must be signed and notarized if the property is to be leased (see attached form).
5. Name, address, telephone number, and email address of the engineer, if applicable.
6. Name, address, telephone number, and email address of person to receive permit fee invoices and annual fee invoices.



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Section 2 - Property information and maps

7. Describe the location of the facility. If the property was previously used for solid waste management activities, provide a description of the operation including permit information and a map with boundaries.
8. Provide the total acreage of the property and the size of the actual area to be used for the facility and storage operation.
9. Provide a legal description of the property and a complete copy of the land deed.
10. Provide a copy of the USGS topographic quadrangle map of the area. The property boundaries of the site and the approximate location of the building should be drawn onto the map. The map may be a high quality photocopy.
11. Provide a letter from the appropriate City or County official confirming that the siting of the facility will be in conformance with all zoning and local laws, regulations, and ordinances, or that no such zoning, laws, regulations, or ordinances are applicable.

Section 3 - Operations Plan— The following information, at a minimum, shall be included. In accordance with North Carolina Administrative Code 15A NCAC 13B .1207

General requirements:

12. Refrigeration at an ambient temperature between 35 and 45 degrees Fahrenheit shall be maintained for Regulated medical waste not treated within seven calendar days after shipment.
13. Regulated medical waste shall be stored prior to treatment for no more than seven calendar days after receipt.
14. Regulated medical waste shall be stored no longer than seven calendar days after treatment.
15. Only authorized personnel shall have access to areas used to store Regulated medical waste.
16. All areas used to store Regulated medical waste shall be kept clean. Neither carpets nor floor coverings with seams shall be used in storage areas. Vermin and insects shall be controlled.
17. Prior to treatment, all Regulated medical waste shall be confined to the storage area.
18. All floor drains shall discharge directly to an approved sanitary sewage system. Ventilation shall be provided and shall discharge so as not to create nuisance odors.
19. A plan shall be prepared, maintained and updated as necessary to ensure continued proper management of Regulated medical waste at the facility.
 - a. Records of Regulated medical waste shall be maintained for each shipment and shall include the information listed in this Paragraph. This information shall be maintained at the treatment facility for no less than three years.



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- b. name and address of generator;
- c. date received;
- d. amount of waste received by number of packages (piece count) from each generator;
- e. date treated;
- f. name and address of ultimate disposal facility.

20. Regulated medical waste treatment facilities that treat waste generated off-site shall submit to the Division an annual report, by August 1 of each year on a form prescribed and approved by the Division.

Chemical treatment requirements:

21. Process description including equipment identification and capacity.
22. Description of process controls.
23. Process Control records.
24. Contingency plans for equipment breakdown, non-conforming waste delivered to facility, spills, vectors, noise, odors, unusual traffic patterns, long-term power outages affecting the equipment.
25. A written plan must be maintained at the facility and units of the facility as necessary to ensure consistent procedures are used to treat the waste.

Other:

26. Any other important Facility procedures, processes and information.

Section 4 – Facility Drawings

27. Property boundaries,
28. Buildings,
29. Gates/fences or other access control features
30. Utilities (including sewer),
31. Existing roads,
32. Equipment location,
33. Waste loading and unloading area,
34. Tipping floor and sorting area,
35. Storage areas,
36. Other waste management areas.



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Section 5 - Financial Assurance

37. Financial assurance documentation in accordance with N.C. G.S. 130A-294 (b2) is required for all permits. An applicant must submit a cost estimate in the application equal to the cost to hire a third party to remove, cleanup, haul and dispose of a minimum of five days volume of incoming waste plus the maximum amount of materials (waste and recyclables) that the facility plans to store onsite. This is required in the event of site abandonment or if the site is found to be in substantial non-compliance with state requirements. The facility may be considered in substantial non-compliance if it is found storing more waste/recyclables on site than the facility's operations plan and/or the facility's financial assurance mechanism covers. The Section may require the estimate to be based on more than five days volume, depending on the type of operation, the past environmental compliance history of the applicant, and if the applicant does not currently operate any solid waste management facilities in North Carolina. After the Solid Waste Section has approved the cost estimate, the financial assurance instrument for the amount must be submitted before the site becomes operational (new facilities) or soon after the permit is issued (existing facilities).

Section 7 - Signature Pages

- 38. Applicant signature page (see attached).
- 39. Contract operator signature page (see attached).
- 40. If the landowner of the property is not the applicant, the attached certification form by the land owner is required (see attached).

If you should have any questions regarding this matter you may contact me at (828) 296-4704 or Larry.Frost@ncdenr.gov.

Sincerely,



Larry Frost
Environmental Engineer

cc: Joe Hack - Mecklenburg County
Deb Aja - SWS/ARO

Signature page of applicant –

Name of facility _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision and that the information provided in this application is true, accurate, and complete to the best of my knowledge.

I understand that North Carolina General Statute 130A-22 provides for administrative penalties of up to fifteen thousand dollars (\$15,000.00) per day per each violation of the Solid Waste Management Rules. I further understand that the Solid Waste Management Rules may be revised or amended in the future and that the facility siting and operations of this solid waste management facility will be required to comply with all such revisions or amendments.

Signature

Print Name

Date

Title

Business or organization name

Certification by Operator (if different from Applicant):

Name of facility _____

_____ has an agreement with the solid waste management facility owner to operate a solid waste management facility on the land and the land owner has specifically granted permission for the operation of the facility. I understand that both the operator and owner are jointly and severally liable for improper operations and proper closure of the municipal solid waste transfer station.

I understand that North Carolina General Statute 130A-22 provides for administrative penalties of up to fifteen thousand dollars (\$15,000.00) per day per each violation of the Solid Waste Management Rules. I further understand that the Solid Waste Management Rules may be revised or amended in the future and that the facility siting and operations of this solid waste management facility will be required to comply with all such revisions or amendments.

Signature

Print Name

Date

Title

Business or organization name

NORTH CAROLINA

_____ County

I, _____, a Notary Public for said County and State, do hereby certify

that _____ personally appeared before me this day and

acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the ___ day of _____, 20__.

(Official Seal)

Notary Public _____

My commission expires _____, 20__

Certification by Land Owner (if different from Applicant):

I hereby certify that I have read and understand the application submitted by

_____ for a permit to operate a solid waste management facility on
land owned by the undersigned located at (address) _____;
(city) _____, NC, in _____ County, and described in Deed
Book and Page(s) _____.

I specifically grant permission for the proposed solid waste management facility planned for operation within the confines of the land, as indicated in the permit application. I understand that any permit will be issued in the names of both the operator and the owner of the facility/property. I acknowledge that ownership of land on which a solid waste management facility is located may subject me to cleanup of said property in the event that the operator defaults as well as to liability under the federal Comprehensive Environmental Responsibility, Compensation and Liability Act ("CERCLA"). Without accepting any fault or liability, I recognize that ownership of land on which a solid waste management facility is located may subject me to claims from persons who may be harmed in their persons or property caused by the solid waste management facility.

I am informed that North Carolina General Statute 130A-22 provides for administrative penalties of up to fifteen thousand dollars (\$15,000) per day per each violation of the Solid Waste Management Rules. I understand that the Solid Waste Management Rules may be revised or amended in the future, and that the siting and operation of the facility will be required to comply with any such revisions or amendments.

Signature

Date

Print name

NORTH CAROLINA

_____ County

I, _____, Notary Public for said County and State, do hereby certify that
_____ personally appeared before me this day and acknowledged the due
execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20__.

(Official Seal)

Notary Public

My commission expires _____.