



North Carolina Department of Environment and Natural Resources  
Division of Waste Management

Beverly Eaves Perdue  
Governor

Dexter R. Matthews  
Director

Dee Freeman  
Secretary

SOLID WASTE SECTION  
November 7, 2012

Mr. Gerry Moore, Plant Manager  
Assured Waste Solutions, LLC  
Post Office Box 536  
Gastonia, North Carolina 28053

Subject: Determination of Completeness and Technical Review  
Permit Modification Application – Name Change  
MedWaste Solutions, LLC, Permit No. 3615-TP-2011, Gaston County, DIN 17607

Dear Mr. Moore:

On October 15, 2012 the Division of Waste Management (Division) received MedWaste Solutions, LLC's (Company) application for a permit modification, entitled;

*Assured Waste Solutions, LLC, Medical Waste Treatment Facility, Gastonia, North Carolina, Operation Plan, October 15, 2011.* Prepared by Assured Waste Solutions, LLC. October 2012. DIN 17475.

The application requests the modification of the current permit to recognize the permit name change; from MedWaste Solutions, LLC to Assured Waste Solutions, LLC. The Division has performed a review of your 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 the following changes to the Operations Plan in order to further process the application;

1. 3.0 Operations
  - a. Change the words "by pass" to the word bypass.
  - b. Add the Name, Address, Telephone Number and Permitting information of the medical waste incinerator facility referred to in the Plan.
2. 3.1B(5) Treatment Cart Loading (Manual and Hydraulic Dumpers) Financial Assurance and 3.1B(7) Container Disinfection

Each of these sections describe a cleaning process, they are not the same. If the cleaning processes should be the same, modify the Plan accordingly. If the cleaning processes are not the same reply to this letter, that with regards to cleaning, the current Plan is correct.
3. 3.1B(5) Treatment Cart Loading (Manual and Hydraulic Dumpers) and 3.1B(8) Loading and Unloading Autoclave

The sections state, "plastic lined treatment carts" and "the treatment carts are relined". Make it clear in both sections the frequency with which carts are relined, are new liners installed after each treatment cycle?



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4. 3.1B(13) Transport to Landfill of Treated Waste

The section currently states “not to exceed seven (7) days”, change the statement to “not to exceed seven (7) calendar days”.

5. 3.3 Loading and Unloading Procedures

The section currently states “transferred within thirty (30) days”, change the statement to “transferred within thirty (30) calendar days”.

6. 3.4 Sorting, Inspection, and Recording Procedures

The section states that containers will be “labeled as follows:”

- a) Customer account number
- b) Customer location information
- c) Transporter location information
- d) Individual container number

Include in this section the requirements of North Carolina Administrative Code 15A NCAC 13B .1204(a)(4), which requires; *Each package of regulated medical waste shall be marked on the outer surface with the following information:*

- (A) the generator's name, address, and telephone number;*
- (B) the transporter's name, address, and telephone number;*
- (C) storage facility name, address, and telephone number, when applicable;*
- (D) treatment facility name, address and telephone number;*
- (E) date of shipment; and*
- (F) "INFECTIOUS WASTE" or "MEDICAL WASTE".*

7. Treatment/Storage and Capacity Limits

The section currently states “based on seven (7) day”, change the statement to “based on seven (7) calendar day”.

8. 7.0 Waste Treatment Contingency Plan

Add the Name, Address, Telephone Number and Permitting information of the proposed backup medical waste treatment facility referred to in the Plan.

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](mailto:larry.frost@ncdenr.gov) .

Sincerely,

Larry Frost  
Environmental Engineer

cc: Bill Wagner – SWS/ARO