



North Carolina Department of Environment and Natural Resources

Division of Waste Management

Pat McCrory  
Governor

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Director

John E. Skvarla, III  
Secretary

SOLID WASTE SECTION

October 11, 2013

Mr. Tim McQueen, Operations Manager  
Ozone Waste Solutions  
7353-A West Friendly Avenue  
Greensboro, North Carolina 27410

Subject: Determination of Completeness, Technical Review and Financial Assurance Cost  
Estimates  
Ozone Waste Solutions, Guilford County, DIN 19944

Dear Mr. McQueen:

**Determination of Completeness**

On September 6, 2013 the Division of Waste Management, Solid Waste Section (Section) received your permit application for a new permit, entitled;

*Pharmaceutical Dimensions dba Ozone Waste Solutions, Solid Waste Permit Application for Medical Waste Destruction Using Ozonation Disinfection Process.* Prepared by Pharmaceutical Dimensions, Inc. September 2013. DIN 189940.

The Section has performed a review of the Facility's 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.

**Technical Review**

Operations Plan – revise the plan and submit the complete revised plan to me.

1. Section 3, Number 13, Bullet 2 - States that blood and body fluids are to be processed by unit. Though some blood and body fluids can be processed, the manufacturer has stated that loads consisting primarily of blood and body fluids may not be processed. This is stated in the approval for the Ozonator technology dated January 2, 2007. Provide equipment manufacturer documentation on precisely what percentage of the load may be free liquids and state the percentage in operations plan as the upper limit of the liquid to solid waste ratio.
2. Section 3, Number 13, Bullet 6 - States that media contaminated with chemotherapeutic agents, pharmaceuticals, or hormones will be processed through the unit. The processing of such waste is not expressly forbidden, however, the Special Wastes Branch did not evaluate the Ozonator technology for this waste type. Provide equipment manufacturer documentation which substantiates the efficacy of the treatment of this waste type and include the documentation in the operations plan.
3. Section 3, Number 16 – Add the following, “Regulated medical waste shall be stored no longer than seven calendar days after treatment.”
4. Section 3, Number 19 – Add the following, “The Facility will provide a sign that contains; the name of the facility, the permit number and emergency contact information.”



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5. Section 3, Number 20 – States that employees will be given medical waste training. If the manufacturer or applicant has developed formal training on medical waste handling, add a description/syllabus/agenda for the training to the operations plan.
6. Section 3, Number 27 – Add the following, “All floor drains discharge directly to an approved sanitary sewage system. Ventilation is or will be provided and will discharge so as not to create nuisance odors.”
7. Section 3 – Add specific information to this section regarding; equipment controls, recorded data, testing/monitoring (type and frequency), etc. that ensure the efficacy of the Ozonator system.

### Financial Assurance

The following Financial Assurance Cost Estimates have been presented;

Activity	Total
4 untreated loads to be destroyed	\$16,000
Transportation 4 loads to closest incinerator	\$2,000
Labor to load trucks @ one hour/lad x 4 loads	\$50
Residual “post treatment residue” to landfill	\$1100
Labor to clean facility: 2 Technicians x 8hrs	\$192
Personal protective equipment	\$50
Total	\$19,392

This letter approves the cost estimates presented for Closure Costs, totaling; nineteen thousand, three hundred and ninety two dollars (\$19,392). The Financial Assurance Mechanism for the Facility will be based on the now approved Closure Cost. The Company must contact Ms. Sarah Rice (919) 707-8287/sarah.ricer@ncdenr.gov, in order to establish the appropriate Financial Assurance mechanism.

All documents referenced in this letter may be accessed and downloaded from the Section’s website at <http://portal.ncdenr.org/web/wm/sw>. Should you have any questions regarding this matter contact me at (828) 296-4704 or larry.frost@ncdenr.gov.

Sincerely,

Larry Frost  
Environmental Engineer

ec: Bill Patrakis – SWS/RCO  
Hugh Jernigan – SWS/RCO  
Sarah Rice – SWS/RCO