SC DEPARTMENT *of* ENVIRONMENTAL SERVICES

BUREAU OF LAND AND WASTE MANAGEMENT

SC INFECTIOUS WASTE INTERMEDIATE HANDLING FACILITY APPLICATION

A. APPLICANT INFORMATION (Please type or print)

1. Name of Company: _____
2. Site Address: _____
3. Mailing Address: _____
4. Contact Person: _____
5. Title of Contact Person: _____
6. Phone Number: _____ Emergency Phone Number: _____
7. Fax Number: _____ EIN: _____
8. E-mail Address: _____
9. Authorized Signature: _____ Date: _____

APPLICATION REQUIREMENTS (Section W. Permit Applications and Issuance)

This application is to be completed with the guidance of the SC Infectious Waste Management Regulations, R.61-105. The Department requires the following information:

1. A draft of the standard operating procedure manual required in Section V(2) of the SC Infectious Management Regulations, R.61-105 must accompany the permit application. This manual must include, at a minimum, ,procedures for;
   a. unloading and handling; ___
   b. safety; ___
   c. emergency preparedness and response; ___
   d. receiving, record keeping, and reporting; ___
   e. remediating spills or other contamination; ___
   f. radioactive and hazardous waste monitoring; ___ and
   g. identifying types and quantities of infectious waste received; ___

2. An engineering report which, at a minimum, contains a description of the facility, the process and equipment to be used, the proposed service area, and storage of the waste; ___

3. Engineering plans and specifications that, at a minimum, describe the architectural. mechanical, electrical, plumbing, heating, ventilating, process equipment, instrumentation and control diagrams, and performance specifications for all major equipment and control centers; _____

4. The latitude and longitude of the facility; ___

5. A topographic map (or similar map) extending one mile beyond the property boundaries of the source, depicting the facility and each of its intake and discharge structures; each of its infectious waste management, treatment, storage, those wells, springs, other surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within the quarter-mile of the facility property boundary; and the 100-year flood plain; ___

6. A written acknowledgment from the governing body of the city, town, or county (whichever has the most stringent requirements) in which the facility is to be located that the location and operation of the facility are consistent with all applicable ordinances; _____

7. A description of the process to be used for treating, storing, handling, and transporting, infectious waste, and the design capacity of these processes; ___

8. A description of the type of the infectious waste to be stored, handled, or transported at the facility, an estimate of the quantity of such wastes to be stored, and transported, annually; ___

9. A training program that includes a description of topics covered and training frequency; ___

10. A contingency plan as described in R.61-105, for contingencies which may occur during construction or operation of the facility; ___

11. An identification of possible air releases and groundwater or surface water discharges; ___

12. A waste control plan describing the manner in which waste will be received, stored, and otherwise managed; ___

13. A plan outlining the flow of traffic associated with the facility; ___

14. A closure plan that includes;
    (a) procedures outlining actions required to properly close the facility; ___
    and
    (b) a closure cost estimate based on permitted storage amounts and current industry prices for treatment, transport, and disposal of all stored waste as well as cleaning and disinfecting the facility. The cost estimate may not include and salvage value for the sale of any structures, equipment, or other assets; ___

15. Demonstration of financial responsibility for bodily injury and property damage to third parties caused by sudden accidental occurrences arising from the operation of the facility or group of facilities and for satisfactory closure; ___

C. Additional Information

Compliance with Applicable Sections of the SC Infectious Waste Management Regulations, R. 61-105 is required by the Department for acceptance and approval of the permit application.

If the facility is planning to transport infectious waste as well as treat once permitted, form D-3408 is required.

Upon review of the completed application, the Department may require other information.

Instructions for Treatment Facility Application

This form allows companies to apply for a permit to treat regulated infectious waste in South Carolina. It will be filled out by facility staff. It will be retained according to the file retention policy already approved for the Infectious Waste Program.

Section A.

1. Name of Company indicates legal name of the company applying for the permit.

2. Site Address is the physical address for the facility that will utilize the permit.

3. Mailing Address is the address to which correspondence should be addressed.

4. Contact Person is the person the Department should contact on facility matters.

5. Title of Contact Person is the title of the person listed in item 4 above.

6. Phone Number is the phone number of the person listed in item 4 above. Emergency Phone Number is a number that is accessible 24 hours for DHEC to reach someone authorized by the facility to respond in the event of an emergency at the facility.

7. Fax Number is the fax number of the person listed in item 4 above. EIN is the federal employer identification number.

8. E-mail Address is the electronic mail address of the person listed in item 4 above.

9. Authorized Signature is the signature of the owner of the company applying for the permit or the owner's authorized agent. Date is the date the application is finalized for submission.

As parts of the application are completed, they should be checked off the list given in this section.

Section B.

Further information is provided. If additional information is needed from the facility or the applicant, the Department will provide specific direction.

Please submit completed application to:
SCDES - Infection Waste Program
2600 Bull St.
Columbia, SC 20201
If you need assistance, please contact infectiouswaste@des.sc.gov