



Date Prepared/Revised

DEP USE ONLY

Date Received

FORM 35

REQUEST FOR APPROVAL TO PROCESS OR DISPOSE OF PROCESSED REGULATED MEDICAL OR CHEMOTHERAPEUTIC WASTE STREAM(S)

This form must be fully and accurately completed. All required information must be typed or legibly printed in the spaces provided. If additional space is necessary, identify each attached sheet as Form 35, reference the item number and identify the date prepared. The "date prepared/revised" on any attached sheets needs to match the "date prepared/revised" on this page.

General References: 273.411, 273.511 and 284.321

This form shall be accompanied by Form A and B. Attach additional sheets if necessary.

This form is to be utilized for new permit applications, major permit modification applications and subsequent requests for new source approvals. For new permit and major permit modification applications the entire form must be completed. For new source approvals (minor permit modification) the entire form must be completed; however, where appropriate, information from the original major permit modification may be referenced. In addition, the submission of a Form B is not required for minor permit modifications.

Check One:

new permit application ☐
 permit modification (major) ☐
 new source (minor permit modification) ☐

Check:

Incinerated chemotherapeutic waste ☐
 Incinerated regulated medical waste ☐
 Disinfected regulated medical waste ☐
 Other (specify) _____

SECTION A. SITE IDENTIFIER

Applicant/permittee

Site Name

Facility ID (as issued by DEP)

SECTION B. PROCESSING OR DISPOSAL FACILITY (must be completed by Processing or Disposal Facility)

- Name of Facility: _____
 Address: _____ County: _____
 Location of site if different from mailing address: _____
- Name and address of permittee (if different from (1) above): _____
 Municipality: _____ County: _____

3. Solid Waste permit number(s) for the processing or disposal facility: _____

4. If processor is not the generator of the regulated medical waste, list all generators: _____

5. Facility contact person:
 Name: _____ Title: _____
 Telephone Number: _____

SECTION C. GENERATOR OR PROCESSOR OF THE WASTE (must be completed if different from B.1. above).

- Name of Facility: _____
 Mailing Address: _____ Zip: _____
 Location of site if different from mailing address: _____
 Municipality: _____ County: _____
- If a subsidiary, name of parent company: _____

SECTION C. GENERATOR OR PROCESSOR OF THE WASTE (must be completed if different from B.1. above). (Cont'd)

3. Facility contact person:

Name: _____ Title: _____

Telephone Number: _____

SECTION D. TRANSPORTER OF WASTE

Name: _____

Address: _____

SECTION E. WASTE DESCRIPTION (Must be completed by Generator or Processor)

General Properties (include chemical name, toxicity data, disinfection method(s) utilized, and material safety data sheets, if applicable and/or available).

1. Description of the waste, its origin, and containerization.

2. Typical volume of waste to be shipped to processing or disposal facility :

a. Monthly _____ ☐ lbs., ☐ tons (check one)b. Annually _____ ☐ lbs., ☐ tons (check one)

3. Processing or disposal frequency: _____ times per month:

4. Current volume to be shipped to processing or disposal facility _____ ☐ lbs., ☐ tons (check one)5. Storage time and temperature of waste (prior to shipment) _____ ☐ hrs., ☐ days (check one) _____ temp.**SECTION F. CHEMICAL AND/OR MICROBIOLOGICAL ANALYSES - Please attach the following (if applicable)**

A description of the microbiological and chemical analyses and sampling methods including sampling frequency and biological indicators or test utilized, if applicable.

SECTION G. DESCRIPTION OF PROCESSING OR DISPOSAL METHOD *(Use additional sheets if necessary). For each waste type processed or disposed.*

Description and, when necessary, schematic drawings of processing or disposal procedures utilized for each type of processed waste.

SECTION H. DESCRIPTION OF CONTAINERS.

Description of the container(s) and area(s) to be used for storage of each type of waste (including ash residue) during storage, collection, and during movement within the processing facility and length of storage.

SECTION I. DESCRIPTION OF ALTERNATIVES

Description of the alternatives to be used if processing equipment is inoperable; and the procedures for the storage of waste, if they cannot be promptly processed or disposed.

SECTION J. DESCRIPTION OF SPECIAL HANDLING

Description of special handling/safety measures for each type of waste managed. Include personal protection and safety needs and any modifications to the operational safety plan. The description must demonstrate how the requirements of Section 283.241 will be met.

SECTION K. DESCRIPTION OF QUALITY ASSURANCE PROGRAM

Description of quality assurance program to be utilized to ensure disinfection of the processed waste, or ash residue.

SECTION L. DRAWINGS

Provide drawings of any modified structure, operation, or sequence of operation/waste plan. Provide operational narrative as necessary to define any modified design plans or operational procedures.

SECTION M. NAME AND LOCATION OF DISPOSAL FACILITY (Must be completed if different from B.1. above)

Provide name and location of the disposal facility to be utilized for ash residue or disinfected waste disposal.

SECTION N. CERTIFICATION OF GENERATOR OR PROCESSOR

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official _____

Title _____

Signature _____

Date _____

Taken, sworn and subscribed before me this



_____ day of _____ A.D. 20__

SECTION O. CERTIFICATION OF PROCESSING OR DISPOSAL FACILITY

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based upon my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete. In addition, the waste is also in conformance with our landfill facility's Department approved Waste Analysis and Classification Plan (Form R). I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Name of Responsible Official _____

Title _____

Signature _____

Date _____

Taken, sworn and subscribed before me this



_____ day of _____ A.D. 20__
