



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT

Date Prepared/Revised

DEP USE ONLY

Date Received

FORM 34
REQUEST FOR APPROVAL TO PROCESS 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 34, 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:

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:

- Chemotherapeutic waste ☐
 Regulated Medical waste ☐
 Other ☐

SECTION A. SITE IDENTIFIER

Applicant/permittee:

Site Name:

Facility ID (as issued by DEP):

SECTION B. PROCESSING FACILITY (Must be completed by Processing 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: _____
- Solid waste permit number(s) for the processing facility: _____
- If processor is not the generator of the regulated medical waste, list all generators _____
- Facility contact person:
 Name: _____ Title: _____
 Telephone Number: _____

SECTION C. GENERATOR 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: _____
- Facility contact person:
 Name: _____ Title: _____
 Telephone Number: _____

SECTION D. TRANSPORTER OF WASTE

Name: _____

Address: _____

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

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 is to be shipped to processing facility:
 - a. Monthly _____ ☐ lbs., ☐ tons (check one)
 - b. Annually _____ ☐ lbs., ☐ tons (check one)
3. Processing frequency: _____ times per month
4. Current volume to be shipped to processing 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 sampling methods including sampling frequency and biological indicators or test to be utilized, if applicable.

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

Description and, when necessary, schematic drawings of processing procedures to be used for each type of waste.

SECTION H. DESCRIPTION OF CONTAINERS

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

SECTION I. DESCRIPTION OF ALTERNATIVES

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

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

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

SECTION N. CERTIFICATION OF GENERATOR

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 _____

SECTION O. CERTIFICATION OF PROCESSING 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. 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 _____