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(a). Personnel Functions

The Treatment Facility is managed by a Facility Manager; who is directly responsible to the MedCare, Inc. President for the “day to day” operations of the Facility. The Facility Manager is experienced and trained in the handling and disposal of medical waste, including the actual handling of the medical waste (transfer and storage operations); the medical waste processing and treatment operations; the regulatory documentation of the operation; the physical and environmental safety of the Facility; and safety training of Facility personnel. The Facility Manager will receive at least 16 contact hours (2 days) per year of educational classes relating to regulatory and industry procedures concerning medical waste handling, disposal, and safety issues. These classes are sponsored by waste industry organizations, regulatory agencies, and professional engineering/management societies. The Facility Manager will be required to have a Class A or Class B License in accordance with 30 TAC §30.213.

The Facility Manager hires all necessary personnel to work at the Facility. The various requirements of the Facility will include personnel involved with the collection, handling, transfer, treatment, processing, and weighting of the medical waste; and office personnel involved with regulatory documentation and general office functions. The number of personnel working at the Facility at any given time will vary with the quantity of waste to be handled.

(1) Personnel Functions and Qualifications Description

- The Facility Manager – Supervisor B
- AutoClave Operator/Shredder Operator/Washer Equipment/Boilers – Equipment Operator
- Laborer/Unloader – Unloading Trucks/Containers – Unloader
- Office Administrator - Personnel

(2) General Instructions for Operating Personnel

Facility Supervisor - Manage daily work operations; equipment maintenance and repair; personnel safety.

Unloader - Responsible for screening for prohibited or unauthorized waste.

Gate Attendant/Admin – Fees for customers, operates the scale, keeps appropriate records, controls facility access, screens for unauthorized waste, and provides general customer direction and information.

(3) Receipt of Prohibited Waste Detection and Prevention

MedCare shall implement procedures for the detection and prevention of the receipt of prohibited wastes; which must include:

(A) Random Inspections

MedCare shall perform random inspections of packaging for incoming loads.

(B) Inspection Records

MedCare shall obtain records of all inspections performed.

(C) Facility Personnel Inspector Training

MedCare shall provide the appropriate training for personnel responsible for inspecting or observing loads to recognize prohibited waste.

(b). Waste Acceptance

Medical waste will only be accepted from: Company owned trucks hauling from Company waste generator customers, State registered medical waste haulers that have signed Agreements with the Company, and State Registered Treatment and/or Transfer facilities with signed Agreements with the Company. The term “medical waste” as used herein shall include the following: those wastes defined by the United States Environmental Protection Agency (EPA) as infectious wastes in 40CFR243.101; or as defined by the United States Department of Transportation (USDOT) as an infectious substance, diagnostic specimen,

biological product, or regulated medical waste in 49CFR173.134; or as defined by the State of Texas Rules and Regulations; or as defined by any other applicable federal, state, county, or municipal laws, regulations, and guidelines. The term medical waste as used herein specifically excludes the following: “chemotherapy waste” (also known as antineoplastic or cytotoxic waste). The term “chemotherapy waste,” as used herein, means discarded items that are associated with bulk (large) amounts of chemotherapeutic drugs or antineoplastic agents. Trace amounts of chemotherapeutic drugs may be considered medical waste, provided that such items, including vial syringes, plastic tubing, I.V. plastic bags, and other medical devices used in the administration of chemotherapeutic drugs, shall be empty of the chemotherapeutic drug as defined by applicable laws, regulations, and guidelines. Pathological waste will be treated by autoclave. Also, specifically excluded are fetal remains and human torsos and corrosive, reactive, radioactive, toxic, and other hazardous waste and substances as defined in any applicable federal, state, county, or municipal laws, regulations, and guidelines. With specific reference to radioactive materials; the Facility follows the State of Texas Rules and Regulations. The Company plans to utilize portal radiation detection equipment provided by Curie of Albuquerque, New Mexico. Should any waste be found to be not acceptable or exceeding the limits established by State Regulation; the generator will be contacted and required to arrange for removal of the waste from the Facility. The Facility will accept/treat the following types of waste: Regulated Medical Waste, Pathology, Trace Chemotherapy, Non-Hazardous Non-Controlled Pharmaceuticals. The estimate amount of each waste per day is as listed: Sharps & Plastics – Biological 80%, Pathological Waste 10%, Trace Chemotherapy 5%, and Pharmaceuticals 5%. There will be no wastes received at the facility that will not be able to be treated on site. All medical waste received will be shredded, with exception to large medical pieces (i.e. rods); these items will be autoclaved and transported from site for proper disposal.

MedCare Environmental Solutions, Inc. (MedCare) will provide a service for the public that will allow individual citizens or businesses to become “walk-in” or “drive-up” customers. These customers shall have Service Agreements that will allow the customer to purchase from MedCare.

With the Facility receipt from the RMW from the customers; the delivered RMW containers will be scanned, weighed, and recorded as to delivery at the Treatment Facility. The customer will be issued or E-Mailed a Facility signed Waste Tracking Document showing the date of delivery, type of waste delivered, weight of waste delivered, customer name, and customer address. After each delivery of waste, the customer will then be able to purchase replacement containers for the customer's use.

Each steam sterilization cycle, including the pre-vacuuming process, the minimum of 30 minutes of sterilization, the post-vacuuming process, and the cool down time, will take approximately 1 hour. With all autoclaves running 24 hours per day, the facility can treat as much as 96,000 pounds of waste per day. Solid waste in containers is processed through the Autoclave Treatment System; with the sterilized by-product then shredded; leaving a shredded waste by-product that is sterilized, unrecognizable, classified as regular municipal solid waste, and with an approximate 80% volume reduction. The shredded waste by-product is conveyed into a waste compactor, which compacts the waste into a 30 or 40 cubic yard roll-off container. That roll-off container is transported on a periodic basis to the Facility selected state permitted landfill facility. Medical waste is loaded into the Autoclave unit in 300 gallon metal cart containers. These containers are compatible with the Autoclave Treatment System. The maximum amount of waste to be received daily during Phase I of operation is 48,000 pounds, and 96,000 pounds during Phase II of operation. The two proposed autoclave units will be Turbo Machine Company Carbon Steel Sterilizer System or approved equal. These units are approximately 6 feet in diameter and 13 to 18 feet in length. The proposed compactor will be a self-contained compactor with integral dumper system, Marathon RJ-250SC-39, or approved equal. The proposed shredder will be a Vecoplan RG-52M system, or approved equal. With a proposed 3/4-inch to 1.5-inch screen, the system will have a maximum processing rate between 500 to 3,000 pounds per hour when processing sharps. The proposed boiler system will be a 30 horsepower boiler manufactured by Columbia Boiler Company of Pottstown, Pennsylvania.

After removal of the medical waste from the various sized reusable plastic waste containers, Facility personnel move those containers from the Processing/ Treatment Operations area to the Facility Container Cleaning Operations area.

Liquid waste will be treated by chemical disinfection. Liquids that are collected and then treated with 1% bleach for 1 hour after which it can be discharged to sewer. Sodium Hypochlorite solution is mixed with the liquid to produce bleach concentration of 1% at the proposed medical facility; and then is discharged into the sanitary sewer system.

The Facility will only accept medical waste from waste transporters that use plastic reusable or corrugated containers with all medical waste placed into a two (2) mil equivalent heavy duty red plastic bag liner which is placed in each reusable container. All medical waste containers must meet the requirements of the U.S.D.O.T. and the Facility requires that any container having a capacity of 20 gallons or greater have two handholds for manual dumping. For waste transporters, the maximum size container accepted at the Facility is ninety-five (95) gallon size to over two hundred (200) gallon size, with a maximum net weight of three hundred sixty-five (365) pounds.

The waste may be weighed when within the truck or later when within the queue for steam sterilization. The average processing time from the arrival of untreated medical waste through completion of the treatment and compaction process is no more than 60 hours. Untreated medical waste will not remain untreated longer than 72 hours, if this occurs, the waste shall be stored in a refrigerated unit or transferred off site. Depending on waste acceptance rates, the facility will have treated medical waste on site for a maximum of 96 hours. Should waste need to be refrigerated, the waste will be stored on site a maximum of 30 days. The maximum waste storage capacity for the MedCare facility will be 34,326 cubic feet. Using the weight of 5.5 pounds per cubic foot for the medical waste, the facility can store up to 188,793 pounds of waste.

When a truck hauling medical waste arrives at the Treatment Facility, the driver delivers all his original documentation to the Facility office, where the documents are reviewed and verified to be original Medical Waste Shipping Documents (the Facility is required to sign the original Medical Waste Shipping Document for each generator certifying treatment of the generator's medical waste). Once the original documents have been verified, the driver is allowed to move the trailer to the off-loading/storage trailer area of the Facility. At the offloading area the driver and Facility personnel off load the truck grouping the containers

by waste generator and the type of waste (waste to be processed/treated by the Facility or waste to be repackaged for transfer to an outside independent disposal facility); verifying the proper packaging and waste generator container count; verifying that each container is bar coded as to waste generator and waste transporter; and scanning each container for radioactive materials. Should any waste be found to be not acceptable or outside of State Regulations, the generator is contacted and required to arrange for removal of the waste from the facility.

After acceptance of the medical waste, Facility personnel scan the bar codes and weigh (if not previously weighed) each container recording the waste acceptance into the Facility waste tracking computer program. After recording the waste; the Facility Manager or his designee signs the original Medical Waste Shipping Documents indicating acceptance of the containers of medical waste from the medical waste transporter. Finally, the received waste is segregated and moved into one of two storage areas: either the storage area for Facility waste processing/treatment operations, or the storage area for waste repackaging and transfer operations.

Medical waste, as herein defined, that is accepted and managed at this Facility shall be treated in compliance with the Medical Waste Treatment Facility Registration as conditioned and issued by the State of Texas; the State of Texas Rules and Regulations with respect to Medical Waste Management; the regulations of the United States Environmental Protection Agency; the regulations of the United States Department of Transportation; and the regulations of any other local regulatory agency.

The types of waste that will be accepted at the facility are only waste that can be treated. Prohibited waste will not be accepted at the facility. Processing facilities registered under subsection (a) of this section, excluding facilities operating as transfer stations only, may store or process municipal solid waste that would be classified as medical waste if it were generated by health care-related facilities. This municipal solid waste shall be subject to the same requirements as medical waste when it is by a facility that is only a registered medical waste facility.

(c). Facility-Generated Waste

MedCare will properly treat and dispose of any facility-generated waste as follows:

(1) Facility Operation Produced Liquids

The anticipated effluents from the proposed medical waste treatment facility will include process waters from the medical waste treatment process and general wash waters from the routine municipal solid waste process activities. Accidental medical waste spills will be treated prior to disposal. The medical waste treatment process waters, in door wash waters, and any treated spills will be discharged into the existing City of El Paso sanitary sewer system. Any necessary sampling and analysis will be coordinated with the City. Outdoor wash waters will be discharged into the proposed storm sewer systems.

The proposed compactor will be located within the process area, just outside of the building along the south end of the building. The compactor shall be operated and maintained in such a way as not to create a public nuisance through material loss or spillage, odor, vector breeding or harborage, or other condition. Routine inspection and maintenance will occur to prevent any unnecessary spillage or leakage.

(2) Contaminated Water Collection

Contaminated water shall be collected and contained until properly managed.

(3) Facility Generated Waste

Wastes generated by a facility must be processed or disposed of at an authorized solid waste management facility.

(4) Contaminate Water Off-Site Discharge

Off-site discharge of contaminated wasters shall be made only after approval under the Texas Pollutant Discharge Elimination System authority.

(5) Authorization to Discharge Wastewater

MedCare will discharge wastewater to the City of El Paso. MedCare will provide a copy of the authorization to discharge wastewater to a treatment facility registered under Texas Water Code Chapter 26

(d). Storage Requirements

MedCare will properly store waste as follows:

(1) Solid Waste Storage

All solid waste shall be stored in such a manner that it does not constitute a fire, safety, or health hazard or provide food or harborage for animals and vectors, and shall be contained or bundled so as not to result in litter. It shall be the responsibility of the occupant of a residence or the owner or manager of an establishment to utilize storage containers of an adequate size and strength, and in sufficient numbers, to contain all solid waste that the residence or establishment generates in the period of time between collections.

(2) Source-Separated or Recyclable Materials Storage Areas

An on-site storage area for source-separated or recyclable materials should be provided that is separate from a transfer station or process area. MedCare will not accept or treat any recyclable materials. Control of odors, vectors, and windblown waste from the storage area shall be maintained.

(3) Container Conditions

Individual medical sharps shall be placed in Federally approved, customer furnished, disposable sharps containers with the filled sharps containers being placed in a MediCare, Inc. owned USDOT red bagged lined plastic reusable plastic container for transport to the MediCare, Inc. contracted biohazardous waste transfer, treatment, and disposal facility. All transport containers for pathological and research animal waste are labeled in accordance with the USDOT and individual State requirements.

(4) Stationary Compactor

A proposed compactor will be used for the consolidation and storage of the treated medical waste, and other routine municipal solid waste. The proposed system will be the self-contained compactor with integral dumper system, Marathon RJ-250SC-39CY, or approved equal. The compaction system will be specifically designed for wet waste and be able to store and transport waste while preventing contamination of the work area. The unit will feature and oversized feed opening and expanded container storage capacity. The proposed forks will accommodate either the large or smaller proposed autoclave carts.

The proposed compactor will be located within the process area, just outside of the building along the south end of the building.

(e). Recordkeeping and Reporting Requirements

The owner or operator shall place all information specified in the registration in the operating record. The owner or operator shall place this information in the operating record in accordance with the registration and maintain the operating record in an organized format which allows the information to be easily located and retrieved. All information contained in the operating record must be furnished upon request to the executive director and must be available for inspection by the executive director.

The software program provides for an electronic “Biohazardous Medical (Special) Waste Tracking Document” to be used for the documentation of the transport of biohazardous medical waste. Please note on each tracking document, generator/customer, the tracking document shall include a statement in the Generator/Customer Special Handling Section as follows: “Biohazardous medical waste is not defined as “special waste.”

This Tracking Document identifies the waste customer/generator, the waste hauler, the collection/storage station, the number of containers collected from customer, the total weight of the waste collected, and the final waste treatment facility. The original

Biohazardous Medical (Special) Waste Tracking Document is maintained through all transport operations; with the Company operation maintaining a copy of the fully signed original document in the Customer/Generator's business file; while the original (or electronic copy) fully signed document is returned to the Customer/Generator for their records.

Further, the software program allows the Company the capability to issue the Customer (generator) and individual computerized waste manifest and disposal document. Each document records the waste generator, the date of waste receipt at the Collection/Storage Facility or the Treatment Facility, the identification of each container bar code, the net weight of each container of waste received, the Treatment Facility location and state registration number, and the date the waste was received at the Treatment Facility. Further, the software program provides accurate documentation for the billing of customers, and produces a series of management reports to evaluate such items as the loading (weight) of waste containers by generator, and the volume of waste for any given time period.

(1) Approved Registration Application

All biohazardous medical waste tracking and accounting records are maintained at the Facility and are available for inspection by government regulators and Customers at the Collection/Storage/Treatment Facility office.

(2) Operating Record

MedCare shall promptly record and retain in an operating record:

(A) All Location-Restriction Demonstrations

The Treatment and Transfer Facility fully complies with the State of Texas Rules and Regulations concerning Facility security. The Treatment Facility property is fenced with specific access gates for truck traffic at the south entrance of the facility. The Treatment Facility property is the 1.545 acre registered boundary, inside the boundary there is an eight-foot high chain link fence to protect the facility. During hours in which the Facility is closed, the building doors are locked and the fence gates to the Facility are

padlocked, with gate signage indicating the hours of Facility operation and emergency 24 hour per day telephone number. The emergency telephone number is a facility telephone number, which during closed hours, is forwarded to an answering service that has the capability of contacting on-duty Facility employee.

(B) Inspection Records and Training Procedures

MedCare shall provide all inspection records and training procedures in an operating record.

(C) Closure Plans, Cost Estimates, and Financial Assurance

MedCare, Inc., as a proposed medical waste treatment project, is considered a municipal solid waste facility. As such, MedCare is required to have a closure plan in accordance with Chapter 326.71(k). The requirements from Section 326.71(k) (relating to Closure Requirements for Municipal Solid Waste Storage and Processing Units) and (relating to Certification of Final Facility Closure) are applicable and are addressed.

Upon closure of the facility, all waste materials, residues, and any recovered materials will be removed from the facility by the operator. Removed materials will be taken to authorized facilities for treatment or disposal. All waste items removed will be properly manifested and recorded.

All proposed processing units will be decontaminated, dismantled, and removed from the site. The existing and proposed waste water lines draining the equipment will be disinfected and flushed, then cut and plugged. All existing and proposed water lines serving the equipment will be cut and plugged. Any building openings, either in the walls or roof, remaining after equipment removal, will be covered. The remaining building and site will be disinfected and cleaned.

In case of an accidental spill during the closure process, the executive director of the TCEQ may require an investigation into the nature and

extent of disaster and assessment to correct the problem and impact on groundwater. The closure of the facility will be completed within 180 days following the most recent acceptance of processed or unprocessed materials unless otherwise directed or approved in writing by the executive director.

Once the decision is made to close, and no later than 90 days prior to the closure, the operator will place a public notice in the newspaper with the largest circulation in the area. The announcement will have the facility name, contact address and physical location, registration number, notification number, and intended closure date. The operator will also make available an adequate number of copies of the approved final closure plan for public access and review. A written notice will be sent to the executive director of the TCEQ of the intent to close the treatment facility. Additional notices will be mailed to current customers. Copies of all correspondence will be placed in the site operating record.

Signs will be posted at the proposed gates, the main gate along Billy The Kid Street and the main office, notifying all parties that may utilize the facility about the proposed closing date. The signs will state that after the closing date, acceptance of waste at the facility will be prohibited. After the date of closure, the gates will be shut or barriers installed to prevent unauthorized dumping.

Within ten days of completion of final closure activities, the operator or the operator's agent will submit to the executive director of the TCEQ a closure certification and a request for registration revocation. The closure certification will be signed by a Texas licensed professional engineer and will verify that the final facility closure was completed in accordance with the approved closure plan. The engineer's certification may state that:

"This facility has been adequately closed and decontaminated using currently acceptable practices and is in compliance with local, state, and federal guidelines. In my professional opinion, remaining contamination (if

any) poses an insignificant health risk based on the quality, toxicity, and location of the contamination, as well as the proposed use and potential activities of persons on the site.”

This Closure Plan provides for the conclusion of all operations and the termination of the requirements for a State of Texas Medical Waste Treatment Facility Registration at the location. It is anticipated that if the Facility was closed, at or near peak operations, the Facility could have 48,000 pounds of containerized waste on-site at the Facility during Phase I operation and 96,000 pounds during Phase II. In order to close the Facility, the on-site medical waste would need to be transferred to a disposal facility, the containers used for the transfer of the medical waste would need to be cleaned and sanitized, the Facility floors and paved parking in the storage and processing/treatment areas would need to be cleaned and sanitized, and the Treatment Facility equipment would need to be removed from the Facility property.

General closure costs will be incurred in the execution of the notice requirements, in the coordination of the closure activities, and in the acquisition of the closure certifications. Specific costs associated with the closure of the proposed medical waste treatment facility includes the removal of waste materials, the dismantling of the proposed equipment, and the cleaning of the remaining existing and proposed site improvements. The costs associated with the general closure activities are summarized in the following table. These estimates are based on receiving an approximate average of waste acceptance of 168 tons of waste per week during Phase I and 338 tons of waste per week during Phase II. Financial assurance will be submitted in a timely manner to cover the cost if any future facility expansion is implemented to the registration. Prior to MedCare moving to the next phase of operation, the revised financial mechanism must be submitted to the TCEQ Financial Assurance Division and a pre-opening inspection must be completed by the TCEQ El Paso Region Office.

The majority of waste materials, at the MedCare facility, at any one time, will be untreated and treated medical waste. The untreated medical waste will either be in the Facility storage area or within the hauling vehicle in which it was transported or within the refrigerated truck or trailer. In both cases, the untreated medical waste will be within the containers in which it was originally packaged. The maximum number of hauling vehicles that facility can manage is five, all at the loading/unloading docks. Refer to Section §326.71 of this application for additional information on storage requirements. At closure, each of these five vehicles will be driven to an alternate medical waste treatment facility for processing. Each truck will contain no more than 58 gross cubic yards of material. The maximum waste weight within each truck is calculated using a 35 percent void ratio and a unit waste weight of 200 pounds per cubic yard. Each truck may contain as much as 3.78 tons ($58 \times 0.65 \times 200 / 2,000$) of untreated medical waste for a total of 18.9 tons (5×3.78) for all vehicles.

The refrigerated truck or trailer, when full, will hold a gross storage volume of 60 cubic yards. With similar void ratio unit weight, the refrigerated unit may contain as much as 3.9 tons ($60 \times 0.65 \times 200 / 2,000$) of untreated medical waste. If a truck unit is in place, the truck will be driven to an alternate medical waste treatment facility for processing. If a trailer is in place, a truck will be rented and used to carry the trailer and waste to an alternate medical waste treatment facility for processing. The trailer alternate is used for the cost estimate.

Treated medical waste along with other routine municipal solid waste may be found within the proposed compactor at closure. The maximum volume of waste in the compactor at any one time will be 30 cubic yards. Using a unit weight of 200 pounds per cubic yard of routine municipal solid waste, the maximum weight of the waste within the compactor will be 3 tons ($30 \times 200 / 2,000$). At closure, the compactor will be hauled off site and the routine solid waste disposed of at a municipal solid waste landfill. Upon

closure, each proposed process system will be disconnected, dismantled, disinfected, and hauled off site. These proposed systems include the autoclave or steam sterilization, boiler, shredder, and wash area. Each, if applicable will be disconnected from the existing and proposed utility connections. The utility connections may include electrical, water supply, and waste water collection. Components, if applicable, will be disinfected.

Once the waste materials and equipment are removed, the proposed building and site will be cleaned. The proposed concrete floors within the proposed warehouse will be swept, disinfected, and rinsed. The proposed concrete pavement in the loading docks will be swept and rinsed. The remaining concrete pavement on site will be swept and rinsed. Cleaning will be complete in compliance with the sanitation and processing requirements previously in this part of the application.

Thus, the total cost to close the proposed medical waste treatment facility during Phase One operations is \$48,400.00 and during Phase II operations is \$92,200.00. MedCare, Inc. will submit an originally signed financial assurance mechanism to the executive director of the TCEQ corresponding to this amount no later than 60 days prior to the initial receipt of waste for each phase that is implemented. The insurer will be licensed to transact insurance business in Texas or will be eligible to provide insurance as an excess or surplus lines insurer in Texas.

(D) Operation and Correspondence and Responses

MedCare shall keep available all copies of all correspondence and responses relating to the operation of the facility, modifications to the registration, approvals, and other matters pertaining to technical assistance; and

(E) Executive Director Approved Documents

MedCare shall keep available all copies of all documents, manifests and any other document(s) as specified by the approved authorization or by the executive director.

(3) Signatories to Reports Conditions

For signatories to reports, the following conditions apply.

(A) Owner or Operator Signature of Reports

The owner or operator of MedCare shall sign all reports and other information requested by the executive director as described in §305.128 of this title (relating to Signatories to Reports) and §305.44 (a) of this title (relating to Signatories to Applications) or buy a duly authorized representative of the owner or operator. A person is a duly authorized representative only if:

i. Authorization

The authorization is made in writing by the owner or operator as described in §305.44(a) of this title;

ii. Responsibility of Overall Operation of Facility

The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity or for environmental matters for the owner or operator, such as the position of plant manager, environmental manager, or a position of equivalent responsibility. A duly authorized representative may thus be either named individual or any individual occupying a named position; and

iii. Authorization Submittal to Executive Director

the authorization is submitted to the executive director.

(B) Accuracy of Authorization

If an authorization under this section is no longer accurate because of a change in individuals or position, a new authorization satisfying the requirements of this section must be submitted to the executive director prior to, or together with, any reports, information, or applications to be signed by an authorized representative.

(C) Report Certification

Any person signing a report shall make the certification in §305.44 (b) of this title.

(4) Operating Record Availability

All information contained in the operating record shall be furnished upon request to the executive director and shall be made available for inspection by the executive director.

(5) Life of Facility Records

The owner or operator shall retain all information contained within the operating record and the different plans required for the facility for the life of the facility.

(6) Alternative Schedules for Recordkeeping and Notifications

The executive director may set alternative schedules for recordkeeping and notification requirements as specified in paragraphs (1) – (5) of this subsection.

(7) Untreated Medical Waste Requirements

Owners or operators of a medical waste processing facility accepting delivery of untreated medical waste for which a shipping document is required for processing shall ensure each of the following requirements are met:

(A) Shipping Document

A shipping document accompanies the shipment, which designates the facility to receive the waste;

(B) Signed Copy of Shipping Document

the owner or operator signs the shipping document and immediately gives at least one copy of the signed shipping document to the transporter;

(C) Owners Copy of Shipping Document

the owner or operator retains one copy of the shipping document;

(D) Generators Copy of Shipping Document

within 45 days after the delivery, the treatment facility owner or operator sends a written or electronic copy of the shipping document to the generator that includes the total weight of waste received and a statement that the medical waste was treated in accordance with 25 TAC §1.136 (relating to Approved Methods of Treatment and Disposition).

(f). Fire Protection

MedCare shall implement the following to provide adequate fire protection for the facility.

(1) Supply of Water Under Pressure

An adequate supply of water under pressure will be available for firefighting purposes through a fire protection system that includes an automatic sprinkler system. The fire protection system will include a fire alarm system for detection purposes. The proposed building/warehouse will be equipped with firefighting equipment that will be readily available in the occurrence of a fire. A fire protection plan will be on site, and all employees will be trained in its contents and use. The fire protection plan will describe the source of fire protection (a local fire department, fire hydrants, fire extinguishers, water tanks, water well, etc.), procedures for using the fire protection source, and employee training and safety procedures.

Fire truck access can be afforded from Billy The Kid Street through the proposed driveway. One fire hydrant will serve the site: on the southeast corner of the property approximately 382 feet away from the office building. Fire trucks may park

along the driveway, lay hose from the proposed fire hydrant, and access the building from the south property line. The fire protection plan will comply with local fire codes. All fire protection will be in accordance with 30 TAC §326.75(f).

(2) Firefighting Equipment

Firefighting equipment must be readily available.

(3) Fire Protection Plan

A fire protection plan shall be established, and all employees shall be trained in its contents and use. The fire protection plan shall describe the source of fire protection (a local fire department, fire hydrants, fire extinguishers, water tanks, water well, etc.), procedures for using the fire protection source, and employee training and safety procedures. The fire protection plan shall comply with local fire codes.

(g). Access Control

In order to protect the public from exposure to potential health and safety hazards and to discourage unauthorized entry or uncontrolled disposal of solid waste or hazardous materials, the facility will be equipped with access control features.

(1) Public Access

Public access will be controlled to minimize unauthorized vehicular traffic, unauthorized and illegal dumping, and public exposure to hazards associated with waste management. Controlled access will be ensured with the proposed fence, gates, and doors.

(2) Facility Access Road

Access to MedCare will be from Billy The Kid Street, on the north side. This road is paved and well maintained. The road is a two-lane paved road that is designed for the expected traffic flow. The access road provides adequate turning radii for the vehicles that will utilize the facility. The facility provides adequate parking for

equipment, employees, and visitors. The facility provides safety bumpers at hoppers for vehicles. The facility is paved, therefore, the means for dust and mud control will be minimal.

(3) Access Fence

MedCare will be surrounded by an eight-foot high chain link fence with climb-proof barbed wire. The fence will be located on the property line on the north, south, east and west sides and have an approximate 20-foot wide electronic gate on the south side. The gate will be locked after business hours.

(h). Unloading of Waste

MedCare will adhere to the following conditions for the unloading of waste at the facility.

(1) Waste Unloading Area

The unloading of solid waste shall be confined to as small of an area as practical. An attendant shall be provided at the facility to monitor all incoming loads of waste. Appropriate signs shall also be used to indicate where vehicles are to unload. MedCare is not required to accept any solid waste that he/she determines will cause or may cause problems in maintaining full and continuous compliance with these sections.

Upon arrival, authorized MedCare employees will inspect the load within each truck for compliance with the law, for radiation, for appropriate documentation, and to prevent unauthorized wastes from entering the facility. If any radiation is detected the entire truck will be returned to the generator. If any waste, or portions of waste, within the truck is deemed unacceptable, that waste or portions of waste will be returned to the generator.

Once the collection trucks are directed into the loading docks, the containers will be unloaded and the waste placed in the queue for steam sterilization. The waste will arrive in special containers designed for the transport and storage of medical

waste. Should there be an interruption in unloading, the trucks may be delayed, or temporarily parked within the proposed process area.

(2) Waste Unloading in Unauthorized Areas

The unloading of waste in unauthorized areas is prohibited. MedCare shall ensure that any waste deposited in an unauthorized area will be removed immediately and managed properly.

(3) Unloading of Prohibited Waste

The unloading of prohibited wastes at MedCare will not be allowed. MedCare shall ensure that any prohibited waste will be returned immediately to the transporter or generator of the waste.

(i). Operating Hours

A site operating plan must specify operating hours. The operating hours for MedCare will be from 6 am to 8 pm, Monday through Friday. The Facility operation hours will be posted at the front gate to the Facility.

(1) Alternative Operating Hours

In addition to the requirements of this subsection, the authorization may include alternative operating hours of up to five days in a calendar-year period to accommodate special occasions, special purpose events, holidays, or other special occurrences.

(2) Temporary Operating Hours

The agency regional office may allow additional temporary operating hours to address disaster or other emergency situations, or other unforeseen circumstances that could result in the disruption of waste management services in the area.

(3) Recording of Alternative Operating Hours

MedCare must record, in the site operating record, the dates, times, and duration when any alternative operating hours are utilized.

(j). Facility Sign

MedCare shall conspicuously display at all entrances to the facility through which wastes are received, a sign measuring at least four feet by four feet with letters at least three inches in height stating the facility name; type of facility; the hours and days of operation; the authorization number of the facility; and facility rules. The posting of erroneous or misleading information shall constitute a violation of this section.

(k). Control of Windblown Material and Litter

Windblown material and litter within the registration boundary shall be collected as necessary to minimize unhealthy, unsafe, or unsightly conditions.

(l). Facility Access Roads

Access to MedCare will be from Billy The Kid Street, on the north side. This road is paved and well maintained. All vehicular traffic will remain on the proposed concrete parking surfaces. The buildings are set back from the entrances to allow for adequate radii and maneuverability.

(1) All-weather Roads

All-weather roads shall be provided within MedCare to the unloading area(s) designated for wet-weather operation. The tracking of mud and debris onto public roadways from the facility shall be minimized.

(2) Dust from on-site access roads

Dust from on-site and other access roadways shall not become a nuisance to surrounding areas. A water source and necessary equipment or other means of

dust control shall be provided. All roads within and accessing the MedCare facility are paved, therefore, dust should not be a nuisance to surround areas.

(3) Maintenance of On-Site Roads

All on-site access roads owned or controlled by MedCare shall be maintained to minimize depressions, ruts, and potholes on a regular basis. For the maintenance of other access roadways not owned or controlled by the operator, MedCare shall coordinate with the Texas Department of Transportation, county, and/or local governments with maintenance authority over the roads.

(m). Noise Pollution and Visual Screening

MedCare shall provide screening or other measures to minimize noise pollution and adverse visual impacts. The potential for noise at MedCare will be from the operation of the collection vehicles and the operation of the compaction equipment. All of the remaining proposed medical waste processing activities will be performed within the proposed insulated building. The compactor will be located within the proposed process area adjacent to the south side of the building.

(n). Overloading and breakdown

Should MedCare experience equipment problems resulting in the shutdown of an Autoclave Treatment System Unit; it is anticipated that the Unit would be operational within twenty-four hours of the initial shutdown. MedCare will either have experienced equipment maintenance personnel on staff or have maintenance support from MedCare, Inc. personnel in adjacent States.

MedCare maintains an inventory of expendable spare parts including; circuit breakers, fuses, electronic eye sensors, and shredder blades and spacers. Most parts for Autoclave Units are available through local vendors, with specialized parts being available through overnight air express delivery. Most repairs, with the exception of a major shredder overhaul, can be accomplished within four hours of parts availability. Should a shredder

experience a problem requiring a major overhaul, that shredder overhaul can be accomplished within eighteen hours of parts availability. Should a refrigeration unit experience a mechanical breakdown that requires a repair time longer than the medical waste can be properly stored, the waste must be diverted to an approved backup processing or disposal facility.

MedCare will not accumulate solid waste in quantities that cannot be processed within such time as will preclude the creation of odors, insect breeding, or harborage of other vectors. If such accumulations occur, additional solid waste shall not be received until the adverse conditions are abated.

(1) Facility Design Capacity

The design capacity of the MedCare shall not be exceeded during operation. MedCare shall not accumulate solid waste in quantities that cannot be processed within such time as will preclude the creation of odors, insect breeding, or harborage of other vectors. If such accumulations occur, additional solid waste shall not be received until the adverse conditions are abated.

(2) Facility Work Stoppage/Breakdown

If a significant work stoppage should occur at MedCare due to a mechanical breakdown, refrigeration unit breakdown, or other causes, MedCare shall accordingly restrict the receiving of solid waste. Under such circumstances, incoming solid waste shall be diverted to an approved backup processing or disposal facility.

(3) Alternative Processing or Disposal Procedures

MedCare shall have alternative processing or disposal procedures for the solid waste in the event that MedCare becomes inoperable for periods longer than 24 hours.

(o). Sanitation

Surfaces considered for proper cleaning will include: 1) the concrete floor, proposed equipment, and proposed containers within the warehouse area; 2) the concrete pavement and proposed containers in the loading docks; and 3) the site concrete pavement. Each of these surfaces will be cleaned on a regular basis.

(1) Potable Water and Sanitary Facilities

MedCare shall provide potable water and sanitary facilities for all employees and visitors.

(2) Processing Facilities Sanitation

At processing facilities, all working surfaces that come in contact with wastes shall be washed down on a weekly basis at the completion of processing. Processing facilities that operate on a continuous basis shall be swept daily and washed down at least twice per week.

(3) Wash Water Accumulation

Wash waters shall not be accumulated on site without proper treatment to prevent the creation of odors or an attraction to vectors.

(4) Wash Water Collection

All wash waters shall be collected and disposed of in an authorized manner.

(p). Ventilation and Air Pollution Control

MedCare and air pollution abatement devices must obtain authorization, under Texas Health and Safety Code (THSC), Chapter 382 (Texas Clean Air Act) and Chapter 106 or 116 of this title (relating to Permits by Rule; and Control of Air Pollution by Permits for New Construction or Modification), from the Air Permits Division prior to the commencement of construction, except as authorized in THSC, §382.004. Additionally, all facilities and air pollution abatement devices must operate in compliance with all applicable air related rules including Chapter 101 of this title (relating to General Air Quality Rules) related to

prevention of nuisance odors, minimizing maintenance, startup and shutdown emissions, and emission event reporting and recordkeeping.

(q). Health and Safety

A health and safety plan will be provided by MedCare, Inc., this plan will be available in the main office. All MedCare, Inc. employees will be trained in accordance with the facility's health and safety plan.

(r). Disposal of Treated Medical Waste

Medical wastes that have been treated in accordance with the provisions of 25 TAC §1.136 may be managed as routine municipal solid waste unless otherwise specified in paragraphs (1) – (5) of this subsection.

(1) Incinerator Ash Disposal

Incinerator ash shall be disposed of in a permitted landfill in accordance with Chapter 330 of this title (relating to Municipal Solid Waste). MedCare will not have any incinerators associated with their facility.

(2) Treated Microbiological Waste, Blood, Blood Products, Body Fluids, Laboratory Specimens of Blood and Tissue, and Animal Bleeding

Treated microbiological waste, blood, blood products, body fluids, laboratory specimens of blood and tissue, and animal bleeding may be disposed of in a permitted landfill. Any markings that identify the waste as a medical waste shall be covered with a label that identifies the waste as treated medical waste. The identification of the waste as treated may be accomplished by the use of color-coded, disposable containers from the treated waste or by a label that states that the contents of the disposable container have been treated in accordance with the provisions of 25 TAC §1.136.

(3) Treated Carcasses and Body Parts of Animals

Treated carcasses and body parts of animals designated as a medical waste may, after treatment, be disposed of in a permitted landfill in accordance with Chapter 330 of this title. The collection and transportation of these wastes shall conform to the applicable local ordinance or rule, if such ordinance or rule is more stringent than this subsection.

(4) Treated Recognizable Human Body Parts

Treated recognizable human body parts, tissues, fetuses, organs, and the products of human abortions, spontaneous or induced, shall not be disposed of in a municipal solid waste landfill. These items shall be disposed of in accordance with the provisions of 25 TAC §1.136(a)(4).

(5) Sharps Treated and Containerized

Sharps treated and containerized with one of the approved methods as described under 25 TAC §1.136(a)(5) shall be disposed of in a permitted landfill in accordance with Chapter 330 of this title. Unused sharps shall be disposed of as treated sharps.