

Environmental Health Services Division

401 Fifth Avenue, Suite 1100 Seattle WA 98104-1818 **206-263-9566** Fax 206-296-0189 TTY Relay: 711 www.kingcounty.gov/health

Solid Waste Permit Application

For Biomedical Treatment Facility or Transportation Vehicle Code of the King County Board of Health Chapter 10.07 and Chapter 173-350 WAC Permit Number (For official use only)

PART I. General Information				
Application Date	County where facility is located			
Name of Applicant (<i>WAC 173-351-730(7)</i> & King Cour Health10.07.020 for appropriate evidence of authority)				
Company Name, Government Entity, etc.:	Facility owner Facility operator Other(specify)			
Applicant's Position in Company or Government Entity:	-			
Applicant Mailing Address:	Applicant phone:			
Street:	Fax:			
City:	e-mail address:			
State: Zip:				
PART II. BioMedical Activity/Facility Type Identify all solid waste handling activities/facilities that are included in this permit application. (You must complete the applicable PART II forms below for each activity/facility type with this application.)				
Biomedical Waste Treatment Facility _(King County BOH Chapter 10.07.010(E) Biomedical Waste Transport Vehicle _(King County BOH Chapter 10.07.010(B)				
Biomedical Waste Treatment Faci				
Attach the following as required under the Co 10.07	de of the King County Board of Health Chapter Location of Documents			
A biomedical management plan of operations wh	ich meets the requirement of the Code of the King			

An engineering report comprehensively describing the existing and proposed site conditions and an analysis of the facility, including biomedical waste storage; treatment methods and operating procedures; handling of waste to facility during transportation, including types of container that waste are stored in; contingency plan for alternate treatment per 10.07.060 (c) (4); records maintenance; infection control procedures and safety plan; description and the design of storage and handling facilities on-site for incoming waste; final storage and disposal practices after treatment per the Code of the King County Board of Health Title 10.0 7.060	
Analysis of <u>each</u> biomedical waste stream proposed to be received for treatment at the facility as required under the Code of the King County Board of Health Chapter 10.07.060	
Engineering reports/plans and specifications that address the design of the autoclave unit or thermal treater, including charging or feeding systems, combustion air systems, ash handling systems, and air pollution and water pollution control systems. Include design of instrumentation and monitoring systems.	
Additional information required by the jurisdictional health department	

☐ Biomedical Transportation Vehicle				
Attach the following as required under the Code of the King County Board of Health Chapter 10.07:	Location of Documents			
Engineering reports/plans and specifications regarding each vehicle that will be used to transport biomedical waste(as described in the Code of the King County Board of Health Chapter 10.07.010 (A)) that address the design standards for vehicles as described in the Code of the King County Board of Health Chapter 10.07.050				
Information on the operation of the biomedical waste transport vehicle operator as described in the code of the King County Board of Health Chapter 10.07.030 through .050 including the type(s) of the respective biomedical waste collection vehicle(s), contingency plans as described in sites where treatment of biological waste will occur, .				
Provide Make, Model, and License plate number for each vehicle (as an attachment to this permit application) and the location where the vehicles will be parked at night.				
Provide information on the facility where the vehicles are maintained, including plan view of the vehicle service area, whether this area drains to sewers or not, etc.				
Additional information required by the jurisdictional health department				

PART III. Facility Information				
Name of Facility				
Facility Address:			Facility Mailing Address (i	if different)
Street:			Street:	
City:			City:	
State:	Zip:		State:	Zip:
Responsible Official:			Facility phone:	
Position at Facility:			Fax:	
			e-mail address:	
Facility Location (at front gate)				
Section	Township	Range	Latitude	Longitude
Location Description				

Legal Description of Site						
Property Tax Account Number(s)			Facility Site Zoning			
	For a facility/activity to be pern	nitted under ch	anter 173-350 W	AC attach a vicinity plan	or man per WAC 173.	350-715 (d)
لللا	Tot a facility/activity to be pent	ilitted dilder ci	iaptei 173-330 W	AC, attach a vicinity plan	of map per WAC 175-	330-713 (d)
		Required	or Existing Pe	ermits at the Facility S	Site	
Т	ype of permit (check box)	Need to Obtain	Existing Permit			
			Regi	ulating Authority	Permit #	Expiration Date
	Solid waste permit					
	NPDES permit					
	Biosolids permit					
	State waste discharge permit					
	Conditional use permit					
	Stormwater permit					
	Hydraulic permit					
	DNR Surface mining permit					
	Flood control permit					
	Fire permit					
	Wetlands permit					
	Air operating permit					
	DNR Forest Practices					
	Other					
	Other					
	Attach evidence of compliance with chapter 197-11 WAC, SEPA rules					

Check any of the following operations that are currently at the facility site				
Municipal solid waste landfill per chapter 173-351 WAC	Surface impoundment per WAC 173-350-330			
Recycling facility per WAC 173-350-210	Tank per WAC 173-350-330			
Composting per WAC 173-350-220	Waste tire storage per WAC 173-350-350			
Land application per WAC 173-350-230	Moderate risk waste per WAC 173-350-360			
Energy recovery and incineration per WAC 173-350-240	Limited MRW per WAC 173-350-360			
Intermediate solid waste handling per WAC 173-350-310	Limited purpose landfill per WAC 173-350-400			
Material recovery facility	Inert waste landfill per WAC 173-350-410			
Transfer station	Other per WAC 173-350-490 (specify)			
Bailing and compaction site				
☐ Drop Box				
Piles used for storage or treatment per WAC 173-350-320				
	<u> </u>			
PART IV. Additional	Contact Information			
•	Owner(s)			
	more than one facility owner)			
Responsible Official:	Contact Name: (if different)			
Company Nama Covernment Fatity ata				
Company Name, Government Entity, etc.:				
A 11 11 D 111 1 O 1 1 1 1 1 1 1 1 1 1 1 1				
Applicant's Position in Company or Government Entity:				
Contact Mailing Address:	Contact phone:			
Street:	Fax:			
City:	e-mail address:			
State: Zip:				
Facility Operator(s) Same	as Facility Owner(s) YES			
	ore than one facility operator)			
Responsible Official:	Contact Name: (if different)			
Company Name, Government Entity, etc.:				
Applicant's Position in Company or Government Entity:				
Contact Mailing Address:	Contact phone:			
Street:	Contact phone: Fax:			
City:	1.00			
	e-mail address:			
State: Zip:				
Property Owner(s)□ Same				
Property Owners Name(s):	ore than one property owner) Contact Name:(if different)			
i Toperty Owners Ivallie(s).	Contact Name.(II dillerent)			
Mailing Address:	Phone:			
Street:	Fov			
L City:	Fax:			

Zip:

State:

	e-mail address:		
PART V. Signature and Verification of Applicant			
(Refer to WAC 173-350.715(3) or WAC 173-351-730(7) for appropriate evidence of authority)			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the 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.			
(Applicant's Signature – printed)	(Title)		
(Applicant's Signature)	(Date)		
PART VI. Notary Public Verification			
State of			
County of			
Signed or attested before me on	by		
(seal or stamp)	(Signature)		
(Scar of Stamp)	My appointment expires:		
	(Date)		