



# Illinois Environmental Protection Agency

2520 West Iles Avenue • P.O. Box 19276 • Springfield • Illinois • 62794-9276 • (217) 782-3397

## Application for a Potentially Infectious Medical Waste Permit to Develop Treatment and/or Storage-transfer Facilities (LPC-PA17)

I Site Name: \_\_\_\_\_ County: \_\_\_\_\_  
Site Number: \_\_\_\_\_

### II Applicant Information

1. Owner

Operator (if different)

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip + 4: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip + 4: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Ownership and Operator Status:

3. Land is:

	<u>Owner</u>	<u>Operator</u>
Corporation	<input type="radio"/>	<input type="radio"/>
Partnership	<input type="radio"/>	<input type="radio"/>
Sole Proprietor	<input type="radio"/>	<input type="radio"/>
Governmental Body	<input type="radio"/>	<input type="radio"/>
Other _____	<input type="radio"/>	<input type="radio"/>

Owned by Applicant (Operator)  
 Leased by Applicant  
Beginning Date on Lease: \_\_\_\_\_  
Expiration Date of Lease: \_\_\_\_\_  
 Held in Trust

A 39(i) certification must be submitted with information concerning the following persons or entities:

- the owner of the business entity applying for the permit;
- the operator of the business entity applying for the permit;
- each employee or officer of the owner or operator who signed the permit application or has managerial authority at the site; and
- any additional owner, operator, or officer or employee of the owner or operator from whom a certification is requested by the Illinois EPA, including any officer or employee who will be responsible for overseeing or implementing regulated activities governed by the permit.

### III Location Information:

Attach a copy of the United States Geologic Survey (U.S.G.S.) quadrangle map (7.5 minute quadrangle, if published) and a topographic map of the area which surrounds the site. Also provide a legal description of the site.

Quadrangle map provided: \_\_\_\_\_  
Name \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Acres in \_\_\_\_\_ Quarter, \_\_\_\_\_ Quarter, \_\_\_\_\_ Quarter, of Section \_\_\_\_\_, Township \_\_\_\_\_  
\_\_\_\_\_ Range, \_\_\_\_\_ P.M. Local Description: \_\_\_\_\_ Lot, \_\_\_\_\_ Block

Present Zoning Classification and Restrictions (if any):

This Agency is authorized to require this information under Illinois Revised Statutes, 1979, Chapter 111 1/2, Section 1039. Disclosure of this information is required under that Section. Failure to do so may prevent this form from being processed and could result in your application being denied.

#### IV Facility Background

- This is an existing facility. Operation began \_\_\_\_\_ (mo.) \_\_\_\_\_ (yr.)
- This is a proposed development.
- This is a proposed experimental permit.
- Other existing environmental facility permits:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Consult instructions for the contents of Sections V, VI and VII.

#### V Facility information

The following documents must accompany the application. Please indicate the location in the application for the documents being submitted with this application.

Location in Application	
	1. A plan sheet of the site
	2. A process flow diagram of the treatment or storage operation
	3. A narrative description of the site's operation
	4. Waste types (Identify PIMW and other wastes to be accepted and how they are to be managed)
	5.* Waste screening plan (A description of methods used to screen and test waste types)
	6.* Initial Efficacy Test and Periodic Verification Test(s)
	7.* Classification of residuals – A description of methods used to treat, transfer or dispose of residual wastes generated from the operation of the site
	8. Contingency plan
	9. Design of Waste Management Area
	10. Inspection plan
	11. Record keeping
	12. Closure plan
	13. Site suitability

\* If applicable.

## VI Storage

1.  This application is for storage in the following (check the appropriate box(es)):
  - Single-use containers
  - Drums
  - Reusable containers
  - Other: \_\_\_\_\_
  
2. General Information: For each storage unit provide the following information:
  - A. Location drawings
  - B. Material of construction
  - C. Storage capacity
  - D. Duration of storage
  - E. Type of waste(s) contained in each area
  - F. Container design

## VII Treatment

1.  This application is for treatment by the following method(s) (check the appropriate box(es)):
  - Thermal
  - Physical/Chemical
  - Irradiation
  - Other: \_\_\_\_\_
  
2. General Information: For each treatment unit provide the following information:
  - A. Location drawings
  - B. Material of construction
  - C. Number of units and capacity
  - D. Age of units
  - E. Type of waste(s)
  - F. Unit design
  - G. Treatment processes

(Refer to the instructions.)