



# Illinois Environmental Protection Agency

Bureau of Land • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794 -9276

## Medication Takeback Program Application

Pursuant to 35 Ill. Adm. Code 889.200, any person seeking to have the Illinois Environmental Protection Agency (Illinois EPA) arrange for the disposal of pharmaceutical products accepted at a medication takeback location must submit an application to the Illinois EPA. The Illinois EPA may provide for the disposal of pharmaceutical products accepted at medication takeback locations selected by the Illinois EPA in accordance with 35 Ill. Adm. Code 889.205(b).

Registrations should be submitted to the Illinois EPA by email to [epa.recycling@illinois.gov](mailto:epa.recycling@illinois.gov). Subject to available appropriations, medication takeback locations for which the Illinois EPA will provide disposal will be notified, in writing, as soon as practicable after receipt.

### Application Instructions

#### *Part A: Location, Owner, and Operator*

A Medication Takeback Program Application must be submitted for each takeback location for which Illinois EPA-arranged disposal is requested. Owners of multiple takeback locations may submit applications for those locations in a single email. However, each collection location will be independently evaluated for Illinois EPA-arranged disposal.

**Site ID Number** - The Illinois EPA Bureau of Land maintains site inventory numbers for permitted facilities, solid waste sites, and other locations throughout the state. Takeback locations with existing identification numbers should include the identification number. Existing identification numbers may be found or verified at <http://epadata.epa.state.il.us/land/inventory/>.

**Takeback Location Information** – Provide the takeback location name and physical location.

**Owner Information** - Provide the name of the takeback location owner's principal or authorized representative and contact information, including email address.

**Operator Information** - Provide the name of the takeback location operator's name and contact information, including email address, if different than the owner's information.

#### *Part B: Program Details*

The Program Details section includes information related to the anticipated scope of the takeback location's operation for which Illinois EPA-arranged disposal is requested.

**Program Hours of Operation** - Provide the anticipated hours of operation of the takeback location, including day(s) and time(s) of operation if the takeback location will be operational for more than one calendar day during the State Fiscal Year .

**Geographic Area Served by Program** – If the applicant is a unit of local government, provide the applicable jurisdictional area for that unit of local government. For any other applicant, provide the county in which the proposed medication takeback location will be located.

**Population of the Geographic Area Served** - Provide the population for geographic area served as it was reported in the most recent decennial census.

**Requested Disposal Duration Sponsored by IEPA** - Provide the anticipated operating duration of the takeback location during the State Fiscal Year. Subject to appropriation, acceptable durations include, but are not limited to, specifically identified single day collection events, specifically identified periodic collection events, and continuously available collections.

**Volume of products accepted during preceding calendar year** - If pharmaceutical products were collected at the proposed takeback location during the preceding calendar year, provide the total volume of products accepted. This figure may be reported in units of gross weight or volume, as applicable.

*Part C: Certification*

Provide the name, title, and contact information of the individual completing the Application. Please note that any person who knowingly makes a false, fictitious, or fraudulent material statement, orally or in writing, to the Illinois EPA commits a Class 4 felony. A second or subsequent offense after conviction is a Class 3 felony. 415 ILCS 5/44(h).

Submit completed applications electronically to [epa.recycling@illinois.gov](mailto:epa.recycling@illinois.gov) . Any questions concerning the completion, submittal, or review of this application should be directed to Don Buis at (217) 785-4116.