GILA RIVER INDIAN COMMUNITY
DEPARTMENT OF ENVIRONMENTAL QUALITY
Air Quality Program
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Sacaton Arizona 85247

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HOSPITAL/MEDICAL/INFECTIOUS WASTE TREATMENT FACILITY OPERATING PERMIT

Permit Number: 04-0001

Issue Date: 10-26-04
Expiration Date: 10-26-09

Permittee Name: Stericycle Inc.
Mailing Address: 1251 South Nelson Drive, Chandler AZ 85226
Business Name: Stericycle Inc.
Facility Address: 1251 South Nelson Drive, Chandler AZ 85226

Equipment Covered: See attached list

This permit is issued in accordance with the Gila River Indian Community (GRIC), Department of Environmental Quality, Medical Waste Management Ordinance GR-04-02, Title 17, Chapter 9.

The attached Permit Conditions are incorporated into and form an integral part of this Permit.

This permit is not transferrable in accordance with Section 1.5 of the GRIC Medical Waste Management Ordinance GR-04-02.

If the Director of the GRIC Department of Environmental Quality determines that additional monitoring, sampling, waste handling procedures, modeling and/or control of emissions from the facility may reasonably be needed to provide for the continued protection of public health, safety and/or welfare, the Director may amend the provisions of this Permit in accordance with the GRIC Medical Waste Management Ordiance GR-04-02, Title 17, Chapter 9.

This permit may be subject to suspension or revocation for cause including nonpayment of fees, noncompliance with the GRIC Medical Waste Management Ordinance GR-04-02, the attached Permit Conditions, or if the Director determines that significant misrepresentation exists in the application and supporting documentation filed to obtain or modify this Permit.

P. J. Mariella

Patricia Mariella, Ph.D.
Director, GRIC Department of Environmental Quality

PERMIT CONDITIONS
Stericycle Inc.
Permit Number 04-000
October 26, 2004

GENERAL CONDITIONS:

1. **Certification:** Any document which is required to be submitted by this Permit or the Gila River Indian Community ("GRIC" or the 'Community") Medical Waste Management Ordinance GR-04-02, Title 17, Chapter 9 shall contain certification by a responsible official of truth, accuracy and completeness. This certification shall state that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate and complete.

2. **Controls:** Except as provided by the GRIC Medical Waste Management Ordinance or these Permit Conditions, the permittee shall not operate any equipment or process which emits air pollutants regulated by the Ordinance, unless the air pollution control equipment, required by either this Permit or the Ordinance, are in place, are operating without bypass, and are operating within their design parameters and in accordance with any other conditions specified in this Permit.

   The Permittee shall notify the Director, before making any additions, modifications or replacements to any air pollution control equipment. This does not apply to normal maintenance and repair activities.

3. **Fees:** The Permittee shall pay an annual permit fee in accordance with Section 1.7 of the GRIC Medical Waste Management Ordinance GR-04-02, Title 17, Chapter 9. The fee shall be paid in accordance with section 1.7 of the GRIC Medical Waste Management Ordinance on the anniversary date of the issuance of this permit.

4. **Fugitive Dust:** The Permittee shall take all reasonable precautions to minimize the emissions of fugitive dust from the facility.

5. **Leased/Rented/Borrowed Equipment:** If the Permittee leases, rents or lends any equipment covered by this permit to a second party, the Permittee shall provide the second party with a copy of this permit. It is the responsibility of the person using the equipment to make sure that the equipment is properly

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permitted and operated. If the Permittee does not provide the second party with a copy of this Permit, both the permittee and the second party shall be responsible for operating the source in compliance with the Permit and for any violation thereof.

6. **Maintenance:** The permittee shall keep all equipment under this permit in good working order through an active maintenance program established in accordance with manufacturer's recommendations, acceptable industry standards and an approved operations and maintenance plan if applicable.

7. **Malfunctions (Emergency Upsets):** A malfunction that causes emissions in excess of those allowable by these Permit Conditions shall constitute a violation. Any affirmative defense of a violation caused by a malfunction shall be documented in accordance with section 1.13 of the GRIC Medical Waste Management Ordinance.

8. **Material Containment:** Materials including, but not limited to, solvents or other volatile compounds, paints, acids, alkalies, pesticides, fertilizer and manure shall be processed, stored, used and transported in such a manner and by such means that they will not unreasonably evaporate, leak, escape or be otherwise discharged into the ambient air so as to cause or contribute to air pollution.

9. **Modifications:** The Permittee shall notify the Director of the GRIC Department of Environmental Quality (DEQ) before making any physical, operational or process changes, replacements or additions to the source.

10. **Odors:** The Permittee shall not emit gaseous or odorous air contaminants from equipment, operations or premises under his control in such quantities or concentrations as to cause a nuisance.

11. **Operations:** The Permittee shall operate all equipment and processes in accordance with these permit Conditions, an approved Operations and Maintenance Plan and all applicable requirements of the GRIC Medical Waste Management Ordinance GR-04-02, Title 17, Chapter 9.

12. **Record Keeping:** The Permittee shall maintain accurate records as required by these Permit Conditions and the GRIC Medical Waste Management Ordinance. These records shall be kept in a form which allows easy verification of compliance with these Permit Conditions and the ordinance.

    All records shall be kept for a minimum of five years, except where specifically noted in this permit.

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All records required by this Permit shall be made available for inspection upon request by a representative of the DEQ.

Upon request, the Permittee shall furnish to the Director copies of records required to be kept under this permit.

13. **Renewal:** The Permittee shall file an application for a permit renewal at least six months, but not more than 18 months, before the expiration date of this Permit.

14. **Reopening For Cause:** This Permit shall be reopened or revised prior to expiration under any of the following conditions:
    A. either the DEQ Director or the Administrator of the United States Environmental Protection Agency (Administrator) determines that this Permit contains a material mistake or that inaccurate statements were made in establishing the emission standards or other terms or conditions of this Permit, or
    B. either the Director or Administrator determines that this Permit must be revised or revoked to assure compliance with the applicable requirements,or
    C. Additional requirements under the Clean Air Act become applicable to the source.

15. **Reporting:** If notified, the Permittee shall submit an annual emissions inventory report to the DEQ. The report shall summarize the activities and air pollution emissions from the facility during the previous calendar year. The report shall be filed on a form supplied by the DEQ and shall be due by April 30 or 90 days after the Department makes the forms available, whichever is later.

    The Permittee shall furnish to the DEQ, within a reasonable time, any information that the Director may request in writing to determine whether cause exists for revising or revoking and reissuing this Permit or to determine compliance with this Permit.

    Upon request, the Permittee shall furnish to the DEQ copies of records required to be kept under this Permit.

    The Permittee shall file any additional reports required by the Director in a complete and timely manner.

16. **Right To Entry:** The authorized representative of the DEQ, upon presentation of credentials, shall be permitted:

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A. to enter upon the premises where the source is located or emissions-related activity is conducted, or in which any records are required to be kept under the terms and conditions of this Permit, and
B. to have access to and copy, at reasonable times, any records required to be kept under the terms and conditions of this Permit, and
C. to inspect any source, at reasonable times, equipment (including monitoring and air pollution control equipment), practices or operations regulated or required in this Permit, and
D. to sample or monitor, at reasonable times, substances or parameters for the purpose of assuring compliance with this Permit or other applicable requirements, and
E. to record any inspection by use of written, electronic, magnetic, and photographic media.

No claim of confidentiality for trade secrets or commercial information available to the Permittee can limit the scope of or otherwise interfere with an on-site inspection by a representative of the DEQ.

17. **Rights and Privileges:** This Permit does not convey any property rights nor exclusive privileges of any sort.

18. **Severability:** The provisions of this Permit are severable, and, if any provision of this Permit is held invalid, the remainder of this Permit shall not be affected thereby.

19. **Start-up Notification:** The Permittee shall give written notification to the Department, at least 7 days but no more than 30 days before the initial start-up of any new equipment or process. Start-up shall be defined as the use of any equipment or process covered by this Permit. However, startup shall not be considered as having occurred if the equipment or process is operated solely for the purpose of calibration or test runs. This startup notification does not apply to processes or equipment recognized by the Department of Environmental Quality as being trivial or insignificant activities.

20. **Temporary Equipment:** The Permittee shall notify the Director and obtain appropriate approval, prior to the installation or operation of any temporary or contractor operated equipment not covered by this Permit.

SPECIFIC CONDITIONS:

21. **Alternative Treatment Technologies:** This permit authorizes the treatment of hospital/medical/infectious waste by autoclaving. The use of an alternative treatment technology requires a modification of this permit and will be subject to

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the submission of the information prescribed by Section 22 of this permit and a modification approval procedure that is the same as that for a new permit.

22. **Information Required for Approval of an Alternative Treatment Technology:** In order to obtain approval for an alternative treatment technology, the Permittee shall submit to the DEQ all of the following:

A. The technology's manufacturer or company name and address.
B. A description of the alternative medical waste treatment method.
C. A list of any other states in which the treatment method is used, including a copy of any state approvals.
D. A description of by-products generated as a result of the alternative treatment method.
E. A certification statement that the contents of the application are true and accurate to the knowledge and belief of the applicant.
F. Written documentation demonstrating that the alternative medical waste treatment method is capable of compliance with the treatment standards in the Ordinance for the type of waste treated. The manufacturer shall employ a laboratory independent of any oversight activities by the manufacturer to provide this analysis.
G. The manufacturer's equipment specifications for the alternative medical waste treatment method, for which approval is sought including all of the following:
    a. Unit model number, or serial number.
    b. Equipment specifications that identify the proper type of biohazardous medical waste to be treated by the equipment and any design or equipment restrictions.
    c. Operating procedures for the equipment that ensure the equipment complies with the treatment standards prescribed in ordinance GR-04-02 for the type of waste treated.
    d. Instructions for equipment maintenance, testing, and calibration that ensure the equipment complies with the treatment standards prescribed in ordinance GR-04-02 for the type of waste treated.

23. **Financial Responsibility:** Prior to issuance or renewal of this permit for a hospital/medical/infectious waste treatment facility, the Department of Environmental Quality shall require proof of financial responsibility in the amount of $1,000,000 for closure and post-closure or such other amount as the permittee can demonstrate, to the satisfaction of the Director, using financial information consistent with generally accepted accounting practices, that the amount is sufficient to cover all closure and post-closure costs under any reasonable worst case situation. The financial mechanism used may include, but is not limited to, the following: financial statements, corporate guarantees,

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insurance, letters of credit, trust funds, escrow accounts, and/or surety bonds. The financial mechanism must be approved by the Department of Environmental Quality and shall remain in place throughout the term of the permit.

No later than January 15th of each year, the permittee shall file with the Department of Environmental Quality an annual proof of financial responsibility describing the specific financial mechanism then in effect.

24. **Waste Management Plan:** The Permittee shall prepare an approvable waste management plan and submit it to the Department of Environmental Quality within six (6) months from issuance of this Permit. The waste management plan shall identify both the feasibility and the approach to separate certain components of solid waste from the health care waste stream in order to reduce the amount of waste treated. A waste management plan may include, but is not limited to, elements such as paper, cardboard, plastics, glass, battery or metal recycling; or purchasing recycled or recyclable products. A waste management plan may include different goals or approaches for different areas or departments of the facility and need not include new waste management goals for every waste stream. The Waste Management plan shall be made available for inspection upon request by the Department of Environmental Quality.

25. **Infectious Waste Segregation and Minimization:** The permittee shall comply with the following waste segregation and treatment procedures:

    A. Infectious waste shall not be compacted, ground, or otherwise physically altered prior to treatment unless such alteration is an integral part of the treatment process and occurs within the treatment equipment.

    B. A hospital/medical/infectious waste treatment facility shall not accept waste for treatment unless the hospital/medical/infectious waste is segregated, packaged and managed in accordance with the GRIC Medical Waste Management Ordinance and/or any other applicable federal regulations.

26. **General Treatment Requirements:**

    A. All hospital/medical/infectious waste transported onto the Community and destined for treatment at a hospital/medical/infectious waste treatment facility within the Community shall be treated at a hospital/medical/infectious waste treatment facility inspected and issued a permit by the GRIC Department of Environmental Quality.

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B. There shall be no disposal of any hospital/medical/infectious waste or its residue in any landfill or open dump on lands within the exterior boundaries of the Community.

27. **Packaging:** The Permittee shall not transport or accept hospital/medical/infectious waste that is not packaged in either of the following:

A. A red disposable plastic bag that is:

1. Leak resistant.

2. Impervious to moisture.

3. Of sufficient strength to prevent tearing or bursting under normal conditions of use and handling.

4. Sealed to prevent leakage during transport.

5. Puncture resistant for sharps.

6. Conspicuously labeled with one of the following: "INFECTIOUS WASTES"; "BIOHAZARD"; or with the International Biohazard symbol and the word "BIOHAZARD."

7. Placed in a secondary container. This container shall be constructed of materials that will prevent breakage of the bag in storage and handling during collection and transportation and bear the universal biohazard symbol. The secondary container may be either disposable or reusable.

B. A reusable container that bears the universal biohazard symbol and that is:

1. Leak-proof on all sides and bottom, closed with a fitted lid, and constructed of smooth, easily cleanable materials that are impervious to liquids and resistant to corrosion by disinfection agents and hot water.

2. Used for the storage or transport of hospital/medical/infectious waste and cleaned after each use unless the inner surfaces of the container have been protected by disposable liners, bags, or other devices removed with the waste. "Cleaning" means agitation to remove visible particles combined with one of the following:

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a. Exposure to hot water at a temperature of at least 180 degrees Fahrenheit for a minimum of 15 seconds.

b. Exposure to an EPA-approved chemical disinfectant used under established protocols and regulations.

c. Any other method that the Department determines is acceptable, if the determination of acceptability is made in advance of the cleaning.

The Permittee shall handle any container used for the storage or transport of hospital/medical/infectious waste that is not capable of being cleaned as described in (2)(b) above or that is disposable packaging, as hospital/medical/infectious waste.

The Permittee shall not use reusable containers described in (2) above for any purpose other than the storage of hospital/medical/infectious waste.

The Permittee shall not reuse disposable packaging and liners and shall manage such items as hospital/medical/infectious waste.

28. **Storage:** The Permittee shall store all hospital/medical/infectious waste in accordance with the GRIC Medical Waste Management Ordinance and a Waste Management Plan approved by the Department of Environmental Quality pursuant to Section 3.1 of the Ordinance and as required in permit condition #24.

29. **Contaminated Materials:** All materials placed in a collection vehicle with infectious waste such as products, empty containers, and container handling equipment shall be treated as contaminated materials and deemed infectious waste. Such waste shall be disinfected and/or disposed of in accordance with the applicable sections of the ordinance prior to use or delivery. Materials that cannot be properly disinfected must be handled, hauled, treated, and disposed of as infectious waste.

30. **Unloading:** Hospital, Medical or Infectious Waste shall only be unloaded at an inspected, approved and permitted hospital/medical/infectious waste treatment facility. Except as provided for in section 5.1 (A) and 6.3 (C) of the GRIC Medical Waste Management Ordinance, all unloading shall be conducted in accordance with a Department of Environmental Quality-approved Operations and Maintenance Plan as required by Section 1.6 (A)(2)(c) of the ordinance GR-04-02 which shall include procedures for the unloading of hospital/medical/infectious waste at the treatment facility. Under emergency conditions, such as severe weather conditions equipment breakdown, or an accident, unloading may occur for the purpose of truck to truck transfer of the

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hospital/medical/infectious waste, to ensure the wastes are ultimately unloaded at an approved treatment facility.

31. **Reports:** The Permittee shall submit a written report, no later than May 1 of each year, to the Department of Environmental Quality summarizing the quantity of hospital/medical/infectious waste accepted throughout the previous year and by what processes the waste was treated. Quantities of waste received may be estimated using either weight of each container received or the number of containers accepted. The hospital/medical/infectious waste treatment facility shall maintain the above information on file for a minimum of three years.

32. **Waste Tracking:** The permittee shall not accept waste at the treatment facility unless a tracking document containing the following requirements accompanies the load. The tracking document shall include but not be limited to:

    A. A signature from the transporter documenting receipt of the hospital/medical/infectious waste from the generator. The Permittee shall keep a copy of the tracking document for one year from the date of acceptance from the transporter/generator. The tracking document shall contain all of the following information:

        1. Name and address of the generator, transporter, and hospital/medical/infectious waste treatment, storage, transfer, or disposal facility, as applicable.

        2. Quantity of hospital/medical/infectious waste collected by weight, volume, or number of containers.

        3. Identification number attached to bags or containers.

        4. Date the transporter accepts waste from the generator.

    B. If the permittee is also the transporter, the permittee/transporter who accepts hospital/medical/infectious waste from a generator shall leave a copy of the tracking document described above with the person from whom the waste is accepted. The Permittee/transporter shall ensure that a copy of the tracking document accompanies the person who has physical possession of the hospital/medical/infectious waste. Upon delivery to the treatment facility, the permittee/transporter shall obtain a copy of the tracking document, signed by a person representing the receiving facility, signifying acceptance of the hospital/medical/infectious waste.

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C. The Permittee shall have on hand written procedures stating that hospital/medical/infectious waste is to be accepted from a transporter only if the waste is accompanied by a tracking form and written procedures that require compliance with both of the following:

1. The Permittee/transporter or authorized agent shall sign the tracking document and keep a copy of the acceptance documentation for one year.

2. If a hospital/medical/infectious waste container is damaged or leaking upon arrival at the permitted facility, improperly labeled, or otherwise unacceptable, the permittee shall do one of the following:

a. Reject the waste and return it to the generator.

b. Accept the waste and transfer it directly from the transporting vehicle to the treatment processing unit.

c. If the waste will not be treated immediately, repackage the waste for storage.

33. **Transportation Plan:** The Permittee shall have a written transportation plan (the "plan") approved by the Department of Environmental Quality for the collection, transportation, and delivery of hospital/medical/infectious waste to the treatment facility. The plan shall include, but not be limited to, requirements of Sections 4.0 and 5.0 of the GRIC Medical Waste Management Ordinance. The plan shall also comply with the following:

A. The plan shall be approved by the Department of Environmental Quality as part of this permit.

B. Each collection vehicle owned/operated by the Permittee shall carry a copy of the approved plan at all times.

C. Each collection vehicle operator and all persons involved in collection, handling and transportation of hospital/medical/infectious waste shall be trained in the requirements of the plan.

D. The plan and training shall include but not be limited to:

1. The proper and safe operation of the hospital/medical/infectious waste collection vehicle;

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2. The standards and safety precautions for collecting, transporting and unloading hospital/medical/infectious waste;

3. A description of the characteristics and hazards of hospital/medical/ infectious waste;

4. The procedures to follow in the event a person is contaminated by hospital/medical/infectious waste;

5. The procedures to follow in the event of a spillage of hospital/medical/ infectious waste including but not limited to cleanup and disinfection of contaminated surfaces;

6. The procedures to follow in the event that a load of hospital/medical/infectious waste becomes hot, burning and/or reactive.

7. The procedures to follow in the event unauthorized waste material is detected in the collection containers for hospital/medical/infectious waste;

8. The procedures to follow to complete the manifest and to maintain other records required under this Ordinance, and any other federal or Community regulations;

9. The procedures to follow to properly disinfect the hospital/medical/ infectious waste collection vehicle.

34. **Vehicle Construction, Maintenance and Identification Requirements:** The Permittee shall ensure that all vehicles transporting hospital/medical/infectious wastes to the permitted facility are designed in accordance with the following requirements:

A. Insure that the cargo department is fully enclosed with lockable doors.

B. Insure that the cargo department be non-porous and impervious to hospital/medical/infectious waste and physically separated from the driver's compartment.

C. Be bermed or sealed to preclude leakage of liquids from the enclosed areas.

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D. Provide unrestricted access to the hospital/medical/infectious waste containers for purpose of loading and unloading.

E. Contain no capability for compacting hospital/medical/infectious waste.

F. Ensure that the cargo compartment of a vehicle dedicated to the transportation of hospital/medical/infectious waste can be secured to limit access to unauthorized persons at all times except during loading and unloading. In addition, the cargo compartment shall be constructed in compliance with one of the following:

1. Have a fully enclosed, leak-proof cargo compartment consisting of a floor, sides, and a roof that are made of a non-porous material impervious to hospital/medical/infectious waste and physically separated from the driver's compartment.

2. Haul a fully enclosed, leak-proof cargo box made of a non-porous material impervious to hospital/medical/infectious waste.

3. Tow a fully enclosed leak-proof trailer made of a non-porous material impervious to hospital/medical/infectious waste.

The Permittee shall also ensure that all vehicles transporting hospital/medical/infectious wastes to the permitted facility:

G. Be maintained in a mechanically safe condition.

H. Be maintained in compliance with all requirements in Section 5.7 of the GRIC Medical Waste Management Ordinance.

I. Comply with all applicable noise control, emission control and safety inspection laws.

All vehicles transporting hospital/medical/infectious wastes to the treatment facility shall comply with all applicable Federal Department of Transportation ("DOT") requirements.

35. **Autoclave Facility Operations:** Any permittee operating an autoclave facility as its form of treatment shall:

A. Develop a screening procedure to ensure that no radioactive materials, as defined by the Atomic Energy Act of 1954 (42 U.S.C. 2014(e)(2)), enter the facility.

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B. Develop a procedure to verify that materia s unloaded are consistent with the manifest.

C. Develop a procedure to ensure that hospital/medical/infectious waste is unloaded in an appropriate receiving area

D. Submit in writing to the Department of Environmental Quality, procedures that will be employed to comply with (A), (B) and C) above. These procedures shall be included as part of the Operation and Maintenance Plan in accordance with Section 1.6 of the GRIC Medical Waste Management Ordinance.

36. **Autoclave Treatment Permit:** Any applicant submitting a permit application to the Department of Environmental Quality for an autoclave treatment facility shall submit an operations and maintenance plan that describes testing procedures that will demonstrate compliance with (A) and/or (B) below. After initial start-up of the autoclave, documentation and test results shall be submitted monthly to the Department of Environmental Quality demonstrating that the autoclave treatment facility or method meets the following requirements:

A. Destroys and eliminates all viable pathogen cells; and/or

B. Reduces viable spores by 95%.

37. **Tests for Autoclave Treatment Methods:** At least once a month, the permittee shall conduct performance tests and submit the results to the Department of Environmental Quality using the organisms listed below to demonstrate that the autoclave treatment method consistently meets the industry treatment performance standards or the requirements of the Department of Environmental Quality for all organisms:

A. The test to measure organism treatment performance for autoclave treatment methods using heat treatment shall incorporate the use of the organism bacillus stearothermophilus;

B. The test to measure organism treatment performance for autoclave treatment methods not using heat treatment shall incorporate the use of sampling of the most resistant organisms including but not limited to:

1. Mycobacterium.

2. Gram negative species, including Salmonella and Shigella.

3. Staphylococcus spp.

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4. Streptococcus spp.

5. A representative sampling of pathogenic parasites.

C. The Department of Environmental Quality shall not approve the use of autoclave treatment methods until the organism destruction performance test results demonstrate that the autoclave treatment method consistently meets accepted industry treatment performance standards or the requirements of the Department of Environmental Quality for all organisms.

38. **Waste Limitations/Prohibitions:** The Permittee shall be limited to the treatment of 3,000,000 pounds of Hospital/Medical/Infectious Waste monthly. The Permittee shall not treat the following types of materials:

A. Industrial waste and sludges.

B. Hazardous wastes as defined by RCRA, 40 C.F.R., Parts 260, et. seq.

C. Toxic materials as regulated by the Toxic Substances Control Act (15 U.S.C. § 2601 et. seq.).

D. Radioactive Waste as defined by the Atomic Energy Act of 1954 (42 U.S.C. § 2014(e)(2)).

E. Incendiary devices and explosives.

F. Off specification drugs.

G. Regulated drugs.

H. Chemotherapy waste.

I. Pathological waste.

39. **Storage:** The permittee shall comply with the following waste storage requirements:

A. The Permittee shall treat all hospital/medical/infectious waste within 24 hours of delivery to the treatment facility or place the waste in refrigerated storage for a period not to exceed five days prior to treatment. The

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refrigerated waste shall be maintained at a temperature of 40 degrees Fahrenheit or less.

B. All hospital/medical/infectious waste placed in storage shall be enclosed in identifiable containers and accompanied by a manifest consistent with DOT shipping requirements. The manifest shall display the date and time the waste was entered into storage.

C. Hospital/medical/infectious waste in transit to a treatment facility that is delayed due to vehicle failure shall be transferred to another vehicle and shipped immediately unless the original vehicle maintains the waste at a temperature of 40°F or less. The hospital/medical/infectious waste at no time shall be allowed to remain standing along a road side or other temporary site within the Community in excess of 24 hours.

40. **Shipping Containers:** Multiple use containers are permissible if they are sanitized and decontaminated before return shipment. A detailed decontamination process shall be included in a Department of Environmental Quality-approved Operation and Maintenance Plan.

41. **Employee Health and Safety:** The permittee shall comply with the following health and safety requirements:

A. All employees that handle hospital/medical/infectious waste shall receive appropriate health and safety training in accordance with 29 C.F.R. 1910.1030 annually and shall be provided with appropriate protective clothing, gear, and equipment.

B. Any employee exposed to or thought to be exposed to infectious waste shall record the incident in accordance with established Occupational Safety and Health Administration requirements. Copies of injury logs shall be maintained and made available for inspection upon request by the appropriate GRIC Department.

42. **Manufacturer's Specifications:** A copy of the information and literature supplied by the manufacturer of treatment equipment shall be easily accessible for use and review by personnel responsible for operation and maintenance of the equipment. This literature shall include the manufacturer's design specifications, performance guarantee, piping and instrumentation diagram, process flow sheet, material balance information for normal and maximum design conditions, and an instruction manual for the operation and maintenance of all equipment within the facilities.

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43. **Record Keeping:** The Permittee shall maintain records of autoclave operation, waste handling and transportation in accordance with the applicable sections of the GRIC Medical Waste Management Ordinance. Such records shall include but not be limited to:

A. Autoclave performance test results (spore testing results).

B. Quantity or volume of waste treated on a monthly basis.

C. Fuel usage records (natural gas).

D. Waste transportation records.

E. Any other applicable record keeping requirements.

44. **Maintenance Records:** The Permittee shall maintain records of maintenance activities that provide an operating history of all equipment. Such records shall indicate all occurrences of equipment failure including, but not limited to: where, when and how often the equipment has failed; recurring problems; and remedial actions taken and their efficacy.

These records may be used in conjunction with a spare parts inventory to maintain and update a current list of available parts and the costs of these parts.

45. **Allowable Emissions:** The permittee shall not allow emissions into the atmosphere in excess of any of the following:

	Daily Emission Limits	Annual Emission Limit Lbs/yr
Carbon Monoxide (CO)	5.5 lbs/day	2,000 lbs/yr
Oxides of Nitrogen (NOx)	27 lbs/day	10,000 lbs/yr
Particulates 10 Microns and Smaller (PM_{10})	5.5 lbs/day	2,000 lbs/yr
Volatile Organic Compounds (VOCs)	5.5 lbs/day	2,000 lbs/yr

Emissions limits were calculated utilizing the emission information submitted with the permit application. This facility operates a single external combustion boiler

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with an input capacity of 4.2 MMBTU/hr. This boiler is fired on natural gas and has no backup fuel available. The emission limits in the chart above were established using the information provided by the Permittee. The emissions data provided was doubled allowing for expansion of the facility. The sum was rounded up to the nearest ton.

46. **Visible Emissions:**
The Permittee shall not discharge into the ambient air from any single source of emissions any air contaminant, other than uncombined water, in excess of 20% opacity.

47. **Operational Limitations:** The Permittee shall use only natural gas, butane and propane as fuels for boilers and heaters.

48. **Dust Control Plan:** The Permittee shall submit a dust control plan within 60 days of issuance of this permit.

49. **Sovereign Authority:** The purpose of this Permit is to protect the health, safety and welfare of the members and lawful residents of the Gila River Indian Community and the surrounding area of the Community by preventing the spread of disease, the creation of nuisances, damage to property, and by minimizing environmental pollution through regulating the management of hospital/medical/infectious waste within the exterior boundaries of the Community.

The Community through the Community Council has the inherent authority and the absolute right to take those actions necessary within the external boundaries of the Gila River Indian Reservation (the "Reservation") to protect the health of its members and their environment.

The Community enacts this Permit to regulate the management or treatment of hospital/medical/infectious waste, which if improperly managed poses a direct and serious threat to the health of Community members as well as their environment.

The privilege of operating a facility for the management and treatment of hospital/medical/infectious waste on land within the external boundaries of the Reservation is granted only on the condition that the owner or operator of the facility has consented to the regulation of the facility's activity by the Community.

Further, the Community regulates these activities as prescribed under *Montana v. United States,* 450 U.S. 544 (1981), which extends the authority of the

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Community to regulate activities of non-members: (1) where the non-members enter into commercial dealing, contracts, leases or other arrangements that create a consensual relationship between the non-member and the Community; (2) the conduct of the non-member threatens or affects the political integrity, economic security or health and welfare of the Community; and (3) the Community provides to non-members the privileges and benefits of tribal services or other advantages of civilized society

50. **Annual Compliance Certification:** The Permittee shall file an annual compliance certification with the GRIC Department of Environmental Quality (DEQ). The compliance certification shall be filed on a form and in the manner specified by the Director of the GRIC Department of Environmental Quality.

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EQUIPMENT LIST

1. 1-Autoclave- Manufacture - 1994 R.E. Baker 5020 (5ft. X 20ft) horizontal autoclave built per ASME code for unfired pressure vessels. Vessel shell thickness of .437 inches with a maximum of 2000 pounds per cycle capacity and a total of 1,339,200 per month rated capacity.

2. 1-Autoclave- Manufacture - 1994 R.E. Baker 5016 (5ft. X 16ft) horizontal autoclave built per ASME code for unfired pressure vessels. Vessel shell thickness of .437 inches with a maximum of 1600 pounds per cycle capacity and a total of 1,574,000 per month rated capacity.

3. 1- Natural gas fired boiler Model 4-5-508-S150-GP-G with a heat input capacity of 4.2 MMBtu/hr. The design pressure is 150 PSI steam with an average per day usage of 300 therms.

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