Attachment #1

Waste Management Procedures

I. WASTE MANAGEMENT PROCEDURES

1.0 DESCRIPTION OF WASTE

A. Acceptable Wastes

The medical waste processed at the facility is solid waste generated in healthcare or healthcare-related facilities, animal care, and research, pharmaceutical manufacturing and distribution facilities. The facility also processes special waste streams approved by the Division of Waste Management and Radiation Control.

Typical wastes include paper, but are not limited to: plastic, cloth, diagnostic cultures, human and animal tissues generated by hospitals, nursing homes, clinics, and other medical, dental and veterinary facilities; and expired and unused pharmaceuticals, and DEA controlled substances.

Regulated medical waste is generally defined as any waste that can cause an infectious disease or that reasonably can be suspected of harboring human pathogenic organisms. It is also known as red bag waste, infectious waste, potentially infectious waste, biomedical waste, and biohazardous waste. Regulated medical waste includes single-use disposable items such as needles, syringes, gloves, and laboratory, surgical, emergency room and other supplies, which have been in contact with blood, blood products, bodily fluids, cultures or stocks of infectious agents.

The following wastes are acceptable at the Stericycle facility:

Wastes, including regulated medical wastes that are generated in the diagnosis, treatment, or immunization of humans or animals or related research, in the production/testing of biological materials (vaccines), and in the preparation and administration of chemotherapy waste, including waste defined by federal, state and local laws as medical, biohazardous, biomedical, infectious, and other wastes identified below:

1 Biohazardous waste including pathological waste:

2 Laboratory waste including:

- Cultures – medical/pathological
- Cultures/stocks of infectious agents – research and industrial
- Vaccines and related waste generated in the production thereof

- Microbiologic specimens and related waste

3 Surgical specimens/tissues, contaminated animal parts, tissues, carcasses or body fluids

4 Fluid blood/blood products, containers/equipment and exudates, secretions, body fluids including, but not limited to, isolation waste

5 Sharps waste including, but not limited to:

- Needles, syringes, blades, needles with attached tubing, disposable surgical instruments
- Medical/laboratory glassware including slides, pipettes, blood tubes, blood vials, contaminated broken glass

6 Other medical waste as required by the infection control staff, physician, veterinarian or local health officer to be isolated and handled as regulated medical waste.

7 Trace-contaminated chemotherapy (antineoplastic/cytotoxic drugs) waste:

- Gowns, gloves, masks, barriers, IV tubing, empty bags/bottles, needles and syringes, empty drug vials, spill kits, and other items generated in the preparation and administration of antineoplastic drugs

8 Other Wastes:

- Expired and unused pharmaceuticals
- DEA Controlled substances
- Confidential records / proprietary packaging and products
- Contraband (e.g. police evidence)
- Agriculture (APHIS) Waste, including Regulated Garbage from domestic and international sources
- Outdated, off-specification or unused consumer commodities
- Recalled or outdated disposable medical equipment or supplies

9 Sharps and I.V. tubing and bags/bottles which are being discarded and are considered incidental to preparation and administration of the drugs.

10 Intravenous tubing, bags, bottles, vials and syringes used in chemotherapy preparation and administration that contain only residual amounts of antineoplastic drugs.

11 "Municipal solid waste" as defined by UAC R315-301-2(47) contaminated with potentially infectious materials

12 Other non-hazardous waste as approved by the Division of Waste Management and Radiation Control.

13 Special wastes (as defined by UAC R315-301-2(71) include):

- Furniture contaminated with potentially infectious materials
- Infectious waste
- Dead animals

B. Estimated Annual Quantities:

The hourly incineration rate for this incinerator shall not be greater than the three-hour capacity allowed under the existing Air Quality Permit. Initial annual capacity of the incinerator calculated to be 8103 tons as base capacity for the purpose of compliance with UAC 19-6-108(1)(b)

C. Areas Served by Facility:

This facility serves the greater Salt Lake City area as well as the entire state of Utah. As part of Stericycle's business network, this facility also services various markets throughout North America.

D. Non-conforming Waste:

Non-conforming waste will not be accepted for treatment and includes:

1. Chemical materials which are regulated as hazardous waste as defined by RCRA or UAC Subsection 19-6-102(9) and Section R315-261-3;

2. Complete human remains (e.g., that include head and/or torso), cadavers, and fetal remains; (Stericycle will not accept recognizable fetal remains);

3. Compressed gas cylinders and canisters (including aerosol cans);

4. Radioactive materials (as outlined in Attachment 3, Waste Acceptance Protocol);

5. Explosive materials;

6. Bulk cytotoxic materials;

7. Full or partially full I.V. bottles/bags and vials of chemotherapy agents that constitute a hazardous waste.

An example of Stericycle's Waste Acceptance Protocol is provided in Attachment 3.

Any waste that is outside of the bounds of approved wastes must go through prior authorization by the State.

E. Waste Tracking:

Stericycle, Inc. currently employs a tracking system in which waste containers are labeled with the generators' unique codes and tracked.

Containers of waste are labeled and entered into the waste tracking system. Containers are picked up from the customer and taken to Stericycle treatment and/or logistics centers where the waste is accordingly treated or forwarded for treatment. Waste that is disposed via incineration at Stericycle is received and entered into our tracking system as part of the incineration process, allowing tracking of waste from pickup at the generator to final treatment.

F. Waste Screening Procedures and Policies:

Waste acceptance, screening procedures and guidelines are outlined in Attachment 3, *Waste Acceptance Protocol.*

2.0 WASTE HANDLING AND STORAGE

A. Container Management:

1. Waste Receiving/Storage:

Typically, drivers load waste designated for management at Stericycle that is packaged at customers' facilities. Waste is transported to Stericycle's facility. Collection and transport vehicles arriving at the facility are directed either to an unloading dock or to a holding area. When directed or scheduled, vehicles are moved from the holding area to the unloading docks.

Waste received will be disposed within 30 days from the day of pickup as listed on the shipping manifest.

If infectious waste is to be stored longer than seven days prior to processing, it must be stored at or below 40 degrees F (5 C).

Waste received may be determined by Stericycle management to be consolidated and/or shipped to other facilities based on capacity, costs, customer needs, company policy, and/or waste properties.

2. Requirements to control pests and disease vectors are outlined in Attachment 12.

B. Container Management Practices:

1. Container Flow in Management Area:

Incoming waste containers are removed from vehicles onto the dock allowing adequate aisle space for workers to move about the receiving area and to allow for periodic cleaning.

Containers of waste for processing or transfer may be staged on the south dock, in the building, or on the truck. Containers of waste may not be staged outside of these areas. Closed containers may be transferred from the processing area of the building for staging in the dry storage or other indoor areas of the building.

Waste received for incineration is weighed and screened for radiation. (Waste received for transfer to an off-site facility is also entered into the waste tracking system.)

When non-conforming waste is encountered (e.g., hazardous waste, waste rejected for radioactivity, compressed gas containers, containers of chemicals, or other non-conforming waste), the container of non-conforming waste is logged into the operating record as non-conforming waste and is taken to the non-conforming waste storage area to await further management in accordance with requirements.

2. Container Handling:

Containers and/or their waste contents are loaded into the incinerator using loaders, forklifts, conveyors, and/or manually. Reusable containers and lids may be washed out above the

incinerator feed system, within a designated container wash area, or using a container wash system.

3. Decanting of Containers:

   Containers of waste may be decanted/consolidated into other containers (e.g., macro bins) for subsequent management either on site or at another facility following transport.

4. Reusable Containers

   Rigid reusable containers are available to Stericycle customers as a means of reducing exposure to blood borne pathogens. Reusable containers reduce the risk from leaking, soiled and/or mis-packaged boxes. Reusable containers also reduce the risk of needle-stick and sharps-type injuries.

5. Disinfection of Reusable Containers

   The reusable containers are disinfected after each use. Reusable containers are disinfected as outlined in 5.1, Attachment 12, Control of Disease Vectors.

6. Waste Containers

   Various waste containers (of different kinds, sizes, and configurations) of reusable and disposable (incinerable) containers may be used at the facility that meet Federal DOT requirements under 49 CFR and which have been approved by Stericycle for use.

C. Removal of Liquids:

The discharge of liquid and semi-liquid wastes to a public sewage system, is acceptable if performed in a manner which does not pose an occupational hazard per the state and or local sewer authority, and OSHA standards for materials that are not prohibited from discharge (e.g., hazardous waste).

Other liquids that are captured as part of the quenching and air quality control processes that are not placed into the quench tank are placed into a holding tank. The contents of the holding tank are periodically pumped into a tanker truck and hauled off-site to an appropriate facility for water treatment and/or disposal.

D. Waste Transportation:

Vehicles used to transport regulated medical waste shall comply with USDOT and applicable local transportation requirements. For personnel training requirements, see Attachment 5.

E. Alternative Waste Handling or Disposal

When the facility is not able to incinerate waste, during periods of outage and as needed to maintain compliance with applicable storage requirements, arrangements will be made for handling and disposal at other Stericycle locations or industry partners that are approved for such management, including arrangements for transport and delivery of waste for treatment to those facilities.

F. Litter Control / Spill Cleanup / Waste Handling

Litter or spillage of liquids is typically contained to the covered concrete floor of the facility within the enclosed structure. Regulated medical waste handling and related activities are completed within the enclosed incinerator facility building.

Floor conditions will be monitored for litter and liquid spillage. If noted in sufficient quantities, the affected areas will undergo litter pickup or other necessary actions to sufficiently clean and/or disinfect the area. These activities will be performed on an as-needed basis as determined and directed by the facility manager or designee(s).

If the litter or liquid spillage meets the definition of a release as outlined in Attachment 10, protocols outlined in Attachment 10 shall be followed.

Stericycle®

REGULATED MEDICAL WASTE ACCEPTANCE POLICY

Stericycle policy requires compliance with all applicable regulations regarding the collection, transportation and treatment of regulated medical waste. Federal Department of Transportation (DOT) Regulations require the generator of regulated medical waste to certify that the packaging and documentation of transported regulated medical waste complies with DOT regulations regarding waste classification, packaging, labeling and shipping documentation. To ensure that neither Stericycle nor the generator of regulated medical waste violates applicable regulations, it is imperative that all parties understand the rules regarding proper identification, classification, segregation and packaging of regulated medical waste. The purpose of this policy is to summarize the minimum requirements for preparing your medical waste for collection, transportation and treatment. Additional facility or state-specific waste acceptance policies may apply based on permit specifications. Please contact your local representative for further information. You may also call (866) 783-7422.

REGULATED MEDICAL WASTE

Stericycle accepts medical waste generated in a broad range of medical, diagnostic, therapeutic and research activities. The term "medical waste" includes biohazardous, biomedical, infectious or regulated medical waste as defined under federal, state or local laws, rules, regulations and guidelines. Except as defined by specific state regulations, this **excludes** RCRA hazardous waste pharmaceuticals, all DEA scheduled drugs including *controlled substances, bulk chemotherapy, waste containing mercury or other heavy metals, batteries of any type, cauterizers, non-infectious dental waste, chemicals such as solvents, reagents, corrosives or ignitable materials classified as hazardous waste under Federal and State EPA Regulations. In addition, Stericycle **cannot accept** bulk liquids, radioactive materials, or complete human remains (including heads, full torsos and fetuses). Stericycle **cannot accept** these excluded materials packaged as regulated medical waste. All lab wastes or materials which contain or have the potential to contain infectious substances arising from those agents listed under 42 CFR 72.3 are strictly prohibited from medical waste by federal law and must be pretreated prior to disposal. Separate protocol and packaging requirements apply for the disposal of non-hazardous pharmaceuticals. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please contact your local representative for details and packaging specifications.

** Un-dispensed from DEA Registrant*

WASTE SEGREGATION AND PACKAGING

The generator is solely responsible for properly segregating, packaging and labeling of regulated medical waste. Proper segregation and packaging reduces the potential for accidental release of the contents and exposure to employees and the general public. DOT regulations require (49 CFR 173.197) that all packages of regulated medical waste be prepared for transport in containers meeting the following requirements: 1) rigid; 2) leak resistant; 3) impervious to moisture; 4) of sufficient strength to prevent tearing or bursting under normal conditions of use and handling; 5) sealed to prevent leakage during transport; and 6) puncture resistant for sharps. All regulated medical waste must be accompanied by a properly completed shipping document (See 49 CFR 172.202).

MANAGEMENT OF NON-CONFORMING WASTE

As required by regulation and company policy, Stericycle employees may refuse containers that are non-conforming because of their contents or are improperly packaged, leaking, damaged or likely to create a risk of exposure to employees or the general public. Any waste found to be non-conforming to this Waste Acceptance Policy identified in route to, or at a Stericycle location, may be returned to the generator for proper packaging and disposal, or may be rerouted for appropriate destruction; this may include improperly marked regulated medical waste which should have been identified for incineration (i.e. pathological, chemotherapy or non-hazardous pharmaceuticals). Proper segregation and packaging is essential to ensure compliant and safe handling, collection, transportation and treatment of regulated medical waste.

STERICYCLE REGULATED MEDICAL WASTE ACCEPTANCE POLICY CHECKLIST

ACCEPTED REGULATED MEDICAL WASTE

- Sharps - Means any object contaminated with a pathogen or that may become contaminated with a pathogen through handling or during transportation and also capable of cutting or penetrating skin or a packaging material. Sharps includes needles, syringes, scalpels, broken glass, culture slides, culture dishes, broken capillary tubes, broken rigid plastic , and exposed ends of dental wires.
- Regulated Medical Waste or Clinical Waste or (Bio) Medical Waste - Means a waste or reusable material derived from the medical treatment of an animal or human, which includes diagnosis and immunization, or from biomedical research, which includes the production and testing of biological products.

ACCEPTED REGULATED MEDICAL WASTE WHICH MUST BE IDENTIFIED AND SEGREGATED FOR INCINERATION

- Trace Chemotherapy Contaminated Waste - RCRA Empty drug vials, syringes and needles, spill kits, IV tubing and bags, contaminated gloves and gowns, and related materials as defined in applicable laws, rules, regulations or guidelines
- Pathological Waste - Human or animal body parts, organs, tissues and surgical specimen (decanted of formaldehyde, formalin or other preservatives as required per hazardous waste rules).
- Non-RCRA Pharmaceuticals - Must be characterized and certified as non-RC RA hazardous material by the generator. Excludes all DEA scheduled drugs, including controlled substances*
- **California Only -** Solidified Suction Canisters - Suction canisters that have been injected with solidifier materials to control liquids or suction canisters made of high heat resistant plastics such as polysulfone

REGULATED MEDICAL WASTE NOT ACCEPTED BY STERICYCLE

- Untreated Category A Infectious Substances
- Complete Human Remains (including heads, full torsos, and fetuses)
- Bulk Chemotherapy Waste
- Mercury-Containing Dental Waste - Non-contact and contact amalgam and products, chairside traps, amalgam sludge or vacuum pump filters, extracted teeth with mercury fillings and empty amalgam capsules
- Any Mercury Containing Material or Devices - Any mercury thermometers, Sphygmomanometers, lab or medical devices
- RCRA Hazardous Pharmaceutical Waste and all DEA Federal and State controlled substances*
- Chemicals - Formaldehyde, formalin, acids, alcohol, waste oil, solvents, reagents, fixer developer, fluorescein
- Compressed Gas Cylinders, Canisters, Inhalers and Aerosol Cans
- Hazardous or Universal Waste - any other waste determined by Federal or State EPA regulations including but not limited to batteries, bulbs, heavy metals, etc.
- Radioactive Waste - Any container with a radioactivity level that exceeds regulatory or permitted limits; lead-containing materials

**Consult Stericycle Representative for specific requirements*

Additional waste acceptance policies may apply based on state or pe rmit specific requirements. Hazardous waste transportation services may be offered in certain geographical locations, under separate contract. Please refer to your local Stericycle Representative for additional information and options for possible hazardous waste handling. For additional information on container and labeling requirements contact our Stericycle Customer Service Department at (866) 783-7422.

Attachment #2

Ash Analysis
and
Management Plan

II. BOTTOM ASH ANALYSIS AND MANAGEMENT PLAN

1.0 SCOPE

This plan applies to the North Salt Lake facility so long as it generates or produces bottom ash.

Bottom ash comes from the combustion system, typically conveyed from the quench.

2.0 REQUIREMENTS

2.1 Characterize and manage bottom ash, including a determination whether the bottom ash is a hazardous waste in accordance with RCRA. Note: Stericycle's bottom ash has consistently been determined to be a non-hazardous waste when applicable rules and guidance (e.g., EPA's SW-846) is applied. This has been verified via periodic sampling and analysis as outlined in this plan.

3.0 ASH ANALYSIS

Ash sampling, analysis, data review, and related procedures and requirements are outlined in the Ash Analysis Plan in Section 4.0, below.

Ash generated on-site shall be characterized to determine whether it is a hazardous waste.

At a minimum, the characterization must include information needed to safely treat, store, or dispose of the waste.

Ash analysis shall be repeated if there is a change in process affecting the waste stream.

Bottom Ash analysis shall be conducted semi-annually utilizing U.S. EPA Methods for the eight (8) RCRA metals and every five years for the full TCLP analysis for organic constituents.

(Note: The most recent five-year, full-TCLP sampling and analysis was completed in 2019.)

Analysis of samples of ash shall be conducted by a Utah-certified laboratory.

4.0 SAMPLE COLLECTION, PRESERVATION, AND HANDLING

Samples shall be collected using this sampling plan.

Ash sampling plan:

Bottom Ash: Take composite bulk sample by collecting ash from four locations from within the discharged ash waste at approximately a two-foot depth. The final composite is recommended to be a minimum of 0.5L (may be more when required by the laboratory).

Recommended final composite sample size is ~0.5L (and may be more when required by the laboratory).

Preservation:

Samples may be refrigerated unless refrigeration results in irreversible physical change to the waste.

When the waste is to be evaluated for volatile organic analytes, care shall be taken to minimize the loss of volatiles. Samples shall be collected and stored in a manner intended to prevent the loss of volatile organic analytes (e.g., samples should be collected in Teflon-lined septum capped vials and, if samples are not immediately transported to the laboratory, they will be stored at 4 C. Samples should not be opened following collection).

Semi-Annual Bottom-Ash Analysis Sampling Plan:

1. When managed as non-hazardous waste, bottom ash shall be sampled at a frequency of once every six months in accordance with Rules R315-316-5: Infectious Waste Treatment and Disposal Requirements.

2. Results of all testing shall be kept on file at the facility and available for inspection for a minimum of three (3) years.

3. If test results are positive for hazardous characteristics or constituents, the facility shall notify the DWMRC Director within two (2) business days of the receipt of results.

(Note: In accordance with SW-846, Chapter Nine, a positive result, especially from a waste stream long determined to be non- hazardous does not automatically mean that the waste stream is characteristically hazardous. See SW-846, Chapter Nine, especially the sections that discuss quality assurance for hazardous waste determinations.)

4. Written notification (of the positive result as mentioned in item 3, above) shall be provided to the DWMRC Director within ten (10) business days.

5. Additional sampling (or resampling) of the bottom ash must occur within one week of receipt of positive results. If the additional sampling (or resampling) shows that the bottom ash is hazardous (in accordance with the quality assurance guidance outlined in SW-846 Chapter Nine), then all the bottom ash from the source container must be disposed at an approved hazardous waste disposal facility. Otherwise, the bottom ash continues to be managed as a non-hazardous waste.

6. For resumption of management of bottom ash as non-hazardous waste, subsequent bins of bottom ash must be sampled and analyzed for TCLP metals until two (2) consecutive bins (or containers) indicate that the ash is not a characteristic hazardous waste. Documentation supporting the non-hazardous-waste determination shall be submitted to the DWMRC Director.

5.0 MANAGEMENT OF FLY ASH WHEN IDENTIFIED AS CHARACTERISTICALLY HAZARDOUS

Note: In accordance with the requirements in Attachment 16, fly ash generated from waste incineration that is determined by the wasteproducer to not be characteristically hazardous shall be safely managed as non-hazardous waste while on site, and the rules for hazardous waste management will not apply. Fly ash that is determined by the permittee to not be characteristically hazardous may be disposed as non-hazardous waste or offered for use as a product and managed accordingly.

Personal Protective Equipment:

Required personal protective equipment must be worn. This includes safety glasses, gloves and any PPE required for the specific waste.

Handling:

Ash is to be placed in designated collection containers (e.g., one-yard Helios Bags or other compliant container) to await disposal. Collection containers shall be handled as outlined in the Fugitive Dust Control Plan, Attachment 10, for the minimization of aerosolized particulate.

Collection containers shall only accumulate in those areas designated as Satellite Accumulation Areas by the facility manager. When collection containers are full, they are to be sealed (closed) and transferred to the Waste Management Area.

Storage:

Collection containers shall be stored in the Waste Management Area.

Collection containers shall be labeled at the time they are placed in the Waste Management Area to include, but not limited to, the date of generation, generator, description of the waste, and the words "HAZARDOUS WASTE".

Hazardous waste shall not be stored in the Waste Management Area for a period greater than 90 days.

Weekly inspections of the Waste Management Area shall be conducted to include, but not be limited to, the length of time waste has been stored, the condition of all containers, the amount of waste stored, and identification of any releases.

Transport/Disposal:

TSD facilities receiving waste from Stericycle shall have all the appropriate permits as required by Federal and State rules. Each shipment ofhazardous waste shall be accompanied by a properly filled out and signed Hazardous Waste Manifest, along with the appropriate labeling and placarding, when applicable.

Each manifest shall be tracked during the transport and destruction process and maintained for a period of 3-years.

6.0 REFERENCES

US Code of Federal Regulations, Title 40, Part 261.

US Code of Federal Regulations, Title 40, Section 262.17 (a)

US EPA, SW-846, Test Methods for Evaluating Solid Waste, Chapter Nine, Sampling Plan (includes guidance and quality assurance for hazardous waste determinations following proper sampling, analysis via standard methods, and reporting of results by laboratories.)

Attachment #3

Waste Acceptance Protocol

III. WASTE ACCEPTANCE PROTOCOL

Stericycle provides its customer information about waste acceptance protocols via person-to-person training, informational materials, and resources provided online, which may include waste-acceptance information and contact information for assistance to customers who have questions about waste acceptance and segregation.

1.0 WASTE ACCEPTED FOR TREATMENT

Attachment 1, Waste Management Procedures, lists wastes that are accepted for treatment.

2.0 NON-CONFORMING WASTE NOT ACCEPTED

Prohibited waste is listed in Attachment 1, Waste Management Procedures. Prohibited waste screening requirements are outlined below:

2.1. Radioactive Waste:

2.1.1. Prior to treatment, containers will be screened using a radiation monitor. Containers with a radiation reading above 30-36 µR/hr will be rejected from treatment.

2.1.2. If radiation is detected by the detector above the screening level, the Radiation Screening Protocol will be followed. (See attached Radiation Screening Protocol.)

2.2 Hazardous Waste:

2.2.1 Hazardous waste, as defined under Utah Administrative Code (UAC) R315-301-2 (30), and PCBs, as defined UAC R315-301-2 (53), will be rejected from treatment and arrangements will be made to return the waste to the generator or forward it to a proper treatment, storage, and/or disposal facility.

Training requirements are outlined in Attachment 5, Personnel Training, and include training on Waste Acceptance Protocol which includes identification of non- conforming waste (waste in hazardous waste containers, waste with hazardous waste labels, compressed gas cylinders, waste in containers with radioactive waste labels, containers of chemicals, etc.)

3.0 PACKAGING OF WASTE

Regulated medical waste received for treatment will be packaged in either reusable plastic containers, in single-use containers that can be incinerated, or other approved containers.

Sharps containers and Gaylord-style boxes may also be received in groups (i.e., palletized). Containers are to meet DOT requirements.

Containers that are leaking or damaged are rejected for further use, disinfected, and incinerated or may be shrink-wrapped and sent to an off-site facility for repair or processing. Spilled material will be appropriately cleaned as outlined in this plan.

4.0 REUSABLE WASTE CONTAINERS

Infection control requirements for reusable containers are outlined in Attachment 13.

5.0 WASTE TRACKING

5.1 System for Tracking Waste:

Waste is received from off-site generators and arrives in containers that are labeled for incineration or for forwarding to other off-site facilities.

Waste shipments received at the facility via a medical waste transporter must be accompanied by a shipping/tracking document (electronic or paper). (See end of Attachment 3 for example of form used that has record of volumes of waste received.)

An electronic tracking system is used to record tracking data. For a description of waste tracking, see 1.0.E, Waste Tracking, in Attachment 1, Waste Management Procedures.

A tracking system administrator addresses discrepancies within the electronic tracking system.

6.0 MANAGEMENT OF NON-CONFORMING WASTE AT THE FACILITY

Wastes that are non-conforming are rejected from treatment.

Procedures for non-conforming waste that inadvertently and/or unexpectedly arrives at the facility:

- The non-conforming waste is rejected from treatment by setting it aside and not placing it on the feed conveyor or processing into subsequent management (i.e., autoclaving at an off-site facility).

- Generator information from the non-conforming waste's container label is written into the log book as part of the operating record, along with the date, and the type of waste non-conformity.

- The facility manager (or designee) is informed about the non-conforming waste.

- The non-conforming waste is labeled in accordance with its non-conformity and the date.

- The non-conforming waste is taken to the non-conforming waste storage area.

- The generator or generator's representative is informed about the non-conforming waste and told that they are to make arrangements for the waste to be returned to them or sent to an appropriate waste management facility. They also are told to take measures to prevent non-conforming waste from being sent. Stericycle works with the generator to make these arrangements and ensure that the non-conforming waste is properly dispositioned. Alternatively, Stericycle arranges for disposition of the non-conforming waste.

- The disposition of the non-conforming waste is recorded in the operating record.

Stericycle·

IN CASE OF EMERGENCY CONTACT: CHEMTREC 1·800-424-9300
CUSTOMER NO. 21132

MEDICAL WASTE TRACKING FORM NUMBER
STANDARD MANIFEST 001-10-06-STD

1. Generator's Name, Address and Telephone Number

CUSTOMER NUMBER | **GENERATOR'S REGISTRATION #**

2A. DESCRIPTION OF WASTE	2B. CONTAINER TYPE	2C. NO.OF CONTAINERS	2D. VOLUME
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
UN3291, Regulated Medical Waste, n.o.s., 6.2, PGII			Cu Ft.
	TOTALS		Cu Fl.

3. Generator's Certification: "I hereby declare that the contents of this c6nsignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations."

X Printed/Typed Name Signature Date

4. TRANSPORTER 1 ADDRESS: Phone#:
Applicable Permit Numbers:

TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

5. INTERMEDIATE HANDLER 2 / TRANSPORTER 2 ADDRESS: Phone#:
Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

6. INTERMEDIATE HANDLER 3 / TRANSPORTER 3 ADDRESS: Phone#:
Applicable Permit Numbers:

INTERMEDIATE HANDLER /TRANSPORTER CERTIFICATION: Receipt of medical waste as described above.

Print/Type Name Signature Date

7. DISCREPANCY INDICATION

D 8A. Designated Facility:	LJ **BB. Alternate Facility:**	☐ **SC. Alternate Facility:**	D **8D. Alternate Facility:**

TREATMENT FACILITY: I certify that I have been authorized by the applicable state agency to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirement outlined in that authorization.

Print/Type Name Signature Date

RADIATION SCREENING PROTOCOL – North Salt Lake, UT

Federal, state and local laws govern the safe handling and disposal of radioactive materials, and it is the intent of Stericycle, Inc., to fully comply with these laws.

It is the policy of Stericycle, Inc., to prohibit the treatment or disposal of medical waste that emits radiation. The procedures associated with this policy are outlined below:

Screening

Stericycle, Inc. will not accept waste for disposal when radiation is detected as outlined in this protocol. All waste containers delivered to the Stericycle, Inc., treatment facility, will be scanned for radiation.

1. Radiation detection (e.g., meters and probes) shall be used to detect radioactivity in each package as part of the weighing and scanning process for incoming waste. If the readout from the radiation detector shows radiation levels greater than 30-36 µR/hr (a multiple of background for a single probe meter), the material will be rejected for treatment, and the facility manager (or designee) will be notified, verbally and/or by log book notation.

2. Containers with radiation lower than the 30-36 µR/hr limit (for a single probe meter) may be accepted for treatment in accordance with normal procedures.

The following procedures will be utilized for waste with radiation levels above these limits:

1. Radiation level between the screening limit and 500 µR/hr

a) Record the date, generator name, and initial radiation reading (in µR/hr) from the radiation detector on the appropriate Radiation Tracking Document.

b) Ensure that the container is strong and that there will be no leakage of the radioactive material during conditions normally incident to management and transportation.

i) Label or mark the outside of the container with the word "Radioactive" or otherwise to communicate that the container is not acceptable for processing.

ii) Place container in the Non-conforming Waste Storage Area (in dry storage adjacent to the Haz Waste storage area)

c) Storage of waste with radioactivity for decay-in-storage is not allowed (per Operations Plan).

d) The generator or generator's representative is contacted, and given the reason for rejecting the material. The generator must arrange transport of the radioactive container back to generator site or to an appropriate location designated by the generator.

Note: State regulations may require the use of a licensed low-level radioactive waste transporter. As applicable, each shipment that is transported to the generator or sent to a generator-designated location must be properly labeled, placarded, and accompanied by a notice, which contains the following information:

- Name of the consignor or consignee

- The following statement: "This package conforms to the condition and limitations specified in 49 CFR 173.421 for exempted radioactive material, limited quantity, NOS, UN2910.

e) Upon rejection of material for radiation, the generator or generator's representative will be reminded and/or informed of the policy of Stericycle, Inc. on not accepting waste with radioactive materials.

2. Level of Radiation Greater than 500 uR/hr

In addition to the requirements in 1., above:

Immediately notify the facility manager (or designee). Isolate and mark the container as radioactive in a storage area within the facility and away from employee activity. Isolate the area (e.g., with a barrier tape) at the point where radiation levels equal background.

a) The generator and transporter are contacted immediately and are given the reason for rejecting the material. The generator must arrange for transportation back to their site or an alternative location. Stericycle, Inc. vehicles are not to be used to transport waste that are screened at or above the 500 μR/hr limit.

b) Facility will complete the appropriate radiation-tracking log.

General Requirements

Waste will only be stored in those situations where the facility is awaiting communication and transportation back to a generator's facility or along to an appropriate disposal and/or management location.

If, while awaiting arrangements for proper transportation back to the generator or to the generator's designated facility, a scan of the container indicates that its contents are below the alarm set point (30-36 μR per hour), the container may be processed, and its disposition noted on the radiation tracking document.

Historically, in the vast majority of instances, due to the medical use of radioactive materials that decay relatively quickly, radiation in waste containers that have initial radiation above the screening limits are seen to decay to acceptable levels prior to completion of the arrangements with a generator that are outlined above. This does not mean that Stericycle may utilize decay in storage. (See 2.c, above.) Radiation re-testing may be done the following business day prior to contacting a generator. Additionally, containers with initially high radiation detected may be re-tested for radiation at any time.

3. Training and Informing Employees

Employees at Stericycle, Inc. will be trained in the specifics of radiation protocol.

RADIATION SCREENING PROTOCOL

(ATTACHMENT)

Radiation Screening Unit Check Protocol:

1. Retrieve check source (can) from its designated radioactive material storage area.

2. Place check source near the radiation detector(s) installed at the weigh station(s).

3. Ensure that each detector's audible alarm sounds and its light illuminates when the meter is above 30-36 μR/hr (for a single-probe meter).

4. Return check source to its designated radioactive material storage area.

5. Record check in the Waste Acceptance Protocol log book on the corresponding Radiation Screening Unit Check form. Note the following:

    a. Check time
    b. Source used (i.e., can)
    c. Alarm light functioning (Yes or No)
    d. Initials

    Note: Comments may also be provided on the form

Stericycle®

RADIATION TRACKING DOCUMENT

(Radiation level between 2x background and 500 μR/hr)

DATE RECEIVED	GENERATOR NAME	Initial Test: RADIATION LEVEL	Re-Test: RADIATION LEVEL	DISPOSITION (include Date Transported Back to Generator, if applicable.)

Rev. July 2015

Stericycle®

RADIATION TRACKING DOCUMENT

(Radiation level greater than 500 μR/hr)

DATE RECEIVED	GENERATOR NAME	Initial Test: RADIATION LEVEL	DATE TRANSPORTED BACK TO GENERATOR OR TO OFF-SITE FACILITY	COMMENTS

Rev. July 2015

Attachment #4

Inspection Procedure

IV. INSPECTION PROCEDURES

1.0 INTRODUCTION

Records or summaries of inspections shall be maintained in the site operating record. Inspection forms are used to record inspections and note the inspection date and the inspector's name or initials.

Deficiencies found that require corrective action will be noted. An inspection may also note other observations and/or recommendations for corrective action. If a repair is immediately correctable (such as by replacing a sign or getting another fire extinguisher) the corrective action may be noted on the form. Corrections made prior to completing the inspection need not be noted as a deficiency. If an item is not applicable, it will be noted on the form along with the reason, if required.

Requirements for the following areas of inspection requirements are provided in this section:

- Daily Inspections
- Weekly Inspections
- Radiation Screening Unit Checks
- Quarterly Inspections

The forms that are used to record inspections shall feature applicable inspection requirements. Example forms are attached.

2.0 FREQUENCY OF INSPECTIONS

The following specifies the minimum required frequency of inspection for each inspection form:

- Daily Inspections
  - Required for each day of operation
- Weekly Inspections
  - Required for each week of operation
- Radiation Screening Unit Check
  - A weekly check of the radioactivity screening instrument for waste being incinerated is required to be completed.
- Quarterly Inspections

- Quarterly inspection requirements to be completed for each calendar quarter

3.0 INSPECTION REQUIREMENTS

- Daily Inspections
  - The following areas are to be observed as part of this inspection:
    - Loading
    - Unloading
    - Sumps
    - Fly Ash Collection & Storage Areas
    - Bottom Ash Collection & Storage Areas
    - Process and Residue Handling Systems

- Weekly Inspections:
  - The following items are to be observed as part of this inspection:
    - Fly ash containers
    - Bottom ash management
    - Waste in non-conforming waste storage area

  For the daily and weekly inspection, as applicable, check/look for leaks, spills, cracks, tears, gaps, damage, proper operation and/or function, corrosion, erosion, integrity, proper labeling/closures, cleanliness, and container stacking stability (items that are or have potential to impact human health and/or the environment).

- Radiation Screening Unit Check
  - Ensure that radioactivity meter responds to the radioactive check source

- Quarterly Inspections
  - The following are to be observed as part of this inspection:
    - Perimeter lights
    - Security fence/wall
    - Warning Signs
    - Spill kit (infectious spills)
    - Spill kit (sodium hydroxide spills)

  - Check/look for:
    - presence, proper function, and integrity
    - spill kits present and properly stocked

If problems are found as a result of an inspection, the problem is noted and the facility manager (or designee) is informed so that corrective action can be provided.

See example inspection forms at the end of Attachment 4.

4.0 CORRECTIVE ACTION

The corrective action steps that will be taken when inspection items are noted to be deficient or in need of correction are that the item will be corrected or repaired within ten (10) days unless additional time is approved by the facility manager (or designee).

EXAMPLE FORM:
ACTUAL FORM USED
MAY VARY

Daily Inspection

& Weekly Walk-Down
North Salt Lake Incinerator Plant

OK Fix Inspection Instructions (what to inspect & acceptable criteria)

___ ___ Loading and unloading areas: Visually check for spills, leaks, cracks, gaps, & damage

___ ___ Incinerator-train equipment (i.e., material feed systems, process and residue handling systems): Visually check for leaks, spills, fugitive emissions, or any irregularity

___ ___ Sump – under the incinerator: Visually inspect for cracks, gaps, damage, liquids or other material and ensure that sump is being pumped daily (that the pumping is free of debris)

___ ___ Sump – under the ash quench : Visually inspect to ensure that the steel debris shield is in place

___ ___ Sump – in the dry storage area: Visually inspect for liquids or other material and that sump is being operated in accordance with County direction

___ ___ Sump – in the truck wash: Visually inspect for cracks, gaps, damage, liquids or other material and that sump drains freely.

Weekly walk down: Visually inspect and check operation visually

___ ___ Fly ash containers and containment systems: Proper labeling, closures, cracks, tears, and/or leaks, stacking stability, bulges, proper placement, and spills

___ ___ Bottom ash collection & storage area: Proper conveyance, general housekeeping

Applicable additional notation for items marked "Fix" above. _____

_____

_____

_____

_____

_____

(Note work order number if additional work needs to be done. Use additional pages, if necessary.)

_____ _____ _____/_____ AM / PM

Inspector Name (print) Inspector Name (sign) Date of Inspection / Time

Stericycle

Example Form: Actual Form Used May Vary

RADIATION SCREENING UNIT DAILY CHECK

DATE	TIME	Alarm Functioning? (YES / NO) Tested with: CAN / OTHER (describe)			CHECK PERFORMED BY: NAME or INITIALS
		Processing Station	Decant Station	Weigh/Transfer Station	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
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		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	
		YES / CAN	YES / CAN	YES / CAN	

EXAMPLE FORM:
ACTUAL FORM USED
MAY VARY

Quarterly Inspection

North Salt Lake Incinerator Plant

OK Fix Inspection Instructions (what to inspect & acceptable criteria)

___ ___ Perimeter lights, warning signs (at entrances), and security fence/wall: Visually inspect for presence, proper function, and integrity

___ ___ HMIWI data recorder: Check for presence and proper operation

___ ___ Scale system: Check for current calibration and verify operation

___ ___ Spill kit (infectious spills): Visually inspect for presence in incinerator process area & for complete inventory (see Spill Kit inventory list)

___ ___ Spill kit (sodium hydroxide spills): Visually inspect for presence in air pollution control area & for complete inventory (see Spill Kit inventory list)

___ ___ Storm water run-on / run-off controls. Check for erosion and sediment moving off site.

___ ___ Check to ensure that fire water system (hydrants), pump system, and fire-suppression system (sprinklers) have been inspected annually as required.

___ ___ Grease trap and/or settling tank: Check for need of removal/disposal.

Date of disposal/removal:___/___/___NA

Applicable additional notation for items marked "Fix" above. _____

_____

_____

_____

_____

_____

_____

_____

(Note work order number if additional work needs to be done.)

_____ _____ _____/_____

Inspector Name (print) Inspector Name (sign) Date of Inspection / Time

Attachment #5

Personnel Training

V. PERSONNEL TRAINING

1.0 INTRODUCTION AND OVERVIEW

This section addresses training requirements for waste management activities at the facility. Training is provided via introductory training programs for new hires and continuing training programs for facility personnel.

Both introductory and continuing training may be provided via online platforms or in classroom settings.

During the first 180 days of employment, new hires may work under supervision of a trained employee until classroom or online training is completed, unless otherwise noted in Table 1.

Annually, a contingency exercise or drill will be conducted that includes implementation of the Contingency Plan, a written evaluation of employees' response to the drill, and a headcount of employees that participated in the drill.

2.0 SCOPE OF TRAINING PROGRAM

2.1 Stericycle Employees

Stericycle employees are categorized as: Plant Workers, Maintenance Technicians, Drivers, Supervisors and Managers.

2.2 Non Stericycle Employees – Temporary Employment Agency

Temporary employees are utilized on an as-needed basis. Temporary employees are typically hired for shorter periods of time.

2.3 Contractors (3rd Party)

Contract workers receive training prior to beginning unsupervised on-site work involving waste. A contractor representative may sign an acknowledgment for required Stericycle training prior to beginning on-site work involving waste.

2.4 Non-Waste Workers, Visitors, Inspectors, etc

Visitors, inspectors, and non-waste workers are escorted as necessary during the course of their site visit.

Visitors, inspectors, and non-waste workers shall not be directly involved in waste handling or waste management activities.

3.0 PERSONNEL TRAINING RECORDS

Training required by this plan is documented either electronically or in manual training record files.

Training records of current personnel (from most recent hire date) must be kept in the operating record. Training records on former employees must be kept for at least three years from the date the employee last worked at the facility.

TABLE 1 – MINIMUM REQUIRED TRAINING TOPICS

(Unless noted, these topics are to be completed as noted and prior to an employee beginning unsupervised, waste-related work, and annually thereafter, as applicable.)

TRAINING TOPIC	Driver	Driver Supervisor/ Manager	Plant Worker	Plant Supervisor/ Manager	Maintenance Technician
Access to Exposure and Medical Records	**X**	**X**	**X**	**X**	**X**
Bloodborne Pathogens	**X**	**X**	**X**	**X**	**X**
DOT Hazardous Materials*	**X**	**X**	**X**	**X**	**X**
Emergency Action Plan	**X**	**X**	**X**	**X**	**X**
Eye Wash and Emergency Shower			**X**	**X**	**X**
Fire Extinguishers	**X**	**X**	**X**	**X**	**X**
Hazard Communication	**X**	**X**	**X**	**X**	**X**
Hazardous Waste Management**			**X**	**X**	**X**
Incinerator Operator***			**X**	**X**	**X**
Personal Protective Equipment – PPE	**X**	**X**	**X**	**X**	**X**
Radiation Training	**X**	**X**	**X**	**X**	**X**
Respiratory Protection***	**X**	**X**	**X**	**X**	**X**
Spill Response	**X**	**X**	**X**	**X**	**X**
Tub Wash Water Training			**X**	**X**	**X**
Waste Acceptance Protocol	**X**	**X**	**X**	**X**	

* Complete Training within 90 Days of Date of Hire

** Where applicable. Training also includes proper handling and emergency procedures appropriate to the type, or types of universal waste handled at the facility

*** Where applicable

1

Attachment #6

Facility Security

VI. FACILITY SECURITY

1.0 24-HOUR SURVEILLANCE SYSTEM

The facility is occupied 24 hours per day during normal operations. The facility is monitored by employees or by using security cameras.

2.0 BARRIER

The internal areas of the facility are to be surrounded by gates and a nominal ten-foot pre-cast concrete wall. The main gate is electrically controlled and can be opened or closed from the front office or by code. Visitors and trucks are logged by name, and date of entrance.

During non-business hours, the main gate and front door will be locked. Visitors arriving during non-business hours will be able to communicate with the facility (e.g., a plant supervisor) by telephone, intercom, or radio.

3.0 MEANS TO CONTROL ENTRY

Non-Stericycle vehicles must stop at the gate to sign in and obtain docking or contact information. Trucks will be checked to ensure they are scheduled and then routed to the appropriate area.

Local law enforcement will be called in the event of offensive trespassing.

4.0 WARNING SIGNS

At entry points to the facility, notifications will be posted. Example:
UNAUTHORIZED PERSONNEL KEEP OUT. VISITORS MUST SIGN IN AT THE FRONT OFFICE (or FRONT DESK).

Attachment #7

Preparedness and Prevention Plan

VII. PREPAREDNESS AND PREVENTION PLAN

1.0 INTRODUCTION

This Preparedness and Prevention Plan outlines the equipment and procedures in place at the Stericycle, Inc. facility to prevent and respond to emergencies at the facility. These emergencies include fires, explosions, or any unplanned sudden or non-sudden release of hazardous waste or hazardous waste constituents.

2.0 EQUIPMENT

2.1 Internal Communications

The communications system at the plant includes telephones. A telephone will be available at the front desk and in the employee area (e.g., break room). Personnel will have access to at least one of these phones during operations.

2.2 External Communications

The plant is equipped with a standard telecommunications system that is connected to the public phone system by standard lines. Outside emergency calls can be made by dialing the emergency number 911 using any phone.

2.3 Emergency Equipment

Facility communications or alarm systems, fire protection equipment, spill control equipment, and decontamination equipment, where required, will be tested and maintained as necessary to assure its proper operation in time of emergency.

2.4 Spill Control Equipment

Spill kits are located in the dry storage area, incinerator area, and in the Air Pollution Control area. Spill kits vary in content based on storage location.

2.5 Personal Protective Equipment (PPE)

Required PPE is made available to employees.

2.6 Water for Fire Control

A water system is available for fire control within the facility. Water is supplied by mains belonging to North Salt Lake City. The fire water pump system is inspected annually for compliance with applicable requirements of NFPA.

3.0 TESTING AND MAINTENANCE OF EQUIPMENT

Emergency eyewashes, showers, fire extinguishers, sumps, spill kits, alarms, and other emergency equipment are inspected regularly. If problems are found, the equipment is tagged out of service and a requisition is placed with maintenance for immediate repair. All equipment will be maintained as necessary to assure its proper operation in time of emergency.

4.0 AISLE SPACE REQUIREMENTS

All areas of the plant are accessible by fire protection equipment around the perimeter plant area. Container placement and aisle space in the waste management area (dry storage area) will be maintained at two feet between the stored containers and any stationary items in the adjacent driveway area in the building.

5.0 PREVENTIVE PROCEDURES, STRUCTURES, AND EQUIPMENT

5.1 Unloading Operations

The unloading areas for trailers of containers are provided with dock levelers to minimize the potential for mishandling containers due to uneven surfaces or trailer movement. Lighting devices are provided to illuminate the transport vehicle cargo areas during unloading and loading. Containers are off-loaded by handcarts, forklifts, conveyors or by other material handling equipment or means.

5.2 Runoff

The process operations are contained within facility structure with appropriately designed containment. No waste or process water is expected to migrate beyond these areas. Regulated medical waste containers are stored in the building or on trailers. No runoff from the waste processing or storage areas is expected. The site drainage is to the southwest.

5.3 Equipment and Power Failure

Equipment failure is monitored by instrumentation. Detection of an abnormal operating condition or process parameter initiates a waste feed lockout or controlled shutdown of the equipment. In the event of a loss of external power, the facility generator will be started to provide power to critical process equipment.

6.0 PREVENTION OF REACTION OF IGNITABLE, REACTIVE AND INCOMPATIBLE WASTES

Stericycle utilizes a strict waste acceptance policy. See Attachment 1, Waste Management Procedures, and Attachment 3, Waste Acceptance Protocol. Ignitable, reactive or incompatible wastes are not received for treatment. If an ignitable, reactive, or incompatible waste is generated incidental to operations, it will be stored and labeled as required by 40 CFR 262.34(a)(3) until transported to a permitted treatment, storage, and disposal facility. Precautions for segregating incompatible or reactive materials (e.g., strong acids and bases) will be employed, and materials will be safeguarded from flame, spark, or other ignition sources when ignitable.

Attachment #8

Spill Prevention Plan

VIII. SPILL PREVENTION CONTROL AND COUNTERMEASURE PLAN

The Stericycle North Salt Lake facility is not required to have a Spill Prevention Control and Countermeasures Plan. The plant has an aggregate above-ground storage capacity less than 1,320 gallons.

For requirements, policies and practices applicable to the Stericycle North Salt Lake facility related to spill prevention, inspection, and spill response, refer to Attachments 1, 4, 5, 7, and 9 of this Plan of Operations.

Attachment #9

Contingency Plan

IX. CONTINGENCY PLAN

1.0 EMERGENCY RESPONSE PLAN (ERP)

Contact Information

Key management members are listed on the Quick Reference Guide to the Contingency Plan. Those personnel may be contacted in the event of an emergency. An example of this guide is provided at the end of this section.

Emergency Telephone Numbers

In case of fire, explosion, personal injury, law enforcement, or any other emergency: **Call 911**

To outsource clean up and spill reporting to government entities call (or similar contractors):

Chemtrec for Spills	Hotline:	800-424-9300
ERTS for Spills (per SH-P 002)	Hotline:	800-210-6804

For Major Medical Waste Spills (not including in-facility spills), deemed unmanageable, should be reported to the Utah Department of Environmental Quality.

Utah Department of Environmental Quality	Hotline (during business hours)	801-536-0200
	Hotline (after hours for timely response)	801-536-4123

Medical responses are initiated by the Emergency Coordinator via the following facilities:

Serious Emergency Care	Lakeview Hospital 630 East Medical Drive, Bountiful, UT	911 801-299-2200
Stericycle Consultation Service	Stericycle thru Sedgwick Claims Management Services, Inc. (Claims & Productivity resource)	844-415-4361
Urgent Care (nearby)	FirstMed Urgent and Occupational Care 1512 Renaissance Town Dr. #100 Bountiful, UT	(801) 295-6483 9AM – 7 PM Mon-Sat

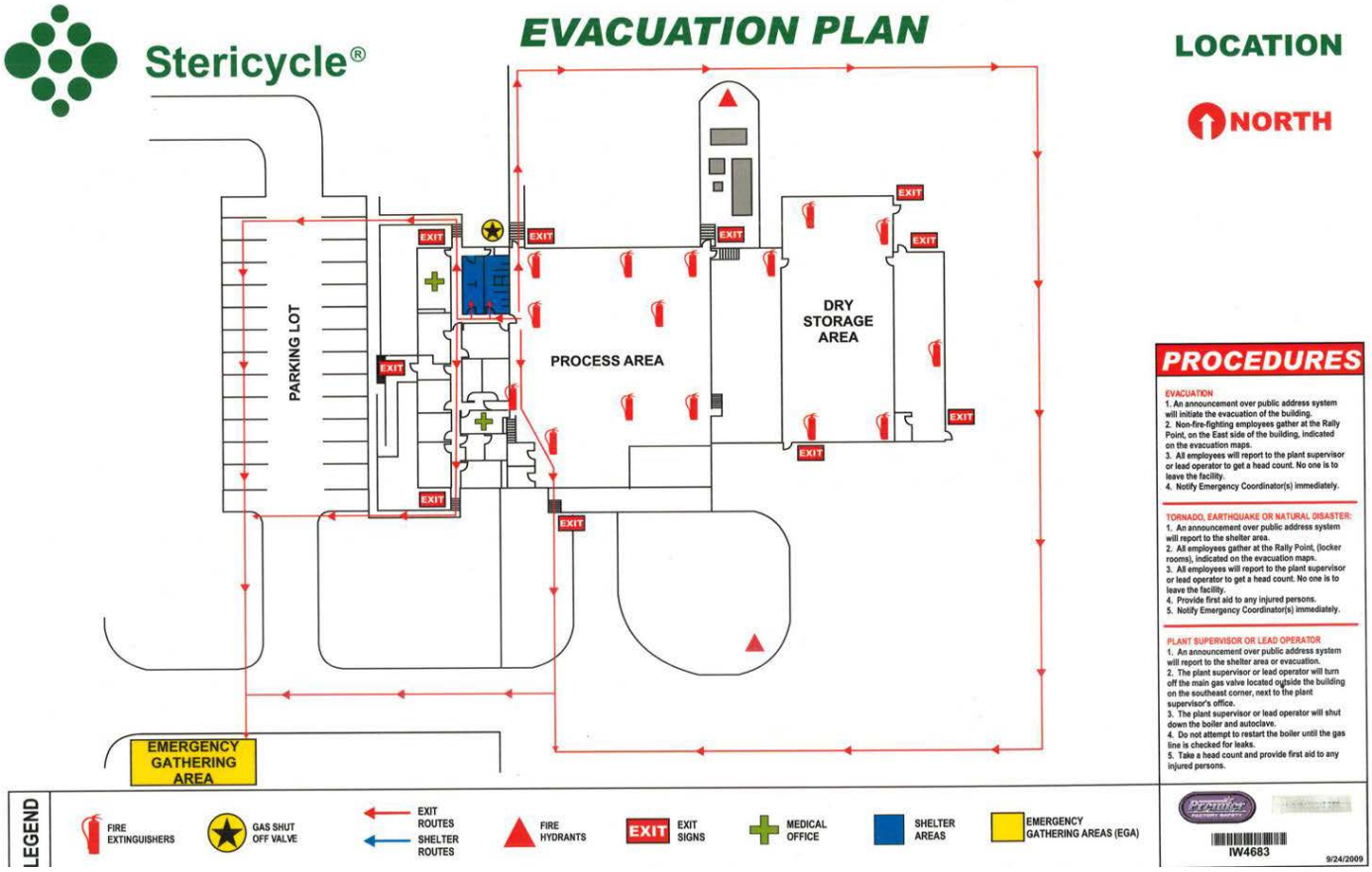
2.0 EVACUATION PLAN AND INFORMATION

A. Evacuation Instructions

1. The facility shall be evacuated according to the following steps:
    a. Announcement of evacuation both by alarm and oral instructions
    b. Facility personnel will evacuate via the routes and exits per the evacuation plan. (Note: Personnel exiting through the yard gate will use the manual open switch in the event of a loss of power during an evacuation.)
    c. Personnel will move to the rally point located in the southwest corner of the property

2. The Emergency Coordinator Responsibilities:
    a. The Emergency Coordinator will conduct a roll call. All employees shall be accounted for by each supervisor.
    b. Emergency Coordinator will use this information to determine missing persons.
    c. Emergency Coordinator will direct effort to account for any missing personnel.
    d. Emergency Coordinator will share headcount information with emergency responders.
    e. Following an evacuation, personnel will not return to work until the “all clear” is given by the Emergency Coordinator.

3. Evacuation Plans/Maps
    a. Posted in the facility.
    b. Exits and routes are indicated.
    c. Rally point is indicated.
    d. Other emergency equipment is indicated on the posted maps, e.g. fire extinguishers, eye wash, spill kits, first aid kits, shelters, hydrants, gas and utility shut off.


Stericycle®
EVACUATION PLAN
LOCATION
NORTH
PARKING LOT
PROCESS AREA
DRY STORAGE AREA
EXIT
EMERGENCY GATHERING AREA
PROCEDURES
EVACUATION
1. An announcement over public address system will initiate the evacuation of the building.
2. Non-fire-fighting employees gather at the Rally Point, on the East side of the building, indicated on the evacuation maps.
3. All employees will report to the plant supervisor or lead operator to get a head count. No one is to leave the facility.
4. Notify Emergency Coordinator(s) immediately.
TORNADO, EARTHQUAKE OR NATURAL DISASTER:
1. An announcement over public address system will report to the shelter area.
2. All employees gather at the Rally Point, (locker rooms), indicated on the evacuation maps.
3. All employees will report to the plant supervisor or lead operator to get a head count. No one is to leave the facility.
4. Provide first aid to any injured persons.
5. Notify Emergency Coordinator(s) immediately.
PLANT SUPERVISOR OR LEAD OPERATOR
1. An announcement over public address system will report to the shelter area or evacuation.
2. The plant supervisor or lead operator will turn off the main gas valve located outside the building on the southeast corner, next to the plant supervisor's office.
3. The plant supervisor or lead operator will shut down the boiler and autoclave.
4. Do not attempt to restart the boiler until the gas line is checked for leaks.
5. Take a head count and provide first aid to any injured persons.
LEGEND
FIRE EXTINGUISHERS
GAS SHUT OFF VALVE
EXIT ROUTES
SHELTER ROUTES
FIRE HYDRANTS
EXIT SIGNS
MEDICAL OFFICE
SHELTER AREAS
EMERGENCY GATHERING AREAS (EGA)
IW4683
9/24/2009

3.0 CONTINGENCY PLAN

A. Implementing this Contingency Plan

1. This plan shall be implemented immediately in the event of the following contingencies:
   a. Fires
   b. Explosions
   c. Releases

   For purposes of this plan, a release is defined as discharge of materials that have the potential to become a threat to human health or the environment (i.e., hazardous waste or material which, when spilled, becomes hazardous waste) to non-contained, unpaved, or unlined areas outside of the incinerator facility.

2. Contingency Plan Procedure
   a. Any employee, contractor, or other worker upon discovery of a fire, explosion, or release at the facility shall implement this Contingency Plan
   b. Following discovery of a fire, explosion or release, the discoverer shall notify an individual on the list of Emergency Coordinators. (See page 21.)

3. Access to Corporate Resources
   a. All employees shall have access to Stericycle resources for emergency response

4. Arrangements with local response organizations.
   a. Not applicable. The Stericycle North Salt Lake facility location is within city limits and serviced by city and county emergency response organizations.

5. Records of implementation of this Contingency Plan will be kept in the operating record.

B. Copies of Contingency Plan

1. The Permittee shall keep a copy of this Contingency Plan in the facility office.

C. Amendment of this Contingency Plan

1. The plan shall be reviewed and amended, as necessary, under any of the following circumstances:
   a. The permit or facility is modified affecting this Contingency Plan.
   b. The emergency names (emergency coordinators) or their telephone numbers change.

D. Emergency Equipment

1. Below lists the facility emergency equipment and provides a brief outline of their capabilities, location in the facility, or use:

Emergency Equipment	Capabilities, Location, or Use	
Eye Wash Shower Stations	Shower and eye wash	One Each in each bay
First Aid Kits	Portable	1-Office area 2-Breakroom
Fire Suppression	Wet system – heat activated	
Fire Extinguishers	"ABC" & 1 "C" -Electrical	Indicated on Evacuation Chart
Evacuation Alarm	Audible	Plant
Spill Kits	For spills of RMW, aqua ammonia, and caustic soda	Kits with absorbent, containment
PPE (Respiratory)	Full Face and Universal Cartridges (includes Ammonia)	Accessible for plant employees
PPE (Hands)	Gloves	Latex for RMW; nitrile for chemicals
PPE (Body)	1. Tyvek with hood, boots, tape 2. Heat Suits: with hood	For use during shutdown maintenance

PPE is available in the safety equipment dispensary.

E. Emergency Coordinator Duties

1. *For imminent or actual emergencies*: Activate internal facility alarm or communication systems, notify and evacuate facility personnel. Notify appropriate response agencies if their help is needed.

2. *For a release, fire, or explosion:* As reasonably possible, identify the character, exact source, amount, and areal extent of any released materials.

   a. *For threats to human health and/or environment within and/or outside of the facility:* Emergency Coordinator shall respond and report as outlined in this plan.

   b. *For threats to the larger local area:* If the Emergency Coordinator's assessment indicates that evacuation of nearby areas may be advisable, the Emergency Coordinator shall immediately notify appropriate authorities. The Emergency Coordinator shall be available to help appropriate officials decide whether local areas should be evacuated.

5.0 COORDINATION AGREEMENTS

Arrangements with Emergency Response Contractors:

The facility has agreements with, the following Treatment, Storage, and Disposal Facility:

Clean Harbors Environmental Services, Inc.
Grassy Mountain
3 Miles East 7 Miles North of Knolls
Clive, UT 84029
(801) 323-8900

6.0 REQUIRED REPORTS

As required in the event of an applicable contingency, the facility shall immediately notify the Utah Department of Environmental Quality (Division of Waste Management and Radiation Control).

The report will include:

- Name and telephone number of reporter;
- Name and address of facility;
- Time and type of incident, e.g., discharge, fire;
- Name and quantity of material(s) involved, to the extent available;
- The extent of injuries, if any; and
- The possible hazards to human health or the environment, outside the facility.

The facility will record Contingency Plan incidents in the operating record, as required.

Where required, the facility will submit a written report to the Executive Secretary within 15 days after an incident that required implementation of the Contingency Plan. The report will include:

- Name, address, and telephone number of the owner or operator;
- Name, address, and telephone number of the facility;
- Date, time, and type of incident;
- Name and quantity of material(s) involved;
- The extent of injuries, if any;
- An assessment of actual or potential hazard to health or the environment, and
- Estimated quantity and disposition of recovered material that resulted from the incident.

Contained spills or discharges that do not threaten human health need not be reported.

As required by 40 CFR §302.6, spills on site involving reportable quantities (RQ) will be reported to the National Response Center at 800-424-8802. As required, they will also be reported to the Utah Division of Waste Management and Radiation Control, Tooele County Health Department, and the U.S. EPA, Region VIII.

As required, reports to the Director will be sent to:

Director
Utah Division of Waste Management and Radiation Control
P.O. Box 144880
Salt Lake City, Utah 84114-4880

Required reports to EPA Region VIII will be submitted to:

Regional Administrator
U.S. EPA - Region 8
1595 Wynkoop Street
Denver, CO 80202-1129

Immediate reporting of certain events to the Utah Department of Environmental Quality, as outlined in this plan, shall be made to the following:

Utah Division of Waste Management and Radiation Control
(801) 536-0200 (during office hours); or

Utah Department of Environmental Quality
(801) 536-4123 (24-hour answering service)

North Salt Lake, Utah – MEDICAL WASTE INCINERATOR FACILITY
EMERGENCY RESPONSE CONTINGENCY PLAN – QUICK-REFERENCE GUIDE

EMERGENCY PROCEDURES:

A. Fire or Explosion:

1. Call South Davis Metro Fire Agency – **911** or **801-677-2400**
2. Make announcement over public address system to evacuate building. (Note: To use public address system, press IC then SP from the lunchroom phone or the receptionist's phone.)
3. Non-fire-fighting employees gather at the Rally Point, near the southwest vehicle entrance, indicated on the evacuation maps, and get a head count.
4. The plant supervisor or lead operator will turn off the main gas valve located outside the building on the southwest corner, next to the employee entrance.
5. If there are any injuries, refer to Personal Injury section, below.
6. Notify Emergency Coordinator(s) immediately. (See page 2.)
7. Note: Fire extinguishers may be used to extinguish small fires and as an aid in evacuation.

B. Tornado, Earthquake or Other Disaster:

1. Find cover or a safe place to avoid falling or flying objects, and remain there until the situation has subsided.
2. The plant supervisor or lead operator will turn off the main gas valve located outside the building on the southwest corner, next to the employee entrance.
3. The plant supervisor or lead operator will begin shut down procedures.
4. If there are any injuries, refer to Personal Injury section, below.
5. Notify Emergency Coordinator(s) immediately. (See page 2, including final note.)

C. Personal Injury:

1. Determine the nature and extent of the injury.
2. Administer first aid as necessary or, if not trained, notify first aid trained co-worker.
3. Call emergency medical technicians if necessary: 911
4. Notify supervisor or Emergency Coordinator(s) immediately. (See page 2).

D. Major Medical Waste Spill (not including in-facility spills):

1. Determine and write down the location and severity of incident.
2. If there are any injuries, refer to Personal Injury section, above.
3. Notify Emergency Coordinator(s) immediately. (See page 2.)
4. As required, the Emergency Coordinator should notify the Utah Division of Waste Management & Radiation Control, Environmental Incidents line: 801-536-0200 or 801-536-4123 Hotline, and provide necessary information.
5. If the spill is manageable, in the opinion of the Emergency Coordinator, respond to the spill with the following spill supplies, as necessary:

Vermiculite	Bleach (e.g., 5-10%)	Tub liners
Spray bottles	Water	Respirators
Tyvek coveralls	Gloves	Rubber overboots
Barricade tape	Duct tape	Mobile telephone
Shovels		Empty regulated medical waste tubs

For spills that are determined to require additional assistance, as necessary, contact:

Enviro Care, Inc.
505 N Main, North Salt Lake, UT 84054
801-299-1900

E.T. Technologies Inc.
3110 W California Ave # D, Salt Lake City, UT 84104
801-977-0731

E. Emergency Coordinators:

One of the following Emergency Coordinators will always be available:

Jason Cloward, Facility/Maintenance Mgr:	**Mobile: 801-330-8574**
Brian Kirkwood, Dir. NA Incinerator Ops:	**Mobile: 801-520-4830**
Jay Vance, Compliance Manager:	**Mobile: 801-971-2042**
Dale Rich, VP Global Incineration Ops:	**Mobile: 704-787-3134**

F. Medical Facilities:

Medical arrangements can be accommodated by the Emergency Coordinator at the following facilities:

For urgent night & weekend
CareNow Urgent Care – Bountiful
1512 Renaissance Towne Dr. Ste.100 (295 East)
Bountiful, UT 84010
801-295-6483
Hours 9AM to 9PM Monday – Saturday
Hours 9AM to 5PM Sunday

For serious emergency care:
Lakeview Hospital
630 East Medical Drive
Bountiful, UT 84010
801-299-2200
801-299-2141 – 24-hr Emergency Dept.

G. Discharge of Untreated Process Wastewater to Sewer:

In the event of an accidental discharge of untreated process wastewater into the sanitary sewer, immediately notify the following persons:

Jason Cloward: Mobile: 801-330-8574

Brian Kirkwood: Mobile: 801-520-4830

Jay Vance: Mobile: 801-971-2042

South Davis Sewer District: Office: 801-295-3486 Mobile: 801-725-4263 (Lyndon Tan)

H. Emergency Related to Water Supply:

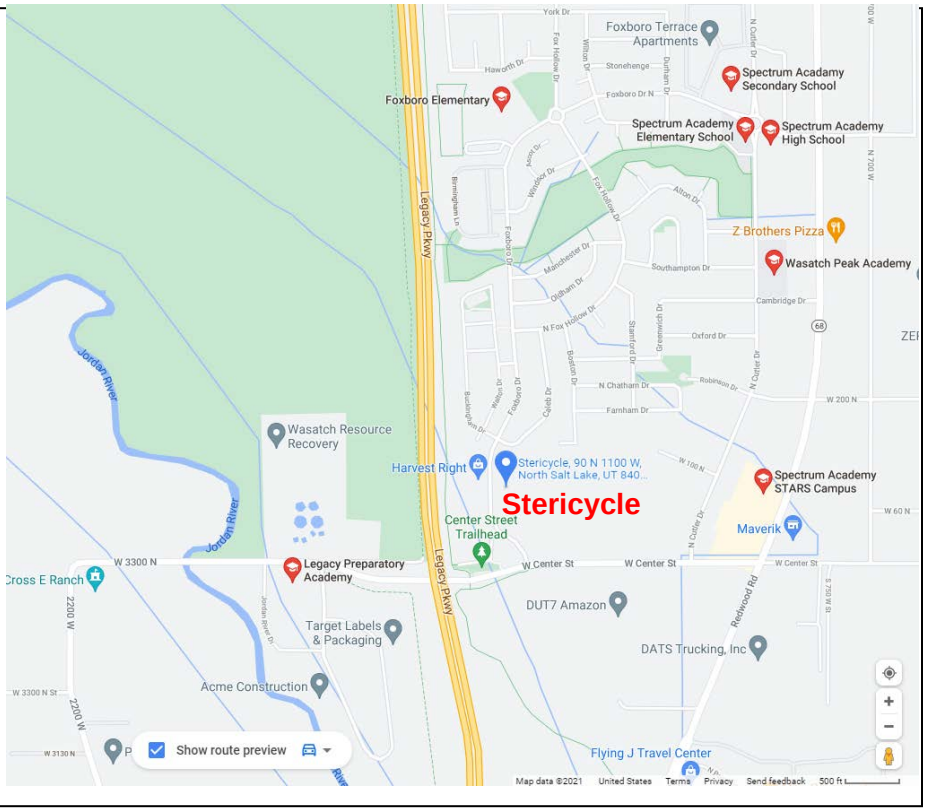
North Salt Lake – Public Works (for a water-supply-related emergency): 801-560-3718

Note: To service our customers in the event of a natural or man-made disaster, Stericycle is a nation-wide company capable of calling in equipment and personnel from across the nation to provide assistance as needed. Our ability to respond in such a manner makes it unlikely that Stericycle customers would suffer lengthy interruption of service due to natural or man-made disasters.

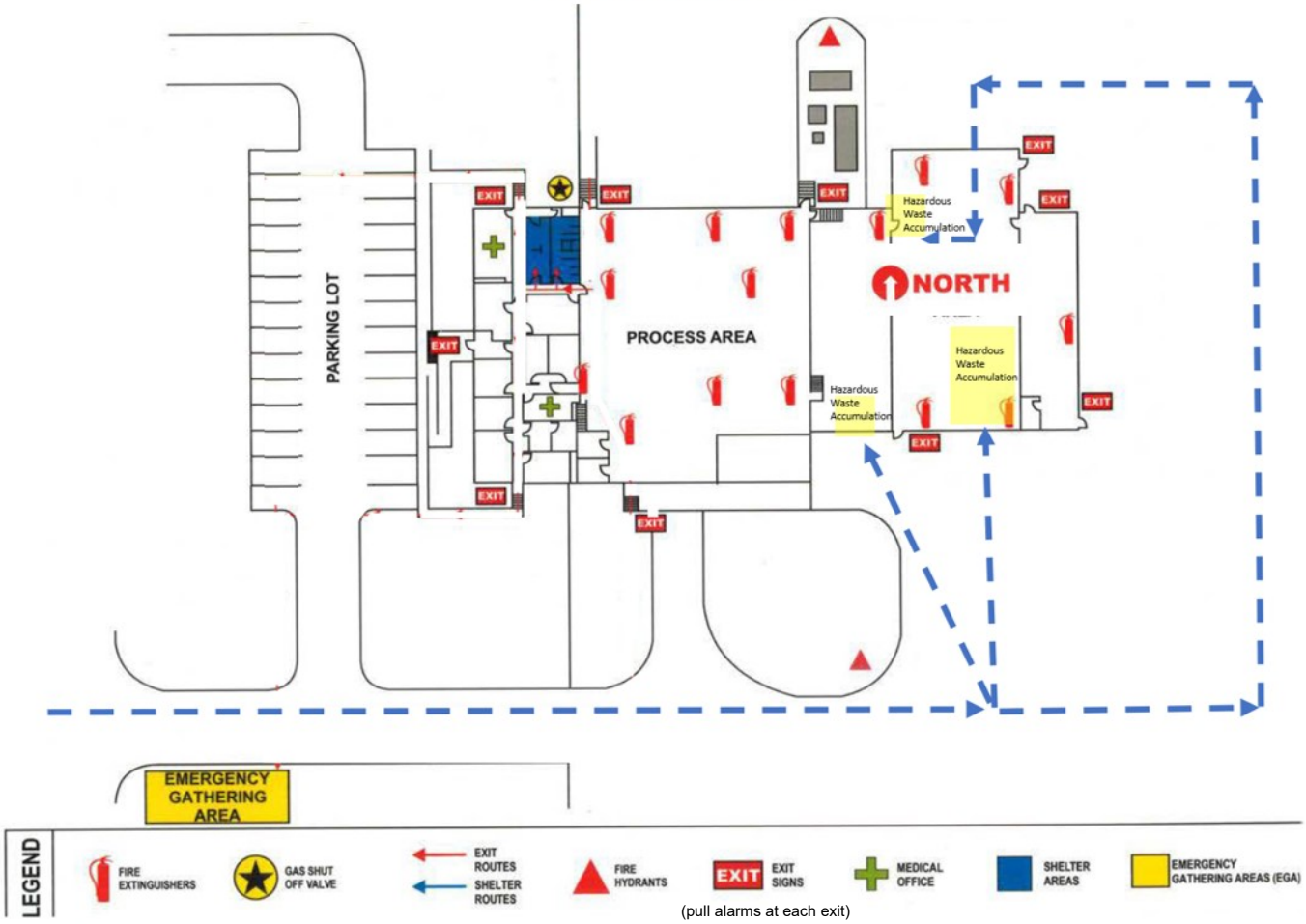
I. Hazardous Waste (Name, Hazards, Maximum Amounts at Any Time, Unique Treatment for Exposure)

- ***Name of Each Hazardous Waste***
  - ***Non-Conforming Waste Received***
    - ***Hazards: Toxic, Flammable, Ignitable***
    - ***Maximum Amounts: 16 55-gallon drums (or equivalent volume)***
    - ***Unique/Special Treatment by Medical or Hospital staff: Treat for exposure to toxic and/or ignitable/flammable materials***
  - ***Fly Ash***
    - ***Hazards: Toxic***
    - ***Maximum Amounts: 50 bags(in 1-yard bag, or equivalent volume)***
    - ***Unique/Special Treatment by Medical or Hospital staff: N/A (Treat for exposure to toxic and/or ignitable/flammable materials)***
  - ***Fly Ash (Evap)***
    - ***Hazards: Toxic***
    - ***Maximum Amounts: 10 bags(in 1-yard bag, or equivalent volume)***
    - ***Unique/Special Treatment by Medical or Hospital staff: N/A (Treat for exposure to toxic and/or ignitable/flammable materials)***

Street Map of Stericycle Facility in Relation to Surrounding Businesses, Schools, and Residential Areas



Hazardous Waste Accumulation Areas & Access Routes



(pull alarms at each exit)

Access Routes to Hazardous Waste (blue dashed lines)

Hazardous Waste Accumulation Areas (in yellow)

Attachment #10

Fugitive Dust Control Plan

X. FUGITIVE DUST CONTROL PLAN

1.0 INTRODUCTION

This Fugitive Dust Control Plan outlines the procedures and systems for the facility in order to satisfy specific requirements contained in Utah Administrative Code in Rule R315-302 for fugitive dust and for wind-blown litter.

2.0 FUGITIVE DUST SOURCES AND CONTROL STRATEGIES

The facility has been designed with paved areas and an enclosed operational area in order to minimize the sources of fugitive dust and to contain and prevent windblown litter.

The potential fugitive dust sources at the facility include:

- Parking lot and access roadway
- Bottom Ash System
- Fly Ash System

Provided below is a summary of their respective control strategies.

3.0 PARKING LOT AND ACCESS ROADWAY

The parking lot and the access roadway are the primary potential source of fugitive dust at the facility. Dust may be generated on-site or carried on-site with the delivery trucks. Stericycle minimizes the potential for fugitive dust generation from the parking lot and access roadway via:

- Periodic cleaning and/or vacuuming, as needed as determined by the facility manager, to minimize the buildup of dust, debris, road salt, sand, crushed slag, and/or trash.

- Loading and off-loading of vehicles in an enclosed dock and processing area.

4.0 BOTTOM ASH

Bottom ash is a potential source of fugitive dust at the facility. Ash from the primary chamber drops into a pit where it is quenched and then loaded or conveyed into a roll-off or other storage and transfer vessel that receives bottom ash. This process occurs within the building and within a containment area. The chance for fugitive dust generation is minimal due to the water content of the ash and management within the building during normal operations.

Stericycle further minimizes the potential for fugitive dust generation from bottom ash by:

- Periodic cleaning of the processing area, as needed as determined by the facility manager, to minimize the buildup of ash, dust, debris, and/or trash.
- Covering bottom-ash roll-off containers prior to transport off site or outdoor storage

Quench liquids that drain and are removed from the bottom-ash bins will be placed into the quench tank or the liquid waste storage tank. This removal will be performed inside of the building and within a collection area. Bins may be tipped to facilitate liquid removal. Liquids may be removed or solidified by tipping the bin and pumping out, otherwise removing, or solidifying (adding granular absorbent to) the drained liquids.

Inspection requirements for areas where the bins with bottom ash are stored are outlined in Attachment 4, Inspection Procedures.

Management requirements for bottom ash are outlined in Attachment 2, Bottom Ash Analysis and Management Plan.

5.0 FLY ASH

Fly ash is a potential source of fugitive dust at the facility. The chance for fugitive dust generation is minimal due to storage and management within the building during normal operations. Stericycle further minimizes the potential for fugitive dust generation from fly ash by:

- Periodic cleaning of the processing area, as needed, to minimize the buildup of ash, dust, debris, and/or trash.

6.0 RECORDKEEPING AND REPORTING

There are no recordkeeping and reporting requirements in this plan associated with fugitive dust control measures.

The inspection requirements for ash storage areas are outlined in Attachment 4, Inspection Procedures.

Attachment #11

Industrial Safety Program

XI. INDUSTRIAL SAFETY PROGRAM

It is the intent of the facility to comply with applicable OSHA regulations, as well as applicable Federal, State, and Local agency regulations pertaining to Industrial Safety.

The facility is committed to providing a safe and healthful work environment. An appropriate industrial safety program is an integral part of the facility operational practices.

A safety manager (or other employee designated by the facility manager) will oversee the industrial safety program and ensure that employees receive appropriate training. Records of training will be kept as outlined in Attachment 5, Personnel Training.

Attachment #12

Control of Disease Vectors

XII. CONTROL OF DISEASE VECTORS

1.0 INTRODUCTION

1.1 Scope: To establish and maintain a safe, effective, and environmentally sound program to prevent or control pests and disease vectors that may adversely impact human health.

1.2 Definition:

Disease Vector: Any rodents, flies, mosquitoes, or other animals, including insects, capable of transmitting disease to humans.

1.3 Responsibilities: Stericycle personnel will follow the procedures outlined in this section.

2.0 FACILITY/GROUNDS SANITATION

2.1 Effective sanitation measures and proper policing of grounds are of primary importance in disease vector control. With proper sanitation, less dependence needs to be placed on other measures. Fermenting or decaying organic matter is an attraction for disease vectors. Therefore, the elimination of sources of attraction for disease vectors is essential. Proper disposal of wastes, including medical and liquid wastes, reduces the attraction of disease vectors to the facility and grounds.

2.2 The container management area is cleaned and decontaminated as required to maintain sanitary and clean conditions as determined by the facility manager.

3.0 MEDICAL WASTE RECEIVED BY THE FACILITY

3.1 Medical Waste transported to the facility shall be in enclosed vehicles. Waste received by the facility shall be in containers that comply with DOT requirements.

3.1.1 Types of Vehicles Used to Transport Medical Waste
- 3.1.1.1 26-ft box truck
- 3.1.1.2 Day cab with 28-ft pup
- 3.1.1.3 Sleeper truck with 53-ft trailer
- 3.1.1.4 Other vehicles approved by Stericycle and that meet applicable U.S. DOT requirements.

3.1.2 Management of Damaged Containers

Damaged containers will be managed in one of the following ways:

3.1.2.1 Repaired and reused
3.1.2.2 Dispositioned, by being either incinerated as medical waste or transported as medical waste to an off-site location for incineration or treatment. Damaged containers sent for treatment or incineration may be disinfected or shrink wrapped.

3.1.3 Temperature Requirements for Trailers

If infectious waste is to be stored longer than seven days, it must be stored at or below 40 degrees F (5 C).

3.2 Medical Waste Containment**:** Medical waste shall be containerized and covered with a tight fitted lid until processed.

4.0 HARBORAGE ELIMINATION

4.1 As harborages are eliminated, populations of disease vectors are reduced. The reduction of cracks and crevices are reduced. The reduction of cracks and crevices and general elimination of harborages is very important in disease vector control. Typical harborages include the following:

(a) Standing water.
(b) Holes for plumbing and electrical lines, as well as electrical and fuse boxes.
(c) Old and torn down insulation
(d) Areas between walls
(e) Soiled sumps or basins

5.0 CONTAINER AND VEHICLE WASHING

5.1 Container Washing.

The reusable containers are cleaned prior to reuse. Reusable containers are disinfected using one of the following methods:

(a) Exposing the container to wash water at a minimum of 180 degrees F.
    1. Ensure that the wash equipment to be used has a water supply at or above 180 degrees F.

2. Place the container (and lid) onto the tub-washer conveyor (or similar washing equipment) or spray the container with ≥180 degree F water while it is held above the incinerator feed conveyor to allow the water to drain onto the conveyor.
3. Remove the container (and lid) from the washing equipment following the wash cycle or from above the conveyor following the spray washing.
4. Visually inspect the container (and lid) for cleanliness.
5. When a container is not visually clean following washing, the process is repeated until the container is visually clean, or the container is also disinfected with a commercial cleaning agent as outlined below to ensure cleanliness.

(b) The use of a commercial cleaning agent such as Quaternary Ammonium Compounds or Chlorine (bleach)
    1. When a container to be reused is not visually clean following washing, when the water temperature is less than 180 degrees F, or, when an additional step for cleaning is desired or utilized, a container (or the visually non-clean portion of the container) is sprayed with a commercial chemical agent.
    2. A container that has been sprayed with a commercial chemical agent shall be allowed some time prior to further washing following application of the chemical agent (for up to one minute or longer).
    3. Following this time, a container that has been sprayed with commercial chemical agent is cleaned using water as outlined above.

(c) As outlined above, following disinfection, reusable containers are visually inspected for cleanliness. Commercial chemical agents may be used in conjunction with water in the container-washing (e.g., tub-wash) equipment.

5.2 Transport Vehicle Cargo Area Sanitizing.

Vehicle cargo areas of transport vehicles are to be decontaminated as required to maintain sanitary and clean conditions. Prior to any vehicle leaving the disposal site after unloading, it is necessary to decontaminate the cargo area if there are visible signs of soiling or leakage. One of the following methods shall be used to clean the cargo areas of transport vehicles:

(a) Clean affected areas of the interior walls or floors of the cargo area using a mop, broom, and/or brush, and water mixed with a commercial chemical agent.
(b) Wash interior cargo area in the truck wash using water mixed with a commercial chemical agent (typically a 50/50 mix of bleach and water) or using ≥180 degree F water. A push broom may be used to push standing water out of the truck.
(c) Waste water from the truck washing area and from the tub/container washing area is directed to the POTW drains.

Trailer washes using the truck wash will be logged into the operating record.

6.0 CHEMICAL CONTROL

Some aspects of chemical control may include:

6.1 Bait stations

(a) 3rd party use for rodent control measures / abatement program

6.2 Insect repellent

(a) 3rd party use for insect control measures / abatement program

Attachment #13

Infection Control

XIII. INFECTION CONTROL

1.0 TRAINING

Facility employees are trained initially and updated annually as described in Attachment 5 (Personnel Training). Infection control is a central topic of courses such as, Bloodborne Pathogens (BBP), Hazardous Materials Management, personal hygiene, and personal protective equipment (PPE).

2.0 VACCINATIONS

Facility employees who have a potential risk of exposure to bloodborne pathogens are given the opportunity to receive the Hepatitis B vaccination series free of charge. The Hepatitis B vaccination is also offered after potential exposures (e.g., a sharps-type BBP injury exposure). Employees who decline the Hepatitis B vaccination must sign a statement of declination and that statement is kept with the employee's vaccination records.

3.0 PERSONAL PROTECTIVE EQUIPMENT (PPE)

Facility plant and transportation employees are required to wear long pants, a shirt or coveralls, and steel-toed shoes/boots. A clean uniform is worn daily. A laundry service is used; employees do not take their uniforms home to launder.

PPE, including but not limited to face shields, safety glasses, latex gloves, puncture-resistant gloves, fluid-resistant aprons, leather aprons, and rubber boots are also provided on a task-specific basis in order to ensure exposure protection. Tyvek (or equivalent) suits that have hoods and boots are also available for use if conditions require such protection.

4.0 REUSABLE CONTAINERS

Requirements for reusable containers are outlined in 2.0.B in Attachment 1, Waste Management Procedures. Reusable containers are disinfected as outlined in 5.1, Attachment 12, Control of Disease Vectors.

5.0 INCINERATION PROCESS

To achieve pathogen destruction during the incineration process, all waste material is typically exposed to temperatures greater than 1,400 degrees F

in the primary chamber of the incinerator. At this temperature, bloodborne pathogens are destroyed.

The feed system is programmed so that waste will not be fed into the primary combustion chamber when temperatures are below 1400 degrees F.

6.0 VEHICLE DECONTAMINATION

The cargo area of transport vehicles is to be decontaminated as outlined in 5.2, Attachment 12, Control of Disease Vectors.

Attachment #14

Closure Plan

XIV. CLOSURE/ FINANCIAL ASSURANCE PLAN

1.0 CLOSURE INTRODUCTION

Background.

This closure plan applies to the Stericycle, Inc. Incineration Facility in North Salt Lake, Utah. The closure plan has been revised in anticipation of termination of incineration operations at the facility. Non-incineration operations will continue at the location following termination of incineration operations.

The location is anticipated to continue operation as a transfer facility that receives the same types of waste as currently occurs with incineration operations, however, instead of incinerating a portion of the waste received at the facility and transferring the remainder to off-site locations for processing (incineration or autoclaving), all received waste will be transferred to off-site locations for processing.

Route trucks that service the local area and long-haul transporters and that bring in waste from the interstate area and international locations, may continue to bring waste to the North Salt Lake location following termination of incineration operations. Such waste may be transferred, repackaged, consolidated, and forwarded in transportation from the Stericycle North Salt Lake location.

Overview
This plan has been prepared in accordance with the requirements of R315-302. The financial-assurance estimates for the closure plan assume a worst-case cost scenario which would occur when the maximum waste inventory is stored on-site and a third-party contractor is hired to conduct the closure. The maximum inventory on-site includes all waste items and materials which Stericycle, Inc. of Utah may have stored in the facility. The closure plan addresses the shipment offsite for treatment/disposal of the waste items and materials as well as decontamination of the process area and equipment, and all sample analyses.

On or before the designated date of termination of incineration operations, Stericycle will terminate incinerator operations of the incinerator (including the primary and secondary combustion chambers), the emergency stack and its ducting, the incinerator feed process units, the quench system, the electrostatic precipitator, and the bottom ash extraction and conveyance systems. The air-pollution control system will also be dismantled and removed from the location.

Ash and incineration-related waste will be removed from units that are dismantled and removed. These units include the waste-heat boiler, the main stack, and air-pollution control devices, including the baghouse, the scrubbers, the carbon bed, heat exchanger(s), the activated carbon feed system, and the bicarbonate silo and feed system, the evaporator, and associated piping/ductwork.

This section also contains information required under R315-309 regarding financial assurance.

Decontamination of areas to be closed, including applicable storage areas, process areas, floors, walls, and internal structures will be performed. Decontamination techniques following removal of waste inventory will utilize a combination of flushing and steam cleaning to effectively remove contaminants. Where necessary, the surface areas will be manually scrubbed or steamed and the liquid generated from this process will be collected by vacuum, sumps, and/or pumps to convey the liquid into tanks or other approved containers. The collected liquids residues will then be characterized, and if necessary, sent for treatment/disposal at state and/or EPA permitted facilities.

Exterior site areas (e.g., waste accumulation and staging areas, runoff accumulation areas, parking lots and loading/unloading areas, etc.) will be visually inspected, and if necessary, will be decontaminated.

2.0 NOTIFICATION OF CLOSURE

At least 45 days before initiation of closure activities, Stericycle, Inc. of Utah will notify the required regulatory agency (Utah Division of Waste Management and Radiation Control) that Stericycle, Inc. will begin closure activities on (or as early as) a date specified in the notice.

This notice will also include a revised closure plan with necessary changes proposed and a detailed schedule identifying the time frame for closing the individual units at the facility. The proposed decontamination standard and other proposed changes to the closure plan will be submitted as a modification request consistent with the modification request procedures in place at the time of closure.

3.0 HEALTH AND SAFETY

Those involved in closure activities will follow the Stericycle procedures for the protection of worker health and safety to be used will be determined by Stericycle's safety and health manager(s). For this closure plan, levels of worker protection are defined as follows:

<u>Level B Protection</u>

Self-contained breathing apparatus
cartridges Air lines and tanks
Steel-toe, leather boots
Boot covers
Tyvek coveralls
Chemically resistant gloves
Hardhat
Eye protection

<u>Level C Protection</u>

Air purifying respirator and
Steel-toe, leather boots
Boot covers
Tyvek or cotton coveralls
Chemically resistant gloves
Hardhat
Eye protection

Level D protection includes the standard health and safety equipment for construction activities as specified by Stericycle's safety and health manager(s).

4.0 CLEANUP LEVEL

Stericycle intends to decontaminate all the process equipment to non-contaminated levels as outlined in this plan.

Areas of the incineration facility where waste is to be removed, including the incinerator, gas cleaning train and storage areas, concrete floors, and building walls, are to be decontaminated to the levels specified by Stericycle's safety and health manager(s).

5.0 START OF CLOSURE

Closure of the facility will begin on the closure date specified in the notification letter to the State of Utah. The primary significant step in closure of the facility will be removal of waste inventory or processing of inventory to be incinerated prior to the date of final incineration operations. Before decontamination of a specific unit begins, all waste received will be incinerated on-site, and/or sent off site to an approved medical waste treatment facility.

6.0 CLOSURE PROCEDURES

The closure/decontamination procedures shall include, but not necessarily be limited to, the following activities for each type of process equipment:

6.1 Clean Out of the Incinerator and APC Equipment

All incoming waste deliveries for incineration at the North Salt Lake incinerator facility will be terminated. Waste inventories will be processed prior to the date of termination of incinerator operations or will be sent to an approved off-site medical waste processing facility following the date of termination. After the final charge of the incinerator, the unit will continue operating until the waste inside the primary chamber has combusted for a minimum of 2 hours. The APC equipment will continue operating until the combustion process has been completed.

When the incinerator has had the opportunity to cool down, the incinerator will be locked out for final cleaning of the primary and secondary chambers.

The Filter Fabric Bag House will be pulsed to remove as much fly ash as possible. The baghouse hopper will be emptied with the resulting fly ash being treated and properly disposed of at a permitted landfill. If the fly ash is determined to be hazardous, disposal will be at an EPA approved TSDF. Electrical equipment for operation of the incinerator will be de-energized and locked out or otherwise disconnected.

Bottom ash in the quench tank will be removed. The bottom ash will be disposed of in an approved disposal facility in accordance with applicable waste characterization requirements.

6.2 Preparing the Incinerator for Dismantling

Once the final clean out has occurred, the incinerator will be disconnected from the gas feed system. The hydraulic systems will be cycled to place the equipment in the proper position and the hydraulics will be dismantled. The hydraulic oils will be collected and disposed/recycled appropriately. The air systems will be disconnected. The electrical systems will be disconnected rendering the incinerator and APC equipment inoperable for further incineration operations.

6.3 Cleaning and Dismantling of the APC

A third-party company qualified to perform cleaning of the APC system will clean the APC equipment. The contractor will provide a certification that the equipment has been properly decontaminated, and all residual materials have been disposed of in accordance with applicable regulations.

Once the APC equipment has been decontaminated, dismantling and disposal or scrap recycling will occur. The system will be dismantled, and material deemed to be recyclable will be shipped to a recycler or metal scrap yard. Other material will be disposed appropriately.

Refractory lining removed from the ductwork between the incinerator and the APC equipment will be characterized. Following determinations based on analytical results, the refractory will be disposed of appropriately.

6.4 Dismantling of the Incinerator

- Usable parts such as burners, blowers, control systems, thermocouples, etc. will be removed from the incinerator prior to dismantling the primary and secondary chambers.

- The stacks and associated breeching will be lowered to the ground with a crane.

- Depending upon the final disposal options, the refractory will be removed and characterized. The remaining scrap metal will be sent to a recycler or scrap yard. A crane will remove the secondary chamber from the primary chamber and the refractory will be removed and tested as described above.

- The charging platform, hydraulic cylinders, and charging door will be separated from the primary chamber.

- The ash plows in the primary chamber will be removed and recycled or disposed of.

- The refractory in the primary chamber will be removed and tested as described above.

- The chamber will be cut up and sent to a scrap yard or recycling facility.

- The ash dragon will be removed and recycled or sent to a scrap yard.

- The quench water will be removed, characterized and disposed of accordingly.

6.5 Area Cleaning

Once the incinerator and APC equipment have been decontaminated of waste or dismantled and removed, the concrete pad and surrounding area will be cleaned. Holes, sumps, containment areas will be cleaned out or filled in and capped off as determined by the facility manager.

All gas lines and electrical lines to the incinerator will be removed back to the gas meter and the electrical panel(s), respectively.

Residual materials such as sodium bicarbonate, hydraulic fluids, caustic soda, etc. will be sold, properly dispositioned, or disposed of at an approved facility.

7.0 SAMPLING AND ANALYSIS

The sampling plan and all analytical testing during the closure performance period shall conform to the Stericycle Waste Analysis Plan for the identification of regulated wastes.

8.0 CLOSURE COST ESTIMATES

The total cost to close the facility using third party cost in 2021 dollars is estimated to be $422,178.

9.0 POST-CLOSURE PLAN

As discussed above, Stericycle will fully decontaminate all incinerator-operations waste management units of the facility to non-contaminated status except where noted.

Non-contaminated status is that closure has been performed and associated waste has been removed as certified by a third-party Utah-registered professional engineer.

Contaminated items that cannot be decontaminated will be disposed of at approved hazardous waste or medical waste facility as appropriate. It is therefore not anticipated that any post-closure monitoring of the site will be required. In addition, this site is not used for disposal, as such, a post-closure plan is not required under Utah Department of Environmental Quality regulation R315-302-3(1).

10.0 LIABILITY REQUIREMENTS

Current liability insurance for the Stericycle, Inc of Utah facility is afforded coverage by American International Specialty Lines of Insurance Company, policy number PLC 377- 70-82. The limits of liability for sudden accidental occurrences are $5 million per occurrence and an annual aggregate of $10 million, exclusive of legal costs.

11.0 FINANCING CLOSURE COST

To satisfy financial assurance closure cost requirements, Stericycle, Inc of Utah has obtained a surety bond. The current closure bond, Bond No. K08445461, is provided by the Westchester Fire Insurance Company.

12.0 TIMELINE FOR CLOSURE ACTIVITIES

Termination of incinerator operations is to occur on or before the date specified in the notice from Stericycle to the Division. Completion of closure activities outlined in this plan is to occur within one year of termination of incineration operations. Additional time for closure activities may be requested by Stericycle along with reasons for the additional time. Extensions to the timeline for closure may be approved or denied by the Director of the Utah Division of Waste Management and Radiation Control.

13.0 LIABILITY REQUIREMENTS

Current liability insurance for the Stericycle, Inc. of Utah facility is afforded coverage by American International Specialty Lines of Insurance Company, policy number PLC 3 77-70-82. The limits of liability for sudden accidental occurrences are $5 million per occurrence and an annual aggregate of $1 0 million, exclusive of legal costs.

Please find attached Stericycle's Certificate of Insurance at the end of this section.

14.0 FINANCING CLOSURE COST

To satisfy financial assurance closure cost requirements, Stericycle, Inc. of Utah has obtained a closure bond. The current closure bond, Bond No. K08445461, is provided by The Westchester Fire Insurance Company.

Please find attached Stericycle's Closure Bond at the end of this section.

Attachment #15

Daily Operating Record

XIV. DAILY OPERATING RECORD

This section describes additional recordkeeping requirements of R315-302-2(3) that are not covered elsewhere in this permit application.

The following are facility operational metrics that are continuously recorded (including at the end of each day) and are to be maintained accessible on site at the facility:

- Charge Weight (hourly cumulative charge weight recorded for each minute that data is recorded)

- Primary Temperature (three-hour rolling average temperature of the primary combustion chamber recorded for each minute that data is recorded)

XIV. CLOSURE/ FINANCIAL ASSURANCE PLAN

1.0 CLOSURE INTRODUCTION

Background.

This closure plan applies to the Stericycle, Inc. Incineration Facility in North Salt Lake, Utah. The closure plan has been revised in anticipation of termination of incineration operations at the facility. Non-incineration operations will continue at the location following termination of incineration operations.

The location is anticipated to continue operation as a transfer facility that receives the same types of waste as currently occurs with incineration operations, however, instead of incinerating a portion of the waste received at the facility and transferring the remainder to off-site locations for processing (incineration or autoclaving), all received waste will be transferred to off-site locations for processing.

Route trucks that service the local area and long-haul transporters and that bring in waste from the interstate area and international locations, may continue to bring waste to the North Salt Lake location following termination of incineration operations. Such waste may be transferred, repackaged, consolidated, and forwarded in transportation from the Stericycle North Salt Lake location.

Overview
This plan has been prepared in accordance with the requirements of R315-302. The financial-assurance estimates for the closure plan assume a worst-case cost scenario which would occur when the maximum waste inventory is stored on-site and a third-party contractor is hired to conduct the closure. The maximum inventory on-site includes all waste items and materials which Stericycle, Inc. of Utah may have stored in the facility. The closure plan addresses the shipment offsite for treatment/disposal of the waste items and materials as well as decontamination of the process area and equipment, and all sample analyses.

On or before the designated date of termination of incineration operations, Stericycle will terminate incinerator operations of the incinerator (including the primary and secondary combustion chambers), the emergency stack and its ducting, the incinerator feed process units, the quench system, the electrostatic precipitator, and the bottom ash extraction and conveyance systems. The air-pollution control system will also be dismantled and removed from the location.

Ash and incineration-related waste will be removed from units that are dismantled and removed. These units include the waste-heat boiler, the main stack, and air-pollution control devices, including the baghouse, the scrubbers, the carbon bed, heat exchanger(s), the activated carbon feed system, and the bicarbonate silo and feed system, the evaporator, and associated piping/ductwork.

This section also contains information required under R315-309 regarding financial assurance.

Decontamination of areas to be closed, including applicable storage areas, process areas, floors, walls, and internal structures will be performed. Decontamination techniques following removal of waste inventory will utilize a combination of flushing and steam cleaning to effectively remove contaminants. Where necessary, the surface areas will be manually scrubbed or steamed and the liquid generated from this process will be collected by vacuum, sumps, and/or pumps to convey the liquid into tanks or other approved containers. The collected liquids residues will then be characterized, and if necessary, sent for treatment/disposal at state and/or EPA permitted facilities.

Exterior site areas (e.g., waste accumulation and staging areas, runoff accumulation areas, parking lots and loading/unloading areas, etc.) will be visually inspected, and if necessary, will be decontaminated.

2.0 NOTIFICATION OF CLOSURE

At least 45 days before initiation of closure activities, Stericycle, Inc. of Utah will notify the required regulatory agency (Utah Division of Waste Management and Radiation Control) that Stericycle, Inc. will begin closure activities on (or as early as) a date specified in the notice.

This notice will also include a revised closure plan with necessary changes proposed and a detailed schedule identifying the time frame for closing the individual units at the facility. The proposed decontamination standard and other proposed changes to the closure plan will be submitted as a modification request consistent with the modification request procedures in place at the time of closure.

3.0 HEALTH AND SAFETY

Those involved in closure activities will follow the Stericycle procedures for the protection of worker health and safety to be used will be determined by Stericycle's safety and health manager(s). For this closure plan, levels of worker protection are defined as follows:

<u>Level B Protection</u>

Self-contained breathing apparatus
cartridges Air lines and tanks
Steel-toe, leather boots
Boot covers
Tyvek coveralls
Chemically resistant gloves
Hardhat
Eye protection

<u>Level C Protection</u>

Air purifying respirator and
Steel-toe, leather boots
Boot covers
Tyvek or cotton coveralls
Chemically resistant gloves
Hardhat
Eye protection

Level D protection includes the standard health and safety equipment for construction activities as specified by Stericycle's safety and health manager(s).

4.0 CLEANUP LEVEL

Stericycle intends to decontaminate all the process equipment to non-contaminated levels as outlined in this plan.

Areas of the incineration facility where waste is to be removed, including the incinerator, gas cleaning train and storage areas, concrete floors, and building walls, are to be decontaminated to the levels specified by Stericycle's safety and health manager(s).

5.0 START OF CLOSURE

Closure of the facility will begin on the closure date specified in the notification letter to the State of Utah. The primary significant step in closure of the facility will be removal of waste inventory or processing of inventory to be incinerated prior to the date of final incineration operations. Before decontamination of a specific unit begins, all waste received will be incinerated on-site, and/or sent off site to an approved medical waste treatment facility.

6.0 CLOSURE PROCEDURES

The closure/decontamination procedures shall include, but not necessarily be limited to, the following activities for each type of process equipment:

6.1 Clean Out of the Incinerator and APC Equipment

All incoming waste deliveries for incineration at the North Salt Lake incinerator facility will be terminated. Waste inventories will be processed prior to the date of termination of incinerator operations or will be sent to an approved off-site medical waste processing facility following the date of termination. After the final charge of the incinerator, the unit will continue operating until the waste inside the primary chamber has combusted for a minimum of 2 hours. The APC equipment will continue operating until the combustion process has been completed.

When the incinerator has had the opportunity to cool down, the incinerator will be locked out for final cleaning of the primary and secondary chambers.

The Filter Fabric Bag House will be pulsed to remove as much fly ash as possible. The baghouse hopper will be emptied with the resulting fly ash being treated and properly disposed of at a permitted landfill. If the fly ash is determined to be hazardous, disposal will be at an EPA approved TSDF. Electrical equipment for operation of the incinerator will be de-energized and locked out or otherwise disconnected.

Bottom ash in the quench tank will be removed. The bottom ash will be disposed of in an approved disposal facility in accordance with applicable waste characterization requirements.

6.2 Preparing the Incinerator for Dismantling

Once the final clean out has occurred, the incinerator will be disconnected from the gas feed system. The hydraulic systems will be cycled to place the equipment in the proper position and the hydraulics will be dismantled. The hydraulic oils will be collected and disposed/recycled appropriately. The air systems will be disconnected. The electrical systems will be disconnected rendering the incinerator and APC equipment inoperable for further incineration operations.

6.3 Cleaning and Dismantling of the APC

A third-party company qualified to perform cleaning of the APC system will clean the APC equipment. The contractor will provide a certification that the equipment has been properly decontaminated, and all residual materials have been disposed of in accordance with applicable regulations.

Once the APC equipment has been decontaminated, dismantling and disposal or scrap recycling will occur. The system will be dismantled, and material deemed to be recyclable will be shipped to a recycler or metal scrap yard. Other material will be disposed appropriately.

Refractory lining removed from the ductwork between the incinerator and the APC equipment will be characterized. Following determinations based on analytical results, the refractory will be disposed of appropriately.

6.4 Dismantling of the Incinerator

- Usable parts such as burners, blowers, control systems, thermocouples, etc. will be removed from the incinerator prior to dismantling the primary and secondary chambers.

- The stacks and associated breeching will be lowered to the ground with a crane.

- Depending upon the final disposal options, the refractory will be removed and characterized. The remaining scrap metal will be sent to a recycler or scrap yard. A crane will remove the secondary chamber from the primary chamber and the refractory will be removed and tested as described above.

- The charging platform, hydraulic cylinders, and charging door will be separated from the primary chamber.

- The ash plows in the primary chamber will be removed and recycled or disposed of.

- The refractory in the primary chamber will be removed and tested as described above.

- The chamber will be cut up and sent to a scrap yard or recycling facility.

- The ash dragon will be removed and recycled or sent to a scrap yard.

- The quench water will be removed, characterized and disposed of accordingly.

6.5 Area Cleaning

Once the incinerator and APC equipment have been decontaminated of waste or dismantled and removed, the concrete pad and surrounding area will be cleaned. Holes, sumps, containment areas will be cleaned out or filled in and capped off as determined by the facility manager.

All gas lines and electrical lines to the incinerator will be removed back to the gas meter and the electrical panel(s), respectively.

Residual materials such as sodium bicarbonate, hydraulic fluids, caustic soda, etc. will be sold, properly dispositioned, or disposed of at an approved facility.

7.0 SAMPLING AND ANALYSIS

The sampling plan and all analytical testing during the closure performance period shall conform to the Stericycle Waste Analysis Plan for the identification of regulated wastes.

8.0 CLOSURE COST ESTIMATES

The total cost to close the facility using third party cost in 2021 dollars is estimated to be $422,178.

9.0 POST-CLOSURE PLAN

As discussed above, Stericycle will fully decontaminate all incinerator-operations waste management units of the facility to non-contaminated status except where noted.

Non-contaminated status is that closure has been performed and associated waste has been removed as certified by a third-party Utah-registered professional engineer.

Contaminated items that cannot be decontaminated will be disposed of at approved hazardous waste or medical waste facility as appropriate. It is therefore not anticipated that any post-closure monitoring of the site will be required. In addition, this site is not used for disposal, as such, a post-closure plan is not required under Utah Department of Environmental Quality regulation R315-302-3(1).

10.0 LIABILITY REQUIREMENTS

Current liability insurance for the Stericycle, Inc of Utah facility is afforded coverage by American International Specialty Lines of Insurance Company, policy number PLC 377- 70-82. The limits of liability for sudden accidental occurrences are $5 million per occurrence and an annual aggregate of $10 million, exclusive of legal costs.

11.0 FINANCING CLOSURE COST

To satisfy financial assurance closure cost requirements, Stericycle, Inc of Utah has obtained a surety bond. The current closure bond, Bond No. K08445461, is provided by the Westchester Fire Insurance Company.

12.0 TIMELINE FOR CLOSURE ACTIVITIES

Termination of incinerator operations is to occur on or before the date specified in the notice from Stericycle to the Division. Completion of closure activities outlined in this plan is to occur within one year of termination of incineration operations. Additional time for closure activities may be requested by Stericycle along with reasons for the additional time. Extensions to the timeline for closure may be approved or denied by the Director of the Utah Division of Waste Management and Radiation Control.

13.0 LIABILITY REQUIREMENTS

Current liability insurance for the Stericycle, Inc. of Utah facility is afforded coverage by American International Specialty Lines of Insurance Company, policy number PLC 3 77-70-82. The limits of liability for sudden accidental occurrences are $5 million per occurrence and an annual aggregate of $1 0 million, exclusive of legal costs.

Please find attached Stericycle's Certificate of Insurance at the end of this section.

14.0 FINANCING CLOSURE COST

To satisfy financial assurance closure cost requirements, Stericycle, Inc. of Utah has obtained a closure bond. The current closure bond, Bond No. K08445461, is provided by The Westchester Fire Insurance Company.

Please find attached Stericycle's Closure Bond at the end of this section.

Attachment #16

Fly Ash Analysis and Management Plan

FLY ASH SAMPLING, ANALYSIS, AND MANAGEMENT PLAN

1. SCOPE

This plan applies to the North Salt Lake facility so long as it generates or produces fly ash.

Fly ash is an inorganic material that comes from the air emission stream. Fly ash is removed from the air pollution control system, typically at the bag house (also from the boiler and other locations in the system).

2. FLY ASH NON-HAZARDOUS WASTE CHARACTERIZATION

The fly ash waste stream has been characterized by Stericycle as a non-hazardous waste stream. This characterization and non-hazardous determination has been performed over the years and again quite recently using fly-ash samples taken and analyzed for the eight (8) RCRA metals during April-August 2021.

Stericycle has recently met with and coordinated this waste characterization with the Utah Division of Waste Management and Radiation Control and has used the guidance in EPA SW-846 Chapter Nine, also applying a more stringent, one-tail 95% confidence level, as compared to the 90% level used in SW-846. See the attachment to this plan, "Critical values of Student's t distribution with ν degrees of freedom."

3. REQUIREMENTS FOR DISPOSAL OF FLY ASH

Until Stericycle completes the sampling and associated demonstrations outlined in this section, Stericycle's fly ash shall continue to be disposed at a permitted hazardous waste disposal facility, except as noted below.

> Note: Fly-ash that is part of a specific sampling event with a minimum of four (4) samples that meets either of the following requirements may be disposed in a permitted non-hazardous waste landfill: (1) the sample set has all negative results or, (2) if there are positive results among the sample set, the sample set has 95% upper confidence intervals that are all below the regulatory thresholds.

At its election, Stericycle may conduct additional successive sampling events on the generated fly ash to qualify to begin and then continue disposal of the fly-ash waste stream at a permitted non-hazardous waste landfill in accordance with the requirements outlined in this plan.

Disposal of fly ash at a non-hazardous waste landfill may occur after Stericycle completes two (2) successive fly-ash sampling events wherein the set of samples from

each of those separate, successive events have results that are evaluated to be non-hazardous for each of the eight (8) analyzed RCRA metal constituents in accordance with EPA SW-846 Chapter Nine, also applying a 95% confidence level for the characteristic metals.

4. FLY ASH SAMPLING AND ANALYSIS

The fly-ash waste stream is to be sampled periodically as outlined in this plan to evaluate whether to change disposal requirements for the waste stream. Additionally, whenever there is a change in the process(es) affecting the fly-ash waste stream, a new waste determination for fly ash waste will be performed.

Fly ash sampling, sample analysis, data review, and related procedures and requirements are outlined in the Fly Ash Analysis and Management Plan in Sections 5 and 6, below.

Fly ash shall be sampled and analyzed quarterly utilizing U.S. EPA Methods for the eight (8) RCRA metals.

Analyses of samples of fly ash shall be conducted by a Utah-certified laboratory.

5. SAMPLE COLLECTION, PRESERVATION, AND HANDLING

Fly Ash Sample Collection:

Fly Ash: For quarterly sampling, randomly select eight (8) fly ash containers and pull samples from randomly selected locations from each of these containers to create eight (8) composite samples corresponding to the container. For sampling to return to disposal at a non-hazardous waste landfill, similarly select at least four (4) samples from fly ash containers. For each sample, the final composite is recommended to be a minimum of ~0.5L (at least 100 g and may be more when required by the laboratory). If a fewer number of containers are available, the required number of samples shall be collected from the available fly-ash containers.

Preservation:

Samples may be refrigerated unless refrigeration results in irreversible physical change to the waste.

Chain of Custody and Shipment Form:

The Chain of Custody shall be prepared with and accompany samples to the laboratory for each sampling event. A shipment form is also used if the samples are to be sent to the laboratory via a third-party delivery service.

6. SAMPLING PLAN, WASTE MANAGEMENT, DATA REVIEW, RECORDKEEPING, REPORTS, AND NOTIFICATIONS

6.1 Quarterly Fly-Ash Analysis Sampling Plan:

6.1.1 As a periodic check on fly-ash chemical constituents and to determine disposal requirements, the fly ash waste stream shall be sampled quarterly, within every three (3) calendar months (Jan-Mar, Apr-Jun, Jul-Sep, Oct-Dec), in accordance with Rules R315- 316-5: Infectious Waste Treatment and Disposal Requirements. A minimum of eight (8) random composite samples of fly ash shall be taken and analyzed as part of the quarterly sampling event.

6.1.2 Stericycle shall store on site the containers of fly ash that were part of the sampling event until analytical results are obtained and disposal determinations are made. As an alternative to this on-site storage requirement, Stericycle may dispose of these sampled containers at a permitted hazardous-waste landfill prior to receiving analytical results. .

6.1.3 Results of all testing shall be kept on file at the facility and available for inspection for a minimum of three (3) years or until completion of final fly-ash removal during facility closure.

6.2 Data Review.

6.2.1 Data review applies, as specified in this section, to both quarterly sampling and for sampling of fly ash that is taken in an effort to resume non-hazardous waste disposal of fly ash.

6.2.2 If the final upper confidence interval for any of the constituents exceeds a constituent's corresponding regulatory threshold for a hazardous characteristic, the facility shall notify the DWMRC within two (2) business days of the receipt of the most recent results.

> Note: In accordance with SW-846, Chapter Nine, positive result(s) or an initial exceedance of a regulatory threshold does not automatically mean that the waste stream is characteristically hazardous. See SW-846, Chapter Nine, especially the portions that discuss appropriate hazardous waste determinations.

6.2.3 For quarterly sampling events, written notification of any exceedance of a regulatory threshold by a confidence interval shall be provided to the DWMRC within ten (10) business days. Such written notification may be provided to cognizant DWMRC staff via email.

6.2.4 For quarterly sampling events, Stericycle may elect to conduct additional sampling of stored fly ash following an initial exceedance of a regulatory threshold(s) to see if additional samples result in all confidence intervals being within regulatory thresholds, thereby allowing continued disposal of fly ash at a permitted non-hazardous waste landfill.

Such additional samples must be taken starting within one (1) week of receipt of a positive result. If evaluation at completion of the additional sampling shows that the sampled fly ash has one or more confidence intervals that exceed the corresponding regulatory threshold, then the fly ash involved in the sampling and subsequently generated fly ash must be disposed at a permitted hazardous waste disposal facility. If otherwise, and the confidence intervals with the additional sample results are all within corresponding regulatory thresholds, all of the fly ash involved in the quarterly sampling may continue to be disposed at a permitted non-hazardous waste landfill.

Additional sampling for a quarterly sampling event following an initial exceedance of one or more regulatory thresholds may include random sampling of fly ash from both the set of fly ash containers that were subjected to initial sampling and containers of fly ash subsequently generated.

If quarterly sampling is conducted at a time when fly ash is required to be disposed at a permitted hazardous waste landfill, the quarterly sampling may be one part of a two-part subsequent sampling that, if successful may result in resumption of disposal at a non-hazardous waste landfill.

6.3 Reports and Notifications

6.3.1 Reports for the Quarterly Sampling Event

A report of quarterly sampling shall be submitted to the Utah DWMRC no later than sixty (60) days from the date of the initial quarterly sampling. The report shall also include a statement from Stericycle as to how the fly ash is being disposed, i.e., at either a permitted non-hazardous waste landfill or at a permitted hazardous waste landfill.

6.3.2 Notification of Completion of Two (2) Subsequent Sampling Events and Return to Disposal at a Permitted Non-Hazardous Waste Landfill

Upon completion of two (2) subsequent sampling events where there were no exceedances of regulatory thresholds at the conclusion of sampling and analysis for the events, Stericycle will notify the Utah DWMRC of these results and that disposal of fly ash at a permitted non-hazardous waste landfill will resume.

7. MANAGEMENT AND DISPOSAL OF FLY ASH

Until completion of the initial two (2) sequential sampling events with confidence intervals below regulatory thresholds as outlined in Section 3 of this plan, and whenever this plan requires that fly ash be disposed at a permitted hazardous waste landfill, Stericycle shall manage fly ash in containers that have integrity. When containers of fly ash are offered for shipment, the containers shall be compliant for transportation as hazardous waste including labeling, transportation by a hazardous waste transporter, and use of hazardous-waste manifest(s) for shipment as hazardous waste to a permitted hazardous waste landfill.

Once Stericycle successfully completes the initial two (2) sequential sampling events with confidence intervals below regulatory thresholds as outlined in Section 3 of this plan and whenever Stericycle meets the requirements of this plan for resumption of disposal of fly ash at a permitted non-hazardous waste landfill, Stericycle may resume such disposal of fly ash at a permitted non-hazardous waste landfill.

Handling:

Fly ash is to be placed in designated collection containers (e.g., one-yard Helios bags or other compliant container) to await off-site transportation and disposal.

After collection containers are filled, they are to be closed and transferred to the Waste Storage Area or other indoor facility areas. Containers of fly ash may be placed into roll-off containers. If stored outdoors, roll-off containers that contain bags of fly ash must be covered with a tarp, covering, or lid.

Storage:

Weekly inspections of the Waste Management Area and fly-ash storage areas shall be conducted to include, but not be limited to, the length of time waste has been stored (dates on containers), the condition of containers, the amount of waste stored (number of containers), and evidence of any spills.

Transport/Disposal:

Disposal facilities receiving waste from Stericycle shall have all the appropriate permits.

Each shipment of fly ash to the disposal facility shall be accompanied by a properly filled out and signed waste manifest or bill of lading, along with the appropriate labeling and placarding, when applicable.

Records of manifests or bills of lading shall be maintained for a period of three (3) years or until facility closure.

Should Stericycle change the waste determination of the fly-ash waste stream from its current status as non-hazardous waste to a hazardous waste determination, the requirements for

management of fly ash as a hazardous waste that are outlined below in this section will be applicable.

(Note: A requirement in this plan for disposal of fly ash at a hazardous waste landfill until certain requirements are met does not mean that fly ash as a waste stream has been newly determined to be hazardous waste or that the existing waste determination has changed.)

Handling:

Fly ash is to be placed in designated collection containers (e.g., one-yard Helios bags or other compliant container) to await off-site transportation and disposal.

Collection containers shall only accumulate in those areas designated as Satellite Accumulation Areas by the facility manager (e.g., beneath the bag house).

After collection containers are filled, they are to be sealed (closed) and transferred to the Hazardous Waste Storage Area.

Storage:

Collection containers shall be stored in the Hazardous Waste Management Area. Collection containers shall be labeled at the time they are placed in the Waste Management Area to include, but not limited to, the date of generation, generator, description of the waste, and the words “HAZARDOUS WASTE”.

Hazardous waste shall not be stored in the Waste Management Area for a period greater than 90 days.

Weekly inspections of the Waste Management Area shall be conducted to include the condition of containers, the amount of waste stored (number of containers), evidence of any spills, and whether the 90-day accumulation time has been exceeded.

Transport/Disposal:

TSD facilities receiving hazardous-waste fly ash from Stericycle shall have all the appropriate permits as required by Federal and State rules.

Each shipment of hazardous waste shall be accompanied by a properly filled out and signed Hazardous Waste Manifest, along with the appropriate labeling and placarding, when applicable.

Each manifest shall be tracked during the transport and destruction process and maintained for a period of three (3) years or until facility closure.

8. REFERENCES

US Code of Federal Regulations, Title 40, Part 261.

US Code of Federal Regulations, Title 40, Section 262.17 (a)

US EPA, SW-846, Test Methods for Evaluating Solid Waste, Chapter Nine, Sampling Plan (includes guidance and quality assurance for hazardous waste determinations following proper sampling, analysis via standard methods, and reporting of results by laboratories.)

Critical Values of the Student's t Distribution with ν degrees of freedom
https://www.itl.nist.gov/div898/handbook/eda/section3/eda3672.htm

9. TABLE

Critical values of Student's t distribution with ν degrees of freedom

Note: Degrees of freedom (ν) are equal to the number of samples (n) collected less one.

Probability less than the critical value ($t_{1-\alpha,\nu}$)

ν	0.90	0.95	0.975	0.99	0.995	0.999
1.	3.078	6.314	12.706	31.821	63.657	318.313
2.	1.886	2.920	4.303	6.965	9.925	22.327
3.	1.638	2.353	3.182	4.541	5.841	10.215
4.	1.533	2.132	2.776	3.747	4.604	7.173
5.	1.476	2.015	2.571	3.365	4.032	5.893
6.	1.440	1.943	2.447	3.143	3.707	5.208
7.	1.415	1.895	2.365	2.998	3.499	4.782
8.	1.397	1.860	2.306	2.896	3.355	4.499
9.	1.383	1.833	2.262	2.821	3.250	4.296
10.	1.372	1.812	2.228	2.764	3.169	4.143
11.	1.363	1.796	2.201	2.718	3.106	4.024
12.	1.356	1.782	2.179	2.681	3.055	3.929
13.	1.350	1.771	2.160	2.650	3.012	3.852
14.	1.345	1.761	2.145	2.624	2.977	3.787
15.	1.341	1.753	2.131	2.602	2.947	3.733
16.	1.337	1.746	2.120	2.583	2.921	3.686
17.	1.333	1.740	2.110	2.567	2.898	3.646
18.	1.330	1.734	2.101	2.552	2.878	3.610
19.	1.328	1.729	2.093	2.539	2.861	3.579
20.	1.325	1.725	2.086	2.528	2.845	3.552
21.	1.323	1.721	2.080	2.518	2.831	3.527
22.	1.321	1.717	2.074	2.508	2.819	3.505
23.	1.319	1.714	2.069	2.500	2.807	3.485
24.	1.318	1.711	2.064	2.492	2.797	3.467
25.	1.316	1.708	2.060	2.485	2.787	3.450
26.	1.315	1.706	2.056	2.479	2.779	3.435
27.	1.314	1.703	2.052	2.473	2.771	3.421
28.	1.313	1.701	2.048	2.467	2.763	3.408
29.	1.311	1.699	2.045	2.462	2.756	3.396
30.	1.310	1.697	2.042	2.457	2.750	3.385
31.	1.309	1.696	2.040	2.453	2.744	3.375
32.	1.309	1.694	2.037	2.449	2.738	3.365
33.	1.308	1.692	2.035	2.445	2.733	3.356
34.	1.307	1.691	2.032	2.441	2.728	3.348
35.	1.306	1.690	2.030	2.438	2.724	3.340

ν	0.90	0.95	0.975	0.99	0.995	0.999
36.	1.306	1.688	2.028	2.434	2.719	3.333
37.	1.305	1.687	2.026	2.431	2.715	3.326
38.	1.304	1.686	2.024	2.429	2.712	3.319
39.	1.304	1.685	2.023	2.426	2.708	3.313
40.	1.303	1.684	2.021	2.423	2.704	3.307
41.	1.303	1.683	2.020	2.421	2.701	3.301
42.	1.302	1.682	2.018	2.418	2.698	3.296
43.	1.302	1.681	2.017	2.416	2.695	3.291
44.	1.301	1.680	2.015	2.414	2.692	3.286
45.	1.301	1.679	2.014	2.412	2.690	3.281
46.	1.300	1.679	2.013	2.410	2.687	3.277
47.	1.300	1.678	2.012	2.408	2.685	3.273
48.	1.299	1.677	2.011	2.407	2.682	3.269
49.	1.299	1.677	2.010	2.405	2.680	3.265
50.	1.299	1.676	2.009	2.403	2.678	3.261
51.	1.298	1.675	2.008	2.402	2.676	3.258
52.	1.298	1.675	2.007	2.400	2.674	3.255
53.	1.298	1.674	2.006	2.399	2.672	3.251
54.	1.297	1.674	2.005	2.397	2.670	3.248
55.	1.297	1.673	2.004	2.396	2.668	3.245
56.	1.297	1.673	2.003	2.395	2.667	3.242
57.	1.297	1.672	2.002	2.394	2.665	3.239
58.	1.296	1.672	2.002	2.392	2.663	3.237
59.	1.296	1.671	2.001	2.391	2.662	3.234
60.	1.296	1.671	2.000	2.390	2.660	3.232
61.	1.296	1.670	2.000	2.389	2.659	3.229
62.	1.295	1.670	1.999	2.388	2.657	3.227
63.	1.295	1.669	1.998	2.387	2.656	3.225
64.	1.295	1.669	1.998	2.386	2.655	3.223
65.	1.295	1.669	1.997	2.385	2.654	3.220
66.	1.295	1.668	1.997	2.384	2.652	3.218
67.	1.294	1.668	1.996	2.383	2.651	3.216
68.	1.294	1.668	1.995	2.382	2.650	3.214
69.	1.294	1.667	1.995	2.382	2.649	3.213
70.	1.294	1.667	1.994	2.381	2.648	3.211
71.	1.294	1.667	1.994	2.380	2.647	3.209
72.	1.293	1.666	1.993	2.379	2.646	3.207
73.	1.293	1.666	1.993	2.379	2.645	3.206
74.	1.293	1.666	1.993	2.378	2.644	3.204
75.	1.293	1.665	1.992	2.377	2.643	3.202
76.	1.293	1.665	1.992	2.376	2.642	3.201
77.	1.293	1.665	1.991	2.376	2.641	3.199
78.	1.292	1.665	1.991	2.375	2.640	3.198
79.	1.292	1.664	1.990	2.374	2.640	3.197
80.	1.292	1.664	1.990	2.374	2.639	3.195
81.	1.292	1.664	1.990	2.373	2.638	3.194
82.	1.292	1.664	1.989	2.373	2.637	3.193
83.	1.292	1.663	1.989	2.372	2.636	3.191
84.	1.292	1.663	1.989	2.372	2.636	3.190
85.	1.292	1.663	1.988	2.371	2.635	3.189
86.	1.291	1.663	1.988	2.370	2.634	3.188
87.	1.291	1.663	1.988	2.370	2.634	3.187
88.	1.291	1.662	1.987	2.369	2.633	3.185
89.	1.291	1.662	1.987	2.369	2.632	3.184
90.	1.291	1.662	1.987	2.368	2.632	3.183
91.	1.291	1.662	1.986	2.368	2.631	3.182
92.	1.291	1.662	1.986	2.368	2.630	3.181
93.	1.291	1.661	1.986	2.367	2.630	3.180
94.	1.291	1.661	1.986	2.367	2.629	3.179
95.	1.291	1.661	1.985	2.366	2.629	3.178
96.	1.290	1.661	1.985	2.366	2.628	3.177
97.	1.290	1.661	1.985	2.365	2.627	3.176
98.	1.290	1.661	1.984	2.365	2.627	3.175
99.	1.290	1.660	1.984	2.365	2.626	3.175
100.	1.290	1.660	1.984	2.364	2.626	3.174
∞	1.282	1.645	1.960	2.326	2.576	3.090

Reference: Critical Values of the Student's t Distribution
https://www.itl.nist.gov/div898/handbook/eda/section3/eda3672.htm