

**MEDICAL WASTE FACILITY  
APPLICATION CONTENT CHECKLIST**

The following checklist is for three different types of facilities:

- Medical Waste Treatment Facilities (Section VII)
- Medical Waste Storage/ Transfer Facilities (Section VIII)
- Medical Waste Disposal Facilities (Section IX)

The first six sections of the checklist are applicable for all submittals. Sections VII, VIII, and IX describe specific application requirements of each of the respective facilities listed immediately above.

**I. Letter of Transmittal**

- [ ] A letter transmitting the application to ADEQ.

**II. Table of Contents**

- [ ] A table of contents listing the main sections of the application.

**III. General Information**

- [ ] *Name of the Facility*
- [ ] *Type and General Description of the Facility Operation* B The type of solid waste facility and a general description of the facility.
- [ ] *Owner Information* B All owners= names, addresses, and telephone numbers.
- [ ] *Operator Information* B All operators= names, addresses, and telephone numbers (including emergency telephone numbers).
- [ ] *Agent Information* B Names, addresses, and telephone numbers of any agents authorized to act on behalf of the applicant.
- [ ] *Facility Information*
  - [ ] The physical location of the facility;
  - [ ] The mailing address of the facility;
  - [ ] The legal description of the facility by township, range and section;
  - [ ] Latitude and longitude of the facility;
  - [ ] The county assessor=s book, map, and parcel number for the land on which the facility is located.
  - [ ] Written description of the drainage characteristics at the facility.

- [ ] *Vicinity Map(s) B* At a scale not over 1:12,000 (1 inch = 1,000 feet) that delineates:
  - [ ] The area within one-quarter mile of the proposed facility boundaries;
  - [ ] Adjacent zoning and land use (including residences) within 1000 feet of the proposed facility boundaries;
  - [ ] Access roads, bridges and railroads, within one-quarter mile of the facility;
  - [ ] 100-year flood plains, as determined by the Federal Emergency Management Agency, within one-half of the proposed facility boundaries;
  - [ ] Any other existing or proposed man-made, natural or other significant features within 1000 feet of the proposed facility boundaries.
  
- [ ] *Acknowledgments and Authorized Signature B* The following statements must be agreed upon by the owner/operator of the medical waste facility, and acknowledged with his/her signature(s):
  - [ ] To the best of the applicant=s knowledge, the applicant has complied with all applicable local regulations and ordinances relative to the construction and operation of the facility.
  - [ ] The applicant acknowledges that the Department has the right to inspect the solid waste facility as prescribed by A.R.S. '49-763 and as set forth and defined in A.R.S. '49-203.
  - [ ] The application must be signed by an authorized agent or the operator. The applicant must certify that the information submitted in the application is true and accurate to the best of the applicant=s knowledge, and that the owner will grant site access to the operator as necessary to conduct any required closure activities once the operation has ceased,

**IV** **Location Restrictions** (Note: Demonstrations for compliance with location restrictions shall include proper documentation from the appropriate regulatory agency.)

- [ ] *Irrigation Grandfathered Rights* (A.R.S. '49-772.A.1) B New solid waste facilities may not be permitted if an irrigation grandfathered right is appurtenant to all or any part of the facility property. The irrigation grandfathered rights may be retired through the Arizona Department of Water Resources.
  
- [ ] *Greater than 25,000 cubic feet per second (cfs) Floodplain* B (A.R.S. '49-772.A.2)