



## BIOHAZARDOUS MEDICAL WASTE FACILITY PLAN APPLICATION INSTRUCTIONS

### INSTRUCTIONS

Pursuant to the Arizona Revised Statutes (A.R.S.) §49-762.04 and Arizona Administrative Code (A.A.C.) R18-13-1410(A), a person shall obtain a Biohazardous Medical Waste Facility Plan (BMWFP) approval from the Arizona Department of Environmental Quality (ADEQ) to construct any facility that will be used to store, transfer, treat, or dispose of biohazardous medical waste that is generated off-site. Plan approval shall be obtained before starting construction of the biohazardous medical waste treatment, storage, transfer or disposal facility.

This document provides guidance to prepare a BMWFP that is used to store, transfer, treat, or dispose of biohazardous medical waste and is divided into three main parts:

- 1) **Instructions** – The instructions are intended to give you basic information regarding the application process, how long the process may take, and how much it will cost. More detailed information can be obtained by referencing the specific rule citation listed with each application item. Please do not submit the instructions with your application.
- 2) **General Information** – This section includes basic applicant and facility information.
- 3) **Technical Information** – This section requires information regarding the facility and the manner in which the biohazardous medical waste facility will be designed and operated. These submittal items are to be attached to the BMWFP application. To facilitate the processing of your application, ADEQ recommends that you organize all the attachments using a Table of Contents that references the application item number (Ex. “Attachment 1 – Facility Description [Item 11]”). To assist you in this process, ADEQ has prepared a BMWFP checklist which is to be used as an attachment to this application and is designed to assist you in preparing an administratively complete BMWFP submittal. Note: Engineering design drawings and associated calculations must be affixed with the seal of an Arizona registered professional of an appropriate discipline. Also, depending upon the scope of your proposed operations, portions of the checklist may not be applicable to your facility activities.

Please note that authorization to perform biohazardous medical waste transportation activities in accordance with A.R.S. R18-13-1409 is covered under a separate application and approval process.

For assistance or inquiries regarding the application process, please contact ADEQ Permits and Plan Review Unit at (602) 771-4123 or toll free in Arizona at (800) 234-5677, ext. 771-4123.

### GENERAL APPLICATION PROCESS

- 1) Applicant submits two (2) bound or stapled copies, and one electronic copy, of the application including the BMWFP attachments, the initial fee, and a cover letter that provides a general overview of the project (briefly describe nature of business, the location of the facility, and at least one general contact and phone number). BMWFP review procedures are provided at A.R.S. §49-762.04. **At least one copy of the application must be submitted with the original Signature.**
- 2) ADEQ reviews application for administrative completeness.
- 3) Applicant satisfies any administrative deficiencies.
- 4) ADEQ issues public notice; 30-day public comment period begins (calendar days).
- 5) Applicant satisfies any substantive deficiencies.
- 6) ADEQ issues a Decision to Grant/Deny the application.
- 7) Public hearing (if needed).
- 8) ADEQ sends the final invoice for application processing.
- 9) Applicant pays the invoice.

If the Department disapproves a BMWFP, it will provide the owner or operator a complete written, detailed rationale for the disapproval per A.R.S. §49-762.04(B). ADEQ’s decision is an appealable agency action per A.R.S. §41-1092.

### FEES

A \$10,000 initial fee is required along with your application in accordance with A.A.C. R18-13-702. The permit team assigned to your project will bill at a rate of \$122 per hour up to a maximum fee of \$100,000 in accordance with A.A.C. R18-13-702.

## PERMITTEE

The permittee shall be the person responsible for complying with the terms and conditions of the Biohazardous Medical Waste requirements of A.A.C. R18-13-1401 et seq., and the issued BMWFP approval. The “permittee” may be more than one entity including the facility owner and the facility operator, should they be two separate entities.

## HOW LONG DOES THE APPLICATION PROCESS TAKE?

Licensing Time Frames (LTF) are specified by ADEQ in A.A.C. R18-1-525, which limits the number of business days (excludes Saturdays, Sundays and Holidays) ADEQ can review your project without a penalty. The LTF clock can be stopped by the ADEQ one time during the administrative review if necessary data are missing. The LTF clock can be stopped one time during the substantive review to request additional technical information or technical clarification from the applicant. Whether or not a public hearing is held depends on the types and number of comments received during the public comment period.

The LTF for an individual permit automatically defaults to “Biohazardous Medical Waste (no public hearing).” ADEQ may re-assign the license time if a public hearing is required in accordance with A.A.C. R18-9-501(9).

License Type	Administrative Completeness Review	Substantive Review	Overall Time Frame
Biohazardous Medical Waste (no public hearing)	32	62	94
Biohazardous Medical Waste (with public hearing)	32	124	156

## WITHDRAWING YOUR APPLICATION

An application may be withdrawn by the applicant at any time during the application process in accordance with A.A.C. R18-1-517. You may withdraw your application by submitting a written request to the Permits and Plan Review Unit Manager. Withdrawing your application causes the LTF to cease. A final bill will be assessed at the time of withdrawal.

## WHERE DO I SUBMIT MY APPLICATION?

Submit your application to:

Arizona Department of Environmental Quality  
Permits and Plan Review Unit  
1110 West Washington Street  
Phoenix, AZ 85007

## WHERE DO I GET HELP?

Program guidance can be found on our website at: <http://www.azdeq.gov/environ/waste/solid/plan.html>.

A copy of the rules and statutes relating to Biohazardous Medical Waste facility permitting and BMWFP approvals can be found at: <http://www.azdeq.gov/environ/waste/solid/rules.html>.

It is strongly recommended that you review the applicable rules and statutes to ensure that you provide a complete and accurate application. ADEQ recommends scheduling a pre-application meeting to go over the various details of the program. During the application process, you are encouraged to communicate with the project team to resolve any issues that may arise during the process.



**BIOHAZARDOUS MEDICAL WASTE  
FACILITY PLAN  
APPLICATION**

**GENERAL INFORMATION**

**What Type of Approval Are You Seeking?**

- Storage and Transfer     
  Treatment Facility     
  Storage, Transfer, Treatment, and Disposal  
 Briefly Describe Proposed Activities: \_\_\_\_\_

**1. Applicant [A.R.S. §49-762.03(A) and A.A.C. R18-1-503(A)(1)]**  
*Identify "who" is requesting this permit. Provide the name and title of the highest ranking local Company official responsible for day-to-day operation and permit condition compliance. Include the name of the Company as it should appear on the approval and its mailing and street address. Include one phone number for the identified Company official and a business phone number for the Company.*

- Owner     
  Operator     
  Owner and Operator     
  Other: \_\_\_\_\_

Name and Title \_\_\_\_\_  
 Company \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone Numbers: (a) \_\_\_\_\_ (b) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Registered to do business in Arizona?     Yes     No

**2. Contact Information for the Facility Owner [A.R.S. §49-762.03(A)]**  
*Identify who owns this facility. This may be the official identified above, or another individual.*

- Check this box if the contact information for the facility owner is the same as in item 1 above.

Contact Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_

**3. Contact Information of Landowner(s) [A.R.S. §49-762.03(A) and (B)]**

- Check this box if the person listed below is not the Applicant listed above in item 1.  
 Attach a copy of the Lease or Contract for the entire property subject to this permit application.  
 Check this box if information regarding additional owners is provided in the SWFP. Additional owners are any not listed below.

Contact Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ FAX \_\_\_\_\_  
 Email \_\_\_\_\_

**4. Facility Name [A.R.S. §49-762.07(A)(1) and A.A.C. R18-1-503(A)(2)]**

*Provide the name of the facility under which operations are proposed.*

Facility Name \_\_\_\_\_

**5. Contact Information of Authorized Agent [A.A.C. R-18-1-503(A)(3)]**

*If you are designating an Authorized Agent for receipt of official communications, please provide contact information here; otherwise, Section 5 may be left blank.*

Contact Name \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ FAX \_\_\_\_\_

Email \_\_\_\_\_

**6. Initial Fee [A.A.C. R18-13-2703(A) and R18-1-503(A)(6)]**

*Please note that this is an initial application fee and that additional costs may be incurred in the review of this application.*

Check this box to indicate the initial fee of \$10,000 is attached.

**7. Facility Address and Location Information [A.R.S. §49-762.07(A)(1)]**

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_

Township \_\_\_\_\_ Range \_\_\_\_\_ Section(s) \_\_\_\_\_

Latitude \_\_\_\_\_ ° ' " N Longitude \_\_\_\_\_ ° ' " W

**8. Legal Description of Facility Location [A.R.S. §49-762.07(A)(2)]**

*Provide the legal description of the proposed location below. If the description is lengthy, please provide it as an attachment to this application and type "see attachment" in the space provided below.*

Legal Description \_\_\_\_\_

**9. Certificate of Disclosure [A.R.S. §49-109]**

Are you required to file a certificate of disclosure according to A.R.S. §49-109?  Yes  No\*

\*By checking "No" above, you are certifying that a Certificate of Disclosure is not required per A.R.S. §49-109.

If yes, I have attached supporting documentation.  Yes

**10. Compliance with Zoning [A.R.S. §49-762.03(B) and 49-767(A) ]**

Provide evidence that the facility complies with applicable municipal or county zoning ordinances, codes and regulations.

I have attached supporting documentation.  Yes

**11. Facility Description [A.R.S. §49-762.07(A)(3)]**

I have attached a facility description that includes the following information:

- A) General description of the facility and a diagram of the property showing the location of the facility.
- B) When operations are estimated to begin, and the volume of biohazardous medical waste to be managed on an annual basis.
- C) Description of biohazardous medical waste activities proposed including storage, transfer, treatment and/or disposal.
- D) Description of waste management practices used at the facility including a listing of equipment to be used, whether or not an air permit is required, and measures taken to protect the environment and public health.

**12. Technical Requirements**

*Using the BMWFP checklist provided by the ADEQ, provide the necessary supporting documentation, including plans, equipment, design drawings, etc., to address the technical requirements and applicable requirements of A.R.S. Title 49, Chapter 4, Article 4 and A.A.C. Title 18, Chapter 13, Article 14 regarding Biohazardous Medical Waste and Discarded Drugs requirements. Attach this information to the application in the form of a BMWFP.*

*Ensure that all design drawings and calculations are sealed by an Arizona-registered professional of an appropriate discipline.*

*Check this box if an Air Quality Permit is required and supporting documentation has been attached. [A.A.C. R18-13-1410(B)]*

**13. Certification Statement**

I certify under penalty of law that this application and all attachments were prepared under my direction or authorization and all information is, to the best of my knowledge, true, accurate and complete. I also certify that the facilities described in this form are or will be designed, constructed, operated, and/or closed in accordance with the terms and conditions of the applicable requirements of A.R.S. Title 49, Chapter 4, Article 4 and A.A.C. Title 18, Chapter 13 regarding solid waste requirements. I am aware that there are significant penalties for submitting false information.

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Pursuant to Arizona Revised Statutes (A.R.S. § 41-1030):

- (1) ADEQ shall not base a licensing decision, in whole or in part, on a requirement or condition not specifically authorized by statute or rule. General authority in a statute does not authorize a requirement or condition unless a rule is made pursuant to it that specifically authorizes the requirement or condition.
- (2) Prohibited licensing decisions may be challenged in a private civil action. Relief may be awarded to the prevailing party against ADEQ, including reasonable attorney fees, damages, and all fees associated with the license application.
- (3) ADEQ employees may not intentionally or knowingly violate the requirement for specific licensing authority. Violation is cause for disciplinary action or dismissal, pursuant to ADEQ's adopted personnel policy. ADEQ employees are still afforded the immunity in A.R.S. §§ 12-821.01 and 12-820.02.