



# K A N S A S

DEPARTMENT OF HEALTH AND ENVIRONMENT

## PERMIT APPLICATION FOR A MEDICAL WASTE PROCESSOR

1. Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street or Rural Route) (City & State) (Zip)

Person to contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail (optional) \_\_\_\_\_

2. Applicant Type

State Agency \_\_\_\_\_ Private Individual or Firm \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ Township \_\_\_\_\_

If other - explain \_\_\_\_\_  
\_\_\_\_\_

3. Site Address \_\_\_\_\_  
(Street Number, Road, Highway) (City)

4. Site Location  
County \_\_\_\_\_, 1/4 Section \_\_\_\_\_, Section \_\_\_\_\_, Township \_\_\_\_\_, Range \_\_\_\_\_

5. Is this facility consistent with an officially adopted county solid waste management plan?  
Yes \_\_\_ No \_\_\_ If yes, identify that plan \_\_\_\_\_

6. Site Area (acres) \_\_\_\_\_  
Area to be used by processing facility (acres) \_\_\_\_\_  
Area to be used for storage (acres) \_\_\_\_\_

7. This application restricts the site by the following definitions:  
  
"Solid waste processing facility" means incinerator, composting facility, household hazardous waste facility, waste-to-energy facility, transfer station, reclamation facility or any other location where solid wastes are consolidated, temporarily stored, salvaged or otherwise processed prior to being transported to a final disposal site. This term does not include a scrap material recycling and processing facility.

"Medical services waste" means those solid waste materials which are potentially capable of causing disease or injury and which are generated in connection with human or animal care through inpatient and outpatient services. Medical services waste shall not include any solid waste which has been classified by the secretary as a hazardous waste under K.S.A. 1982 Supp. 65-3431 and any amendments thereto, or which is radioactive treatment material licensed under K.S.A. 1982 Supp. 48-1607 and regulations adopted under that statute.

8. Attach a copy of the "**Site Plan**".

**Site Plan:**

The following **maps** must be used and included as part of a site plan:

- a. A **site location** map showing section, township, range, and site boundaries. A description of adjacent properties including land use, names and addresses of property owners. If proposed site is adjacent to a public road or street include property across the street or road.
- b. A **site layout drawing** showing the size and location of all pertinent constructed and natural features of the site including roads, fire lanes, ditches, berms, culverts, structures, wetlands, floodways, surface waters and projected site utilization including all site structures (such as buildings, fences, gates, entrances and exits, parking areas, on-site roadways, and signs) and the location of all water supplies.
- c. A **FEMA floodplain map** with the site location drawn on it.
- d. A **facilities layout drawing** which shows the arrangement of equipment on the site, storage facilities, traffic flow, and waste storage areas.

9. Is the site an existing processing facility? \_\_\_\_ Is the site a proposed new processing facility? \_\_\_\_

10. Site owned by applicant \_\_\_\_\_ Site leased by applicant \_\_\_\_\_

If site is leased, please fill in the following information:

Owner of Record \_\_\_\_\_

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

Lease negotiated in (year) \_\_\_\_\_

Number of years remaining on lease \_\_\_\_\_ Include copy of lease.

11. Site characteristics (General Description)

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12. Drainage of site (Provide drawings of drainage facilities)

- a. Natural \_\_\_\_\_ Acres
- b. Storm Sewers \_\_\_\_\_ Acres
- c. Farm Tile \_\_\_\_\_ Acres
- d. Open Ditch \_\_\_\_\_ Acres

13. Land use permitted under official land use plan within one mile radius (if there is a land use map please attach). (If land is not zoned, use "0"; if land use agrees with zoning, mark "Z"; if land use and zoning do not agree mark "V")

	South	West	North	East
a. Residential	_____	_____	_____	_____
b. Commercial	_____	_____	_____	_____
c. Light Industrial	_____	_____	_____	_____
d. Heavy Industrial	_____	_____	_____	_____
e. Rural	_____	_____	_____	_____
f. Mixed	_____	_____	_____	_____

14. Access roads serving site

- a. City \_\_\_\_\_
- b. Township \_\_\_\_\_
- c. County \_\_\_\_\_
- d. State \_\_\_\_\_
- e. Interstate \_\_\_\_\_
- f. Other (explain) \_\_\_\_\_

15. Types of road surface serving the site (indicate whether on or off site)

- a. Concrete \_\_\_\_\_
- b. Asphalt \_\_\_\_\_
- c. Seal Coat \_\_\_\_\_
- d. Soil Cement \_\_\_\_\_
- e. Gravel \_\_\_\_\_
- f. Crushed Stone \_\_\_\_\_
- g. Dirt \_\_\_\_\_
- h. Other \_\_\_\_\_

16. Provide a site operations plan.

- a. A description or the general operating plan for the proposed facility including the origin, composition, and expected volume of all solid waste to be accepted at the facility, the maximum time any such waste will be stored, and where all waste will be disposed of, the proposed capacity of the facility, the proposed operating hours of the facility, and the expected life of the facility;
- b. a description of all machinery and equipment to be used, including the design capacity;
- c. a description of the facility's drainage system and water supply system;

17. Distance to Principal Community Center

- a. Average haul distance (miles one way) \_\_\_\_\_
- b. Characteristics of areas adjacent to major haul routes within one-half mile of the site (residential, commercial, schools, agricultural, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Utilities (state whether on-site or nearby)

- a. Water (describe) \_\_\_\_\_
- b. Electricity \_\_\_\_\_
- c. Telephone \_\_\_\_\_
- d. Sanitary Sewers \_\_\_\_\_
- e. Non-Overflowing Waste Stabilization Pond \_\_\_\_\_
- f. Privies \_\_\_\_\_

19. Hours of Operation

(An employee must be present at this site during these hours of operation)

DAY	MON	TUE	WED	THU	FRI	SAT	SUN
HOURS							

20. Attach a copy of "**Certificate of Insurance**" for proof of liability of insurance in accordance with KAR 28-29-2201. The coverage shall include coverage of the premises and operations, including operations of independent contractors.

21. Service Areas

a. Processing facility to serve:

City \_\_\_\_\_ Township \_\_\_\_\_ County \_\_\_\_\_ Business \_\_\_\_\_ Others \_\_\_\_\_

b. Will site be open to the general public? Yes \_\_\_\_\_ No \_\_\_\_\_

c. Population data:

- 1. Population served by processing facility: Now \_\_\_\_\_ Next 10 Years \_\_\_\_\_
- 2. Total area population: Now \_\_\_\_\_ Next 10 years \_\_\_\_\_

22. Employees and Equipment

a. Number of employees on site (average daily) \_\_\_\_\_

b. Equipment on site (average usage)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. Fire Protection Available

- a. Water \_\_\_\_\_
- b. Firebreak \_\_\_\_\_
- c. Municipal fire protection (specify) \_\_\_\_\_

24. Estimated Number of Loads Daily (estimate quantities in tons or cubic yards)

a. Number of loads daily \_\_\_\_\_

b. Quantity Tons \_\_\_\_\_ Cubic Yards \_\_\_\_\_

25. Attach a copy of the "Closure Plan" as required by KSA 65-3406.

The closure plan shall include:

a. **When** or under what circumstances the site will be closed;

b. **How** will the site be properly closed;

c. A **schedule** for the applicable closure procedures, including the time period for completing the closure procedures; and

26. Attach the completed closure cost estimating worksheet "Closure Cost Estimate Worksheet for Medical Waste Processor" provided by KDHE.

27. Private entities are required to submit a financial assurance instrument for the amount calculated on the closure cost estimating worksheet. Allowable financial assurance methods are listed in K.A.R. 28-29-2101. **This financial assurance instrument must be received prior to the beginning of the public notice period.**

28. Attach the completed "DISCLOSURE STATEMENT" provided by KDHE.

29. Three copies each of the completed application and attachments are required; however only one copy should be submitted for the department's initial review.

30. Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31. Application fee of \$2000. "A city, county, or other political subdivision or state agency shall be exempt from payment of the fee but shall meet all other provisions." (K.S.A. 65-3407(e)).

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Permit Fee Enclosed \_\_\_\_\_ Performance Bond Posted (if required by local agency) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Date

# LOCAL GOVERNMENT CERTIFICATIONS

Applicant's Name \_\_\_\_\_  
Facility Name \_\_\_\_\_  
Facility Location \_\_\_\_\_  
Application Type (new permit, modification, or transfer) \_\_\_\_\_

As specified in K.S.A. 65-3407 "Permits to construct, alter or operate solid waste processing facilities and solid waste disposal areas", the secretary shall require the following information as part of this application:

## Solid Waste Management Plan Consistency

(m)(1) Certification by the board of county commissioners or the mayor of a designated city responsible for the development and adoption of the solid waste management plan for the location where the processing facility or disposal area is or will be located that the processing facility or disposal area is consistent with the plan. This certification shall not apply to a solid waste disposal area for disposal of only solid waste produced on site from manufacturing and industrial processes or from on-site construction or demolition activities.

**I certify that, to the best of my knowledge, the facility described in this application is consistent with the Solid Waste Management Plan.**

\_\_\_\_\_  
Name (Print or Type) Signature  
\_\_\_\_\_  
Title Date  
\_\_\_\_\_  
County or City Street Address State, Zip Code

## Zoning or Land Use Consistency

(m)(2) If the location is zoned, certification by the local planning and zoning authority that the processing facility or disposal area is consistent with local land use restrictions or, if the location is not zoned, certification from the board of county commissioners that the processing facility or disposal area is compatible with surrounding land use.

**I certify that, to the best of my knowledge, the facility described in this application is consistent with (check one):**  
 local land use restrictions/zoning or  surrounding land use.

\_\_\_\_\_  
Name (Print or Type) Signature  
\_\_\_\_\_  
Title Date  
\_\_\_\_\_  
County or City Street Address State, Zip Code

If a special/conditional use permit is required, please attach a copy to this application.