ARKANSAS DEPARTMENT OF HEALTH
MEDICAL WASTE MANAGEMENT PROGRAM
4815 WEST MARKHAM STREET, SLOT 32
LITLE ROCK, AR 72205

Form 1

Application for Commercial Medical Waste Treatment, Storage and/or Disposal (TSD) Facilities or Commercial Mobile Treatment Systems Operating License

1. Facility/System To Be Licensed:

Company Name: _____

Medical Waste Contact: _____

Title: _____

Company Address/Physical Location: _____

_____

City:_____ State:_____ Zip Code: _____

Phone number: _____ Fax number: _____

Facility Geographic Location in Degrees, Minutes & Seconds (excluding mobile treatment systems)

Latitude: _____ Longitude: _____

2. COMPANY MAILING ADDRESS: (If different from above)

Company Name: _____

Contact Person: _____

Company Address: _____

City:_____ State:_____ Zip Code: _____

Phone number: _____ Fax: _____

3. NAME OF LEGAL OWNERS:

Name(s): _____ _____

_____ _____

Address: _____

Application for
Operating License

Form 1 - Continuation

City: _____ State: _____ Zip Code: _____

4. If a Corporation, are you currently registered to do business with the Arkansas Secretary of State?

Yes ____ No ____

5. Type(s) of permits for which application is submitted:

_____ Treatment _____ Storage _____ Disposal

_____ Mobile Treatment System _____Permit Modification

6. List type of treatment technology: _____ Incineration

_____ Sterilization List Type _____

_____Thermal (microwave or dielectric) _____ Chemical

_____ Discharge to POTW _____Alternative Technologies

7. Does facility have an EPA ID Number, and an ADEQ County Sequence number (CSN)?

_____ yes _____ no if yes, please list: _____

8. Does facility or mobile treatment system have any of the following environmental permits?

_____ Air permits _____ NPDES permits _____ Landfill permits

_____ Storm Water Run-Off permits _____ RCRA TSD permits

_____ EPA Notification of Waste Activities _____ Local permits

_____ Other environmental permits (please list) _____

_____

9. List all point and non-point discharges from plant facility. For mobile treatment systems, list all discharges from system operations: _____

_____

10. List all descriptions of waste residue generated (i.e., liquid, solid, shredded, hazardous constituents), waste designation (i.e., general, special hazardous), disposal mechanisms and recycling efforts, if anticipated:

_____

_____