

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Solid & Hazardous Waste Management Program
 Bureau of Landfill & Hazardous Waste Permitting
 P.O. Box 414
 Trenton, NJ 08625-0414

INTERMEDIATE HANDLER AND DESTINATION FACILITY ANNUAL REPORT
 (as required by N.J.A.C. 7:26-3A.44)

REPORTING PERIOD: JULY 1, 2008 TO JUNE 30, 2009

SECTION 1: GENERAL INFORMATION - ALL FACILITIES MUST COMPLETE THIS SECTION

1. <u>FACILITY NAME</u>			
NJDEP FACILITY ID NO			
2. LOCATION (STREET ADDRESS)			
<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>ZIP CODE</u>
<u>CONTACT PERSON</u>	<u>TITLE</u>	<u>TELEPHONE NO.</u> ()	
3. <u>MAILING ADDRESS</u>			
<u>CITY</u>		<u>STATE</u>	<u>ZIP CODE</u>
4. <u>FACILITY STATUS (Y one only)</u>			
<input type="checkbox"/> Intermediate Handler (Facility that either treats or destroys, but does not do both)			
<input type="checkbox"/> Destination Facility (Facility that treats and destroys)			
<input type="checkbox"/> Both Intermediate Handler & Destination Facility (File separate reports if you check this box)			
<input type="checkbox"/> Neither Intermediate Handler nor Destination Facility (Please proceed to Section 4, Page 5)			

NOTE: If your facility has stopped treating and destroying on-site, you must still complete the report for any waste that was processed by

that unit during this reporting period.

5. INTERMEDIATE HANDLER - Complete this question if your facility is an intermediate handler.

An intermediate handler is a facility that either treats regulated medical waste (RMW) or destroys RMW, but does not do both. If you are not an intermediate handler, skip this question and proceed to Question 6.

To identify the quantities of RMW processed, refer to the medical waste tracking forms for RMW received for processing or generator logs kept at your facility as required.

Method of On-site Treatment or Destruction	Quantity of Treated ¹ RMW Processed (lbs/yr)	Quantity of Untreated ² RMW Processed (lbs/yr)	Quantity of Solid Waste Processed (lbs/yr)
Chemical Disinfection			
Grinding			
Steam Sterilization			
Microwave			
Other			

5a. Manufacturer/Trade Name _____

5b. Age of Unit _____

5c. Design Operating Capacity (lbs/hr) _____

5d. Permitted Capacity (lbs/hr) _____

5e. Actual Operating Capacity (lbs/hr) _____

5f. Average Daily Usage (hr/day) _____

1 Include waste accepted from other sources that was treated prior to shipment to your facility.

2 Include waste accepted from other sources.

NOTE: IF YOU HAVE MORE THAN ONE UNIT AT THIS FACILITY, COPY THIS PAGE AS NEEDED AND PROVIDE THE INFORMATION FOR EACH UNIT

6. DESTINATION FACILITY Complete this question if your facility is a destination facility.

A destination facility is a facility that both treats regulated medical waste (RMW) to reduce or eliminate its infectious nature and destroys RMW by rendering it unrecognizable. If you are not a destination facility, skip this question and proceed to Section 2.

To identify the quantities of RMW processed, refer to the medical waste tracking forms for RMW received for processing or generator logs kept at your facility as required.

Method of RMW On-Site Treatment and Destruction	Quantity of Treated ¹ RMW Processed (lbs/year)	Quantity of Untreated ² RMW Processed (lbs/year)	Quantity of Solid Waste (not RMW) or Overclassified Waste Processed (lbs/year)
Steam Sterilization/Shredding Machine			
Incineration			
Disinfection/Grinding-Shredding Machine			
Microwaving/Shredding Machine			
Other/Describe			

6a. Manufacturer/Trade Name _____

6b. Age of Unit (Years) _____

6c. Air Pollution Permit Certificate No. _____

Plant ID No. _____ Expiration Date _____

6d. Type of Unit (Check 1) Excess Air _____ Starved Air _____

Rotary Kiln _____ Other _____
(Specify)

6e. Design Operating Capacity (lbs/hr) _____

6f. Permitted Capacity (lbs/hr) _____

6g. Actual Operating Capacity (lbs/hr) _____

6h. Average Daily Usage (Hrs/day) _____

¹ RMW that has been treated prior to processing by this method. Include treated RMW accepted from other sources.

² Include untreated RMW accepted from other sources.

NOTE: IF YOU HAVE MORE THAN ONE UNIT AT THIS FACILITY, COPY THIS PAGE AS NEEDED AND PROVIDE THE INFORMATION FOR EACH UNIT.

SECTION 2 WASTE ACCEPTED (INCLUDE GENERATORS WHO SELF TRANSPORT TO YOUR FACILITY)

NOTE: IF YOU ACCEPTED WASTE FROM MORE THAN THREE SOURCES, COPY THIS PAGE AS NEEDED.

7a.			
A. Name			
Street Address			
City	State	Zip	RMW Reg. No.
B. Type of Waste You Accepted: Treated Waste ¹		lbs	Untreated Waste lbs
C. Source of Waste: Waste generated in New Jersey		lbs	Waste generated out-of-state lbs

7b.			
A. Name			
Street Address			
City	State	Zip	RMW Reg. No.
B. Type of Waste You Accepted: Treated Waste ¹		lbs	Untreated Waste lbs
C. Source of Waste: Waste generated in New Jersey		lbs	Waste generated out-of-state lbs

7c.			
A. Name			
Street Address			
City	State	Zip	RMW Reg. No.
B. Type of Waste You Accepted: Treated Waste ¹		lbs	Untreated Waste lbs
C. Source of Waste: Waste generated in New Jersey		lbs	Waste generated out-of-state lbs

¹ Waste that was treated before being given to your facility

SECTION 3: ASH AND RESIDUE INFORMATION

8. **ASH** - Complete if your facility uses an incinerator.

- A. Pounds of ash transported off-site during reporting period: Wet/dry(circle one) _____ lbs per year.
- B. Transporter Name _____
Address _____ NJDEP Solid Waste Transporter Reg. No. _____
- C. Disposal Facility Name: _____
Address _____ NJDEP Solid Waste Facility Reg. No. _____

9. **RESIDUE** – Complete this section only if your facility uses a system other than incineration that **both** treats **and** destroys.

- A. Pounds of processed residue from treatment and destruction unit: _____ lbs per year.
- B. Transporter Name _____
Address _____ NJDEP Solid Waste Transporter Reg. No. _____
- C. Disposal Facility Name: _____
Address _____ Permit No. _____

SECTION 4: STATUS OF TREATMENT AND/OR DESTRUCTION UNIT

Only complete this Section if your on-site treatment and destruction system (i.e. incinerator, disinfection/grinding, microwaving/shredding) has been shut down temporarily or permanently. Skip to Section 5 if your on-site treatment and/or destruction system is still operating.

10. Has your treatment and/or destruction unit ceased operation?

Date of shutdown: _____ Temporary _____ Permanent _____

If Temporary - Explain _____

10b. Will your facility seek to renew permits or continue to operate this unit in the future? Yes _____ No _____

