

# Solid Waste Facilities

## Attachment I: Statement of Consistency with the Solid Waste Management Plan

Please complete the form in accordance with the *Instructions for Completing the Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-INST-100). This form must be submitted with the *Permit Application for Construction and Operation of a Solid Waste Facility* (DEP-SW-APP-100). If additional space is required, please attach supplementary pages. Print legibly or type.

The Department of Environmental Protection (DEP) reserves the right to request any other information it deems pertinent.

Applicant Name: **Stericycle Inc.**  
 (As indicated on the *Permit Application Transmittal Form*)

Identify the solid waste facility type: **Transfer Facility**

### Part I: Source of Waste

Identify the source(s) (the specific town(s) to be served) of the waste to be transferred/ processed/disposed of and whether the waste is residential, commercial, etc. Include estimated volumes and/or tonnages from each municipality/customer.

Source (Municipality/Customer)	Waste (Residential, Commercial, etc.)	Volume/Tonnage
See Attached	See Attached	See Attached

### Part II: Waste Types

Describe each waste type and the quantity that will be handled at the facility. Describe how each waste type will be handled on-site (e.g., compaction, mechanically processed, hand separated, composted, incinerated, etc.).

Waste Type	Quantity	Process(es)
Biomedical Waste	42 Tons Per Day	Transfer to Autoclave or Incinerator
Non-Hazardous Pharmaceutical Waste	4,000 pounds per day	Transfer to Autoclave or Incinerator

### Part III: Waste Management

Identify each type of waste, how it is currently managed, and identify its long-term management plan (e.g., reused, recycled, composted, energy recovery, landfilled). If during processing a residue is generated, identify its quantity and/or percentage (e.g., tonnage or volume of residue generated and/or percentage of total waste incoming).

Waste Type	Current Management	Long-Term Management	Residue Quantity/Percentage
Biomedical	Transfer to autoclave	Same	20% Volume Reduction
Biomedical	Transfer to Incinerator	Same	90% Volume Reduction
Non-hazardous Pharmaceutical	Transfer to Incinerator	Same	90% Volume Reduction

### Part IV: Waste Disposal

List each waste, residue and/or recyclable material and identify the final disposal facility/facilities or market(s) (e.g., list the specific facilities currently used or expected to be used in the future). Verify that the Connecticut facilities are currently permitted by DEP and the out-of state facilities are permitted by their state environmental regulatory agency and identify the permit type.

Wastes/Residues/Recyclables	Final Disposal Facility	Facility Permit Type
See Attachment 2	See Attachment 2	See Attachment 2

## Part V: Contract/Agreements with Disposal Sites and/or Markets

Identify the duration (e.g., spot market, 4 months, 5 years, etc.) of the contract/agreement between the proposed facility and the facilities or markets to which the waste will be finally transported. (Include signed copies of contracts or letters of agreement from the potential disposal sites and/or markets and attach them to this sheet.) Demonstrate that these facilities have available long-term capacity to accept each waste, residue or recyclable from this proposed facility.

Facility Name: **See Below**

Contract Duration: **See Below**

Long Term Capacity Demonstration for each waste/residue/recyclable:

**Stericycle owns and operates the necessary destruction facilities across the country to support the waste flow. See attachment for list of disposal sites.**

Facility Name:

Contract Duration:

Long Term Capacity Demonstration for each waste/residue/recyclable:

Facility Name:

Contract Duration:

Long Term Capacity Demonstration for each waste/residue/recyclable:

Facility Name:

Contract Duration:

Long Term Capacity Demonstration for each waste/residue/recyclable:

## Part VI: Other Solid Waste Facilities

Are there any similar solid waste facilities currently operating in the area(s) to be served by this proposed facility?

Yes       No

If yes, provide their names and addresses below.

Facility Name:			
Address:			
City/Town:	State:	Zip Code:	
Facility Name:			
Address:			
City/Town:	State:	Zip Code:	
Facility Name:			
Address:			
City/Town:	State:	Zip Code:	

## Part VII: Statement of Consistency

In accordance with section 22a-209-4(b) (1) RCSA, the application package must include a statement by the applicant which explains how the proposal relates to and is consistent with the Solid Waste Management Plan (SWMP). Include a comparison of the facility's proposed long term waste management plan to specific goals discussed in the SWMP.  Check here if additional sheets are necessary, and label and attach them to this sheet.

<p><b>The facility is the only Biomedical Waste Transfer Station located within the State of Connecticut and its relevance is consistent with the State's SWMP. The facility promotes generator segregation of the biomedical and non-hazardous pharmaceutical waste streams which in turn, encourages recycling and keeps specific hazards out of the State's solid waste stream.</b></p>
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## **Stericycle Inc - State of Connecticut Generators List**

Stericycle's transfer facility in Cheshire receives biomedical waste from health care locations, including hospitals, clinics, physician and dental offices, and pharmacies, among other point of care locations in Connecticut and Massachusetts. CT DEEP maintains a current list of those locations.

# EAST COAST DESTRUCTION FACILITIES

## Destruction Facility

Name	Address	City	State	Zip	Telephone	Permit Number	Type
Curtis Bay Energy, Inc.	3200 Hawkins Rd.	Baltimore	MD	21226	410-354-3228	2022-WMI-0036	Incinerator - Path/Chemo & Non-Haz Rx waste
Stericycle, Inc. - Baltimore	5901 Chemical Rd.	Baltimore	MD	21226	410-354-3000	2016-WPT-0677	Autoclave - Biomedical Waste
Stericycle, Inc. - Haw River	1168 Porter Ave.	Haw River	NC	27258	336-578-8900	01-02-I	Incinerator - Path/Chemo & Non-Haz Rx waste
Stericycle, Inc. - Oneonta	31 Lower River St.	Oneonta	NY	13820	607-436-9715	NY 43646 00034 00005	Autoclave - Biomedical Waste
Stericycle, Inc. - Farmingdale	210 Sherwood Ave.	Farmingdale	NY	11735	631-756-1044	1-4720-00585/00013	Autoclave - Biomedical Waste
Stericycle, Inc. - Dunkirk	3472 Progress Drive	Dunkirk	NY	14048	716-366-4445	9-0664-00019/00012	Autoclave - Biomedical Waste
Stericycle, Inc. - Warren	1901 Pine Avenue, SE	Warren	OH	44483	330-393-0385	P0128242	Incinerator - Path/Chemo & Non-Haz Rx waste
Stericycle, Inc. - Morgantown	1525 Chestnut Hill	Morgantown	PA	19453	610-286-6996	PAD 175327352	Chem Clave - Biomedical Waste
Stericycle, Inc. - Woonsocket	369 Park East Dr.	Woonsocket	RI	2895	401-769-5800	RI 53	Autoclave - Biomedical Waste
Stericycle, Inc. - Woodbridge	75 Crows Mill Road	Keasbey	NJ	08832	215-444-7377	RMF130001	Autoclave - Biomedical Waste
Stericycle, Inc. - Concord	4403 Republic Court	Concord	NC	28027	704-587-9530	1305TP	Autoclave - Biomedical Waste
Stericycle, Inc. - Beaverdam	One Technology Place	Beaver Dam	KY	42320	270-274-3553	SW09200007	Autoclave - Biomedical Waste