EXEMPTION CLAIM FORM FOR INCINERATORS BURNING ONLY PATHOLOGICAL, LOW-LEVEL RADIOACTIVE, AND CHEMOTHERAPEUTIC WASTE

FACILITY INFORMATION

Facility Name: ____________________________
Facility Address: ____________________________

Contact Person Name: ____________________________
Phone: ____________________________
Fax: ____________________________
Type of Facility: ____________________________

WASTE INFORMATION

For periods when only pathological, low-level radioactive and/or chemotherapeutic waste(s) are combusted provide the distribution of the types of waste combusted in the incinerator each quarter (i.e., every three months):

___ % Pathological waste
___ % Low-level radioactive waste
___ % Chemotherapeutic waste

Does the incinerator accept waste from off-site? ☐ Yes ☐ No

___ % Percentage of time when only pathological, low-level radioactive, and/or chemotherapeutic waste(s) are combusted.

___ Lb/Hr During periods when only pathological, low-level radioactive, and/or chemotherapeutic waste is combusted, how much do you typically charge (burn) per hour?

___ Hr/Day During periods when only pathological, low-level radioactive, and/or chemotherapeutic waste is combusted, how many hours per day do you charge?

___ Lb/Qtr During periods when only pathological, low-level radioactive, and/or chemotherapeutic waste is combusted, how many pounds are burned on a quarterly basis?

Please attach an explanation of the methodology that will be used on an ongoing basis to determine the time periods when only pathological, low-level radioactive, and/or chemotherapeutic waste are burned.

CERTIFICATION

I am authorized to make this submission on behalf of the owners and operators of ____________________________ and I hereby certify under penalty of law that I have personally examined the foregoing and am familiar with the information contained in this document and all attachments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including possible fines and imprisonment. In addition, it is my understanding that I am not subject to a Major Source Operating Permit under Chapter 335-3-16 based solely on the requirements of ADEM Admin. Code R. 335-3-3-.04.

(Signature of Responsible Official)