

**Stericycle**  
Protecting People. Reducing Risk.™

HAND DELIVERED

FEB 16 2012

UTAH DIVISION OF  
SOLID & HAZARDOUS WASTE  
2012.00395

February 14, 2012

Scott T. Anderson, Director  
Utah Department of Environmental Quality  
Division of Solid and Hazardous Waste  
195 North 1950 West  
2<sup>nd</sup> Floor  
P.O. Box 144880  
Salt Lake City, UT 84114-4880

**Subject: Solid Waste Incinerator Annual Report for Calendar Year 2011 and Solid Waste Post-Closure Care Annual Report for Calendar Year 2011**

Dear Mr. Anderson:

Stericycle, Inc. (Stericycle) owns and operates a Hospital, Medical, Infectious Waste Incinerator (HMIWI) located in North Salt Lake, Utah.

Please find enclosed Stericycle Solid Waste Incinerator Annual Report for calendar year 2011 and Solid Waste Post-Closure Care Annual Report for calendar year 2011.

In addition, enclosed is a copy of Stericycle's list of training courses for your review. Stericycle believes that the list of training courses provided meets the requirements of Solid Waste Permit #9102R2, Section II.D.f.

Thank you for your attention to this matter. If you have any questions or require additional information, please feel free to contact me at (801) 330-1758.

Sincerely,

Steven McOmber  
Regional Environmental Manager

# SOLID WASTE INCINERATOR ANNUAL REPORT

For Calendar year 2011

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**Administrative Information** (Please enter all the information requested below - type or print legibly)

UTAH DIVISION OF  
SOLID & HAZARDOUS WASTE  
2012-00395

Facility Name: Stericycle Inc  
 Facility Mailing Address: 90 N 1100 W  
(Number & Street, Box and/or Route)  
 City: NSLC Zip Code: 84054  
 County: DAVIS County Permit No.: 9012 R2

Owner

Name: Stericycle Phone No.: (801) 643-0240  
 Mailing Address: 28161 North Kirk Drive  
(Number & Street, Box and/or Route)  
 City: LAKE FOREST State: Utah Zip Code: 60045  
 Contact's Name: Steven Mcomber Title: REM  
 Contact's Mailing Address: 90 N 1100 W NSLC  
 Phone No.: (801) 330-1758 Contact's Email Address: smcomber@stericycle.com

Operator (Complete this section only if the operator is not an employee of the Owner shown above)

Name: \_\_\_\_\_ Phone No.: ( ) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
(Number & Street, Box and/or Route)  
 City: \_\_\_\_\_ State: Utah Zip Code: \_\_\_\_\_  
 Contact's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Contact's Mailing Address: \_\_\_\_\_  
 Phone No.: ( ) \_\_\_\_\_ Contact's Email Address: \_\_\_\_\_

**Facility Type and Status**

Large Incinerator  Capacity greater than ten tons per day  
 Small Incinerator  Capacity is 10 tons per day or less but greater than 250 pounds per week  
 Permit Not Required  Non-commercial with capacity of 250 pounds or less per week

Currently in Operation  Facility Closed During Year - Date: \_\_\_\_\_  
(The " - Date" is the date that all waste and ash were removed from the site)

**Waste Incinerated**

Total tons received at facility for incineration:

Waste Type	Waste Origin		Total	Measurement	
	In-State	Out-of-State		Tons	Cubic Yards
Municipal	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<del>Industrial</del> Med-WASTE	<u>1,130.30</u>	<u>6,093.07</u>	<u>7,223.37</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C/D	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

C/D waste includes construction/demolition, yard waste, dead animals, and other waste (see rule R315-301-2(12))

**Conversion Factor Used**

None  From rules  Site Specific (please list factors used): \_\_\_\_\_

**Ash Disposal**

Tons of ash disposed: 2299.05  
Facility at which ash was disposed: DAVIS County Landfill

**Recycling**

Material Recycled: \_\_\_\_\_ Tons  Cubic Yds.   
(Material recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yards)

**Fee Paid to the Utah Department of environmental Quality**

Disposal Fee Required to be paid to State Yes  No  (If yes please show fees paid below)

Municipal \$ \_\_\_\_\_ C/D \$ \_\_\_\_\_  
~~Industrial~~ \$ 18,058.43 Annual \$ \_\_\_\_\_  
*MED-WASTE*

**Financial Assurance**

Current Closure Cost Estimate: 376,327.00  
Current Post-Closure Cost Estimate: 376,327.00  
Current Amount or Balance in Mechanism: 376,327.00

(If facility permit has been renewed if balance does not equal or exceed total for closure and post-closure care please contact the Division)

Current Financial Assurance Mechanism: Bond  
(ie. Bond, Trust Fund, Corporate or government Test etc.)

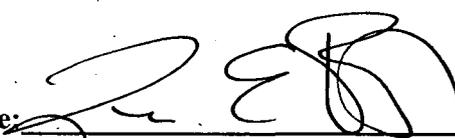
Mechanism Holder and Account Number: MARSH Insurance Company  
(ie. Name of Bond Company, Bank etc. Account number)

Financial Assurance: Each facility must recalculate the cost of closure to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement.

Note Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year.

**Other Required Reports**

Training Report: A report of all training programs or procedures completed by facility personnel during the year.

Signature:  Date: 2-16-12

Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).

Print name: HARRY REEVES Title: REGIONAL OPERATIONS DIRECTOR

**TABLE 1 – LIST OF COURSES**

(Unless noted, all topics are completed prior to an employee beginning work and annually thereafter.)

TRAINING TOPIC	Driver	Trans Manager	Plant/ Operator/ Lead	Plant Manager	Maintenance Technician
Access to Exposure and Medical Records	X	X	X	X	X
Accident and Injury Reporting	X	X	X	X	X
Backing Procedures	X	X			
Bloodborne Pathogens	X	X	X	X	X
DOT Alcohol/Controlled Substance Abuse	X	X			
DOT Hazardous Materials**	X	X	X	X	X
Emergency Action Plan	X	X	X	X	X
Eye Wash and Emergency Shower			X	X	X
Fire Extinguishers	X	X	X	X	X
Forklift Training and Certification*	1	1	1	1	1
Hand and Power Tools*					X
Hazard Communication	X	X	X	X	X
Hazardous Waste Management			4	4	4
Hours of Service	X	X			
Incinerator Operator			4	4	4
Ladder Use and Inspection			X	X	X
Lockout / Tagout – Affected	X	X	X	X	2
Machine Guarding*					X
Permit Required Confined Spaces – Affected	X	X	X	X	3
Personal Protective Equipment – PPE	X	X	X	X	X
Proper Lifting	X	X	X	X	X
Radiation Training	X	X	X	X	X
Respiratory Protection	4	4	4	4	4
Slip, Trip and Fall	X	X	X	X	X
Spill Response	X	X	X	X	X
Tub Wash Water Training			X	X	X
Vehicle Condition Reports	X	X			
Waste Acceptance Protocol	X	X	X	X	

\* Complete Training Within 30 Days of Date of Hire

\*\* Complete Training Within 90 Days of Date of Hire

1 Forklift Training must be completed within 30 Days of Date of Hire for required personnel and prior to driving, Refresher Training will be conducted triennially

2 Lockout / Tagout – Authorized is required within 10 days of Date of Hire for required personnel

3 Permit Required Confined Space – Authorized is required 10 Days of Date of Hire for required personnel

4 Where applicable