Application for a Medical Waste Registration Safety-Kleen Systems, Inc.

Clean Harbors Environmental Services, Inc.







Sent via eMail & Fed Ex

October 29, 2021

Alan Wong
Texas Commission on Environmental Quality
Waste Permits Division
12100 Park 35 Circle
Austin, Texas 78753-1808
(512) 693-8629

Re:

Application for a Medical Waste Registration - Transfer Facility

Safety-Kleen Systems, Inc. / Clean Harbors Environmental Services, Inc.

Denton, TX

Dear Mr. Wong:

Enclosed please find the Application for a Medical Waste Registration for Safety-Kleen Systems, Inc. / Clean Harbors Environmental Services, Inc. in Denton, TX. Clean Harbors Environmental Services, Inc. will operate a medical waste transfer facility at the Safety-Kleen Systems, Inc. site, thus the reason for reference to both entities on the application.

Please contact me if you have any questions or comments concerning this matter at desha.david@cleanharbors.com or (423) 413-1218.

Sincerely,

David A. DeSha

Director of Environmental Compliance Clean Harbors Environmental Services, Inc.

Encl.

cc:

Erin Gorman

TCEQ

Waste Section Manager

2309 Gravel Dr

Fort Worth TX 76118-6951

Facility File



Texas Commission on Environmental Quality Application for a Medical Waste Registration Clean Harbors Environmental Services Denton, Denton County, Texas

October 29, 2021

Prepared for

Clean Harbors Environmental Services

1722 Cooper Road

Denton, TX 76208

Prepared by

J.W. Caldwell, P.E.

Clean Harbors Environmental Services

794038

42 Longwater Drive

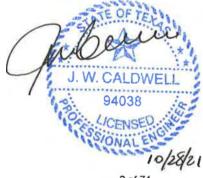
Norwell, Massachusetts





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Section 1—General Information

1.1 Facility Information (must match regulated entity information on Core Data Form)

Facility Name: Safety-Kleen Systems, Inc.
Regulated Entity Reference No. (if issued): RN_100215441
Physical or Street Address (if available): <u>1722 Cooper Creek Rd</u>
City: <u>Denton</u> County: <u>Denton</u> State: TX Zip Code: <u>76208</u>
(Area Code) Telephone Number: <u>940-483-5255</u> Email Address: wingert.jon@cleanharbors.com
Latitude (Degrees, Minutes, Seconds, or Decimal Degrees): 33.237210
Longitude (Degree, Minutes, Seconds, or Decimal Degrees): -97.082250
Activities Conducted at the Facility (check all that apply)
☐ Storage ☐ Treatment ☐ Transfer ☐ Other:
Describe the location of the facility with respect to known or easily identifiable landmarks: <u>Travel</u>
Loop 288 at Hwy 30 / McKinney exit
Detail access routes from the nearest United States or state highway to the facility:
Take McKinney exit and turn East (Right). Take 380 East for 1/4 mile to Cooper Creek Rd. Turn North (Left) onto Cooper Creek Road. Facility is located on the East (Right) side of Rd.
1.2 Applicant Information
The owner of a facility is the applicant, to whom the registration would be issued.
Owner of Facility (must match customer information on Core Data Form)
Owner Name: Clean Harbors Environmental Services
Contact Person's Name: <u>Jon Wingert</u> Title: <u>General Manager</u>
Customer Reference No. (if issued): CN600322796
Mailing Address: 1722 Cooper Creek Road
City: <u>Denton</u> County: <u>Denton</u> State: <u>TX</u> Zip Code: <u>76208</u>
(Area Code) Telephone Number: <u>940-483-5255</u> Email Address: wingert.jon@cleanharbors.com



Operator of Facility (if not the same as Owner of Facility)

Operator Name: Sa	me		
Contact Person's Na	ame:	Title:	
Customer Reference	e No. (if issued): CN		
Mailing Address:			
City:	County:	State:	Zip Code:
(Area Code) Teleph	one Number:	Email Address:	
Consultant (if app	olicable)		
Firm Name:			
Texas Board of Prof	essional Engineers Firm Regi	stration Number:	
Contact Person's Na	ame:	Title:	
Texas Board of Prof	essional Engineers License N	umber (if applicable): _	
Mailing Address:			
City:	County:	State:Z	ip Code:
(Area Code) Teleph	one Number:	Email Address:	
1.3 Governme	ental Entities Information		
Texas Departmen	t of Transportation		
District: <u>Dallas</u>			
District Engineer's N	lame: <u>Mohamed "Mo" Bur PE</u>		
Street Address or P.	O. Box: <u>4777 E. Highway 80</u>		
City: <u>Mesquite</u>	County: <u>Dallas</u>	State: TX	Zip Code: <u>75150</u>
(Area Code) Telepho	one Number: <u>(214) 320-6100</u>	<u>) </u>	
Local Government	t Authority Responsible fo	r Road Maintenance ((if applicable) Agend
Name: <u>Texas Depar</u>	tment of Transportation		
Contact Person's Na	me: <u>Tina Massey PE</u>		_
Street Address or P.	O. Box: <u>2624 W Prairie</u>		
City: <u>Denton</u>	County: Denton	State: TX	Zip Code: <u>76201</u>
(Area Code) Telepho	one Number: <u>(940) 387-141</u> 4	4 Email Address:	



City M	layor
--------	-------

City Name: <u>Den</u>	nton. C
Mayor's Name:	Gerard Hudspeth.
Mailing Address	s: 215 E McKinney St
City: <u>Denton</u>	County: Denton State: TX Zip Code: 76201
	Telephone Number: <u>(940)349-7717</u> Email Address: th@cityofdenton.com
Council of Gov	vernments (COG)
COG Name: <u>No</u>	rth Central Texas Council of Governments
COG Representa	ative's Name: Mr. R. Michael Eastland
COG Representa	ative's Title: Executive Director
Street Address	or P.O. Box: 616 Six Flags Drive PO Box 5888
City: <u>Arlington</u>	County: Tarrant State: TX Zip Code: 76005
(Area Code) Tel	lephone Number: 817) 695-9101 Email Address: meastland@nctcog.org
Local Governn	ment Jurisdiction
•	ocated outside the territorial limits or extraterritorial jurisdiction of a city or §326.67(a)) Yes \square No \boxtimes
	unty requires a license, you must obtain a license from the county, and the and a copy of the license to the appropriate TCEQ regional office.
City Health Au	thority (if applicable)
Agency Name: 1	Denton Health
Contact Person'	's Name: Emily Loiselle
Street Address	or P.O. Box: 215 E McKinley Street
City: <u>Denton</u>	County: <u>Denton</u> State: TX Zip Code: <u>76201</u>
(Area Code) Tel	lephone Number: 940-349-8356 Email Address:
County Judge	Information
County Judge's	Name: Honorable Mary Horn
Street Address	or P.O. Box: 110 W Hickory St
City: <u>Denton</u>	County: <u>Denton</u> State: TX Zip Code: <u>76201</u>
(Area Code) Tel	lephone Number: 940-349-2820 Email Address:



County Health Authority (if applicable)

Agency Name: <u>Denton County Public Health Department</u>					
Contact Person's Name: Matt Richardson					
Street Address or P.O. Box: 535 S Loc	p 288				
City: <u>Denton</u> County: <u>D</u>	enton	State: TX Zip Code: <u>73205</u>			
(Area Code) Telephone Number: <u>(940</u>)349-2900 Em	ail Address:			
State Representative					
House District Number: <u>64</u>					
Representative's Name: <u>Lynn Stuckey</u>					
District Office Address: 400 W Oak Str	eet Suite 106				
City: <u>Denton</u> County: <u>D</u>	enton	State: TX Zip Code: 76201			
(Area Code) Telephone Number: <u>(940</u>)243-0230 Em	ail Address:			
State Senator					
Senate District Number: 30					
State Senator's Name: <u>Drew Springer</u>					
District Office Address: 2525 Kell Blvd	Suite 413				
City: Wichita Falls County: W	ichita	State: TX Zip Code: 76308			
(Area Code) Telephone Number: <u>(940</u>	<u>) 720-0831</u> E	Email Address:			
1.4 Posting of Application on	Website [30	0 TAC §326.69(e)]			
Provide the web address (URL) of the publicly accessible internet website where the application and all revisions will be posted:					
http:// <u>www.safety-kleen.com/support</u>	<u>/technical/regu</u>	ulatory/information			
1.5 Copy of Application for P	ublic Viewin	g			
Name of the Public Place: <u>Denton Publi</u>	c Library North	n Branch			
Physical Address: 3020 N Locust St					
City: <u>Denton</u> County: <u>D</u>	enton	State: TX Zip Code: 76209			
(Area Code) Telephone Number: <u>940-</u>	483-8752				



1.6 Notice of Opportunity to Request Public Meeting

Notice Requirement The owner or operator is required by 30 TAC §326.73 to provide notice of the opportunity to request a public meeting, and to post notice signs. Indicate the party responsible for publishing notice:

Applicant ((Owner or Operator)	☐ Consultant
1.7 Appli	cation Fee [30 TAC §33	30.59(h)(2)]
The application	on fee for a registration is \$	150.
Indicate how the application fee was paid. Attach a photocopy of the check or a copy of the electronic payment receipt.		
Check 🗌	Online \boxtimes	
If paid online	e-Pay confirmation numbe	r:Trace # 582EA000454697

1.8 Facility Supervisor's License [30 TAC §326.71(c)]

Indicate the type of license that the Solid Waste Facility Supervisor (as defined in 30 TAC Chapter 30), will obtain prior to commencing facility operations:

Class A ☐ Class B ☒



Section 2—Facility Design Information

2.1 Impact on Surrounding Area [30 TAC §326.71(a)(5)(A) & (B)]

This section addresses the facility's impacts on cities, communities, groups of property owners, or individuals (attach additional pages to answer the following questions, if necessary):

Describe the character of the surrounding area land uses within one mile of the facility:

This location is in an industrial area with a business climate of auto repair, industrial and industrial users east of Hwy 288 Truck and north of US Route 377.

Identify growth trends within five miles of the facility with directions of major development:

There are no growth trends to speak of, the area being developed. The area west of Hwy 288 within 5 miles is primarily residential and commercial development to the east.

Indicate the approximate number of residences and other uses (e.g. schools, churches, cemeteries, historic structures and commercial sites, etc.) within one mile of the facility:

There is a church approximately 1/4 mile northeast of the facility and an additional church and elementary school are just at the edge of the 1 mile radius to the northwest, but no , cemeteries, historic structures are within 1 mile. Several commercial and industrial sites are within the 1-mile radius as previously noted.

Indicate the distance to the nearest residence(s): 6000 $oximes$ feet $oxdot$ miles
Provide directions to the nearest residence(s):
Go west from the property on Mingo Road for approximately 1 mile. Turn north on Old North Road and travel approximately 1/4 mile to enter the residential development.
Indicate the distance to the nearest commercial establishment(s): 300 \boxtimes feet \square miles
Provide directions to the nearest commercial establishment(s):
The nearest commercial establishment (auto repair) is across the street from the property.

2.2 Transportation [30 TAC §326.71(e)]

Access Roads

Complete Table 1 regarding the roads that will be used to access the site.

Table 1. Roads That Will be Used to Access the Site.

Name of Road	Surface Type and Number of Lanes
--------------	----------------------------------



Name of Road	Surface Type and Number of Lanes
Cooper Creek Road	Asphalt 2 lane
Mingo Road	Asphalt 2 lane

Daily Traffic Volume

Complete Table 2 regarding existing and expected volume of vehicular traffic on access roads within one mile of the facility, and the projected volume of traffic expected to be generated by the facility on access roads within one mile of the facility.

Table 2. Traffic Volume.

Vehicle Traffic	Volume (vehicles per day)
Existing Vehicle Traffic	1040
Expected Vehicle Traffic	1040
Projected Vehicle Traffic Generated by Facility	1 additional vehicle

Describe the source of or method used to obtain the volumes (attach additional pages to answer this question if necessary):

TX DOT 2020 District Traffic Web Viewer

If traffic volume	was determined by	counts in the field,	indicate the location	s where thecounts
were conducted	(attach additional p	ages to answer this	s question if necessar	y):

2.3 Floodplain and Wetlands [30 TAC §326.71(f)]

Will the facility be located within a 100-year floodplain? Yes \square No \boxtimes Identify the floodplain zone ______

Attach a copy of the Federal Emergency Management Administration administrator (FEMA)flood map for the area.

If the facility will be within a 100-year floodplain, attach documentation demonstrating that the facility is designed and will be operated in a manner to prevent washout of waste during



a 100-year storm event, or that the facility has obtained a conditional letter of map amendment from the FEMA.
Will the facility be located in wetlands?
Yes □ No ⊠
If yes, attach documentation to the extent required under Clean Water Act, §404 or applicable state wetlands laws.
2.4 Buffer Zones and Easement Protection [30 TAC §326.71(h)(3)]
Is the buffer zone in any location at the facility less than 25 feet wide? Yes \square No \boxtimes
If yes, describe your alternative buffer zone and how it will allow access for emergency response and maintenance (attach additional pages to answer this question if necessary):

2.5 Waste Management Unit Designs [30 TAC §326.71(i)]

Waste Management Unit Details

List each waste management unit in Table 3. Include attachments documenting manufacturer specifications.

Table 3. Design Details and Manufacturer Specifications for Waste Management Units.

Minimum Number of Units	Design Details	Approximate Dimensions	Approximate Capacity per Unit
	Number of	Number of Design Details	Number of Design Details Dimensions



Foundations and Supports

Provide a generalized description of construction materials for slab and subsurface supports of all storage and processing components (attach additional pages to answer this question if necessary):

All operations will be within existing buildings.

Contaminated Water Management

Describe how storage and processing areas will be designed to control and contain spills and prevent contaminated water from leaving the facility. For unenclosed containment areas, also account for precipitation from a 25-year, 24-hour storm (attach additional pages to answer this question if necessary):

All medical waste remains in sealed containers that meet all requirements to be leak proof, rodent proof with tight fitting lids and appropriate labels. Containers are not opened, emptied nor consolidated. There is no cleaning nor use of water in this operation. Containers will be stored in the warehouse or on vehicles at all times. Each vehicle and the warehouse have spill kits should the need arise. The transfer station has aspill kit which contains first aid kit, personal protective equipment (gloves, goggles, face mask, shoe covers, disposable gown), absorbent materials, forceps, biohazard bags, disinfectant, dustpan and brush. Additionally, bleach, disinfectant wipes, shovel, broom, extra supplies of biohazardous and sharps waste containers, red biohazard bags and fire extinguisher are located within the facility. An eyewash station is available and easily accessible within the facility. The vehicles are all equipped with a spill kit, same as above.

2.6 Treatment Requirements [30 TAC §326.71(j)]

Attach a written procedure for the operation and testing of any equipment used, and for the preparation of any chemicals used in treatment.

No treatment of waste is done at this location



Section 3—Facility Closure

3.1 Closure Plan [30 TAC §326.71(k)]

The operator must comply with the closure requirements listed in 30 TAC §326.71(k).

List other activities that the facility will conduct during closure, if any (attach additional pages to answer this question if necessary):

The purpose of this project is the to bring medical waste into the facility and send it out to other permitted facilities for treatment and disposal. As such there is no finite life to this operation and no anticipated closure. Should operations cease all incoming waste will be diverted to other Compnay locations, and any waste at the facility will be transferred to other permitted Company sites. Additionally the following steps will be taken:

TCEQ will be immediately notifed of the intent to close and the anticipated date of final closure All surfaces where waste had been stored will be thoroughly cleaned using a two step process of removing any dry debris followed by wet cleaning with an approved disinfectant solution. All cleaning and closure operations for medical waste will be conducted by Clean Harbors personnel.

All waste will be removed from the facility and transported to another offsite facility for treatment

All storage areas of the trucks used to transport medical waste will be cleaned and disinfected.

The containers are generally received in clean condition; any empty containers will be cleaned, removed and relocated.

Walls and floors in and around the biohazard storage area will be cleaned and disinfected thoroughly, as well as our transport van cargo area.

All signs designating medical waste will be removed.

All surfaces within the designated storage area including walls and floors will be disinfected with an approved hard surface disinfectant solution of enough concentration to "high level" disinfect the area.

If the trucks will continue to operate as medical waste transport vehicles the trucks will be routed to othe Clean Harbors facilities as needed.

The records shall be kept for 3 years after closure.



3.2 Closure Cost Estimate [30 TAC §326.71(m)]

Provide itemized closure cost estimates in Table 4. The cost estimates must meet therequirements listed in 30 TAC §326.71(m).

Attach documents detailing any additional unit closure costs not itemized. Enter the total ofthose additional unit closure costs on line 13 of the closure cost worksheet in Table 4.

Table 4. Closure Cost Estimates Worksheet.

Item No.	Item Description	Unit of Measure- ment	Quantity	Unit Cost	Total Cost
1	Site Evaluation and Engineering Review	NA	N/A		
2	Bid Document and Procurement	NA	N/A		
3	Contract Award and Administration	NA	N/A		
4	Clean-Up, Removal and Transport of Waste Stored On-Site	NA	80000		9500
5	Disposal of Waste at an Authorized Facility	lbs	80000		Included in 4
6	Waste Treatment	lbs	80000		0
7	Process Units Dismantling	NA			
8	Wash Down and Disinfection of Facility and Processing Units	NA	N/A		500
9	Vector Control	NA			
10	Site Security	NA			
11	Signs, Newspaper Notice and TCEQ Notice	NA			2500



Item No.	Item Description	Unit of Measure- ment	Quantity	Unit Cost	Total Cost
12	Facility Inspection and Closure Certification by Licensed Engineer	NA			
13	Additional Storage and Processing Unit Closure Cost Items (describe in attachments)	NA	NA	NA	
14	Storage and Processing Unit Closure Costs Subtotal	NA	NA	NA	
15	Contingency Cost	NA	NA	NA	1300
16	Total Closure Cost Estimate	NA	NA	NA	21800



Section 4—Site Operating Plan

4.1 General [30 TAC §326.75(a)]

Provide the function and minimum qualifications for each category of key personnel to be employed at the facility including supervisory personnel in the chain of command (attach additional pages to answer this question if necessary):

All new employees receive OSHA 24-hour Hazardous Waste Operator and Emergency Response (HAZWOPER) training containing Bloodborne Pathogen (BBP) training before being allowed to work in the portion of the facility that contains waste. All employees receive annual refresher training that includes but is not limited to the above topics. A training course will be provided to all employees involved in the handling and tracking of medical waste. Training sessions are documented using sign in sheets and the data is stored in the company computer system. Site specific training is also conducted that includes location of emergency equipment, what to do in case of a spill, and storage locations of medical waste at the facility. All Class B licensed supervisors have gone through a TCEQ recognized or approved medical waste specialized training course. As noted above Class B certified supervisors are on site as required.

Describe the procedures that the operating personnel will follow for the detection and prevention regarding the receipt of prohibited wastes, including random inspections of packaging of incoming loads, records, and training (attach additional pages to answer this question if necessary):

CHES has in place the following measures to prevent and ensure that unauthorized waste is not being stored at the facility. The ultimate responsibility for the prevention of unauthorized waste being stored or treated at the facility rests on the generators.

Generators have designated waste as biohazardous, sharps, pathological, chemotherapy or pharmaceutical waste and therefore it is handles as such. No random or routine inspection of opened/emptied containers is done prior to transferring/processing waste, as bagged or contained waste cannot be reopened per regulations.

The contract with the customer (generator) contains a clause pertaining to unauthorized disposal of waste considered non-conforming or outside the scope of regulated medical waste. The generator must sign this contract. A Waste Acceptance Protocol that outlines the laws and regulations concerning the identification, packaging, transportation, treatment, and disposal of regulated medical waste is provided to each customer (generator).

Ongoing training, along with a review of customer records, is provided to customers on an as needed basis to ensure compliance with all applicable laws and regulations to ensure proper management of medical waste and protect against unauthorized disposal.



WASTE MATERIAL PROFILE SHEET

al Date (10/27/2021) Revision (MM/DD/YY) lean Harbors Profile No.

A. GENERAL INFORMATION

GENERATOR EPA ID #/REGISTRATION #

GENERATOR CODE (Assigned by Clean Harbors) ADDRESS 1501 Washington Street

ECOMT10

GENERATOR NAME: **NONEREQUIRED** CITY Point Lisas

CITY

F Commerce Test Account 10

STATE/PROVINCE

PHONE: (800) 282-0058

ZIP/POSTAL CODE

5,000-10,000 (11.6-23.2)

> 10,000 (>23.2)

Actual:

TRINI

CUSTOMER CODE (Assigned by Clean Harbors) ADDRESS 1501 Washington Street

ECOMT10

CUSTOMER NAME:

Point Lisas

E Commerce Test Account 10

STATE/PROVINCE

ZIP/POSTAL CODE XX

TRINI

B. WASTE DESCRIPTION

WASTE DESCRIPTION:

PROCESS GENERATING WASTE:

IS THIS WASTE CONTAINED IN SMALL PACKAGING CONTAINED WITHIN A LARGER SHIPPING CONTAINER?

C. PHYSICAL PROPERTIES (at 25C or 77F)

PHYSICAL STATE SOLID WITHOUT FREE LIQUID POWDER MONOLITHIC SOLID LIQUID WITH NO SOLIDS LIQUID/SOLID MIXTURE % FREE LIQUID % SETTLED SOLID % TOTAL SUSPENDED SOLID SLUDGE GAS/AEROSOL		NUMBER OF PHAS 1 2 % BY VOLUME (App	3 TOP	0.00 DLE 0.00		DLE 0.00 101 - 500 (e.g. Motor Oil) TOM 0.00 501 - 10,000 (e.g. Molasses)				COLOR
		ODOR NONE MILD STRONG Describe:		95 - 101	95 (<=35) - 100 (35-38) - 129 (38-54) 130 (>54)	140-2	OINT °F (°C) O (<60) 200 (60-93) O (>93)	TOTA	AL ORGANIC BON <= 1% 1-9% >= 10%	
FLASH POINT °F (°C) < 73 (<23) 73 - 100 (23-38)	pH <= 2 2.1 - 6.9	SPECIFIC GRAVITY < 0.8 (e.g. Gasoli 0.8-1.0 (e.g. Etha	,	ASH < 0.1 0.1 - 1.		> 20 Jnknown	BTU/LB (MJ/kg) < 2,000 (< 2,000-5,00	,	11.6)	

n	CO	MD	2	ITI	\sim

101 -140 (38-60)

141 -200 (60-93)

> 200 (>93)

(List the complete composition of the waste, include any inert components and/or debris. Ranges for individual components are acceptable. If a trade name is used, please supply an MSDS. Please do not use abbreviations.)

11-50

5.1 - 20.0

CHEMICAL	MIN		MAX	UOM
----------	-----	--	-----	-----

DOES THIS WASTE CONTAIN ANY HEAVY GAUGE METAL DEBRIS OR OTHER LARGE OBJECTS (EX., METAL PLATE OR PIPING >1/4" THICK OR >12" LONG, METAL REINFORCED HOSE >12" LONG, METAL WIRE >12" LONG, METAL VALVES, PIPE FITTINGS, CONCRETE REINFORCING BAR OR YES NO PIECES OF CONCRETE >3")?

If yes, describe, including dimensions:

DOES THIS WASTE CONTAIN ANY METALS IN POWDERED OR OTHER FINELY DIVIDED FORM? YES NO

DOES THIS WASTE CONTAIN OR HAS IT CONTACTED ANY OF THE FOLLOWING; ANIMAL WASTES, HUMAN BLOOD, BLOOD PRODUCTS, BODY YES NO FLUIDS, MICROBIOLOGICAL WASTE, PATHOLOGICAL WASTE, HUMAN OR ANIMAL DERIVED SERUMS OR PROTEINS OR ANY OTHER POTENTIALLY INFECTIOUS MATERIAL?

I acknowledge that this waste material is neither infectious nor does it contain any organism known to be a threat to human health. This certification is

based on my knowledge of the material. Select the answer below that applies:

Chemical disinfection or some other form of sterilization has been applied to the waste.

7 (Neutral)

71-124

>= 12.5

The waste was never exposed to potentially infectious material. YES

I ACKNOWLEDGE THAT THIS PROFILE MEETS THE CLEAN HARBORS BATTERY PACKAGING REQUIREMENTS.

1.0 (e.g. Water)

1.0-1.2 (e.g. Antifreeze)

> 1.2 (e.g. Methylene Chloride)

I ACKNOWLEDGE THAT MY FRIABLE ASBESTOS WASTE IS DOUBLE BAGGED AND WETTED.

SPECIFY THE SOURCE CODE ASSOCIATED WITH THE WASTE

SPECIFY THE FORM CODE ASSOCIATED WITH THE WASTE

TCEQ-20789, Application for a Medical Waste Registration (Rev. 05-07-21)

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Page 1 of 3

NO

NO

NO

NO

YES

YES

YES



Clean Harbors Profile No. CH896501

Submittal Date (10/27/2021) Revision (MM/DD/YYYY)

E. CONSTITUENTS

Are these values based on testing or knowledge?

Testing Knowledge

If constituent concentrations are based on analytical testing, analysis must be provided. Please attach document(s) using the link on the Submit tab.

Please indicate which constituents below apply. Concentrations must be entered when applicable to assist in accurate review and expedited approval of your waste profile. Please note that the total regulated metals and other constituents sections require answers.

RCRA	REGULATED METALS	REGULATORY LEVEL (mg/l)	TCLP mg/l	TOTAL	UOM	NOT APPLICABLE	
D004	ARSENIC	5.0					
D005	BARIUM	100.0					
D006	CADMIUM	1.0					
D007	CHROMIUM	5.0					
D008	LEAD	5.0					
D009	MERCURY	0.2					
D010	SELENIUM	1.0					
D011	SILVER	5.0					
	VOLATILE COMPOUNDS			OTHER CONSTITUEN	· · · · · · · · · · · · · · · · · · ·	MAY LIOM	NOT
D018	BENZENE	0.5		OTHER CONSTITUEN	115	MAX UOM	NOT APPLICABLE
D019	CARBON TETRACHLORIDE	0.5		BROMINE			
D013	CHLOROBENZENE	100.0		CHLORINE			
D021	CHLOROFORM	6.0		FLUORINE			
D022	1,2-DICHLOROETHANE	0.5		IODINE			
D028		0.7		SULFUR			
	1,1-DICHLOROETHYLENE			POTASSIUM			
D035	METHYL ETHYL KETONE	200.0		SODIUM			
D039	TETRACHLOROETHYLENE	0.7					
D040	TRICHLOROETHYLENE	0.5		AMMONIA			
D043	VINYL CHLORIDE	0.2		CYANIDE AMENABLE			
	SEMI-VOLATILE COMPOUNDS	3		CYANIDE REACTIVE			
D023	o-CRESOL	200.0		CYANIDE TOTAL			
D024	m-CRESOL	200.0		SULFIDE REACTIVE			<u></u>
D025	p-CRESOL	200.0		HOCs		PCBs	
D026	CRESOL (TOTAL)	200.0		NONE		NONE	
D027	1,4-DICHLOROBENZENE	7.5		< 1000 PPM		NONE < 50 PPM	
D030	2,4-DINITROTOLUENE	0.13		>= 1000 PPM		>=50 PPM	
D032	HEXACHLOROBENZENE	0.13		7 1000 TT W			T 10 THE
D033	HEXACHLOROBUTADIENE	0.5				IF PCBS ARE PRESEN WASTE REGULATED B	
D034	HEXACHLOROETHANE	3.0				CFR 761?	
D036	NITROBENZENE	2.0				YES	NO
D037	PENTACHLOROPHENOL	100.0					
D038	PYRIDINE	5.0					
D041	2,4,5-TRICHLOROPHENOL	400.0					
D042	2,4,6-TRICHLOROPHENOL	2.0					
	PESTICIDES AND HERBICIDES						
D012	ENDRIN	0.02					
D013	LINDANE	0.4					
D014	METHOXYCHLOR	10.0					
D015		0.5					
D016	2,4-D	10.0					
D017	2,4,5-TP (SILVEX)	1.0					
D020	CHLORDANE	0.03					
D020	HEPTACHLOR (AND ITS EPOXIDE)						
		0.000					
	L HAZARDS WASTE HAVE ANY UNDISCLOSED H	AZARDS OR PRIOR II	NCIDENTS AS	SOCIATED WITH IT, WHICH	COULD AFFE	ECT THE WAY IT SHOULD BE	HANDLED?

YES NO (If yes, explain)

CHOOSE ALL THAT APPLY

DEA REGULATED SUBSTANCE **EXPLOSIVE FUMING** OSHA REGULATED CARCINOGENS **POLYMERIZABLE** RADIOACTIVE REACTIVE MATERIAL NONE OF THE ABOVE

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F. REGULA	TORY STAT	US								
YES	NO	USEPA HAZARDOUS WASTE?								
YES	NO	DO ANY STATE WASTE CODES	APPLY?							
		Texas Waste Code								
YES	NO	DO ANY CANADIAN PROVINCIAL	WASTE CODES APPLY?							
YES	NO		OM LAND DISPOSAL WITHOUT FURTHE	R TREATMENT PE	ER 40 CFR PART 268?					
		LDR CATEGORY: VARIANCE INFO:								
YES	NO	IS THIS A UNIVERSAL WASTE?								
YES	NO	IS THE GENERATOR OF THE WA	STE CLASSIFIED AS CONDITIONALLY	EXEMPT SMALL QU	JANTITY GENERATOR	(CESQG)?				
YES	NO	IS THIS MATERIAL GOING TO BE MANAGED AS A RCRA EXEMPT COMMERCIAL PRODUCT, WHICH IS FUEL (40 CFR 261.2 (C)(2)(II))?								
YES	NO	DOES TREATMENT OF THIS WASTE GENERATE A F006 OR F019 SLUDGE?								
YES	NO	IS THIS WASTE STREAM SUBJECT	CT TO THE INORGANIC METAL BEARIN	G WASTE PROHIB	ITION FOUND AT 40 CF	R 268.3(C)?				
YES	NO	DOES THIS WASTE CONTAIN VO	C'S IN CONCENTRATIONS >=500 PPM?							
YES	NO	DOES THE WASTE CONTAIN GR	EATER THAN 20% OF ORGANIC CONS	TITUENTS WITH A	VAPOR PRESSURE >= .	3KPA (.044 PSIA)?				
YES	NO	DOES THIS WASTE CONTAIN AN	ORGANIC CONSTITUENT WHICH IN IT	S PURE FORM HAS	S A VAPOR PRESSURE	> 77 KPA (11.2 PSIA)?				
YES	NO	IS THIS CERCLA REGULATED (S	UPERFUND) WASTE ?							
YES	NO	IS THE WASTE SUBJECT TO ONI	OF THE FOLLOWING NESHAP RULES	?						
		Hazardous Organic NESHAP (H	ON) rule (subpart G) Phar	naceuticals product	ion (subpart GGG)					
YES	NO IF THIS IS A US EPA HAZARDOUS WASTE, DOES THIS WASTE STREAM CONTAIN BENZENE?									
	YES		ome from a facility with one of the SIC code							
	YES		of this waste stream a facility with Total An			77				
	What is the	e TAB quantity for your facility?	Megagram/year (1 Mg = 2,200 lbs)						
	The basis	for this determination is: Knowledge	of the Waste Or Test Data		Knowledge	Testing				
	Describe t	he knowledge :								
G. DOT/TDG	INFORMAT	ION								
DOT/TDG PF	ROPER SHIF	PPING NAME:								
		REQUIREMENTS FREQUENCY ONE TIME WEE	EKLY MONTHLY QUARTERLY Y	EARLY OTHER						
	✓ co	NTAINERIZED	BULK LIQUID		BULK S	OLID				
0-0	CONTAINE	RS/SHIPMENT	GALLONS/SHIPMENT: 0 Min -0 Ma	x GAL.	SHIPMENT UOM:	TON YARD				
STORAGE (TONS/YARDS/SHIPM	ENT: 0 Min - 0 Max				
	IBIC YARD E	OX PALLET								
	TE TANK	DRUM								
ОТ	HER:	DRUM SIZE:								
I. SPECIAL R	EQUEST									
COMMENTS	S OR REQUES	TS:								
certify that a	I am authorized ny samples sul	d to execute this document as an authorize	d agent. I hereby certify that all information submite. If Clean Harbors discovers a discrepancy duncy.							
AU	THORIZED	SIGNATURE NA	ME (PRINT)	TITLE		DATE				

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4.2 Waste Acceptance [30 TAC §326.75(b)]

Describe all sources and characteristics of medical wastes to be received for storage and processing or disposal (attach additional pages to answer this question if necessary):

The following wastes will be received for storage and transfer at this location: -"Biohazardous red bags waste" includes disposable items such as dressings, bandages, gauze, PPE and other items that have been saturated with blood or body fluids. "Sharps waste" means a device that has acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, acupuncture needles, root canal files, broken glass items used in health care such as Pasteur pipettes and blood vials contaminated with biohazardous waste, and any item capable of cutting or piercing from trauma scene waste. "Pharmaceutical" means a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 of the Federal Food, Drug, and Cosmetic Act, as amended, (21 U.S.C.A. Sec. 321(g)(1)). For purposes of this part, "pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following: The federal Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.). "Trace chemotherapeutic waste" means waste that is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing that are empty. Pathology waste includes both of the following: (A) Human body parts, except for teeth, removed at surgery and surgery specimens or tissues removed at surgery or autopsy that are suspected by the health care professional of being contaminated with infectious agents known to be contagious to humans or having been fixed in formaldehyde or another fixative. (B) Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

Describe the sources and characteristics of recyclable materials, if applicable, to be received for storage and processing (attach additional pages to answer this question if necessary):

No recycling operations are employed at this location for regulated medical waste

Maximum amount of waste to be received daily: 50000 $oxed{\boxtimes}$ pounds/day $oxdot$ tons /day
Maximum amount of waste to be stored at any point in time: $\underline{100000}$ \boxtimes pounds \square tons
Maximum length of time waste is to remain at the facility: 30 hours \boxtimes days
Specify the maximum time that unprocessed and processed wastes will be allowed to remain on-site:
Processed: <u>N/A</u> hours days
Unprocessed: 30 hours \boxtimes day



Identify the intended disposition of processed and unprocessed waste received at the facility (attach additional pages to answer this question if necessary):

All waste will be transferred to other designated Clean Harbors treatment locations in Texas and elsewhere as deemed appropriate.

4.3 Generated Waste [30 TAC §326.75(c)]

Describe how all liquids and solid waste resulting from the facility operations will be disposed of in a manner that will not cause surface water and groundwater pollution (attach additional pages to answer this question if necessary):

There are no liquids resulting from operations as all waste is in containers which are not opened but transferred to outgoing vehicles for disposal elsewhere.

4.4 Access Control [30 TAC §326.75(g)]

Describe how public access to the facility will be controlled (attach additional pages to answer this question if necessary):

All gates are locked when not in use. Access is via a secured card key or code system. Only authorized Safety-Kleen and Clean Harbors employees are issued cards or codes. Visitors require sign-in and identification to have access and are escorted at all times. Badges are issued to visitors and contractors. Unescorted contractors undergo safety site training.

Describe how access roads and parking areas will be maintained to control dust and prevent mud from being track off-site (attach additional pages to answer this question if necessary):

All grounds are inspected daily and maintained in a clean and orderly condition. Vehicles are washed and cleaned as needed off-site. The site is paved so no mud or debris is tracked off- site.

describe the type of fence that will be installed at the facility: \square A four-foot-high barbed wire fence;
$oxed{\boxtimes}$ A six-foot-high chain-link fence; or
□ Other:

4.5 Operating Hours [(30 TAC §326.75(i)]

Provide the operating hours of the facility; *include justification for hours outside of* **7:00** a.m. to **7:00** p.m., Monday through Friday:

5:00 am to 7:00 pm Monday through Friday with occasional weekends and holidays as needed. Extended hours are to allow for customer needs and traffic expediency.



List the alternative operating hours, if any, of up to five days in a calendar-year period:



Section 5—Other Site Operating Plan, Financial Assurance, and Closure Requirements

Attach additional pages describing how the facility will comply with the following requirements.

- 30 TAC §326.75(d), Storage
- 30 TAC §326.75(e), Recordkeeping and Reporting
- 30 TAC §326.75(f), Fire protection Plan
- 30 TAC §326.75(g)(2), Access Roads, Vehicle Parking, and Safety Measures
- 30 TAC §326.75(g), Access Control
- 30 TAC §326.75(h), Unloading of Waste
- 30 TAC §326.75(i)(3), Recording of Applicable Alternative Hours (if used)
- 30 TAC §326.75(j), Signs at Facility Entrances
- 30 TAC §326.75(k), Control of Windblown Material and Litter
- 30 TAC §326.75(I), Facility Access Roads
- 30 TAC §326.75(m), Noise Pollution and Visual Screening
- 30 TAC §326.75(n), Overloading and Breakdown
- 30 TAC §326.75(o), Sanitation
- 30 TAC §326.75(p), Ventilation and Air Pollution Control
- 30 TAC §326.75(q), Health and Safety
- 30 TAC 326.75(r), Disposal of Treated Medical Waste (if applicable)
- 30 TAC §326.71(n); Financial Assurance
- 30 TAC §326.71(I)(1); provide notice for final facility closure and information for the public and executive director no later than 90 days prior to initiating final closure.
- 30 TAC §326.71(I)(2); install signs and barriers upon notification of final closure to the executive director.
- 30 TAC §326.71(I)(3); provide certification of closure, and a request for voluntary revocation of facility registration within 10 days after completion of final closure of the facility.



Section 5 – Other Site Operating Plan, Financial Assurance, and Closure Requirements

5.1 Storage (30 TAC §326.75(d))

All regulated medical waste arriving at the facility will be off loaded and placed either into the refrigerated trailer or the building as shown on the facility drawings so as not to create a nuisance, and to prevent putrefaction.

All medical waste will be stored separate from all other waste materials or other processes. This facility has existing protocols to control odors, vectors, and windblown waste. All medical waste containers are located either in the building or on the vehicle. Medical waste is by and large not putrescible and is transferred to other locations promptly. The company maintains a robust vector control program covering the entire property.

All containers coming onto the property are promptly and subsequently transferred to other locations. Medical waste containers will be transferred from truck to truck, removed from trucks and placed in temporary storage (<72 hours) prior to being shipped offsite, and/or being placed in refrigeration before being shipped offsite for treatment and/or final disposal. At no time are containers mechanically handled, so the integrity of each container is maintained during storage, handling, and transport.

No compactor is used for waste at any time, so there is no risk of public nuisance through material loss or spillage, odor, vector breeding or harborage, or other conditions.

5.2 Recordkeeping and Reporting (30 TAC §326.75(e))

A copy of the registration, the approved registration application, and any other required plan or other related document shall be maintained at the medical waste facility at all times. These plans shall be made available for inspection by agency representatives or other interested parties. These documents shall be considered a part of the operating record for the facility. This operating record shall include the following:

- 1. All location-restriction demonstrations
- 2. All inspection and training records
- 3. Any closure plans, cost estimates and financial assurance documents
- All correspondence related to the operation of the facility, registration modifications, approvals, technical assistance, documents, manifests, and any other documents as specified or requested
- 5. All documents, manifests and any other document(s) as specified by the approved authorization or by the executive director. Copy of manifests/shipping papers must be maintained for at least three (3) years.

All records shall be maintained by the facility as required by applicable regulations.

Any shipping documents that designate this facility as final destination will result in one copy of each document being retained for the life of the facility. As no treatment occurs at this location, no statement of treatment applies.



5.3 Fire Protection Plan (30 TAC §326.75(f))

There is a comprehensive fire protection plan at the facility that addresses all of the following:

- 1. There is always an adequate supply of water for firefighting purposes supplied under normal conditions by the water company.
- 2. Fire extinguishers that comply with all requirements are strategically placed to be readily available as needed.
- 3. All employees are trained in the fire protection program including contact information, training and safety procedures.

5.4 Access Control (30 TAC §326.75(g))

Public access to this facility is restricted. Access is granted via a key card issued to authorized personnel. Visitors and others enter through the office door, and authorized access is granted after signing in and revealing the purpose of the visit.

The facility access is designed for the traffic flow via the multi-lane paved road. Safe on-site access for all vehicles is provided, including adequate turning radii and does not disrupt normal traffic patterns. Parking is provided for equipment, employees, and visitors. All interior driving and parking surfaces are paved to minimize dust and mud, however the parking area at the medical waste building is not paved (gravel).

A 6-foot perimeter fence topped with 3-stranded barbed wire surrounds the facility and includes lockable and monitored pedestrian and vehicle gates for access. Monitoring is conducted via closed circuit cameras with recording devices. The property is always occupied during normal business hours.

5.5 Unloading of Waste (30 TAC §326.75(h))

Waste is unloaded in a specific designated area. From there it is placed either into a refrigerated trailer or the specified medical waste storage area within the building. These areas are designed to be in as small an area as is practical as shown on the attached diagram. Unloading of waste in an area not otherwise authorized is prohibited. And prohibited wastes received, once identified, are returned to the generator of the waste in a timely manner or rejected to an alternative facility approved to accept such wastes.

5.6 Operating Hours (30 TAC §326.75(i))

Operating hours of the facility are as follows: 5:00 am to 7:00 pm Monday through Friday (operations) 8:00 am to 4:00 pm Monday through Friday (office) Weekend and holiday hours vary by the work conditions.



The facility does have the ability to operate 24/7 to accommodate emergency situations, disasters, or other unforeseen circumstances that may disrupt waste management in the service area.

5.7 Facility Sign (30 TAC §326.75(j))

Signs measuring four feet by four feet with letters at least 3" high will be prominently displayed at the vehicle entrance locations. The signs will include the following information: facility name, type of facility, days and hours of operation, authorization number of the facility, and access rules.

5.8 Control of Windblown Material and Litter (30 TAC §326.75(k))

The entire location is maintained in a clean, healthy, and safe manner, through in part controlling windblown material and litter being promptly collected and disposed of.

5.9 Facility Access Roads (30 TAC §326.75(l))

As indicated previously, primary and secondary roads are paved to prevent the tracking of mud and debris onto public roadways and for safety during wet weather. Since most of the entire property is paved, no specialized mobile equipment for dust control is necessary.

Vehicle and personnel safety is of primary concern, so all interior roads are maintained to minimize depressions, ruts, and potholes.

5.10 Noise Pollution and Visual Screening (30 TAC §326.75(m))

The only noise arising from the operation is that of vehicles entering or exiting the property. There is no equipment except for perhaps a forklift used in connection with this activity. Visual screening is maintained due to the location of the operation which is around behind the buildings or within them.

5.11 Overloading and Breakdown (30 TAC §326.75(n))

Adding medical waste to the existing operation does not pose a risk to exceeding operational capability nor design capacity. As a transfer station all waste is promptly routed to other locations, so there is no risk of quantities remaining on the property. Clean Harbors has multiple other facilities to which waste can be shipped for processing, so there are primary and secondary options should the need arise.

Any work stoppage will result in diverting incoming waste to other permitted facilities. Having multiple options allows the facility to ensure that waste will not accumulate nor will waste be received without the operational ability to handle it.

5.12 Sanitation (30 TAC §326.75(o))

Sanitary facilities and potable water are available at all times for employees and visitors.



Waste is in sealed containers at all times and not removed. Any working surfaces are part of routine maintenance to provide a safe and clean environment. Spill kits are maintained on premises and in the vehicles in the event waste is spilled and requires collection and containment. Those procedures are described in the Operation Plan Narrative in Appendix 5-1.

5.13 Ventilation and Air Pollution Control (30 TAC §326.75(p))

As a transfer station there are no permitted air pollution abatement devices associated with this operation. The area is well ventilated at all times.

5.14 Health and Safety (30 TAC §326.75(q))

All employees are trained in appropriate sections of the Company's health and safety plan, the details of which are included in the Appendix 5-2

5.15 Disposal of Treated Waste (30 TAC §326.75(r))

As a transfer station this section is not applicable.

5.16 Financial Assurance (30 TAC §326.71(n))

Financial Assurance is provided by insurance procured by the applicant

5.17 Final Facility Closure (30 TAC §326.71(l)(1))

Applicant will provide TCEQ notice for final facility closure and information for the public and executive director no later than 90 days prior to initiating final closure.

Within 10 days after completion of final closure of the facility, applicant will provide certification of closure, and a request for voluntary revocation of facility registration



Appendix 5-1

Operation Plan and Spill Containment



Medical waste is typically picked up in local delivery trucks and delivered to the Facility. At the Facility, the containers will be offloaded either into the building or onto one of the parked trailers. It will be stored until such time that a full truckload is sent to the final destination facility or another permitted Transfer Station, or until such time that the waste can no longer be stored at the Facility to maintain compliance within the storage timeline limitations.

The waste will be delivered to the treatment facility within 7 days of being received by the generator in accordance with the Medical Waste Management Act requirements. Although typically waste will be stored at the Denton facility for 24 to 72 hours prior to being sent to the appropriate location for treatment. Typically, waste is shipped out for treatment twice weekly.

Should a spill occur at this facility or elsewhere, our personnel are well-equipped and specifically trained to handle the containment and cleanup. Each company vehicle, as well as our-facility, is fully stocked with first aid supplies, personal protective equipment (gloves, face shield, respiratory protective equipment, Tychem/Tyvek coveralls, boot covers (chicken boots), etc.), absorbent materials, biohazard bags, disinfectant, dust pans, brushes, shovels, broom, etc. All spills or discharges shall be reported to CDPH Medical Waste Management Program Promptly.

In the event of a spill the following measures will be taken:

- 1. Identification of the spill to determine appropriate response, including Emergency Notification Requirements, PPE, and Cleanup Equipment
- 2. If cleanup is indicated, alert proper parties, don appropriate PPE, stop the spill from spreading, cover the spill with absorbent if needed, spray the spill with a bleach solution or other EPA approved disinfectant, allow sufficient contact time for the disinfectant, clean up the material and repackage for appropriate shipment. Follow up with a report to supervisors and place the report in an incident log for viewing by CDPH personnel as needed.



Appendix 5-2

Health and Safety Plan



Applicable safety equipment includes the following:

Respirators available are 3M half-mask and full-face organic vapor respirators.

Each sales representative and facility employee who may involve in response to an emergency is issued a 1/2-face respirator. Numerous full-face respirators are also stored at the facility.

There are full-face shields available for all employees and safety glasses available for each employee at the facility. This equipment is stored in the emergency response kit located onnortheast side of warehouse.

A pair of steel-toed boots is assigned to each employee. Two pair of neoprene/steel-toed boots are available for employee use.

Coveralls made of Tyvek Neoprene aprons are also used as needed.

A pair of neoprene gloves is assigned to each employee and are replaced as necessary.

Electronic copies of all SDSs are kept on a database. Hard copy of Safety-Kleen products that are used on a daily basis by Customer Service Representatives (CSRs) are kept at the CSR room.

Other equipment available includes: mops, buckets, shovels, soap, portable pumps, wet/dry vacuum, telephones, eye wash stations, first aid station, fire extinguisher, and safety showers.



Section 6—Applicant Certification and Signature

Name of applicant, or other person authorized to sign: David A. DeSha

The applicant is the person or entity who would be the owner of the facility and in whose name the registration would be issued. If the application is signed by an authorized representative for the applicant, the applicant must complete the delegation of signature authority.

Certification by Applicant or Authorized Signatory [30 TAC §305.44]

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Title of person signing: Director shvironmental compliance	
Signature: Date: 10/19/2021	
SUBSCRIBED AND SWORN to before me by the said David A. De She State Of this 19th day of October, 2021. My commission expires on the 4 day of Sept., 2023. Notary Public in and for County, Tennessee My Commission Expires Sept. 4.	- THEFT - 50
Applicant's Delegation of Signature Authority [30 TAC §305.43]	
hereby delegate the person named below as my representative and hereby authorize said representative to sign any application, submit additional information as may be requested by the Commission; and appear for me at any hearing or perfore the Commission in conjunction with this request for a Texas Water Code or Texas Solid Waste Disposal Act permit. If further understand that I am responsible for the contents of this application, for oral statements given by my authorized representative in support of the application, and for compliance with the terms and conditions of any permit which might be issued based upon this application. Name of applicant's representative: Name of person who is the applicant, or officer or official representing corporation or public agency where is the applicant.	
that is the applicant:	
Signature:Date:	
Notarization	
SUBSCRIBED AND SWORN to before me by the said	
On thisday of,	
My commission expires on theday of,	
Notary Public in and for	
County, Texas	



Section 7—Property Owner Affidavit

Affidavit [30 TAC §326.71(b)]

This section must be completed by the owner of the property on which the facility would be located.

I am the owner of the land on which the proposed facility would be located. I acknowledge that the State of Texas may hold me either jointly or severally responsible for the operation, maintenance, and closure of the facility. I further acknowledge that the facility owner or operator and the State of Texas shall have access to the property during the active life and after closure for the purpose of inspection and maintenance.

Property owner name: Safety-Kleen Systems, Inc.	1 1 2
Signature: Date:	10/19/2021
Notarization	A. De Sha
SUBSCRIBED AND SWORN to before me by the said	A. De Jun
On this 19th day of DC tober , 2021.	
My commission expires on the 4 day of Sept., 2023. Notary Public in and for County, Texas	STATE OF TENNESSEE NOTARY PUBLIC
	My Commission Expires Sept. 4, 2023



Attachments

Table Att-1. Required Attachments

Attachments	Attachment No.
General Location Map	1
Facility Access Map	2
Facility Layout Map	2
Land Use Map	3
Land Ownership Map	4
Land Ownership List	5
Land Ownership Hard Copy and Electronic Mailing List or Mailing Labels	6
Metes and Bounds Drawing and Description	7
Copy of Authorization to Discharge Wastewater to a Treatment Facility	8
Process Flow Diagrams and Narrative	9
Procedures for Operation and Testing of Treatment Equipment, if applicable	N/A
Procedures for Preparation of any Chemical used in Treatment, if applicable	N/A
Verification of Legal Status	10
Texas Department of Transportation Coordination Letters	N/A
Entity Exercising Maintenance Responsibility of Public Roadway, if applicable	N/A
FEMA Map	11
☐ Facility Design Demonstration for Flood Management, or ☐ Conditional Letter of Map Amendment from FEMA, if applicable	N/A
Wetland Documentation, if applicable	N/A
Council of Governments Review Request Coordination Letters	12

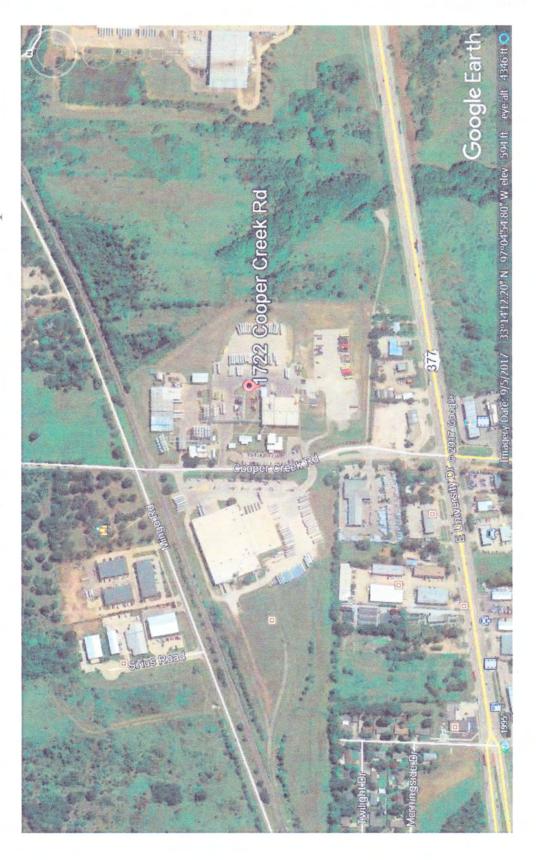


Table Att-2. Additional Attachments; check all that apply.

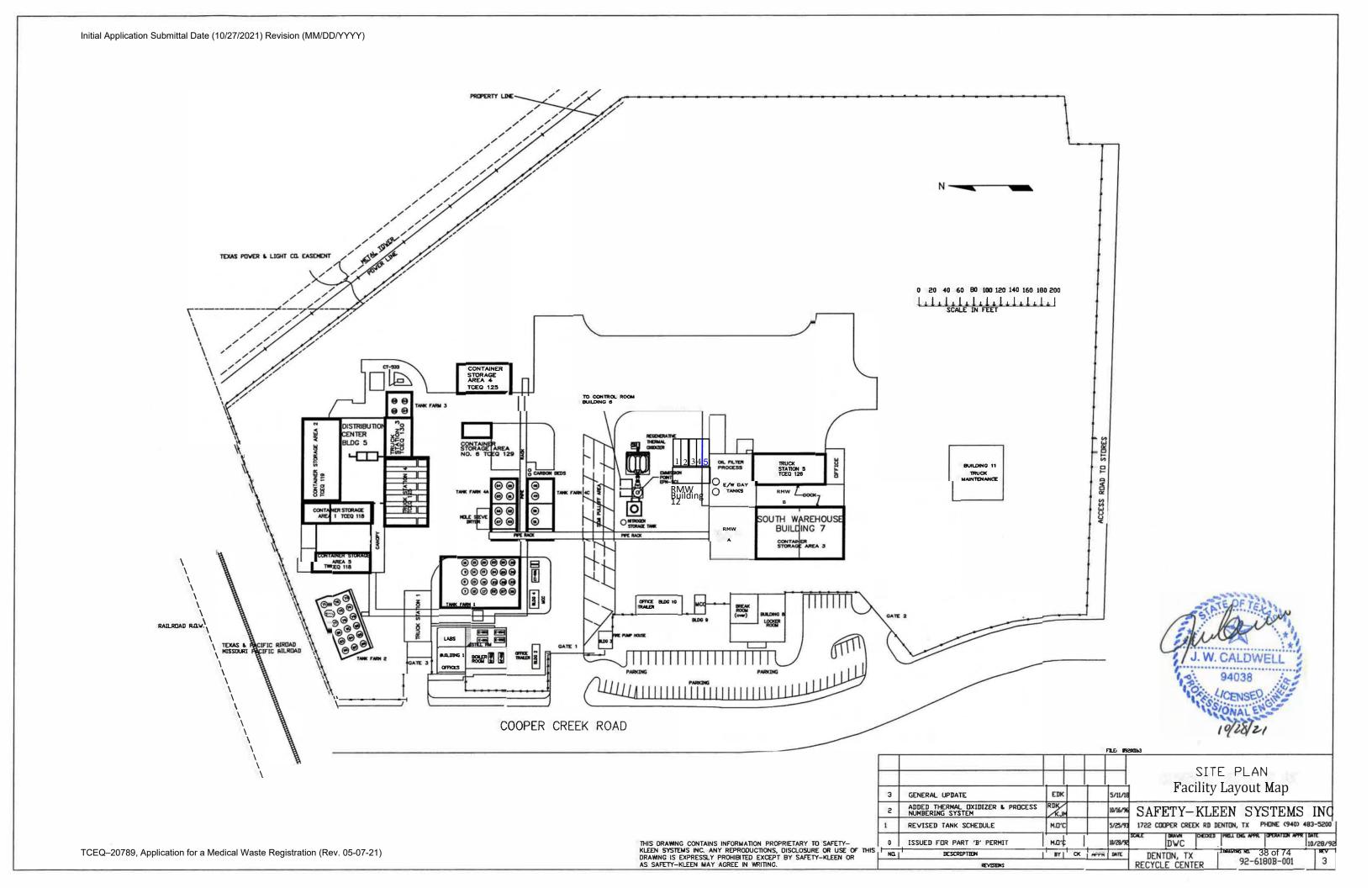
Attachments	Attachment No.
☐ TCEQ Core Data Form(s)	13
Fee Receipt or copy of check	14
☐ Published Zoning Map	15
☐ Delegation of Signatory Authority	16
Manufacturer Specifications for Waste Management Units	N/A
Additional Storage and Processing Unit Closure Cost Items	N/A
Confidential Documents	N <u>/A</u>

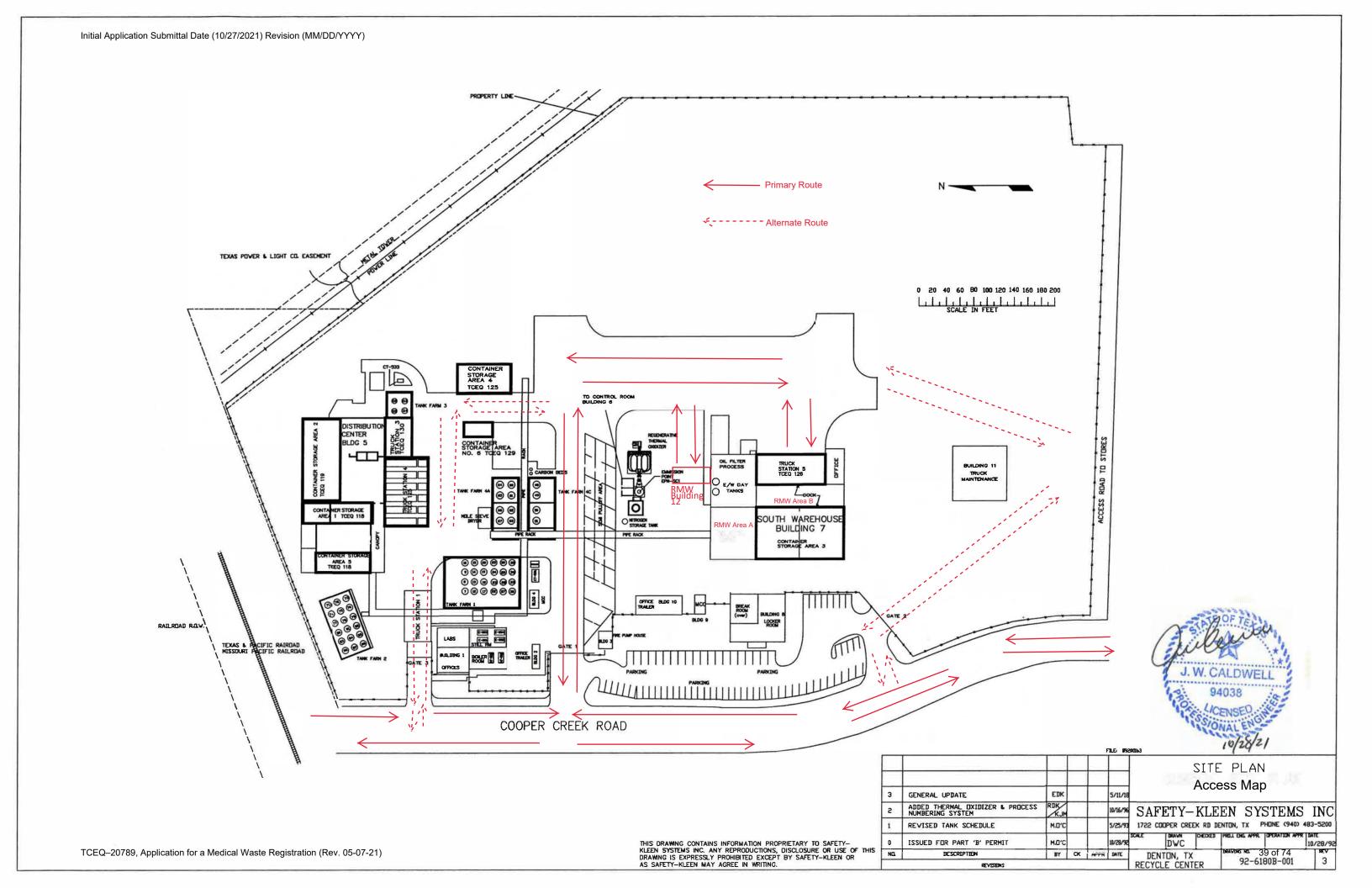








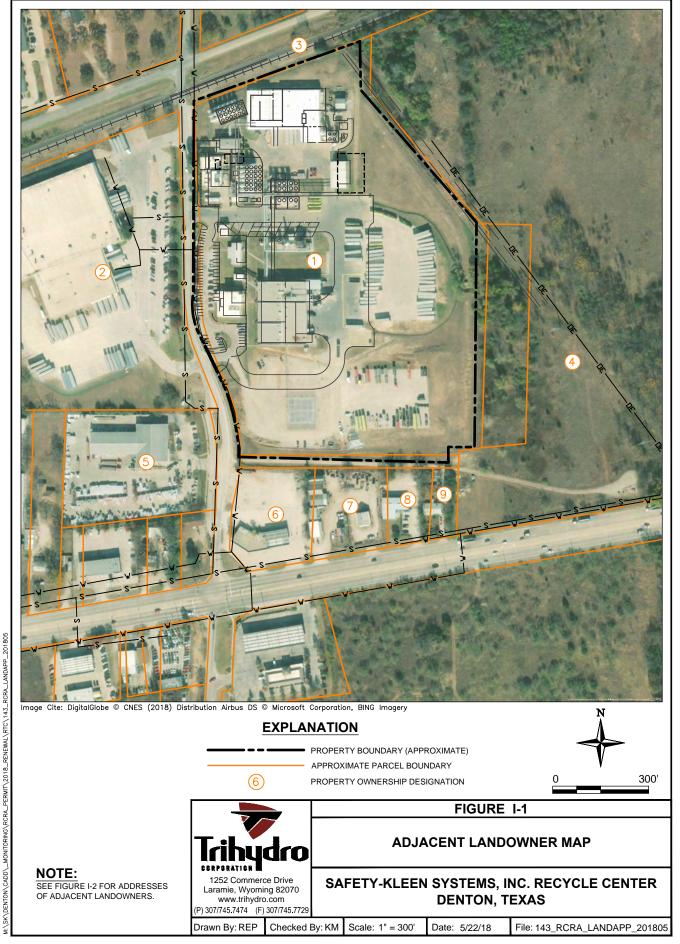






Initial Application Submittal Date (10/27/2021) Revision (MM/DD/YYYY) nd Use Legend TCEQ-20789, Application for a Medical Waste Registration (Rev. 05-07-21) 41 of 74







NO.	LANDOWNER NAME	ADDRESS	LAND USE
1	SAFETY-KLEEN DENTON	1722 COOPER CREEK ROAD, DENTON, TEXAS 76208	INDUSTRIAL
2	CLASSIC CORRUGATED, INC.	1725 COOPER CREEK ROAD, DENTON, TEXAS 76208	INDUSTRIAL
3	TEXAS & PACIFIC RAILROAD	1700 FARNAM STREET #105-FL. OMAHA, NEBRASKA 68102	INDUSTRIAL
4	UNITED COPPER INDUSTRIES, INC.	2727 GEESLING ROAD, DENTON, TEXAS 76208	INDUSTRIAL
5	WEST ACRES, LLC	1631 COOPER CREEK ROAD, DENTON, TEXAS 76208	COMMERCIAL
6	4 PILLARS IN MOTION, LLC	3601 E. UNIVERSITY, DENTON, TEXAS 76208	COMMERCIAL
7	JEFF & CARA SORENSEN	3603 E. UNIVERSITY, DENTON, TEXAS 76227	COMMERCIAL
8	JERRY OWENS ELECTRIC	3609 E UNIVERSITY, DENTON, TEXAS 76208	COMMERCIAL
9	PAUL LUBBERS	P.O. BOX 314, DENTON, TEXAS 76202	RESIDENTIAL



(P) 307/745.7474 (F) 307/745.7729

FIGURE I-2

ADJACENT LANDOWNER ADDRESSES

SAFETY-KLEEN SYSTEMS, INC. RECYCLE CENTER **DENTON, TEXAS**

Drawn By: REP | Checked By: KM | Scale: NONE

Date: 5/22/18

File: 143_RCRA_LANDAPP_201805



David – I this is the current list as of May 2018.

United Copper Industries, Inc.	Paul Lubbers	Jerry Owens Electric
2727 Geesling Road	P.O. Box 314	3609 East University
Denton, Texas 76208	Denton, Texas 76202-0314	Denton, Texas 76208-1035
Jeff & Cara Sorensen	4 Pillars In Motion, LLC	West Acres LLC
3603 E. University	3601 E. University	1631 Cooper Creek Road
Denton, Texas 76208	Denton, Texas 76208-1035	Denton, Texas 76208
Classic Corrugated Inc. 1725 Cooper Creek Road Denton, Texas 76208	Texas and Pacific Railroad 1700 Farnam St. #105-FL Omaha, Nebraska 68102-2010	

The list below was from an older version. But I'm providing it just in case

Franks Mean Gas #4, Inc. 3601 E. University Denton, Texas 76208-1035 Jeff & Cara Sorensen 3603 E. University Denton, Texas 76208

Paul Lubbers P.O. Box 314 Denton, Texas 76202-0314 Alan Thetford, Etux c/o: Artwood Products, Inc. P.O. Box 1491 Denton, Texas 76202-1491

ABC Supply 1631 Cooper Creek Road Denton, Texas 76208

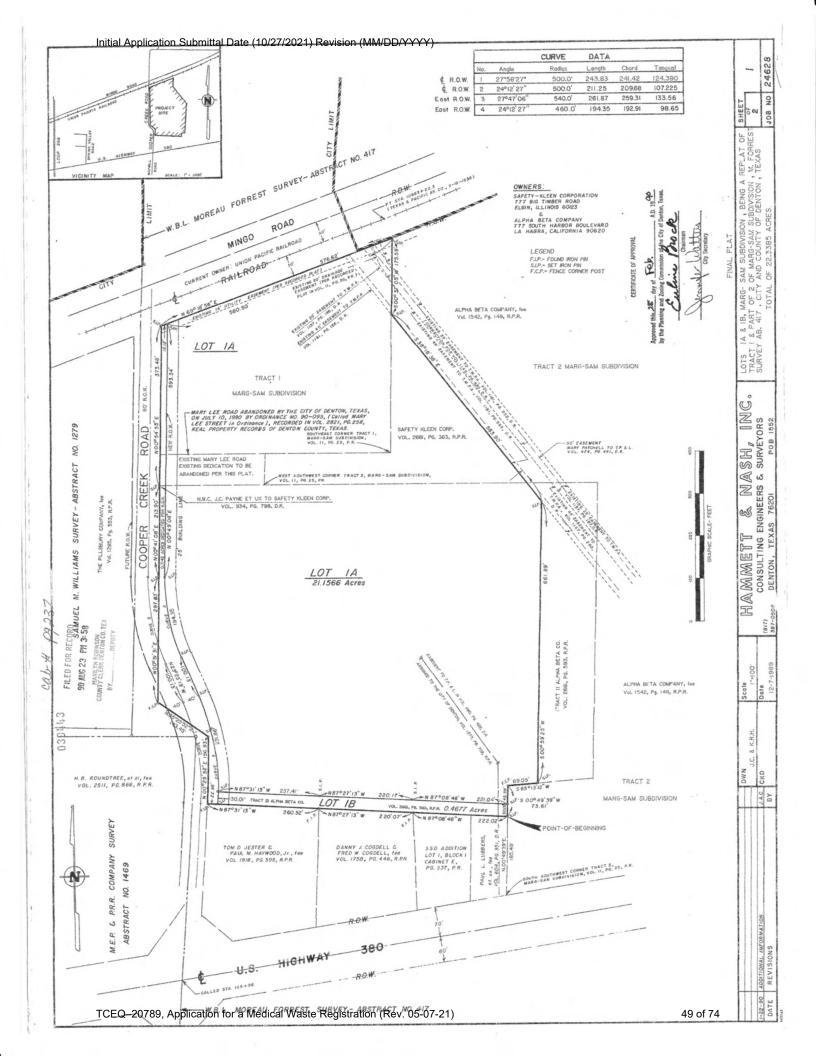
Union Pacific Railroad 1700 Farnam St. #105-FL Omaha, Nebraska 68102-2010 Jerry Owens Electric 3609 East University Denton, Texas 76208-1035 Georgia-Pacific Packaging 1725 Cooper Creek Road Denton, TX 76208

Ed Soph Citizens for Healthy Growth 1620 Victoria Drive Denton, Texas 76209

4 complete sets of above labels required for S-K Denton Compliance Plan

TCEQ instructions "In accordance with 30 TAC 39.5(b), please also submit this list electronically, for mailing labels, in MS Word. The electronic mailing list must contain only the name, mailing address, city, state, and zip code with no reference to the lot number or lot location. The list should contain 30 names, addresses, etc. (3 columns with 10 per column) per page (MS WORD Avery Standard 5160 – ADDRESS template).





NOTE DESCRIPTION FIELD

FILED FOR RECORD

COUNTY CLERK DENTON CO. TEX 90 AUG 23 PH 3: 58

09238

×× STATE OF TEXAS COUNTY OF DENTON BEGINNING AT AN IRON PIN AT THE SOUTHEAST CORNER OF SAID ALPHA BY A 0.464 ACRE TRACT, SAID THE SOUTH SOUTHEAST CORNER OF SAID 13.1602 ACRE TRACT, SAID STEEL PIN BEING NORTH OF DEGREES 49 MINUTES 39 SECORDS EAST 185.49 PEBT PROM THE SOUTH SOUTH SOUTHEST CORNER OF TRACT 2 OF MARG-SAM SUBDIVISION;

OF DISTANCE NORTH 87 DEGREES 08 MINUTES 48 SECONDS WEST A PRET TO AN IRON PIN;

13 SECONDS WEST A MINUTES NORTH 87 DEGREES 27 PEET TO AN IRON PIN;

DISTANCE OF CREEK ROAD; WEST A I SECONDS M THE EAST NORTH 87 DEGREES 31 MINUTES FEET TO AN IRON PIN ON THE EA

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52 SECONDS WEST WITH THE DISTANCE OF 143.45 FEET THENCE NORTH 55 DECRRES 25 MINUTES LINE OF SAID COOPER CREEK ROAD A PENCE CORNER POST;

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Z13.90 PERT TO SECONDS R 08 DISI MINUTES ROAD A D THENCE NORTH 00 DEGREES 41 LINE OF SAID COOPER CREEK IRON PIN;

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WEST SECONDS THENCE SOUTH 85 DEGREES 13 MINUTES 12 59.05 FEET TO A PENCE CORNER POST; THENCE SOUTH 00 DEGREES 59 MINUTES 561.89 FEET TO AN IRON PIN;

TJ.61 FEET TO THE POLINE-CF-BEGINNING AND CONTAINING IN ALL 22,3365 ACRES OF LAND.

OWNERS

THEREFORE KNOW THESE MEN BY THESE PRESENTS:

WE, SAPETT-KIEEN CORPORATION, A WISCONSIN CORPORATION, AND ESTA COMPANY. A DESCRIPT, DO HERERS ADOPT THIS SETS OF THE HEREIN DESCRIBED PROPERTY AS LOTS IA AND THE MARG-SAM SUBDIVISION, AN ADDITION TO THE CITY OF "TEXAS, AND DO HERERY DESCRIPT, TO THE PUBLIC USE FOREYER, RESERVENTS SHOWN HEREON."

COUNTY CORPORATION, SAID POR PERSONALLY APPEARED KAREN J. SAFETY-KLEEN OF UNDERSIGNED DAY THE UND BEFORE ME, TH

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BY: KAREN 4. STATE OF COUNTY OF

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MOTARY PUBLIC STATE OF LULHOUS
WY COMMISSION EVEN SEARS

Mchalle R. Marten MICKELLE RAKE OF NOTARY MY COMMISSION EXPIRES:

STATE OF UHAN COUNTY OF GAIT LAKE

OF ALPHA BETA COMPANY, AND ACKNOWLEDGED COUNTY BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC IN AND AND STATE ON THIS DAY PERSONALLY APPEARED LACK Vice President

TO HE THAT HE EXECUTED THE SAME AS THE ACT OF SUCH CORPORATION POR THE PERSONS AND CONSIDERATION THEREIN EXPRESSED AND IN THE CAPACITY THEREIN STATED. DAY 利 OFFICE THIS OF ALAGIAST MY HAND AND SEAL.

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Michelle Julyani no voran Noran Suprise of Uctah Michelle Fluindmi PRINTED NAME OF NOTARY MY COMMISSION EXPIRES: 6/8/94

SURVEYOR'S CERTIFICATE

KNOW THESE MEN BY THESE PRESENTS:

DO HERENY I, CARY W. HAMMYET REGISTERED PROPESSIONAL LAND SURVEYOR, DO HERENY CERTIFY THAT, I PREPARED THIS FLATE FROM AN ACTUAL AND ACCUBATE SURVEY OF THE LAND. AND THAT THE IRON PIRS SHOWN THEREROW HERE PLACED UNDER MY PERSONAL, SURPRIVISION IN ACCORDANCE WITH THE DATABLES OF THE CITY OF DENYON, FEXAS.

GARY W. HAMMETT, R.P.L.S. #1849

CERTIFICATE OF APPROVAL

of the City o

Ser age of Denton, T Approved the 28 day of 166.
by the Planning and Zoning Commission of LOTS IA E. IB. MARG-SAM SUBDIVISION, BEING A REPLAT O TRACT I E. PART OF TRACT Z OF MARG-SAM SUBDIVISION, M. FORREST SURVEY, AB. 417, CITY and COUNTY of DENTON, TOTAL OF 22.3385 ACRES ů NASH, INC ERS & SURVEYORS Ž POB 1552

HAMMETT & N.

DENTON, TEXAS

(817)

NONE 12-7-89

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> > REVISIONS

DATE

Scale Date 24628

JOB NO

2

SHEET

M. W.

TEXAS

50 of 74

TCEQ-20789, Application for a Medical Waste Registration (Rev. 05-07-21)





1100 S. Mayhill Rd., Denton, TX 76208 • (940) 349-8610

June 20, 2018

Mr. Mark Jerls Facility Manager Safety-Kleen Systems, Inc. 1722 Cooper Creek Rd. Denton, TX 76208

Re: Industrial/Commercial wastewater discharge permit application

Dear Mr. Jerls:

The City of Denton is in receipt of the Industrial/Commercial Wastewater Discharge Permit Application for the renewal of permit no. 0085. It is our understanding that at this time the solvent recovery process is idle, and there is no potential to discharge process wastewater. For these reasons, the City of Denton has determined that Safety-Kleen Systems, Inc. does not meet the definition of Significant Industrial User, and there is no need at this time to permit the facility pursuant to the industrial pretreatment program.

Please be advised that all users must comply with the provisions set forth in Ordinance No. 2011-103. Any discharges from Outfall 001 must continue to follow the process currently in place. A minimum of 24-hour notification is required prior to discharge from Outfall 001 so samples can be collected if necessary. Total discharge volumes should be reported to Mr. Romulus Celan once per month. If at any time, there are planned changes to the potential to discharge process wastes, or you plan to add a process, service, or product, please be sure to contact the industrial pretreatment program at least 90 days prior to the changes taking place or the commencement of discharge.

Sincerely,

Heather R. Goins

Pretreatment Program Manager

HULRGE.

Cc: David Hunter, Watershed Protection and Industrial Pretreatment, Manager

Romulus Celan, Pretreatment Program Specialist II

OUR CORE VALUES

Integrity • Fiscal Responsibility • Transparency • Outstanding Customer Service



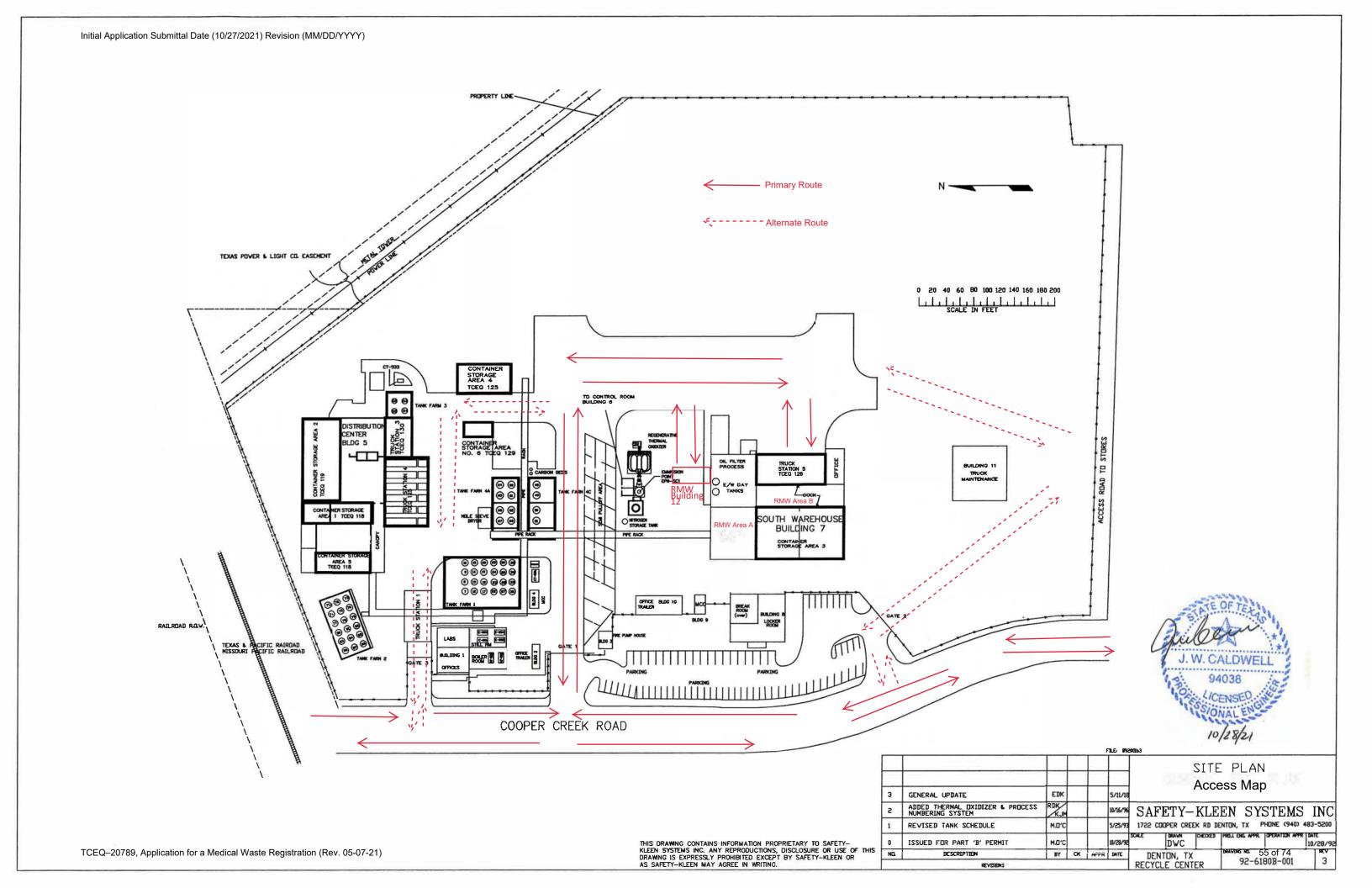
Safety-Kleen Systems, Inc., Denton, TX Regulated Medical Waste (RMW) Storage Areas and Flowpaths

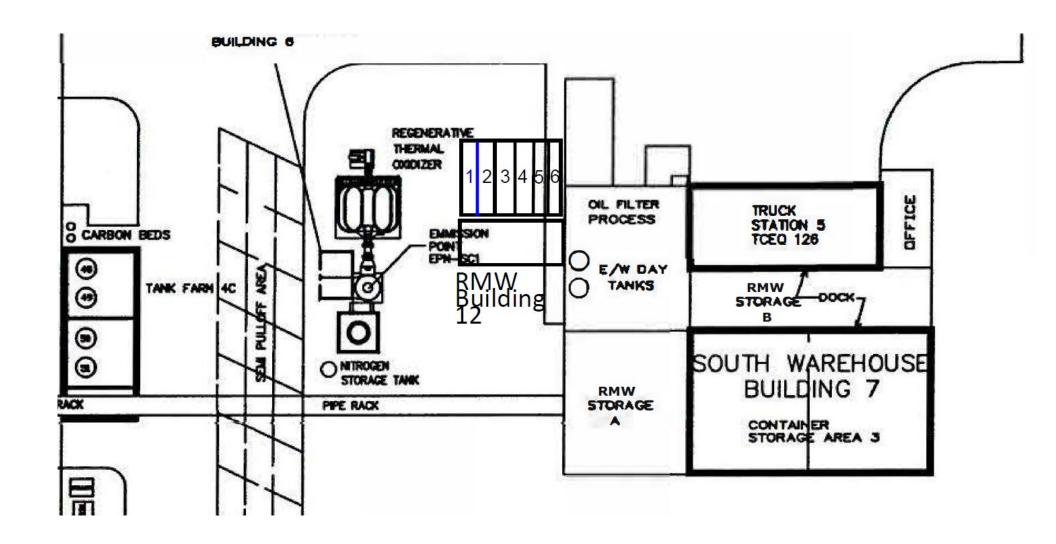
Inbound RMW Shipments

- 1) Incoming trucks delivering RMW enter the secure facility at Gate 1 and proceed to RMW Building 12, Docks 2-6. Alternate entry routes are at Gates 2 and/or 3.
- 2) RMW is unloaded at Docks 2-5 into RMW Building 12 and placed in storage there and/or in Building 7, RMW Storage Areas A and/or B. Containers of RMW are not opened while in storage onsite prior to transfer offsite.
- 3) RMW arriving refrigerated and/or in storage onsite >72 hours are placed in a refrigeratrion unit at Dock 1.
- 4) RMW placed in refrigeration are stored onsite prior to transfer no longer than 30-days.

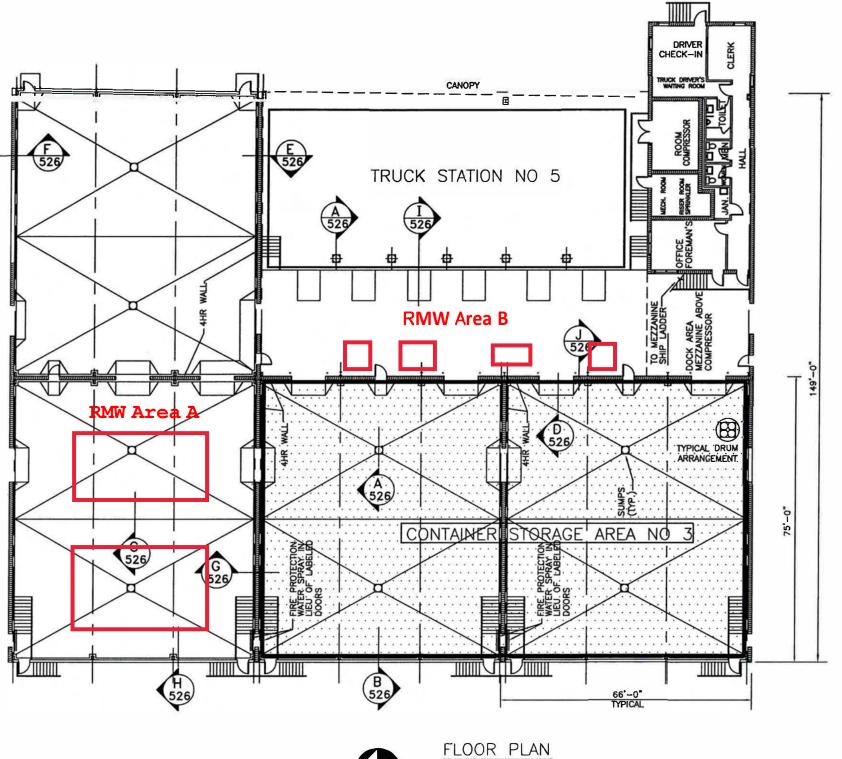
Outbound Shipments

- 1) Outbound trucks of unrefrigerated RMW are removed from storage in RMW Building 12 and/or Building 7, RMW Storage Areas A and/or B, and are then loaded onto trucks at RMW Building 12, Docks 2-6.
- 2) Outbound truck of refrigerated RMW are stored at RMW Building 12, Dock 1.
- 3) All outbound trucks of RMW exit the facility via Gate 1. Alternate routes are at Gates 2 and 3.









Regulated Medical Waste Transfer Storage Areas

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J. W. CALDWELL

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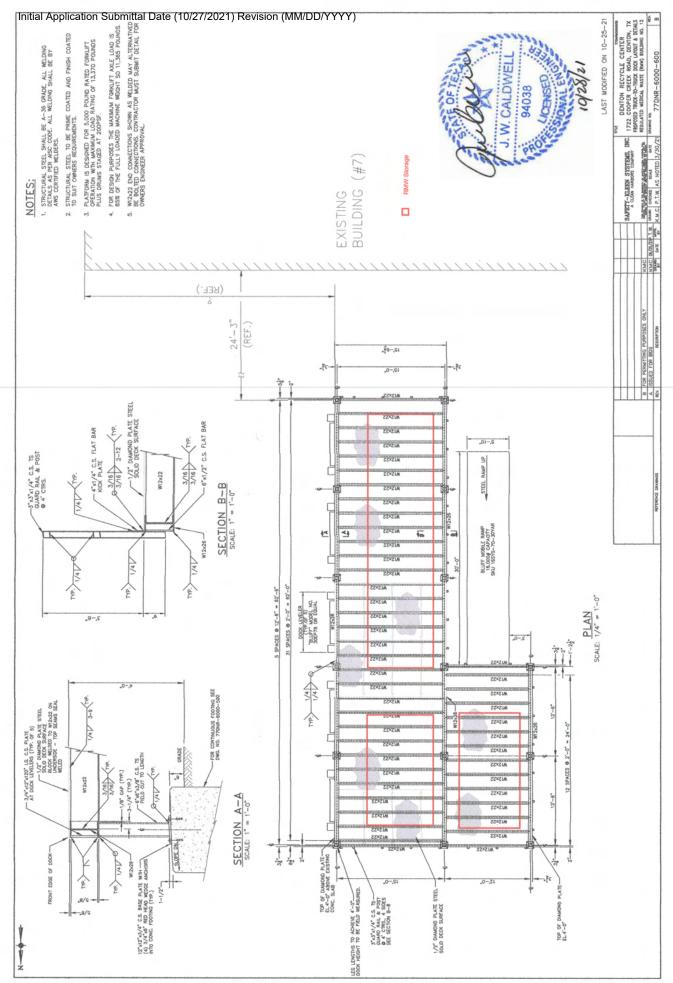
CENSED

10/28/21

FLOOR PLAN scale: 1/16"=1'-0"

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						me Building 7				
							EXIS	STING		
							FETY-KLE	EN SYSTE	MS, INC	
0	REDRAWN FOR PART 'B' PERMIT	EDK			5/31/18		OPERATIONS APPR	SCALE		DATE 5/31/18
NG.	DESCRIPTION	BY	СНКВ	APPR	DATE	RECYCLE	CENTER	DRAWING NO.		REV.
	REVISIONS					DENTON,	TEXAS	92-6180	3Bot 5430	0

TCEQ-20789, Application for a Medical Waste Registration (Rev. 05-07-21)





State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I, Patti Epstein, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

SAFETY-KLEEN SYSTEMS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is July 12, 1963.

I further certify that said corporation or limited liability company has, within its most recently completed report year, filed an annual report required under ss. 180.1622, 180.1921, 181.1622 or 183.0120 Wis. Stats., and that it has not filed articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on September 09, 2021.

PATTI EPSTEIN, Administrator

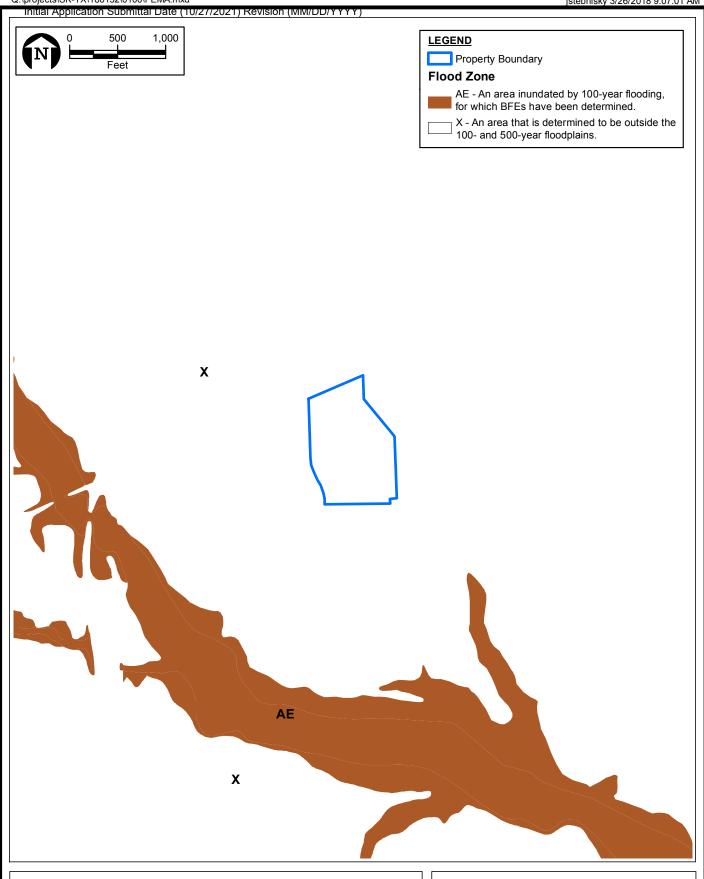
Division of Corporate and Consumer Services

Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate





FEMA MAP SAFETY-KLEEN SYSTEMS, INC. 1722 COOPER CREEK ROAD DENTON COUNTY, TEXAS

Sources: FEMA, 2018; ECT, 2018.





Sent via Fed Ex

October 26, 2021

Mr. R. Michael Eastland
Executive Director
North Central Texas Council of Governments
616 Six Flags Drive
PO Box 5888
Arlington, TX 76005

Re: Requested Review of TCEQ Application for Safety-Kleen Systems, Inc. / Clean Harbors Environmental Services, Inc.

Dear Mr. Eastland:

Safety-Kleen Systems, Inc. / Clean Harbors Environmental Services, Inc. is applying for a Medical Waste Transfer Facility Registration from TCEQ to allow for the storage and transfer of medical waste at our existing operation in Denton. This incremental use does not change or alter our core business but is in response to customer requests to provide this additional service. The application is enclosed for your review.

The TCEQ application requires us to submit a request for review to the applicable council of governments for area where the facility is located. This request to you will provide documentation to TCEQ that we are complying with that provision of the application.

Please contact me if you have any questions or comments concerning this matter at desha.david@cleanharbors.com or (423) 413-1218.

Sincerely,

David A. DeSha

Director of Environmental Compliance

Clean Harbors Environmental Services, Inc.

Encl.

cc: TCEQ Medical Waste Transfer Facility Application





TCEQ Core Data Form

TCEQ Use Only

For detailed instructions regarding completion of this form, please read the Core Data Form Instructions or call 512-239-5175.

SECTION I: General Information								
1. Reason for Submission (If other is checked please describe in space provided.)								
New Permit, Registration or Authorization (Core Data Form should be submitted with the program application.)								
Renewal (Core Data Form should be submitted with the renewal form)								
2. Customer Reference Number (if issued)	w this link to search	3. Regulated	I Entity Reference Number (if issued)					
	V or RN numbers in							

CN 600322796 RN 100215441 Central Registry** SECTION II: Customer Information 4. General Customer Information 5. Effective Date for Customer Information Updates (mm/dd/yyyy) ✓ Update to Customer Information New Customer Change in Regulated Entity Ownership Change in Legal Name (Verifiable with the Texas Secretary of State or Texas Comptroller of Public Accounts) The Customer Name submitted here may be updated automatically based on what is current and active with the Texas Secretary of State (SOS) or Texas Comptroller of Public Accounts (CPA). **6. Customer Legal Name** (If an individual, print last name first: eg: Doe, John) If new Customer, enter previous Customer below: Clean Harbors Environmental Services, Inc. 7. TX SOS/CPA Filing Number 10. DUNS Number (if applicable) 8. TX State Tax ID (11 digits) 9. Federal Tax ID (9 digits) 051060408 042698999 0010068906 10426989991 Partnership: ☐ General ☐ Limited 11. Type of Customer: Individual Other: Government: ☐ City ☐ County ☐ Federal ☐ State ☐ Other Sole Proprietorship 12. Number of Employees 13. Independently Owned and Operated? 21-100 101-250 251-500 ☐ Yes 0-20 ⊠ No 14. Customer Role (Proposed or Actual) – as it relates to the Regulated Entity listed on this form. Please check one of the following Owner □ Operator Owner & Operator Occupational Licensee Responsible Party □ Voluntary Cleanup Applicant Other: 1722 Cooper Creek Road 15. Mailing Address: ZIP 76208 **ZIP + 4** City Denton State TX16. Country Mailing Information (if outside USA) 17. E-Mail Address (if applicable) wingert.jon@cleanharbors.com 18. Telephone Number 19. Extension or Code 20. Fax Number (if applicable) 940) 483-5255

ECTION III: Regulated Entity Information
21. General Regulated Entity Information (If 'New Regulated Entity" is selected below this form should be accompanied by a permit application)
□ New Regulated Entity □ Update to Regulated Entity Name □ Update to Regulated Entity Information
The Regulated Entity Name submitted may be updated in order to meet TCEQ Agency Data Standards (removal of organizational endings such as Inc, LP, or LLC).
22. Regulated Entity Name (Enter name of the site where the regulated action is taking place.)
Safety-Kleen Systems, Inc.

23. Street Address of	Submittal Da	@qporz7/202c)kR	Broad (MM/DD	YYYY)					
the Regulated Entity: (No PO Boxes)	City	Denton	State	TX	ZIP	76208	ZIP+4		
24. County				1	1	1,0200			
L	E	nter Physical L	ocation Descrip	tion if no str	eet addres	ss is provided.			
25. Description to Physical Location:									
26. Nearest City						State	Ne	arest ZIP Code	
Denton						TX	76	5208	
27. Latitude (N) In Deci	mal:			28. L	ongitude	(W) In Decimal:			
Degrees	Minutes		Seconds	Degre	es	Minutes		Seconds	
33		14	15		097		04	53	
29. Primary SIC Code (4	4 digits) 30.	Secondary SIC	Code (4 digits)	31. Prima (5 or 6 digits	ry NAICS		Secondary NA 6 digits)	AICS Code	
7389	49	053		562920		562	2211		
33. What is the Primary	Business	of this entity?	(Do not repeat the S	IC or NAICS des	cription.)				
Recovery/reclaim/	recycling	spent solven	ts & used oi	l/filters; co	mmerci	al TSDF; me	dical waste	transfer	
				Safety-Kle	en System	ns, Inc.			
34. Mailing				1722 Coo	per Creek				
Address:	City	Denton	State	TX	ZIP	76208	ZIP+4		
35. E-Mail Address	3:			jon.winge	ert@safety	-kleen.com			
36. Teleph	one Numbe	r	37. Extens	ion or Code			umber (if app	licable)	
(940)	483-5255	Par Marie		September 1		() -	,	
P. TCEQ Programs and I	D Numbers	Check all Programs	s and write in the p	permits/registra	tion number	s that will be affecte	d by the update	s submitted on this	
☐ Dam Safety				Edwards Aquifer		sions Inventory Air	☐ Industrial Hazardous Waste		
Municipal Solid Waste	☐ New S	Source Review Air	OSSF		☐ Petrol	eum Storage Tank	PWS		
New MedWaste Regist									
Sludge	Storm	Water	☐ Title V Air		Tires		Used O	il	
☐ Voluntary Cleanup	☐ Waste	Water	☐ Wastewater	Agriculture	Iture Water Rights		Other:		
ECTION IV. Pro	enarer I	nformation							
40					Dire	Director Environmental Compliance			
42. Telephone Number	43. Ext./Coo	de 44. Fax	Number	45. E-Ma	ail Addres	s			
(423)413-1218 () -				desha.david@cleanharbors.com					
ECTION V: Au	thorized	Signature						1	
6. By my signature below gnature authority to submitentified in field 39.	, I certify, to	the best of my ki							
Company: Clear	Harbors En	vironmental Serv	ices, Inc.	Job Title	: Dire	ctor Environmenta	al Compliance	1	
	A. DeSha					Phone:	(423)413-	1218	
		10	11			1 mono.	(120)110	1210	

TCEQ-20789, Application for a Medical Waste Registration (Rev. 05-07-21)

67 of 74



Subject: TCEQ ePay Receipt for 582EA000454697



steers@tceq.texas.gov <steers@tceq.texas.gov>

to Desha, David A.

12:09 PM (8 hours ago)

You are viewing an attached message. Spurgin & Associates Mail can't verify the authenticity of attached messages.

This is an automated message from the TCEQ ePay system. Please do not reply.

Trace Number: 582EA000454697 Date: 10/25/2021 02:09 PM

Payment Method: CC - Authorization 0000089627

TCEQ Amount: \$150.00 Texas.gov Price: \$153.64*

* This service is provided by Texas.gov, the official website of Texas. The price of this service includes funds that support the ongoing operations and enhancements of Texas.gov, which is provided by a third party in partnership with the State.

Actor: DAVID DESHA

Email: desha.david@cleanharbors.com

Payment Contact: DAVID DESHA

Phone: 423-413-1218

Company: CLEAN HARBORS ENVIRO SERVICES INC

Address: 1722 COOPER CREEK ROAD, DENTON, TX 76208

Fees Paid:

Fee Description AR Number Amount

MSW PERMIT/REGISTRATION/AMEND/MOD/TEMP AUTHORIZATIONS APPLICATION FEE \$100.00

30 TAC 305.53B MWP NOTIFICATION FEE \$50.00

TCEQ Amount: \$150.00

Voucher: 536004

Trace Number: 582EA000454697 Date: 10/25/2021 02:09 PM

Payment Method: CC - Authorization 0000089627

Voucher Amount: \$100.00

Fee Paid: MSW PERMIT/REGISTRATION/AMEND/MOD/TEMP AUTHORIZATIONS APPLICATION FEE

RN Number: RN100215441

Site Name: SAFETY-KLEEN SYSTEMS INC

Site Address: 1722 COOPER CREEK ROAD, DENTON, TX 76208

CN Number: CN600322796

Customer Name: CLEAN HARBORS ENVIRONMENTAL SERVICES INC

Customer Address: 42 LONGWATER DR NORWELL MA, NORWELL, MA 02061



Legend Property Boundary One Mile Radius Zoning Agriculture Community Mixed General Employment Center Commercial Employment Center Industrial Industrial Center Employment NRMU Neighborhood Residential Mixed Use ZONING MAP

SAFETY-KLEEN SYSTEMS, INC.
1722 COOPER CREEK ROAD
DENTON COUNTY, TEXAS

Sources: Digital Globe Aerial Photograph, 2015; City Denton TX Open Data, 2018; ECT, 2018.

Environmental Consulting & Technology, Inc.



Safety-Kleen Systems, Inc.

(the "Company")

Secretary's Certificate

I, Michael R. McDonald, the Company's Assistant Secretary, hereby certify that pursuant to a resolution adopted by the Directors of the Company, dated October 1, 2019, and that said resolution is in effect and has not been modified that David DeSha, Director Environmental Compliance, is authorized to sign and certify, on behalf of the Company or any subsidiary, any necessary or desirable environmental documents, including, without limitation, any permit applications or amendments, consent orders, transportation related documents and environmental reports in any way related to the operation of the Company.

CERTIFIED, this

day of October 2021

Michael R. McDonald Assistant Secretary

Clean Harbors Environmental Services, Inc.

(the "Company")

Secretary's Certificate

I, Michael R. McDonald, the Company's Assistant Secretary, hereby certify that pursuant to a resolution adopted by the Directors of the Company, dated January 1, 2020, and that said resolution is in effect and has not been modified that David DeSha, Director Environmental Compliance, is authorized to sign and certify, on behalf of the Company or any subsidiary, any necessary or desirable environmental documents, including, without limitation, any permit applications or amendments, consent orders, transportation related documents and environmental reports in any way related to the operation of the Company.

CERTIFIED, this 19th day of October 2021

Michael R. McDonald Assistant Secretary