

ALABAMA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
ADMINISTRATIVE CODE

CHAPTER 335-3
APPENDICES

335-3-H Appendix H - Exemption Claim Form for Cofired
Combustors.

APPENDIX H

EXEMPTION CLAIM FORM FOR COFIRED COMBUSTORS

FACILITY INFORMATION

Facility Name: _____
Facility Address: _____

Contact Person Name: _____
Phone: _____
Fax: _____

Type of Facility: _____

WASTE INFORMATION

Please provide the distribution of the types of waste combusted in the incinerator each quarter (i.e., every three months):

____ % Hospital waste and medical/infectious waste (excluding wastes marked with a * below)
____ % Pathological waste, low-level radioactive waste, and chemotherapeutic waste*
____ % Other waste/fuel¹

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

____ **Lb/Hr** How many pounds of waste/fuel¹ are typically charged per hour?
____ **Hr/Day** How many hours per day is waste/fuel¹ charged into the incinerator?
____ **Lb/Qtr** How many pounds of waste/fuel¹ are typically charged per quarter?

Please attach an explanation of the methodology that will be used on an ongoing basis to estimate the percentages of waste types discussed above.

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)

¹ Excluding fuels such as propane or natural gas used to maintain combustion chamber temperatures

**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 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, and/or chemotherapeutic waste(s) are combusted.
____ Lb/Hr	During periods when only pathological, low-level, and/or chemotherapeutic waste is combusted, how much do you typically charge per hour?
____ Hr/Day	During periods when only pathological, low-level, and/or chemotherapeutic waste is combusted, how many hours per day do you charge?
____ Lb/Qtr	During periods when only pathological, low-level, 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, 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)

Author:

Statutory Authority:

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