

**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-.04.

(Signature of Responsible Official)