

13. Days of Operation: _____

14. Hours of Operation: _____

15. **For Initial Permits Only:** Attach the following supporting documentation to this form:

- a. Description of the treatment method which includes the time interval from start to finish for completion of the treatment cycle and the proposed actual quantity to be treated per hour.
- b. Description of initial start-up procedures including testing date, certification of test organisms, establishment of operating parameters, and post treatment confirmation.
- c. Operating Plan
- d. Maintenance Schedule

16. **For Renewals Only –** Attach the following supporting documentation to this form:

- a. Copy of the Biomedical Waste Treatment Facility Annual Report DH 4110.
- b. Operating Plan (if plan has been updated due to changes in regulations, facility policies or procedures).

I, the undersigned owner/owner's representative, hereby agree to operate the biomedical waste treatment facility described in this application in accordance with the requirements of section 381.0098, Florida Statutes, and Chapter 64E-16, Florida Administrative Code. The information contained in this application, which serves as the basis for the issuance of a permit is true and correct. I understand that failure to comply with these requirements or any misrepresentation of facts in this application is grounds for denial, suspension, revocation of a permit, and/or an administrative fine.

Signature of Authorized Representative

Name of Authorized Representative (print or type)

Date