

**MONTEREY COUNTY HEALTH DEPARTMENT, ENVIRONMENTAL HEALTH BUREAU
APPLICATION / CHANGE OF REQUEST FOR SOLID WASTE SERVICES PROGRAMS**

Last Name: _____ **First Name:** _____ **Middle Initials:** _____
Title: _____ **Phone #:** _____ **E-mail:** _____

APPLICATION TYPE New Business Closing Business Add Vehicle Special Event Other: _____

BUSINESS TYPE Body Art Facility Culls Feeder / Transporter
 Medical Waste Generator Liquid Waste Hauler Solid Waste Hauler

FACILITY INFORMATION: If Closing Business is Selected, List Date of Closure: _____

Facility Owner: Same as Contact Listed Above If Not the Same, List Owner: _____

Facility Name: _____

Facility Address: _____ **City, State, Zip:** _____

Mailing Address: _____ **City, State, Zip:** _____

Facility Phone #: _____ **E-mail:** _____

Facility Fax #: _____ **If You Have Other Permitted Facilities, Please List All FA#:** _____

BODY ART FACILITY ONLY This Application is for a **Permanent Facility** or **Temporary Body Art Event**
(PE 3596 & PE 3594) (PE 3596 & PE 3589)

Indicate the Services you will be Providing (Check all that apply) *Temporary Events shall inform all operators without a valid Monterey County Health Permit to submit an application.

Tattooing Permanent Cosmetic Body Piercing Branding

THE FOLLOWING SHALL BE SUBMITTED WITH THE APPLICATION:

- Aftercare (Post-procedure) Instructions
- Business License
- Consent Form
- Infection Prevention and Control Plan (IPCP)
- Schematic Map / Layout of Facility
- List of all Practitioners Operating at your Facility (include Name, Operator #, Phone #, E-mail).

***This List Shall be Submitted the First Day of Each Month of Each Quarter (July, October, January, April)**

CULLS OPERATIONS ONLY (PE 3130)

Indicate the Type of Culls Activities (Check All that Apply) Feeding / Using Dumping / Disposing
 Storage Receiving Hauling / Transport (If Hauling Selected, Attach List of Vehicles)

1. Location where the culls are spread or disposed: _____
2. Total acreage available for processing / spreading: _____
3. Feeding area is divided into how many lots: _____ **Lots**
4. Approximate number of livestock to be fed: _____

The following equipment will be available at the operation to control flies, nuisances in order to comply with the Monterey County Health and Safety Code, Title 10, Chapter 10.32: _____

The following standard operating procedures will be implemented to prevent violations of Monterey County Health and Safety Code, Title 10, Chapter 10.32 (e.g. discing, plowing, turning timetables, storage time, and other handling procedures). Attach extra sheets if necessary. _____

MEDICAL WASTE GENERATOR ONLY (SQG PE 3551 / SQG with Treatment PE 3553) (LQG or LQG with Treatment PE 3558)

Registration Type (see back for definitions) (Common Storage PE 3554 / Home Generated Consolidation Point PE 3578)

- | | |
|--|---|
| <input type="checkbox"/> Small Quantity Generator/Less than 200lbs per month | <input type="checkbox"/> Small Quantity Generator with Materials of Trade Exemption |
| <input type="checkbox"/> Large Quantity Generator/More than 199lbs per month | <input type="checkbox"/> Large Quantity Generator with Materials of Trade Exemption |
| <input type="checkbox"/> Small Quantity Generator with On-site Treatment | <input type="checkbox"/> Common Storage Facility |
| <input type="checkbox"/> Large Quantity Generator with On-site Treatment | <input type="checkbox"/> Home Generated Consolidation Point |

Types of Regulated Medical Waste Generated at Business: Check all that apply (see back for definitions)

Sharps Biohazardous Pathology Chemotherapy Pharmaceutical (outdated, unused)

MEDICAL WASTE GENERATOR ONLY (Continue)

Method of Medical Waste Disposal Used: (Check All that Apply)

Medical Waste Hauler If Checked, List Name of Hauler: _____
(Refer to California Department of Public Health(CDPH) List of Approved Medical Waste Transporter)
Frequency of Pick-up: _____

Sharps Mail-Back If Checked, List Name of Mail-Back Company: _____
(Refer to California Department of Public Health(CDPH) List of Approved Medical Waste Transporter's Services)
Frequency of Mailing Sharps: _____

On-site Treatment: (If Checked, Identify which On-site Treatment Used)
 Isolysers Autoclave Other: _____
Frequency of Treatment: _____

Does your Business Transport Medical Waste Generated from a Mobile Service?

Yes No If Yes, Your Business Shall Log Each Time Medical Waste Is Transported (Refer to Material of Trade Exemption Log Form) and Shall Only Transport the Medical Waste to the Facility Listed Above & Not be Transported to Any Other Facility / Storage location.

LIQUID WASTE HAULER (VEHICLE) ONLY (1st Vehicle & Yard PE 3101) (Each Additional Vehicle PE 3102)

Inventory of Vehicles: (Attach Additional List of Vehicles if Necessary)

<u>Year/Make/Model</u>	<u>License No.</u>	<u>VIN No.</u>	<u>Tank Size(Gallons)</u>

List All Locations where Liquid Waste is Discharged:

Monterey One Water (Marina) Soledad Waste Water Treatment Facility Other: _____

List All Types of Liquids your Company Hauls: _____

Other Counties or Jurisdictions your Business Holds Permits to Operate Liquid Waste Hauling: _____

Does your Business Provide Chemical Toilet Service? Yes No

If Yes, Safety Data Sheet For Chemical(s) Shall be on the Vehicle.

****To Renew your Health Permit, your Business Shall Provide the Health Department a List of Vehicles that Will Operate in the New Fiscal Year in the Month of May Every Year and Schedule an Inspection.****

SOLID WASTE HAULER (VEHICLE) ONLY (1st Vehicle & Yard PE 3072) (Each Additional Vehicle PE 3073)

Is your Business a Franchise Hauler for the Cities Selected Below: Yes No

Identify All Cities Served:

Bradley Carmel-by-the-Sea Carmel Valley Del-Rey Oaks Gonzales Greenfield
 King City Marina Monterey Pacific grove San Ardo San Lucas
 Sand City Seaside Soledad Other Cities: _____

Attach List of Solid Waste Vehicle that will be Operating

****To Renew your Health Permit, your Business Shall Provide the Health Department a List of Vehicles that Will Operate in the New Fiscal Year in the Month of June Every Year and Schedule an Inspection.****

The undersigned hereby applies for a business registration. I declare under penalty of prejry that to best of my knowledge and belief, the information I have provided is true and accurate. I understand that to become and remain registered and eligible to provide Services in Monterey County, I must pay the annual registration fee established by the County under applicable law. I also agree to conform to all conditions, laws, orders & direction in accordance with all applicable state and local requirements governing Body Art Facilities, Culls Feeder/Transporter, Medical Waste Generators, Liquid Waste Hauler or Solid Waste Hauler.

Print Name: _____ **Date:** _____ **Signature:** _____

FOR MONTEREY COUNTY OFFICE USE ONLY

Authorized by EHS: _____ **Date Authorized:** _____

Inspector's Instruction: _____ Program(PE): _____ Fee:\$ _____ Program(PE): _____ Fee:\$ _____ X Qty: _

_____ Program(PE): _____ Fee:\$ _____ Program(PE): _____ Fee:\$ _____ X Qty: _

_____ **Total Fees:** \$ _____ IN: _____ Date Paid: _____

For Admin Staff Use Only Date Completed: _____ Amount Paid: _____

FA: _____ PR: _____ By: _____

APPLICATION / CHANGE OF REQUEST FOR FACILITY / HAULERS

APPLICANT INFORMATION

Provide business name, address, and mailing information for the facility or hauler to be registered. Owner information must also be provided as well as the name, phone and title of the contact at the facility. If information changes due to new ownership, the new owner shall submit a new registration application. Businesses with multiple locations, must register each site.

PERMIT FEES: Please contact the Environmental Health Bureau at (831) 755-4505 for the current fee schedule.

RETURN APPLICATION TO: Monterey County Health Department, Environmental Health Bureau, 1270 Natividad Road, Salinas, CA 93906

BODY ART FACILITY

Type of Body Art (§ 119301)

Body Art Facility owner applicant shall identify all the services that will be provided within the facility.

TATTOOING means the insertion of pigment in human skin by piercing with a needle.

BODY PIERCING means the creation of an opening in a human body for the purpose of inserting jewelry or other decoration.

"Body piercing" includes, but is not limited to, the piercing of an ear, including the tragus, lip, tongue, nose, or eyebrow.

"Body piercing", does not include the piercing of an ear, except for the tragus, with a disposable, single-use, presterilized clasp and stud or solid needle that is applied using a mechanical device to force the needle or stud through the ear.

PERMANENT COSMETICS means the application of pigments in human skin tissue for the purpose of permanently changing the color or appearance of the skin. This includes, but is not limited to, permanent eyeliner, eyebrow, or lip color.

BRANDING means the process in which a mark or marks are burned into human skin tissue with a hot iron or other instrument, with the intention of leaving a permanent scar.

CULLS OPERATIONS

CONDITIONS OF PERMIT

- Only material to be consumed by livestock may be utilized at cull feeding sites. Any packaging material that is discharged into the ground is a violation.
- Vehicle loads containing feed material must be covered with a tarp or enclosed while on public roadways.
- Loads contaminated with any waste material other than vegetable culls must not be accepted.
- Odor impact minimization plan must be submitted if the facility receives a public complaint. Business can request assistant from Health Department.
- Do not bring onto the feeding site more culls than the animal(s) can eat in a 48 hour period.
- Use spreader trucks or spread culls by hand. Culls should be spread in a thin layer (6-8 inches). Do not allow culls to pile up.
- To prevent fly breeding and odors, harrow or disc the feeding areas at least once within twenty four (24) hours of cull feeding. This procedure will spread the remaining culls and allow them to dry more readily.
- Culls shall be fed in designated areas. These areas shall be rotated every few days to allow control measures to be carried out.
- Routine spraying is allowed, with approved materials and methods, of barns or other agricultural buildings within 1000 yards of the feeding area.
- Dead animals shall be removed immediately.
- Inspection of feeding sites should be made at least once every ten (10) days.

MEDICAL WASTE GENERATOR

REGULATED MEDICAL WASTE

SHARPS—Devices that have acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to hypodermic needles, needles with syringes, lancets, blades, acupuncture needles, blood vial contaminated with biohazardous waste, root canal files, & broken glass.

BIOHAZARDOUS—Laboratory waste including human or animal specimen cultures; stocks of infectious wastes and mix cultures; human or animal from production of bacteria, viruses, spores, discarded animal vaccines, and devices used to transfer, inoculate, surgical specimens or tissue, and fluids suspected to be infected with agents known to be contagious to humans; waste containing recognizable fluid blood, fluid blood products.

PATHOLOGY—Biohazardous waste including surgical specimens or tissue that have been fixed in formaldehyde or other fixatives; human body parts.

CHEMOTHERAPY—Vials, IV tubing, gowns and gloves contaminated with chemotherapy agents.

PHARMACEUTICAL—Outdated and unused pharmaceuticals that are classified by Chapter 11, Title 22, California Code of Regulations.

CERTIFIED MEDICAL WASTE HAULER

Hauler shall be from the California Department of Public Health (CDPH) List of Approved Medical Waste Transporter

REGISTRATION TYPE

SMALL QUANTITY GENERATOR (SQG)—Generate 200 pounds or less of regulated medical waste.

LARGE QUANTITY GENERATOR (LQG)—Generate 200 pounds or more of regulated medical waste.

ONSITE TREATMENT—SQG or LQG utilizing an approved method or process that renders medical waste to solid waste.

ANY GENERATOR WITH MATERIALS OF TRADE EXEMPTION - A parental organization or small or large quantity generator that employs healthcare professionals who generate medical waste may transport less than 35.2 lbs of medical waste at any one time to the central location of accumulation.

COMMON STORAGE FACILITY— Location where <11 registered facilities store regulated medical waste.

HOME GENERATED CONSOLIDATION POINT—Site that accepts generated sharps or pharmaceuticals from the public for proper disposal.

LIQUID WASTE HAULER (VEHICLE) & SOLID WASTE HAULER (VEHICLES)

CONDITIONS OF PERMIT

- Business license from any city in which business is conducted.
- All waste shall be disposed of at a permitted facility.
- All mechanical parts of vehicle shall be in working order, not leaking, not containing any temporary repair materials such as duct tape.
- Pick-up and disposal records shall be retained for 3 years.
- All vehicles shall carry a fire extinguisher, shovel & first aid kit.

ADDITIONAL CONDITIONS OF PERMIT FOR LIQUID WASTE HAULER (VEHICLES)

- Guages shall indicate tank contents.
- Business name, address, phone # & tank capacity shall be displayed on BOTH SIDES of the vehicle in letters size of 3 inches or larger.
- Tanks shall be of metal construction, watertight & have watertight covers or manholes & fitted with an automatic shut-off system.
- Vehicle shall carry a minimum of 5 gallons of clean water, 1 gallon of bleach, and hand cleaner.
- Containers on vehicle shall be labeled.
- All caps attached to vehicle with chain or rope.
- Vehicle yard shall be well maintained & zoned for industrial or agricultural.

ADDITIONAL CONDITIONS OF PERMIT FOR SOLID WASTE HAULER (VEHICLES)

- Vehicle shall have broom.
- Franchise Agreement **Section 4.03 (c.)(2)**: Liquid Waste; **Section 4.03 (e.)**: Noise; **Section 5.02 (a)**: Vehicle Specifications;

Section 5.02 (b): Vehicle Registration; Certifications; **Section 5.02 (c.)**: Vehicle Safety Markings;

Section 5.02 (d): Vehicle Identification; **Section 5.02 (e.)**: Vehicle Recycling Promotion Signage; **Section 5.02 (H)**: Field Supervisor