

New Mexico Environment Department
Solid Waste Bureau
1190 St. Francis Drive
P.O. Box 5469
Santa Fe, New Mexico 87502-5469

Report of Investigation

Report By: Daniel R. Galasso *DRG*
Report Date: August 20, 2021
Report Period: March 26, 2021 – August 13, 2021
Record Number: ENTS 14933

Facility/Site/Individual(s): Planned Parenthood, 701 San Mateo Boulevard NE, Albuquerque, NM (LAT 35.08384°, LONG -106.5866°), Amy Dickson, Chief Operating Officer (970) 846-3895
Oncore Technology LLC, 2613 Skyway Drive, Grand Prairie, Texas 75052, Thomas Simons, Operations Manager (817) 751-5188.

Introduction

General Information

1-1. This report documents activity of the commercial hauler (infectious waste), Oncore Technology LLC, regarding violations of the New Mexico Solid Waste Act ("SWA"), NMSA 1978, Sections 74-9-1 to -42 (1990, as amended through 2011), and the New Mexico Solid Waste Rules ("SWR"), 20.9.2 – 20.9.10 NMAC.

History of Facility

1-2. Oncore of New Mexico held a commercial hauler registration with the SWB from January 31, 2014 through January 31, 2019. However, Otley Smith, with Oncore, cancelled the hauler registration on April 7, 2016, closing the operation. Oncore Technology LLC held a commercial hauler registration (**Exhibit 1**) from March 13, 2014 through March 13, 2019, which is currently expired and has not been renewed. BioCycle Inc. has a current commercial hauler registration (**Exhibit 2**) spanning from January 18, 2017 through January 18, 2022. There is no record of Oncore Healthcare Solutions within SEP.

Inspection/Investigative Activities

Predication/Pre-Inspection Coordination

2-1. On March 26, 2021, the SWB received a complaint from Tara Shaver, alleging that Planned Parenthood's contracted infectious waste hauler was in violation for not properly labeling their

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hauler truck with the company's name and NMED hauler registration number while picking up infectious waste at Planned Parenthood, located at 701 San Mateo Boulevard NE, Albuquerque. She also stated that the commercial hauling vehicle had Texas license plates.

Entry/Opening Conference & Documentation

2-2. On May 6, 2021, Amy Dickson, Chief Operating Officer for Planned Parenthood, was contacted about the allegations. Later that same day, she forwarded seventeen (17) special waste manifests (**Exhibit 3**) from Oncore Technology LLC spanning the time period from January 8, 2021 to April 30, 2021.

Records Review

2-3. Upon review of the manifests, it was evident that there were violations on both the infectious waste generator (Planned Parenthood) and commercial hauler/treatment facility (Oncore Technology LLC).

On May 19, 2021, an enforcement letter (**Exhibit 4**) was issued to Planned Parenthood, noting that the generator blocks of the special waste manifests were insufficiently completed, as the name of Planned Parenthood's representative was consistently written as "Raquel" only, with a corresponding signature written only as the letter "R."

Oncore Technology LLC is currently an unregistered commercial hauler, whose registration expired in March of 2019. The manifests used to remove infectious waste from Planned Parenthood were Oncore Technology LLC manifests, in which BioCycle's NMED commercial hauler registration number was used. In addition, the treatment facility block information required on the manifests was not completely filled-in and lacked the: telephone number of the facility, total weight deposited/unloaded, printed name of the facility's representative, and the date of the signature. Also, a signature stamp was used to "sign" the manifests in the treatment facility block section, instead of an actual hand-written signature.

Closing Conference

2-4. On August 13, 2021, I spoke with Thomas Simons, Operations Manager for Oncore Technology, to further clarify the relationship between Oncore Technology LLC, BioCycle and Oncore

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Healthcare Solutions. He indicated that Oncore Technology LLC, the originating company, purchased BioCycle, but no longer operates under the name Oncore Technology LLC. The two names used are BioCycle and Oncore Healthcare Solutions. In addition, Mr. Simons confirmed that during removal of infectious waste from Planned Parenthood, the only labeling on the truck is BioCycle's NMED registration number (#0066557), State of Texas identification numbers and a label stating "Caution Medical Waste."

Summary of Findings

3-1. This report documents the following violations of the SWR by Oncore Technology LLC:

1. Failure to re-register as a commercial hauler (unregistered commercial hauler), violation of 20.9.3.31.A NMAC, seventeen (17) instances of violation, occurring on or before January 8, 2021 to April 30, 2021;
2. Misrepresentation of information on special waste manifests (used BioCycle's NMED commercial hauler registration number), violation of 20.9.8.19.C NMAC, seventeen (17) instances of violation, occurring on or before January 8, 2021 to April 30, 2021;
3. Failure to properly complete special waste manifests, violation of 20.9.8.19.C NMAC, seventeen (17) instances of violation, occurring on or before January 8, 2021 to April 30, 2021; and
4. Failure to properly label vehicles for infectious waste removal, violation of 20.9.5.14.C (4) NMAC, seventeen (17) instances of violation, occurring on or before January 8, 2021 to April 30, 2021.

Exhibits

4-1. The following items are attached to this report (cross-reference):

1. Former Registration of Oncore Technology LLC (Ref. Para. 1-2)
2. Current Registration of BioCycle Inc. (Ref. Para. 1-2)
3. Planned Parenthood Manifests (Ref. Para. 2-2)
4. Enforcement Letter to Planned Parenthood..... (Ref. Para. 2-3)

cc: Chuck Akeley, Manager, Enforcement Section, Solid Waste Bureau

EXHIBIT 1



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
Lieutenant Governor

NEW MEXICO
ENVIRONMENT DEPARTMENT

Environmental Protection Division
Solid Waste Bureau

1190 St. Francis Drive, Room N2150
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Telephone (505) 827-0197
Fax (505) 827-2902
www.nmenv.state.nm.us



RYAN FLYNN
Cabinet Secretary
BUTCH TONGATE
Deputy Secretary

March 13, 2014

Otley Smith
Oncore Technology, LLC
2917 Calle Grande NW
Albuquerque, NM 87104

Re: Approval of Commercial Waste Hauler Registration – Oncore Technology, LLC

Dear Mr. Smith:

Please find the attached Certificate of Registration, Certificate No. 0066627, issued in the name of Oncore Technology, LLC. The New Mexico Environment Department (“NMED”) hereby approves your commercial waste hauler registration, effective March 13, 2014, with the following conditions:

1. Under this registration, your company’s operation is limited to the transportation of infectious waste;
2. Excessive odors, if any occur, shall be mitigated by timely tipping of the container holding the waste at an approved solid waste facility and if necessary, the washing of the container or trailer;
3. Prior written notification to the NMED is required if there are major changes in collection operations, including the transportation of a different type of waste, a change in operating location(s), or the use of a disposal facility not indicated upon the approved registration form;
4. All authorized special wastes shall be handled, containerized, labeled, manifested, transported and disposed in accordance with all applicable provisions of the New Mexico Solid Waste Rules (“SWR”), including, but not limited to, 20.9.5.14.A, B, C and D, 20.9.8.9.C, 20.9.8.10.E, F and G, 20.9.8.13.E and 20.9.8.19.C, D and F NMAC;
5. As a reminder, the SWR, 20.9.5.14.A.(7) and (8) NMAC, require solid waste collection vehicles to be conspicuously labeled with the company, municipality or county

Otley Smith
March 13, 2014
Page 2 of 2

department name and the NMED commercial or special waste hauler registration number; and

6. In accordance with the SWR, 20.9.3.37.A NMAC, this registration expires on March 13, 2019.

If you have any questions, please call me at (505) 827-2464.

Sincerely,



William Schueler
Environmental Specialist
Permit Section

Enclosure: Certificate of Registration

cc: Holly Poole, Enforcement Officer, EA-VI, NMED-SWB
George Schuman, Manager Permit Section, NMED-SWB
Oncore Technology, LLC hauler file
William Schueler reading file

Commercial Waste Hauler Registration



ONCORE TECHNOLOGY, LLC

has met the criteria of the New Mexico Solid Waste Rules, 20.9.3.31 NMAC,
and is registered as a Commercial Waste Hauler
Certificate No. 0066627

issued by

State of New Mexico Environment Department

March 13, 2014

A handwritten signature in cursive script, appearing to read "Auralie Ashley-Marx", is written over a horizontal line.

Auralie Ashley-Marx, Chief
Solid Waste Bureau

Expiration Date: March 13, 2019

(5-infectious waste)



NEW MEXICO
ENVIRONMENT DEPARTMENT



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
Lt. Governor

Solid Waste Bureau

1190 Saint Francis Drive, Room N-2150

P.O. Box 5469

Santa Fe, New Mexico 87502-5469

Telephone: (505) 827-0197 Facsimile: (505) 827-2902

www.env.nm.gov/swb/

BUTCH TONGATE
Cabinet Secretary

BRUCE YURDIN
Acting Deputy Secretary

December 6, 2018

Otley Smith
Oncore Technology, LLC
2917 Calle Grande, NW
Albuquerque, NM 87104

Re: Reminder Notification!

All Commercial and Special Waste Hauler registrations are **valid for five (5) years** from the date of issuance. Your registration is about to expire on (3/13/2019). The Solid Waste Rules require facilities to apply for renewal of Registration **at least 30-days prior to expiration.** (20.9.3.36.A NMAC)

Haulers that do not apply for renewal of their Registration in a timely manner are in violation of the Solid Waste Rules and are deemed unregistered haulers. The owners or operators of haulers with expired registrations are subject to issuance of Notices of Violation and Administrative Compliance Orders assessing penalties for each unregistered hauler.

If you intend to continue to operate as a commercial or special waste hauler you must submit a renewal registration form at least 30 days prior to your registration expiration date. You may submit the registration forms to the following address:

NMED-Solid Waste Bureau Room N2150
P.O. Box 5469
1190 Saint Francis Drive
Santa Fe, New Mexico 87502-5469

The registration forms are available on the Solid Waste Bureau's website at:
<https://www.env.nm.gov/syb/Haulers.htm>

If you have any questions, please call me at (505) 827-2464.

Sincerely,

William Schueler
Environmental Specialist
Permit Section

cc: Chuck Akeley, Manager Enforcement Section, NMED-SWB
George Schuman, Manager Permit Section, NMED-SWB
Oncore Technology, LLC, Hauler file
William Schueler reading file



NEW MEXICO
ENVIRONMENT DEPARTMENT



*Environmental Protection Division
Solid Waste Bureau*

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RYAN FLYNN
Cabinet Secretary-Designate
BUTCH TONGATE
Deputy Secretary

**COMMERCIAL HAULER & SPECIAL WASTE HAULER
REGISTRATION FORM**

In accordance with the Solid Waste Act (NMSA 1978, § 74-9-8.H) and the New Mexico Solid Waste Rules (20.9.3.31 NMAC), commercial haulers and haulers of special waste shall register with the Department thirty (30) days prior to operations and every five years thereafter. To register as a commercial hauler or hauler of special waste, complete this form providing all required information. Assistance may be obtained by contacting the Solid Waste Bureau's Permit Section at (505) 827-2328.

I. GENERAL INFORMATION:

A. LEGAL NAME OF TRANSPORTER:

Oncore Technology, LLC.

RECEIVED

NAME

FEB 24 2014

Otley Smith

SOLID WASTE BUREAU

NAME OF OWNER (if different)

DRIVER'S LICENSE NUMBER & STATE OF ISSUE (If business is a proprietorship or partnership)

B. MAILING ADDRESS: 2613 Skyway Dr.

Grand Prairie, TX 75052

C. PHYSICAL STREET ADDRESS (If different from the mailing address):

D. BUSINESS TELEPHONE: 972-786-7060

E. LOCAL REPRESENTATIVE AND TELEPHONE:

Otley Smith

(505) 480-4141

NAME

TELEPHONE

2917 Calle Grande NW

Albuquerque, NM 87104

ADDRESS

CITY/STATE/ZIP CODE

F. HAS HAULER EVER TRANSPORTED WASTE UNDER ANOTHER NAME?
IF SO, GIVE PREVIOUS NAME(S), ADDRESS(ES), AND LENGTH OF TIME
DOING BUSINESS UNDER THAT NAME:

MedCompliance Services

NAME

1920 First Street Albq, NM

10 Years

ADDRESS

LENGTH OF TIME

G. CONTACT PERSON, ADDRESS AND TELEPHONE NUMBER (Complete if a person
other than the local contact person should be NMED's primary contact):

Mason Bryant

(972) 786-7060

NAME

TELEPHONE

2613 Skyway Dr.

Grand Prairie, TX 75052

ADDRESS

CITY/STATE/ZIP CODE

H. TYPE/CLASSIFICATION OF WASTE TO BE HAULED:

MSW

CONSTRUCTION & DEMOLITION ONLY

SPECIAL WASTE (If checked, applicant must complete Section IV)

II. INSURANCE (Information in this section pertains only to vehicle liability insurance):

A. NAME OF INSURANCE COMPANY: Tom Stewart Insurance

B. ADDRESS: 423 Mason Park Blvd., Suite A
Katy, TX 77450

C. POLICY NUMBER, AMOUNT OF LIABILITY INSURANCE & EFFECTIVE DATE:
See Attached Certificate

III. OPERATIONS:

A. ANTICIPATED START DATE OF OPERATION (for new operators), HOURS OF
OPERATION AND DAYS OF COLLECTION:

ASAP

6:00 AM - 7:00 PM Weekdays

Monday - Friday

ANTICIPATED START DATE

HOURS OF COLLECTION

DAYS OF COLLECTION

B. MEANS OF CONTROLLING ODORS (Describe methods to be used or attach a written plan):

All infectious waste is packaged in sealed containers to prevent odors

C. NUMBER AND TYPE OF STORAGE CONTAINERS TO BE USED FOR RESIDENCES, COMMERCIAL, INSTITUTIONAL AND INDUSTRIAL ESTABLISHMENTS TO BE SERVED:

NUMBER	TYPE & SIZE OF CONTAINER(S)
500	Red plastic medical waste containers
1,000	Cardboard medical waste containers

D. PHYSICAL LOCATION OF ALL EQUIPMENT, EMPTY CONTAINER OR VEHICLE STORAGE YARDS IN NEW MEXICO:

No waste will be stored in New Mexico. It will be collected and shipped to the Colorado Treatment site.

E. TRANSPORT DISTANCE FROM THE NEAREST AND FARTHEST POINTS OF COLLECTION TO THE PRIMARY SOLID WASTE FACILITY:

475 Miles

F. IDENTITY OF EACH SOLID WASTE FACILITY, COLLECTION CENTER OR OTHER REGISTERED OPERATION RECEIVING SOLID WASTE FOR DISPOSAL OR TRANSFER (Must include the facility's permitted name, physical address, telephone, and state-issued permit or registration number – if necessary, attach an additional sheet):

Medical Systems of Denver, Inc. 7500 Johnson Dr. Frederick, CO

Colorado does not have permit numbers, they use Certificate of Designation issued by the local authority. In this case Frederick, CO has a valid to treat medical waste.

G. STORAGE FACILITIES OPERATED AS PART OF THE APPLICANT'S COMMERCIAL OR SPECIAL WASTE HAULING OPERATIONS (Commercial haulers or haulers of special waste are not required to separately register storage or collection facilities that are part of the hauler's operations as long as the operational rate of the collection facility does not exceed 240 cubic yards per day monthly average (including recyclable material); the collection facility does not serve the general public, meaning that only waste collected by the applicant's hauling operations may be stored at the facility and the facility shall not be open to the public; and the facility's operations are described and included as part of the commercial hauler or hauler of special waste registration).

IF A STORAGE FACILITY IS PROPOSED, THE APPLICANT SHALL ATTACH AN OPERATIONS PLAN AND A SITE MAP ADDRESSING THE FOLLOWING:

1. The Operations Plan shall, at a minimum, describe the exact physical location of the storage area(s), the types of waste to be stored, on-site equipment (if any), the method of storage and containment of the waste, the maximum length of time

such waste shall remain in temporary storage, and methods or procedures that will be undertaken to preclude creation of a public nuisance, mitigate odors, prevent litter and ensure that the operational limit of 240 cubic yards per day is maintained. Haulers of special waste shall describe in detail how the special waste will be managed, containerized, labeled, manifested and reloaded (if applicable) for disposal or treatment to ensure sufficient protection of public health and the environment.

2. The Site Map does not have to be drawn to scale, but it shall, at a minimum, indicate the zoning of the facility and the surrounding area, all storage, loading and unloading areas, fencing and gates, signage (if any), entrances/exits and roadways, buildings and the specific location of all solid waste, special waste or recyclables storage areas.

H. COLLECTION VEHICLES AND TRAILERS:

NUMBER	TYPE OF VEHICLE & TRAILER (Include the year, make, model, size or maximum cubic yards per vehicle/trailer, and indicate the type of cover system – if necessary, attach an additional sheet):
1	Ford F-250
1	Haulmark 12' trailer

I. STREET ADDRESS & ZONING OF VEHICLE MAINTENANCE YARD:

None in New Mexico. All equipment is domiciled in Colorado

J. TRANSPORT/TRANSFER REQUIREMENTS FOR SPECIAL WASTE HAULERS

(Indicate necessary special handling, transportation and disposal requirements for the special waste):

None

K. IDENTIFY TRAINING PROVIDED FOR DRIVERS AND CREW FOR DIFFERENTIATING BETWEEN HAZARDOUS WASTE, SPECIAL WASTE AND OTHER SOLID WASTE (Attach a copy of your training manual or outline, which must be signed & dated by the hauler's owner or authorized representative).

L. CERTIFICATION OF LICENSE AND REGISTRATION REQUIREMENTS FOR DRIVERS, VEHICLES AND TRAILERS (Attach copies of current driver's licenses, vehicle registrations, and trailer registrations OR attach a signed, dated letter identifying the drivers/vehicles/trailers and certifying that they are, and will continue to be, properly licensed or registered).

IV. SPECIAL WASTE HAULERS:

A. A CONTINGENCY PLAN, INCLUDING A LIST OF THE CLEAN UP KIT CONTENTS, MUST BE SUBMITTED AT THE TIME OF APPLICATION. A COPY OF THE APPROVED CONTINGENCY PLAN AND THE ACTUAL CLEAN UP KIT MUST BE KEPT WITHIN EACH COLLECTION VEHICLE DURING HAULING OPERATIONS.

B. ALL SPECIAL WASTE HAULERS MUST COMPLETE THE FOLLOWING (Please check the types of special waste to be transported):

- | | | |
|-------------------------------------|-----|---------------------------------------------------------|
| <input type="checkbox"/> | 1. | Treated Formerly Characteristic Hazardous Wastes (TFCH) |
| <input type="checkbox"/> | 2. | Packing House and Killing Plant Offal |
| <input type="checkbox"/> | 3. | Regulated Asbestos Waste |
| <input type="checkbox"/> | 4. | Ash |
| <input checked="" type="checkbox"/> | 5. | Infectious Waste |
| <input type="checkbox"/> | 6. | Sludge |
| <input type="checkbox"/> | 7. | Industrial Solid Waste |
| <input type="checkbox"/> | 8. | [Reserved] |
| <input type="checkbox"/> | 9. | Spill of a Chemical Substance or Commercial Product |
| <input type="checkbox"/> | 10. | Petroleum Contaminated Soils |
| <input type="checkbox"/> | 11. | Oil Conservation Division (OCD) Wastes |
| <input type="checkbox"/> | 12. | Other (Specify): _____ |

V. CERTIFICATIONS:

A. I CERTIFY THAT THE APPROVED WASTE IDENTIFICATION TRAINING PROGRAM WILL BE IMPLEMENTED (Section III-K): DD
INITIALS

B. IF APPLICANT IS NOT A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) EVER BEEN FINED FOR VIOLATION OF ANY ENVIRONMENTAL LAWS OF ANY STATE OR THE UNITED STATES? _____ YES DD NO
INITIALS INITIALS

C. IF APPLICANT IS A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) BEEN FINED FOR VIOLATION OF ANY ENVIRONMENTAL LAWS WITHIN THE STATE OF NEW MEXICO WITHIN THE LAST FIVE (5) YEARS? _____ YES DD NO
INITIALS INITIALS

D. IF APPLICANT IS NOT A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) EVER HAD ANY PERMIT OR REGISTRATION REVOKED OR PERMANENTLY SUSPENDED FOR CAUSE UNDER ENVIRONMENTAL LAWS OF ANY STATE OR THE UNITED STATES? _____ YES DD NO
INITIALS INITIALS

E. IF APPLICANT IS A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) HAD ANY PERMIT OR REGISTRATION REVOKED OR PERMANENTLY SUSPENDED FOR CAUSE UNDER ENVIRONMENTAL LAWS WITHIN THE STATE OF NEW MEXICO WITHIN THE LAST FIVE (5) YEARS? YES NO

INITIALS

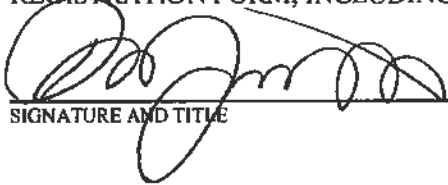
INITIALS

VI. REGISTRATION FEE *(The registration fee shall be paid by the applicant at the time of initial application and every five years thereafter at the time of registration renewal. The registration fee shall be paid by check or money order made payable to the "New Mexico Environment Department" and is non-refundable. The registration fee may be hand delivered or mailed along with this application to: Manager, Permit Section, Solid Waste Bureau, New Mexico Environment Department, 1190 St. Francis Drive, P.O. Box 5469, Santa Fe, New Mexico 87502-5469).*

A. IF APPLICANT REGISTERS TWO OR LESS TRUCKS AND HAULS NO SPECIAL WASTE, THE REGISTRATION FEE SHALL BE: **\$100.00.**

B. IF APPLICANT REGISTERS THREE OR MORE TRUCKS OR HAULS ANY SPECIAL WASTE, THE REGISTRATION FEE SHALL BE: **\$300.00.**

VII. THE UNDERSIGNED ATTESTS THAT THE INFORMATION PROVIDED UPON THIS REGISTRATION FORM, INCLUDING ALL ATTACHMENTS, IS ACCURATE.



SIGNATURE AND TITLE

2/24/2014

DATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/16/13

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER ISU - Tom Stewart Insurance 423 Mason Park Blvd, Suite A Katy, TX 77450 Phone (281) 398-0001 Fax (281) 398-0021	CONTACT NAME: Gwen Crowell
	PHONE (A/C No. Ext): (281) 398-0001 FAX (A/C No.): (281) 398-0021
	E-MAIL ADDRESS: gwenc@tomstewartinsurance.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Westchester Surplus Lines Insurance Co
	INSURER B: Aca American Insurance Company
	INSURER C: Texas Mutual Insurance Company
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	Y	Y	G24228009 003	09/17/2013	09/17/2014	EACH OCCURRENCE \$ 5,000,000.00 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000.00 MED EXP (Any one person) \$ 5,000.00 PERSONAL & ADV INJURY \$ 5,000,000.00 GENERAL AGGREGATE \$ 5,000,000.00 PRODUCTS - COM/OP AGG \$ 5,000,000.00 Contractors Pollution Liab \$ 5,000,000.00
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y	Y	H0845338A 003	09/17/2013	09/17/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Deductible \$ 1,000.00
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/ MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	0001244462	11/02/2012	11/02/2013	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00
			N				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Permit No's: 42021, 50129
Medical Waste Treatment/Transportation

CERTIFICATE HOLDER Insured's copy	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Tom Stewart</i>

ONCORE TECHNOLOGY, LLC
2613 SKYWAY DR
GRAND PRAIRIE, TX 75052-7610

WELLS FARGO BANK, N.A.
www.wellsfargo.com
37-65/119

5678

4/16/2013

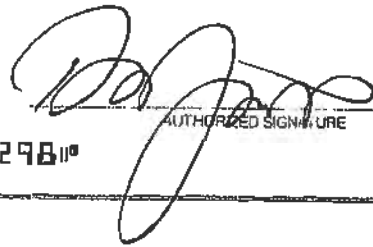
PAY TO THE ORDER OF New Mexico Environment Dept

\$ **300.00

Three Hundred and 00/100*****

DOLLARS

MEMO
Manager, Enforcement Section
Solid Waste Bureau
New Mexico Environment Dept
1190 St. Francis Dr.
Santa Fe, MN 87502
Transporter Registration



AUTHORIZED SIGNATURE

⑈0000005678⑈ ⑆111900659⑆ 2732237298⑈

ONCORE TECHNOLOGY, LLC

5678

New Mexico Environment Dept

Date Type Reference
4/16/2013 Bill

Original Amt.
300.00

Balance Due
300.00

4/16/2013
Discount
Check Amount

Payment
300.00
300.00

ORIGINAL

SOLID WASTE BUREAU

Oncore Technology, L Transporter Registration

300.00

ONCORE TECHNOLOGY, LLC

5678

New Mexico Environment Dept

Date Type Reference
4/16/2013 Bill

Original Amt.
300.00

Balance Due
300.00

4/16/2013
Discount
Check Amount

Payment
300.00
300.00

Oncore Technology, L Transporter Registration

300.00

UNAUTHORIZED WASTE TRAINING OUTLINE

Hazardous Waste (subject to regulation under Subtitle C, RCRA)

Indicators of possible hazardous waste: Placards, manifests, warning labels – “Dangerous,” etc., unusual chemical odors or leaking substances, chemical bottles/containers (w/skull & crossbones, etc.), laboratory or research center waste, old fluorescent tubes (possible mercury), lead acid batteries, battery cables protruding from load.

Special Waste (as defined in 20.9.2.7.S(13) NMAC -- has unique handling, transportation & disposal requirements)

Treated Formerly Characteristic Hazardous Waste (TFCH)

Indicators: Depends upon substance or material, look for manifests, treatment certifications, etc., if none, waste may still be hazardous.

Packing House and Killing Plant Offal

Indicators: Animal carcasses/organs, blood, strong smelling fluids, flesh-like materials.

Regulated Asbestos Waste (includes friable material that will crumble with hand pressure, or material that has become regulated due to high probability of, or actual, abrasion, cutting, breaking, pulverizing, etc.)

Indicators: Taped plastic bags, double bags, warning labels, old acoustical ceiling tile or spray-on material, old crumbling asphalt shingles, broken or cut asbestos-cement water pipe or siding, broken floor tiles and impacted mastic (make the generator confirm status before you accept the waste), unidentified powdery substances, asbestos waste is often generated at renovation and demolition projects.

Ash

Indicators: Generated by municipal solid waste incinerators, pathological/medical incinerators, fugitive emissions may result if not properly containerized, often containerized in drums.

Infectious Waste

Indicators: Medical waste, sharps containers, biohazard (red & orange) bags with labels, needles (acupuncture) and syringes, vials, test tubes, bloody linen and gauze (saturated), used latex gloves, human or animal tissues, may begin to smell if not refrigerated.

Sludge

Indicators: Wastewater treatment plant sludge has distinctive odor, usually dark colored, may be moist, other sludge (such as plating company sludge) may be hazardous waste.

Industrial Solid Waste (from manufacturing/industrial processes, but not hazardous under Subtitle C, RCRA)

Indicators: Industrial by-products (waste), metal shavings, pulps, waste streams from manufacturing plants.

Spill of Chemical Substance or Commercial Product

Indicators: Depends upon the nature of the product, refer to MSDS and manifests, some may ignite when wetted.

Petroleum Contaminated Soils

Indicators: May have a strong diesel or gasoline smell, bulk soils, waste from gas station or petroleum spill, often associated with a trucking accident, underground storage tank removal or abatement project.

Other Unauthorized Waste

TSCA Regulated Waste (primarily polychlorinated biphenyls—PCBs)


Indicators: Old fluorescent light fixtures with ballasts, especially if not labeled “non PCB,” old transformer/capacitor equipment (check labeling), certain used oil/petroleum products.

Bulk or Non-Containerized Liquids

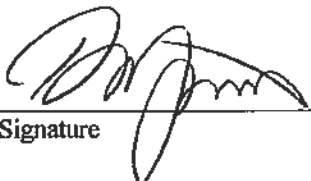
Indicators: Liquids, to include used motor oil or other petroleum products, PLEASE NOTE—liquid household waste, other than septic waste, in small containers normally found in household waste and designed for use other than storage, is allowed in the landfill, even if hazardous; however, your company policy and/or landfill policy may restrict such waste.

Low Level Radioactive Waste


Indicators: Often generated as medical or laboratory waste, look for labels indicating “radioactive I, II, III,” and so forth.



Printed Name



Signature



Date

CERTIFICATE OF ORIGIN FOR A VEHICLE

Haulmark.

Manufacturers of Steel Frame Trailers of Quality

DATE	6/24/2004	INVOICE NO.	005083
VEHICLE IDENTIFICATION NO.	16HCB10185K005083	YEAR	2005
BODY TYPE	TRAILER	MAKE	HAULMARK
H.P. (S.A.E.)	2980	SHIPPING WEIGHT	995
G.V.W.R.		SERIES OR MODEL	TS6X10DS2
NO. CYLS			

I, the undersigned authorized representative of the company, firm or corporation named below, hereby certify that the new vehicle described above is the property of the said company, firm or corporation and is transferred on the above date and under the Serial Number indicated to the following distributor or dealer.

NAME OF DISTRIBUTOR, DEALER, ETC.

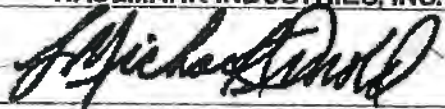
Trailers Plus Sales Inc.
P.O. Box 1682
Weatherford, TX 78086

If the vehicle described hereon is a motor home the undersigned certifies that it is equipped with at least four of the following life support systems; cooking, refrigeration or ice box, self-contained toilet, heating and/or air conditioning, a potable water supply system including a faucet and sink, separate 110-115 volt electrical power supply and/or an LP gas supply, all of which meet the ANSI A119.2 standards.

It is further certified that this was the first transfer of such new motor vehicle in ordinary trade and commerce.

HAULMARK INDUSTRIES, INC.

BY: _____



(SIGNATURE OF AUTHORIZED REPRESENTATIVE)

(AGENT)

Duncan, OK

CITY - STATE

HM-26845

BUYER'S TAG RECEIPT - BUYER'S COPY

THIS IS THE BUYER'S TAG NUMBER: **75M4044** DATE OF SALE: 09-18-2012
THIS IS THE EXPIRATION DATE: **11-17-2012**

Issue Date	VIN	Year	Make	Model	Body Style
09-18-2012	4YMCL24297T102429	2007	UNKNOWN		BOX TRL

Major Color	Minor Color
WHITE	

Remarks RELEASE OF PERSONAL INFO RESTRICTED, PAPER TITLE, PAPER RENEWAL NOTICE ONLY

Issuing Dealer	Dealer Number
Worth Trailer	P113391X
Owner #1 Name	Owner #1 Street Address
OTLEY SMITH	2613 SKYWAY DR, GRAND PRAIRIE, 75052
Owner #2 Name	Owner #2 Street Address

BUYER is required to keep this receipt in the vehicle until vehicle is registered and metal plates are placed on the vehicle.

BUYER'S COPY

Biohazardous Medical Waste Transportation Management Plan



Prepared by:

Oncore Technology, LLC.
2613 Skyway Dr.
Grand Prairie, TX75052
Mason Bryant
(972) 786-7060
mason@oncoreus.com

January 1, 2013

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1.0 INTRODUCTION

This Biohazard Medical Waste Transportation Management Plan (TMP) is written to comply with the requirements of New Mexico Environment Department (NMED).

The TMP must include the procedures used by the transporter to minimize the exposure to employees and the general public to biohazardous medical waste throughout the process of collecting, transporting, and handling. Additionally, it must include the emergency procedures used by the transporter for handling spills or accidents.

A copy of the TMP must be kept in the driver's cab of the biohazardous medical waste transporter vehicle. In the future, should any revisions be necessary due to a change in the business plan or daily operational procedures, the revised plan will be submitted to the New Mexico Environment Department (NMED) for approval.

1.1 COMPANY INFORMATION

Oncore Technology, LLC. ("Company") located at 2613 Skyway Dr. in Grand Prairie, TX 75052 - Phone (972) 786-7060 has been in business since 2006. The Company owns and operates a fully permitted transportation and treatment company at this location. The Texas Commission for Environmental Quality ("TCEQ") has issued permits for the treatment site, Registration Number 40241, and for the transportation operation, Transporter's ID # 50129.

The Company is owned and operated by two Medical Waste Management Professionals, Otley L. Smith III and R. Mason Bryant with over twenty years experience in the industry. The Company has developed a treatment technology that can be used by commercial medical waste companies and is also capable of being installed onsite at hospitals.

Currently, approximately 1,000 customers are served by the Company in Texas, Oklahoma, Colorado and Arkansas. New Mexico is the next expansion state of the Company.

An additional treatment site is located in Frederick, CO. It is a contract site owned by Medical Systems of Denver, Inc at 7600 Johnson Dr. Frederick, CO 80530 – Phone (303) 772-7971

1.2 BIOHAZARDOUS MATERIALS MANAGED

The following types of biohazardous medical waste are appropriate for Company to collect and transport (Segregation begins at the point of origin):

- Cultures and stocks: Discarded cultures and stocks generated in the diagnosis, treatment, or immunization of a human being or animal or in any research relating to that diagnosis, treatment, or immunization, or in the production or testing of biological.
- Human blood and blood products: Discarded products and materials containing free-flowing blood or free-flowing blood components.
- Human pathologic waste: Discarded organs and body parts removed during surgery. (Human pathologic wastes do not include the head or spinal column.)
- Medical sharps: Discarded sharps used in animal or human patient care, medical research, or clinical laboratories, including hypodermic needles, syringes, pipettes, scalpel blades, blood vials, needles attached to tubing, broken and unbroken glassware, and slides and cover slips.
- Research animal wastes: Animal carcasses, body parts, and bedding of animals that have been infected with agents that product, or may produce, human infection.

1.3 MEDICAL WASTE MATERIALS MANAGED

The following types of medical waste are appropriate for the Company to collect and transport:

- Trace contaminated chemotherapy waste (only empty containers/bags are acceptable): Materials involved in the preparation and administration of chemotherapy drugs, including ampoules, gloves, gowns, IV bags, pads, syringes, tubing, and empty chemotherapy vials.
- Non-hazardous/non-controlled discarded pharmaceuticals: Discarded pharmaceutical products/medications that are non-controlled substances that are regulated by the United States Drug Enforcement Agency, including prescription and over-the-counter medication.

1.4 EXCLUDED MATERIALS

The following types of waste are not appropriate for Company to collect, transport, transfer, or store:

- Non-decayed radioactive waste/radioactive materials
- Hazardous waste
- Household waste
- Industrial and commercial process waste
- Human remains
- Liquid chemotherapy waste

2.0 PACKAGING AND STORAGE REQUIREMENTS
Appendix 1 of this plan includes photographs and descriptions of acceptable medical waste containers.

2.1 CULTURES AND STOCKS WASTE PACKAGING AND HANDLING
The Company accepts Cultures and Stocks in sealed red plastic containers with a label displayed on the exterior of the containers saying "Cultures and Stocks."

2.2 MEDICAL SHARPS WASTE PACKAGING AND HANDLING
The company will accept Sharps which are contained in an approved reusable or disposable Sharps container. If the Sharps container has the UN 3291 label as being approved for transportation by the DOT Standard, then it can be placed directly in the truck. If the Sharps Container does not have the UN 3291 label it must be placed in an approved box or tub for transportation.

2.3 RESEARCH ANIMAL WASTE PACKAGING AND HANDLING
Research Animal Waste is accepted by the Company with standard packaging.

2.4 CHEMOTHERAPY WASTE PACKAGING AND HANDLING

Trace chemotherapeutic waste are accepted by the Company if contained in Yellow containers and the packaging includes a label that designates the material contained in the packaging as "CHEMO." If the Yellow chemo container has the UN 3291 label it can be transported, and if it does not, it must be placed in an appropriate cardboard box and labeled for transportation.

2.5 PACKAGING OF PHARMACEUTICALS

Non-hazardous Pharmaceutical waste is accepted by the Company if contained in a sealed red plastic container or cardboard box and labeled as "Pharmaceutical Waste."

2.6 OTHER SPECIALIZING PACKAGING

Pathological waste may be accepted for treatment by the company if it is properly contained in an approved box or tub and labeled as "Path."

3.0 TRACKING REQUIREMENTS

Company's drivers/transporters are given guidance to properly utilize manifest documentation. A copy of the Tracking Document is provided in Appendix 2 to this TMP. The Company is currently using an electronic manifest program, which reduces the amount of paper generated and stores the records online for review by the customer as needed.

4.0 DELIVERY AND DISPOSAL REQUIREMENTS

Pursuant to NMED Rules, the Company will deliver all biohazardous medical waste to an permitted and approved medical waste storage, transfer, or treatment or disposal facility, unless the facility. This facility could be either the Company facility in Grand Prairie, TX or a contract facility in Frederick, CO.

The biohazardous medical waste will not be unloaded, reloaded, or transferred to another vehicle in any location other than an approved facility except in an emergency situation. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer as long as the biohazardous waste is not removed from the cargo compartment.

The Company acknowledges that it cannot hold waste longer than 96 hours in a refrigerated vehicle in New Mexico unless the vehicle is parked at an approved facility.

Medical waste is transported secured by either load locks or straps to make sure it remains upright and safe from leaks.

5.0 CONTINGENCY PLANS FOR UNDELIVERABLE BIOHAZARDOUS MEDICAL WASTE

The Company has contingency plans in the event of a breakdown by utilizing contract vehicles from rental companies such as Ryder or Penske for large vehicles, and for the smaller trailers, and additional truck with a hitch can be used to transport the vehicles to an approved transfer or treatment site.

6.0 CONTAINER CLEANING

All reusable medical waste containers, after emptying, are cleaned by use of a commercial tunnel wash system like the one pictured below.



7.0 TRANSPORT VEHICLE(S) AND SECURITY

All Company vehicles used for transporting biohazardous medical waste meet the following minimum standards of:

1. Have a fully enclosed, leak-proof cargo compartment consisting of a floor, sides, and a roof that are made of a non-porous material impervious to biohazardous medical waste and physically separated from the driver's compartment, OR
2. Haul a fully enclosed, leak-proof cargo box made of a non-porous material impervious to biohazardous medical waste, OR
3. Tow a fully enclosed leak-proof trailer made of a non-porous material impervious to biohazardous medical waste.

Vehicles are padlocked and secured when biohazardous medical waste cargo is not being either loaded or unloaded. A standard combination lock will be used to secure the enclosed area of the vehicle to secure the load. The transporters shall ensure that the locking mechanisms are in proper working order prior to leaving the shipping location.

See Appendix 3 for a listing of vehicles used by Company for transporting biohazardous medical waste, including the make, model, VIN number, license plate number, and whether it is refrigerated or not. Appendix 3 also includes photographs of the listed vehicles.

8.0 VEHICLE OPERATOR SAFETY TRAINING

All Company employees engaged in over-the-road transportation activities shall receive training in accordance with A.A.C. R18-13-1409(C) including:

- proper wear and purpose of personal protective equipment;
- biohazardous medical waste acceptance (identification of materials allowed and materials not allowed);
- proper packaging and labeling of materials;
- emergency response and incident reporting;
- proper handling of sharps;
- bloodborne pathogens exposure control in accordance with OSHA Standard 29 CFR 1910.1030, Bloodborne Pathogens.

This training will be completed prior to the employee being given an over-the-road assignment, and retraining will occur quarterly. Employees will also be trained on the contents of this Biohazardous Medical Waste TMP. An outline of the training program is provided in Appendix 4.

9.0 EMERGENCY RESPONSE INFORMATION

The Company Emergency Response supervisor is Mason Bryant, and the telephone number is: (972) 786-7060 Office and (970) 980-1208 Cell. The backup Emergency Response person is Thomas Simons, (972) 786-7060 Office and (817) 751-5188 Cell. NMED Emergency Reporting Number is (505) 827-9329

An incident report form is provided as Appendix 5 to this plan. Specific emergency response procedures are provided in Appendix 6 to this plan.

10.0 SPILL CONTAINMENT KITS

Each vehicle will be equipped with a Spill Kit containing appropriate emergency and spill response items. A detailed listing of the Spill Kit contents is provided in Appendix 7 to this TMP.

Spill Kit location will vary with the configuration of each vehicle used; however, the Spill Kit will be located such that it is readily accessible in the event of an emergency. This may mean that the Spill Kit location will change as the container-portion of the vehicle makes its rounds.

APPENDICES

APPENDIX 1

ACCEPTABLE BIOHAZARDOUS MEDICAL WASTE CONTAINERS




1. ACCEPTABLE BIOHAZARDOUS MEDICAL WASTE CONTAINERS



APPENDIX 2

BIOHAZARDOUS MEDICAL WASTE TRACKING DOCUMENT

2. BIOHAZARDOUS MEDICAL WASTE TRACKING DOCUMENT

				CODE AREA
REGULATED MEDICAL WASTE MANIFEST <small>Regulated Medical Waste (21 USC 861, 862) TCEQ - P.O. Box 13087 - Austin, TX 78711-3087</small>				
GENERATOR	COMPANY NAME		MANIFEST NUMBER	TELEPHONE NUMBER
	ADDRESS		0	
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/manifested, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.			
PRIMARY TRANSPORTER	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE
	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	TCEQ REGISTRATION NUMBER		NUMBER OF CONTAINERS COLLECTED	CERTIFIED TOTAL WEIGHT OF CONTAINERS
SECONDARY TRANSPORTER	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE
	TRANSFER STATION NAME		TCEQ NUMBER	
	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
CREMATORY FACILITY	TCEQ REGISTRATION NUMBER		NUMBER OF CONTAINERS COLLECTED	TOTAL WEIGHT OF CONTAINERS COLLECTED
	I certify that the information above is true and correct and that only "untreated" medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
TCEQ PERMIT NUMBER		DATE WASTE WAS DEPOSITED UNLOADED	TOTAL WEIGHT DEPOSITED UNLOADED	
DISCREPANCY INDICATION SPACE				
I certify that I have been authorized by the Texas Commission on Environmental Quality to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.				
NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE	
In case of emergency, call (972) 786-7060 (24 - hr company or other emergency response group telephone)				

APPENDIX 3

**LISTING AND PHOTOGRAPHS OF VEHICLES USED FOR
BIOHAZARDOUS MEDICAL WASTE TRANSPORT**

3. LISTING OF VEHICLES USED FOR BIOHAZARDOUS MEDICAL WASTE TRANSPORT

Make	Model	Year	VIN Number	License Plate	State	Permit	Refrigerated?	
							Yes	No
Ford	F-250	2008	1FTSW21R28EB71394	990-IOI	CO			X
Carry-On	Trailer	2007	4YMCL24297T102429	103 58K	TX			X

3. PHOTOGRAPHS OF (COMPANY) VEHICLES USED TO TRANSPORT BIOHAZARDOUS MEDICAL WASTE:

Include photographs of vehicles listed on previous page.





APPENDIX 4
TRAINING PROGRAM OUTLINE

4. TRAINING PROGRAM OUTLINE

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ADDENDUM

ONCORE OPERATION AND MAINTENANCE MANUAL

The Company utilizes an online training program provided by Compliance Publishing, Inc. It can be found on our website under Client Login, as it is something we offer to our clients as well.

APPENDIX 5
INCIDENT REPORT FORM

5. INCIDENT REPORT FORM

Copy of Generic Form to be used in Spills:

SPILL OR INCIDENT REPORT FORM

Instructions: Complete for any type of petroleum product or hazardous materials/waste spill or incident. Provide a copy of this report to management.

1. DOT Personnel Involved in Spill Reporting:

Project Office: Name, Title, and Phone Number: _____

Regional Environmental Office: Name, Title, and Phone Number: _____

2. Contractor

Name and Title of Person Responsible for Spill Response: _____

Phone Number: _____

3. General Spill Information:

Common Name of Spilled Substance: _____

Quantity Spilled (Estimate): _____

Describe Concentration of Material (Estimate): _____

Date of Spill: ____/____/____

Time Spill Started: ____ AM ____ PM

Time Spill Ended: ____ AM ____ PM

4. Spill Location and Conditions:

Project Title: _____

Street Address and/or Milepost, City: _____

Weather Conditions: _____

If Spill to Water,

Name of Water Body (if ditch or culvert, identify the water body that the structure discharges to):

Identify the Discharge Point: _____

Estimate the Depth and Width of the Water Body: _____

Estimate Flow Rate (i.e. slow, moderate, or fast): _____

Describe Environmental Damage (i.e., fish kill?): _____

5. Actions taken:

To Contain Spill or Impact of Incident: _____

To Cleanup Spill or Recover from Incident: _____

To Remove Cleanup Material: _____

To Document Disposal: _____

To Prevent Reoccurrence: _____

Spills to water: Immediately call the National Response Center (1-800-424-8802), Emergency Management (1-800-258-5990), and the appropriate Ecology Regional Office.

Note: Project specific permits may have additional reporting requirements.

6. Reporting the Spill:

List all agencies contacted; include names, dates, and phone numbers for people you spoke with:

Record Report Number: _____

7. Person Responsible for Managing Termination/Closure of Incident or Spill:

Name and Phone: _____

Address and Fax: _____

8. Additional Notes/Information (if necessary):

APPENDIX 6
EMERGENCY RESPONSE PLAN

6. EMERGENCY RESPONSE PLAN

1) Basic Description and Technical Name

- a) Proper U.S. DOT Shipping Name: **Regulated Medical Waste**
- b) Hazard Class or Division: **6.2**
- c) UN Identification Number: **3291**
- d) Packing Group: **II**

2) Potential Health Hazards

- a) Inhalation or contact may cause infection, disease, or death; and
- b) Runoff from fire control may cause pollution.

3) Risk from Fire or Explosion

- a) The reusable containers are fire resistant: U.L. 94 HB Material High Density Polyethylene; and
- b) Some of the waste material may burn, but none ignite readily.

4) Immediate Precautions

- a) Assess the extent of the incident and/or spill;
- b) Isolate spill from unauthorized personnel using the yellow caution tape provided in the Spill Kit
- c) If applicable, stop continual leakage from container(s), by using absorbent, or additional liners and additional polyvinyl container as needed;
- d) Contain spill within an appropriate area, using absorbent and supplied rags as needed; and
- e) If necessary, call the (*Oncore Technology*) Emergency Response Telephone Number: (972 - 786-7060).

5) Immediate Methods for Handling Fires

- a) Small Fires:
 - i) Use the ABC dry chemical fire extinguisher provided in the vehicle or the one by the loading dock roll-up door. If at another facility, locate the closest fire extinguisher prior to an incident.
- b) Large Fires:
 - i) Call 911; then (972-786-7060).

6) Spill Response Procedures

- a) Biohazardous Medical Waste Spill:
 - i) Personnel (Drivers)
 - (a) If a person has direct contact with untreated biohazardous medical waste, first remove any contaminated clothing and shower thoroughly or wash area with a germicidal soap.
 - (b) Prior to conducting the following clean-up procedures, utilize the following

personal protective equipment (PPE):

- (1) Tyvek suit (for liquid spills only);
- (2) Tyvek booties (for liquid spills only);
- (3) Impermeable gloves (i.e., latex, polyethylene, etc.); and
- (4) Safety glasses or face shield.

ii) Surfaces Coming in Contact with the Spill:

- (a) The driver that becomes aware of the spill must inform the appropriate Supervisor, via telephone or other communication device, as soon as possible and cordon off the spill area using safety cones and caution tape from the Spill Kit.
- (b) The employee(s) cleaning up the spill must wear PPE as specified above.
- (c) Place an appropriate red plastic bag, meeting ASTM D 1709-97 and 1922-94a, inside a fiberboard box or reusable plastic container at the Packing Group II level.
- (d) Initially, shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
- (e) Spray the contaminated area with (*sodium hypochlorite*).¹
- (f) Spread absorbent on the contaminated area and wait at least 10 minutes.
- (g) Shovel the absorbent and any other contaminated items into the container; continue until no visible contamination remains.
- (h) Once again spray the area previously covered by the spill with the EPA-approved disinfectant.
- (i) Spray any tools that may have come into contact with the biohazard medical waste during this clean-up.
- (j) Remove and place all disposable PPE in the fiberboard box or reusable plastic container used during this clean-up. Seal the contents and mark the box or container as "Spill Cleanup."
- (k) Ensure that the inner packaging (bag) and the outer packaging (container) are closed according to the applicable packaging specifications. Mark the container "Spill Cleanup."
- (l) Segregate the "Spill Cleanup" container from any other loaded waste, to avoid mixing the contents with manifested waste contents.
- (m) Load all containers onto the transportation vehicle and ensure it is properly secured.
- (n) Generate a Tracking Document for any additions or subtractions to total quantity of waste caused by the spill response activity (i.e., biohazardous medical waste from one container cleaned up and placed into two new containers).
- (o) The Supervisor must complete incident-reporting requirements.

¹ Provide a statement that your company selects equivalent products from the appropriate EPA-registered antimicrobial products from EPA Lists A, B, or D for the cleaning and disinfection of surfaces which have come in contact with blood or other potentially infectious materials. These lists are available from the EPA at their website at: <http://www.epa.gov/oppad001/chemregindex.htm>.

7)

Incident Reporting

- a) The incident will be reported to the employee's Supervisor as soon as possible.
- b) Gather the relevant data and complete the Incident Report Form provided as Appendix 5 to this TMP.
- c) Upon receipt of the complete Incident Report Form, the Supervisor then must:
 - i) Make the immediate telephone notice, if applicable, to the U.S. Department of Transportation at (800) 424-8802; and/or
 - ii) Complete and submit a copy of Form 5800 to:
 - (a) U.S. Department of Transportation within 30 days (original and one copy)
 - (b) The collection company (if other than *Oncore Technology*) that collected this container
 - (c) The (*Oncore Technology*) representative assigned to the applicable customer (who will then communicate to the customer) .

8)

Emergency Response and First Aid

- a) For large spills or emergencies requiring HazMat Emergency Response:
 - i) Call 911 to report the emergency.
 - ii) Call the (*Oncore Technology*) Emergency Response Number: (972-786-7060).
 - iii) Call the ADEQ Emergency Response Hotline toll free (800) 234-5677, ext. 771-2330 and locally (602) 771-2330 to report the incident and follow ADEQ recommendations.
 - iv) Call the Center for Disease Control (CDC) at (404) 633-5313 to report the incident and follow CDC recommendations.
 - v) Call the New Mexico Department of Public Safety at (505) 827-.
 - vi) Other agencies to consider contacting depending on the nature and scope of the spill include state or local police, local fire department, and/or related agencies.
 - vii) At the earliest possible opportunity, call your immediate supervisor to get additional instructions.
- b) First aid:
 - i) Move injured victims to a safe area, away from the incident location.
 - ii) Call 911 for emergency medical care, if necessary, or prepare to take the victim to the emergency room at a community hospital or closest emergency room if incident occurs outside of that service area.
 - iii) Call (*Oncore Technology*) at (972-786-7060) to report the incident.
 - iv) If the victim is not in immediate danger, remove and isolate any contaminated clothing and shoes.
 - v) In the event of contact with biohazardous medical waste, immediately flush skin and/or eyes with sufficient amount of water (running water for at least 20 minutes).
 - vi) In the event of contact of any contaminants with the eyes, immediately begin rendering first aid, and flush eyes with the provided squirt bottle with clean water.
 - vii) In the event of contact of contaminants with the eyes, the eyes must be flushed for 20 consecutive minutes in order to prevent further injury. Once step (vi) has been complete, the victim shall be immediately moved to the nearest medical facility, or to a location equipped with the appropriate eye flushing equipment in order to continue with eye flushing for the prescribed 20-minute period.
 - viii) Ensure that medical personnel are aware of the material(s) involved, and take precautions to protect themselves.

APPENDIX 7
SPILL KIT CONTENTS

7. SPILL KIT CONTENTS

The list below is an example of Spill Kit contents. Add items or delete those items not used by (Oncore Technology).

All vehicles shall carry Spill Containment Kits containing the following:

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">• Broom and dust pan or scooper• Heavy-duty latex exam gloves or disposable Nitrile gloves• Two pairs of puncture-resistant heavy rubber gloves• Full face shield• Safety glasses• Steel-toed rubber boots or other protective foot covering• One spray container of (<i>sodium hypochlorite</i>)• One small container of anti-bacterial skin cleanser (alcohol-based hand sanitizer product)• One bar of germicidal soap• Two gallons of water for emergency first-aid and skin and eye contact• Flashlight and batteries• Emergency blanket• One bag of rags• One roll of duct tape• One roll of caution tape• A secondary container for spill cleanup, such as red biohazardous bags for biohazardous medical waste• Communication equipment is cellular phone | <ul style="list-style-type: none">• Scissors• Tongs or forceps to pick up broken or sharp items• First aid kit:<ul style="list-style-type: none">○ Antiseptic towelettes○ Antiseptic ointment○ Adhesive tape○ Roller gauze and gauze pads○ Two quart-size eye wash containers○ Band-Aids in assorted sizes○ Cold pack• Paper towels• Plastic garbage bags• Markers, labels, and pens• Tyvek suits (x 2)• 10 pounds of absorbent (kitty-litter or equivalent)• Respiratory mask• One warning triangle, flare kit, and barrier tape• One ABC-rated fire extinguisher (carried in the truck cab)• Camera• Instructions, contact information, and Incident Report Form• 5-gallon fold-a-carrier water container |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

The Spill Kit will be stored in a container marked "Spill Cleanup Equipment Kit" and will be stored separate from waste containers. The Spill Kit will be located so that it is readily accessible in the event of an emergency.

A copy of this Biohazardous Medical Waste TMP shall be kept in the Driver's Compartment of each transport vehicle and extra copies shall be kept in the Spill Kit.

Approved:



R. Mason Bryant, VP and Compliance Officer

EXHIBIT 2



SUSANA MARTINEZ
Governor

JOHN A. SANCHEZ
Lt. Governor

NEW MEXICO ENVIRONMENT DEPARTMENT

1190 Saint Francis Drive, Room N2150

P.O. Box 5469

Santa Fe, New Mexico 87502-5469

Phone (505) 827-0197 Fax (505) 827-2902

www.env.nm.gov



BUTCH TONGATE
Cabinet Secretary - Designate

J.C. BORREGO
Deputy Secretary

January 18, 2017

Nord S. Sorensen
BioCycle, Inc.
P.O. Box 20927
Amarillo, Texas 79114

Re: Approval of Commercial Hauler Registration – BioCycle, Inc.

Dear Mr. Sorensen:

Please find the attached Certificate of Registration, Certificate No. 0066557, issued in the name of BioCycle, Inc. The New Mexico Environment Department (“NMED”) hereby approves your commercial hauler registration, effective January 18, 2017, with the following conditions:

1. Under this registration, your company’s operations are limited to the transportation of infectious waste;
2. This registration authorizes the operation of a storage facility for infectious waste in conjunction with this commercial hauler registration. The storage facility is located at 705 East 1st Street, Clovis, New Mexico, upon property leased from Conway Real Estate Co., LLC. It shall be operated in compliance with the terms of the approved commercial hauler registration and operations plan, the conditions imposed in this approval letter, and any other applicable provisions of the New Mexico Solid Waste Rules (“SWR”), 20.9.2 – 20.9.10 NMAC;
3. Excessive odors, if any occur, shall be mitigated by timely transport of the container(s) holding the infectious waste at a permitted infectious waste treatment facility and the washing and decontamination of the container(s) and/or trailer(s);
4. In accordance with the requirements of the SWR, 20.9.8.10.F and 20.9.8.19 NMAC, special waste manifesting shall commence at the point of origin, with unbroken chain-of-custody and discrepancy block completion (when required) through completion of the manifest at the permitted infectious waste treatment facility;
5. Prior written notification to the NMED is required if there are major changes in collection operations, including the transportation of a different type of waste, a change in operating location(s), or the use of a treatment or disposal facility not indicated upon the approved registration form;
6. In accordance with the SWR, 20.9.5.14.C(9) NMAC, periods of transportation and storage of infectious waste shall not exceed seven (7) days (cumulatively) unless the infectious waste is refrigerated at or below 45 degrees Fahrenheit – with the total period of transportation and/or storage not to exceed 45 calendar days, as indicated within your company’s operations plan;

Commercial Hauler Registration



Biocycle, Inc.

has met the criteria of the New Mexico Solid Waste Rules, 20.9.3.31 NMAC,
and is registered as a Commercial Hauler
Certificate No. 0066557

issued by

State of New Mexico Environment Department

January 18, 2017

A handwritten signature in black ink, appearing to read "Auralie Ashley-Marx", is written over a horizontal line.

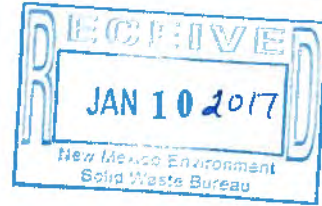
Auralie Ashley-Marx, Chief
Solid Waste Bureau

Expiration Date: January 18, 2022

(5)



P.O. Box 20927
Amarillo, Texas 79114
Telephone: 855-467-7300
www.biocycle-inc.com



Manager
Permit Section
Solid Waste Bureau
New Mexico Environment Department
1190 St. Francis Drive, Room N2150
P.O. Box 5469
Santa Fe, New Mexico 87502-5469

January 9, 2017

Reference: Renewal Commercial Hauler Registration Certificate No. 0066557

Gentlemen:

As per the included letter, I have included with this cover letter the completed Renewal Registration for Commercial Hauler Registration Certificate No. 0066557.

If you have any questions, please contact me at the listed telephone numbers or by E-Mail at nord@biocycle-inc.com. Thank you for assistance.

Sincerely,

Nord S. Sorensen
President
Direct: 806-355-3035
Mobile: 505-235-0969



SUSANA MARTINEZ
Governor
JOHN A. SANCHEZ
Lt. Governor

NEW MEXICO
ENVIRONMENT DEPARTMENT

1190 Saint Francis Drive, Room N2150
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Phone (505) 827-0197 Fax (505) 827-2902
www.env.nm.gov



RYAN FLYNN
Cabinet Secretary
BUTCH TONGATE
Deputy Secretary

December 1, 2016

Nord S. Sorensen, Local Rep.
BioCycle, Inc.
P.O. Box 20927
Amarillo, TX 79114

Re: Reminder Notification!

All Commercial and Special Waste Hauler registrations are **valid for five (5) years** from the date of issuance. Your registration is about to expire on {02/22/2017}. The Solid Waste Rules require facilities to apply for renewal of Registration **at least 30-days prior to expiration.** (20.9.3.36.A NMAC)

Haulers that do not apply for renewal of their Registration in a timely manner are in violation of the Solid Waste Rules and are deemed unregistered haulers. The owners or operators of haulers with expired registrations are subject to issuance of Notices of Violation and Administrative Compliance Orders assessing penalties for each unregistered hauler.

If you intend to continue to operate as a commercial or special waste hauler you must submit a renewal registration form at least 30 days prior to your registration expiration date. You may submit the registration forms to the following address:

NMED-Solid Waste Bureau Room N2150
P.O. Box 5469
1190 Saint Francis Drive
Santa Fe, New Mexico 87502-5469

The registration forms are available on the Solid Waste Bureau's website at: <https://www.env.nm.gov/swb/Haulers.htm>

If you have any questions, please call me at (505) 827-2464.

Sincerely,

William Schueler
Environmental Specialist
Permit Section

cc: Chuck Akeley, Manager Enforcement Section, NMED-SWB
George Schuman, Manager Permit Section, NMED-SWB
BioCycle, Inc. hauler file
William Schueler reading file

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

BIOCYCLE, INC.
P.O. BOX 20927
AMARILLO, TX 79114

HAPPY STATE BANK & TRUST
AMARILLO, TEXAS

88-1087/1113

12312

1/9/2017

PAY TO THE ORDER OF New Mexico Environment Department

\$ **300.00

Three Hundred and 00/100*****

DOLLARS

New Mexico Environment Department



[Handwritten Signature]
AUTHORIZED SIGNATURE

MEMO

⑈012312⑈ ⑆111310870⑆ ⑈ 22059253⑈

THE BACK OF THIS DOCUMENT CONTAINS CHECK SECURITY WATERMARK AND COIN REACTIVE INK

WZ518112-07-15



NEW MEXICO ENVIRONMENT DEPARTMENT



SUSANA MARTINEZ Governor

JOHN A. SANCHEZ Lt. Governor

1190 Saint Francis Drive, Room N2150
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Phone (505) 827-0197 Fax (505) 827-2902
www.env.nm.gov

BUTCH TONGATE Secretary - Designate

J.C. BORREGO Deputy Secretary

COMMERCIAL HAULER & SPECIAL WASTE HAULER REGISTRATION FORM

In accordance with the Solid Waste Act (NMSA 1978, § 74-9-8.H) and the New Mexico Solid Waste Rules (20.9.3.31 NMAC), commercial haulers and haulers of special waste shall register with the Department thirty (30) days prior to operations and every five years thereafter. To register as a commercial hauler or hauler of special waste, complete this form providing all required information. Assistance may be obtained by contacting the Solid Waste Bureau's Permit Section at (505) 827-2328.

I. GENERAL INFORMATION:

A. LEGAL NAME OF TRANSPORTER:

BIOCYCLE, INC.
NAME

NAME OF OWNER (If different)

DRIVER'S LICENSE NUMBER & STATE OF ISSUE (If business is a proprietorship or partnership)

B. MAILING ADDRESS:

P.O. Box 20927, Amarillo, Texas 79114

C. PHYSICAL STREET ADDRESS (If different from the mailing address):

7308 ANDOVER DRIVE, AMARILLO, TEXAS 79119

D. BUSINESS TELEPHONE: 806-355-3035

E. LOCAL REPRESENTATIVE AND TELEPHONE:

NORD S. SORENSON 806-355-3035
NAME TELEPHONE

P.O. Box 20927 AMARILLO, TEXAS 79114
ADDRESS CITY/STATE/ZIP CODE

Revised 12/30/2016

OK to deposit 1/10/17 [signature]

F. HAS HAULER EVER TRANSPORTED WASTE UNDER ANOTHER NAME? IF SO, GIVE PREVIOUS NAME(S), ADDRESS(ES), AND LENGTH OF TIME DOING BUSINESS UNDER THAT NAME: No

N/A
NAME

ADDRESS LENGTH OF TIME

G. CONTACT PERSON, ADDRESS AND TELEPHONE NUMBER (Complete if a person other than the local contact person should be NMED's primary contact):

— NONE —
NAME TELEPHONE

ADDRESS CITY/STATE/ZIP CODE

H. TYPE/CLASSIFICATION OF WASTE TO BE HAULED:

MSW CONSTRUCTION & DEMOLITION ONLY
SPECIAL WASTE (If checked, applicant must complete Section IV)

II. INSURANCE (Information in this section pertains only to vehicle liability insurance):

A. NAME OF INSURANCE COMPANY: ATLANTIC SPECIALTY INSURANCE COMPANY

B. ADDRESS: EXECUTIVE OFFICE
150 ROYAL STREET
CANTON, MA 02021

C. POLICY NUMBER, AMOUNT OF LIABILITY INSURANCE & EFFECTIVE DATE:

SEE INCLUDED ACCORD CERTIFICATE OF LIABILITY INSURANCE

III. OPERATIONS:

A. ANTICIPATED START DATE OF OPERATION (for new operators), HOURS OF OPERATION AND DAYS OF COLLECTION:

2017
CONTINUING OPERATIONS 6:00 A.M. TO 7:00 P.M. MONDAY THRU SATURDAY
ANTICIPATED START DATE HOURS OF COLLECTION DAYS OF COLLECTION

B. MEANS OF CONTROLLING ODORS (Describe methods to be used or attach a written plan):

ALL WASTES CONTAINED IN SEALED CONTAINERS MEETING US DOT AND NEW MEXICO REGULATIONS. PLEASE REFERENCE INCLUDED WASTE OPERATIONS PLAN.

C. NUMBER AND TYPE OF STORAGE CONTAINERS TO BE USED FOR RESIDENCES, COMMERCIAL, INSTITUTIONAL AND INDUSTRIAL ESTABLISHMENTS TO BE SERVED:

NUMBER	TYPE & SIZE OF CONTAINER(S)
<u>100+</u>	<u>17 GALLON RMW CONTAINERS (PLASTIC RECTANGULAR CONTAINERS)</u>
<u>100+</u>	<u>31 GALLON RMW (PLASTIC RECTANGULAR CONTAINERS)</u>
<u>100+</u>	<u>43 GALLON RMW (PLASTIC RECTANGULAR CONTAINERS)</u>
<u>100+</u>	<u>96 GALLON PLASTIC MOBILE CONTAINERS</u>

D. PHYSICAL LOCATION OF ALL EQUIPMENT, EMPTY CONTAINER OR VEHICLE STORAGE YARDS IN NEW MEXICO:

705 EAST 1ST STREET
CLOVIS, NEW MEXICO 88101

E. TRANSPORT DISTANCE FROM THE NEAREST AND FARTHEST POINTS OF COLLECTION TO THE PRIMARY SOLID WASTE FACILITY: STATEWIDE.

115 MILES FROM CLOVIS, NM TO AMARILLO, TX TREATMENT FACILITY.

F. IDENTITY OF EACH SOLID WASTE FACILITY, COLLECTION CENTER OR OTHER REGISTERED OPERATION RECEIVING SOLID WASTE FOR DISPOSAL OR TRANSFER (Must include the facility's permitted name, physical address, telephone, and state-issued permit or registration number -- if necessary, attach an additional sheet):

BIOCYCE, INC. TYPE II MSW FACILITY
8751 EAST AMARILLO BOULEVARD
AMARILLO, TEXAS
MSW REGISTRATION No. 40263

G. STORAGE FACILITIES OPERATED AS PART OF THE APPLICANT'S COMMERCIAL OR SPECIAL WASTE HAULING OPERATIONS (Commercial haulers or haulers of special waste are not required to separately register storage or collection facilities that are part of the hauler's operations as long as the operational rate of the collection facility does not exceed 240 cubic yards per day monthly average (including recyclable material); the collection facility does not serve the general public, meaning that only waste collected by the applicant's hauling operations may be stored at the facility and the facility shall not be open to the public; and the facility's operations are described and included as part of the commercial hauler or hauler of special waste registration).

IF A STORAGE FACILITY IS PROPOSED, THE APPLICANT SHALL ATTACH AN OPERATIONS PLAN AND A SITE MAP ADDRESSING THE FOLLOWING:

1. The Operations Plan shall, at a minimum, describe the exact physical location of the storage area(s), the types of waste to be stored, on-site equipment (if any), the method of storage and containment of the waste, the maximum length of time

such waste shall remain in temporary storage, and methods or procedures that will be undertaken to preclude creation of a public nuisance, mitigate odors, prevent litter and ensure that the operational limit of 240 cubic yards per day is maintained. Haulers of special waste shall describe in detail how the special waste will be managed, containerized, labeled, manifested and reloaded (if applicable) for disposal or treatment to ensure sufficient protection of public health and the environment.

2. The Site Map does not have to be drawn to scale, but it shall, at a minimum, indicate the zoning of the facility and the surrounding area, all storage, loading and unloading areas, fencing and gates, signage (if any), entrances/exits and roadways, buildings and the specific location of all solid waste, special waste or recyclables storage areas.

H. COLLECTION VEHICLES AND TRAILERS:

NUMBER	TYPE OF VEHICLE & TRAILER (Include the year, make, model, size or maximum cubic yards per vehicle/trailer, and indicate the type of cover system – if necessary, attach an additional sheet):
<u>UNIT No.</u> <u>100</u>	<u>2007 INTERNATIONAL MODEL 4300, 24 FOOT REFRIGERATED BOX TRUCK; VIN 1HTMMAAL57H320189; TEXAS LICENSE RM2289; 26000 GVW TRUCK.</u>

I. STREET ADDRESS & ZONING OF VEHICLE MAINTENANCE YARD:

705 EAST 1ST STREET, CLOVIS, NM 88101; ZONING INDUSTRIAL

J. TRANSPORT/TRANSFER REQUIREMENTS FOR SPECIAL WASTE HAULERS
(Indicate necessary special handling, transportation and disposal requirements for the special waste):

SEE INCLUDED WASTE OPERATIONS PLAN FOR ALL HANDLING, TRANSPORTATION, AND DISPOSAL REQUIREMENTS.

K. IDENTIFY TRAINING PROVIDED FOR DRIVERS AND CREW FOR DIFFERENTIATING BETWEEN HAZARDOUS WASTE, SPECIAL WASTE AND OTHER SOLID WASTE (Attach a copy of your training manual or outline, which must be signed & dated by the hauler's owner or authorized representative).

L. CERTIFICATION OF LICENSE AND REGISTRATION REQUIREMENTS FOR DRIVERS, VEHICLES AND TRAILERS (Attach copies of current driver's licenses, vehicle registrations, and trailer registrations OR attach a signed, dated letter identifying the drivers/vehicles/trailers and certifying that they are, and will continue to be, properly licensed or registered).

IV. SPECIAL WASTE HAULERS:

- A. A CONTINGENCY PLAN, INCLUDING A LIST OF THE CLEAN UP KIT CONTENTS, MUST BE SUBMITTED AT THE TIME OF APPLICATION. A COPY OF THE APPROVED CONTINGENCY PLAN AND THE ACTUAL CLEAN UP KIT MUST BE KEPT WITHIN EACH COLLECTION VEHICLE DURING HAULING OPERATIONS.
- B. ALL SPECIAL WASTE HAULERS MUST COMPLETE THE FOLLOWING (Please check the types of special waste to be transported):

<input type="checkbox"/>	1. Treated Formerly Characteristic Hazardous Wastes (TFCH)
<input type="checkbox"/>	2. Packing House and Killing Plant Offal
<input type="checkbox"/>	3. Regulated Asbestos Waste
<input type="checkbox"/>	4. Ash
<input checked="" type="checkbox"/>	5. Infectious Waste
<input type="checkbox"/>	6. Sludge
<input type="checkbox"/>	7. Industrial Solid Waste
<input type="checkbox"/>	8. [Reserved]
<input type="checkbox"/>	9. Spill of a Chemical Substance or Commercial Product
<input type="checkbox"/>	10. Petroleum Contaminated Soils
<input type="checkbox"/>	11. Oil Conservation Division (OCD) Wastes
<input type="checkbox"/>	12. Other (Specify):

V. CERTIFICATIONS:

- A. I CERTIFY THAT THE APPROVED WASTE IDENTIFICATION TRAINING PROGRAM WILL BE IMPLEMENTED (Section III-K): NSI
INITIALS
- B. IF APPLICANT IS NOT A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) EVER BEEN FINED FOR VIOLATION OF ANY ENVIRONMENTAL LAWS OF ANY STATE OR THE UNITED STATES?
 YES NSI NO
INITIALS INITIALS
- C. IF APPLICANT IS A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) BEEN FINED FOR VIOLATION OF ANY ENVIRONMENTAL LAWS WITHIN THE STATE OF NEW MEXICO WITHIN THE LAST FIVE (5) YEARS?
NS/A YES NO
INITIALS INITIALS
- D. IF APPLICANT IS NOT A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) EVER HAD ANY PERMIT OR REGISTRATION REVOKED OR PERMANENTLY SUSPENDED FOR CAUSE UNDER ENVIRONMENTAL LAWS OF ANY STATE OR THE UNITED STATES?
 YES NSI NO
INITIALS INITIALS


E. IF APPLICANT IS A PUBLIC ENTITY OR A PUBLICLY HELD CORPORATION, HAVE ANY OF THE OWNER(S) OR OPERATOR(S) HAD ANY PERMIT OR REGISTRATION REVOKED OR PERMANENTLY SUSPENDED FOR CAUSE UNDER ENVIRONMENTAL LAWS WITHIN THE STATE OF NEW MEXICO WITHIN THE LAST FIVE (5) YEARS? N/A YES NO
INITIALS INITIALS

VI. REGISTRATION FEE *(The registration fee shall be paid by the applicant at the time of initial application and every five years thereafter at the time of registration renewal. The registration fee shall be paid by check or money order made payable to the "New Mexico Environment Department" and is non-refundable. The registration fee may be hand delivered or mailed along with this application to: Manager, Permit Section, Solid Waste Bureau, New Mexico Environment Department, 1190 St. Francis Drive, P.O. Box 5469, Santa Fe, New Mexico 87502-5469).*

A. IF APPLICANT REGISTERS TWO OR LESS TRUCKS AND HAULS NO SPECIAL WASTE, THE REGISTRATION FEE SHALL BE: **\$100.00.**

B. IF APPLICANT REGISTERS THREE OR MORE TRUCKS OR HAULS ANY SPECIAL WASTE, THE REGISTRATION FEE SHALL BE: **\$300.00.**

VII. THE UNDERSIGNED ATTESTS THAT THE INFORMATION PROVIDED UPON THIS REGISTRATION FORM, INCLUDING ALL ATTACHMENTS, IS ACCURATE.

 President
SIGNATURE AND TITLE

1/9/2017
DATE



P.O. Box 20927
Amarillo, Texas 79114
Telephone: 855-467-7300
www.BIOCYCLE-inc.com

Collection/Storage Facility Waste Operations Plan:

1) General Plan

This plan provides for the operation of a medical (infectious) waste Transport (hauling) and Collection/Storage Facility located at 705 East 1st Street, Clovis, New Mexico 88101 owned and operated by BIOCYCLE, Inc. (Company). The Company manages the Transport and Collection/Storage Facility (Facility) which provides for the acceptance of medical waste from Company customer medical waste generators in the States of New Mexico, Texas, Oklahoma, Kansas, Colorado, and Arizona. The Company through the Facility provides the following: computerized medical waste tracking (tracking waste from acceptance at the customer location through the final disposal); monitoring of the medical waste for radiation; final medical waste treatment and disposal conducted at an "Other State" government permitted medical waste treatment and disposal facility located outside of the State of New Mexico; and the furnishing (to Company customer generators) of reusable plastic containers of the following listed capacities or equivalent sizes: 17 gallon RMW, 31 gallon RMW, 43 gallon RMW, 96 gallon mobile RMW.

This Facility operations plan provides for the Facility to be in operation from 6:00A.M. through 7:00 P.M, six days per week operation (Monday through Saturday). The operational hours will be posted at the entrance to the Facility.

2) Management and Facility Personnel:

The Facility is managed by an individual (Regional/Facility Manager) that is experienced and has been trained in the handling and disposal of medical waste. The Facility Manager shall be responsible to the Company President/CEO for the "day to day" operations of the Facility, including the actual handling of the medical waste, the regulatory documentation of the operation, the physical and environmental safety of the Facility, and the safety training of Facility personnel. The Facility Manager will receive at least 24 contact hours (3 days) per year of educational classes relating to regulatory and industry procedures on medical waste handling, disposal, and safety issues. These classes are sponsored by waste industry organizations, regulatory agencies, and professional engineering/ management societies.

The Facility Manager with the approval of the Chief Executive Officer hires all necessary personnel to work at the Facility. The various requirements of the Facility will include personnel involved with the transport, and weighing; and office personnel involved with regulatory documentation and general office functions. The number of personnel working at the Facility at any given time will vary with the quantity of waste to be handled.

3) Facility Documentation and Record Keeping System:

The Facility utilizes a computer software program to track all medical (infectious) waste delivered to the Facility, and from that Facility to final disposal. This computer software (through the use of bar codes) allows the Facility to identify and weigh specific containers of medical waste generated by the individual customers and delivered to the Facility by the Company's transport vehicles. The utilization of this software allows the Facility to produce waste reports for the regulators and waste generators documenting the flow of the waste from acceptance at the Customer's (generator's) location, to arrival and storage at the Facility, to transport from the Facility to treatment of the waste at the State approved treatment facility.

The software program provides for a preprinted (five part impregnated document) Medical (Special) Waste Tracking Document which identifies the waste customer/generator, the waste hauler, the collection/storage station, the number of containers collected from customer, the total weight of the waste collected, and the final waste treatment facility. The top (original) of the form is signed (in the order of completed operation) by the customer/generator, the primary transporter and the collection station, the secondary transporter, and the waste treatment facility; with each operation receiving their designated copy of the original. The original Medical (Special) Waste Tracking Document is maintained through all transport operations; with the Transport and Collection Station maintaining a copy of the fully signed original document in the Customer/Generator's business file; while the original fully signed document is returned to the Customer/Generator for their records.

Further, the software program allows the Facility the capability to issue the Customer (generator) an individual computerized waste manifest and disposal document. Each document records the waste generator, the date of waste receipt at the Collection/Storage Facility or the Treatment Facility, the identification of each container bar code, the net weight of each container of waste received, the Treatment Facility location and state permit number, and the date the waste was received at the Treatment Facility. Further, the software program provides accurate documentation for the billing of customers, and produces a series of management reports to evaluate such items as the loading (weight) of waste containers by generator, and the volume of waste for any given time period. All medical (infectious) waste tracking and accounting records are maintained at the Facility and are available for inspection by government regulators and Customers at the Facility office.

4) Facility Operations:

a) Receipt of Medical (Infectious) Waste at the Facility

Medical (Infectious) waste will only be received from Company owned trucks hauling from waste generator customers whom have signed Agreements with the Company. All containers of medical (infectious) waste are checked for radiation prior to being received for transport; with transport drivers only receiving medical (infectious) waste that has a radiation level of less than three (3) times background radiation. The Facility will only receive medical (infectious) waste which is properly packaged utilizing plastic reusable containers in which the medical (infectious) waste is first placed into a two (2) mil heavy duty red plastic bag liner which is contained in each reusable container. All medical waste containers must meet the requirements of the U.S.D.O.T. and the State of New Mexico: and the Facility requires that any container having a capacity of 20 gallons or greater have two handholds for manual dumping.

Waste Manifest Verification Process: when a truck hauling medical (infectious) waste arrives at the Facility, the driver delivers all his original documentation to the Facility office for verification of accuracy and proper generator authentication. When the original documents have been verified, the driver is allowed to move to the off loading area. At the off loading area the driver and Facility personnel off load the truck grouping the containers by waste generator, verifying the proper packaging and waste generator container count, verifying that each container is bar coded as to waste generator and waste type. After the manifest verification process has been completed the Facility Manager accepts the waste for placement at the Collection/Storage Facility, and signs the original Medical (Special) Waste Tracking Document acknowledging receipt of the medical waste.

After receipt of the medical waste at the Facility; the Facility personnel scan the bar codes and weigh each container; recording the waste into the Facility waste tracking computer program.

b) Medical (Infectious) Waste Storage and Transport Operation

After receipt of Company medical (infectious) waste, the containerized medical (infectious) waste (ready for shipment to disposal) is placed in the storage area of the Facility in either a non-refrigerated dry storage area or in a provided refrigerated storage area (unit); with the date of storage written on each container bar code label. Waste stored in this area will be stored for a time period in compliance with the New Mexico Environment Department regulations (a maximum of seven days for storage and transportation prior to treatment/disposal for non-refrigerated waste; a maximum of forty-five (45) total days for storage and transportation prior to treatment/disposal for refrigerated waste). The storage area is used only to hold waste until a dry van transport vehicle is available. As empty dry van vehicles are available, the Facility personnel load the containers of medical waste from the storage area into the dry van vehicles. After a dry van vehicle is filled with containers, the vehicle is immediately scheduled for transport to the State approved medical (infectious) waste disposal facility by the Facility.

5) Facility Safety, Security and Equipment Monitoring Operations

a) Facility Employees Health and Safety

- i) All Facility employees will be required to submit to a pre employment physical examination paid for and performed by a physician contracted by the Company. Said physical will determine the status of the potential employee's health prior to employment. Physicals will include screening for HIV, TB, Hepatitis, and other ailments. At the end of any person's employment with the Company, the individual will be offered a physical examination to determine the person's health at the time of leaving employment. This physical examination will be paid by the Company, and any former employee declining the examination will be required to sign a negative declaration for the employee's record.
- ii) All Facility employees, including office personnel, will be offered the Hepatitis "B" series of vaccinations paid for by the Company. Any employee declining the vaccinations will have to sign a negative declaration for his personnel records.
- iii) All Facility employees that are involved with the handling of medical waste containers and the cleaning of medical waste containers will be furnished with the

following: a clean fitted uniform for each work day, personal hard hat or other approved head gear, personally sized steel toed industrial style shoes, personally sized heavy duty puncture resistant gloves, personal eye goggles, and disposable surgical face/filter masks. The Facility complies with the State of New Mexico rules regarding Personal Protective Equipment.

- iv) Employees will utilize the provided locker and change area to change from regular clothes to Facility uniforms. All Facility uniforms and protective gear, including shoes and head gear, shall remain at the Facility and not be taken to the employee's home. The Facility will be responsible for the furnishing, maintenance, and cleaning of all employee uniforms and protective gear. In the change area a full size shower is available for any employee that would need a full body wash from any type of accident.
- v) Eye and face wash safety stations are available in the container cleaning and medical waste repackaging areas.
- vi) A full sized medical safety kit is available to the employees in the Facility office.

b) Facility Security Operations

- i) The Facility is not a public operation; and only receives waste from Company transport vehicles. The Facility is available to inspection only on as pre-scheduled with the Facility Manager. Customers that have signed service agreements or customers desiring service may arrange for a Facility visit. Public access is not allowed, and any visitors to the Facility must be cleared for access and escorted by the Facility Manger.
- ii) The Facility property is appropriately secured with cyclone fencing and with specific access for truck traffic. During hours in which the Facility is closed, the building doors are locked and the Facility is padlocked, with door signage indicating the hours of Facility operation and emergency 24 hour per day telephone number. The emergency telephone number (855-467-7300) is a corporate "toll Free" telephone number, which during closed hours, is forwarded to an answering service that has the capability of contacting the on-duty Facility employee.

c) Facility Equipment Monitoring Operations

All Facility equipment (including the waste monitoring equipment for the level of radioactivity) will be maintained and monitored in accord with the specific equipment manufacturer's recommendations. The Facility Manager is responsible for directing the accomplishment of all equipment maintenance and performance monitoring. All equipment maintenance and performance monitor records are maintained in the Facility's office and are available for inspection.

BIOCYCLE, Inc. by Nord S. Sorensen, President/CEO



Date: January 9, 2017

Computerized Medical (Infectious) Waste Tracking System Flow Chart

1) Waste Transport from Customer/Generator to Collection/Storage Facility

- i) The Collection/Storage Facility office computer generates a preprinted Medical (Special) Waste Tracking Document for each type of medical (infectious) waste to be collected from Customer/Generator.**
- ii) Driver arrives at Customer/Generator assesses the waste to be collected; verifying the waste type, proper packaging, radiation levels, and proper bar coding.**
- iii) Driver prepares the Medical (Special) Waste Tracking Document verifying and recording the quantity and type of containers being collected.**
- iv) Driver has Customer/Generator verify and sign the original Medical (Special) Waste Tracking Document after which the Driver signs the original document and gives the Customer/Generator his appropriate copy of the document.**

2) Receipt of Waste at the Collection/Storage Facility:

- i) Waste is received at the Collection/Storage Facility as per the Waste Manifest Verification process.**
- ii) All received waste is electronically weighed & bar codes of all containers are scanned.**
- iii) The system generates a computerized waste manifest for each customer and waste type.**
- iv) Waste is scanned for placement in storage.**
- v) Daily waste storage reports are generated by the system and maintained at the Facility office.**

3) Waste from Storage to Treatment

Waste that has been placed in storage is monitored by the System to assure transport to disposal on a timely basis. Waste containers moving from storage to disposal are scanned for the transport to disposal. A waste report on the transport to treatment is available from the system.

4) Final Treatment

After the waste has been transported to treatment the System generates a Certificate of Treatment/Disposal for each individual waste generator identifying the waste manifest, container of waste disposed, and the total weight of the waste disposed.

5) Date Sensitive Reports

All bar code scans and reports are date sensitive, and have built in security to assure accuracy.

Storage Facility/Station:
705 East 1st Street • Clovis, NM 88101

BioCycle, Inc.

P.O. Box 20927

Amarillo, TX 79114

806-353-7040 • Fax 806-355-3038

MANIFEST

NO: _____

T.D. NO.: **7096**

REGULATED MEDICAL WASTE
CLASS 6.2 UN 3291 PG. II

BIOHAZARDOUS REGULATED MEDICAL (SPECIAL) WASTE MANIFEST / TRACKING DOCUMENT

In case of emergency, please call: 855-467-7300 (24-hr BioCycle, Inc. emergency response telephone number)

GENERATOR/CUSTOMER	CUSTOMER / GENERATOR / ORIGIN WASTE TYPE							TELEPHONE NUMBER	
	ADDRESS								
	WASTE TYPE		NO. OF RIDGED OR SHARPS US DOT TRANSPORT CONTAINERS COLLECTED						CERTIFIED TOTAL WT OF CONTAINERS
			10 GAL	17 GAL	31 GAL	32 GAL	43 GAL	90+ GAL	OTHER
<p>GENERATOR'S CERTIFICATION: I hereby certify that the contents of this shipment are fully and accurately described by type and proper name of the biohazardous medical (special) waste, and that such waste has been managed, packaged, containerized and labeled in accordance with the requirements of 20.9.8 NMAC (Special Waste Requirements) in addition to any other applicable federal, state or local regulations.</p>									
NAME OF COMPANY REPRESENTATIVE (Print)			SIGNATURE OF REPRESENTATIVE				DATE		
SPECIAL HANDLING INSTRUCTIONS:									

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE							INITIALS		
	COMPANY NAME							TELEPHONE NUMBER		
	ADDRESS							DATE BIOHAZARDOUS MEDICAL (SPECIAL) WASTE COLLECTED		
	REGISTRATION No		NO. OF RIDGED OR SHARPS US DOT TRANSPORT CONTAINERS COLLECTED						CERTIFIED TOTAL WT OF CONTAINERS	
			10 GAL	17 GAL	31 GAL	32 GAL	43 GAL	90+ GAL	OTHER	
	<p>I acknowledge receipt of the included biohazardous medical (special) waste and I certify that the information provided above is true and correct and that only <u>untreated</u> biohazardous medical (special) wastes are contained in this load. I am aware that falsification of this document may result in forfeiture of my transporter's registration and/or the privilege of utilizing State authorized facilities.</p>									
NAME OF COMPANY REPRESENTATIVE (Print)			SIGNATURE OF REPRESENTATIVE				DATE			
STORAGE STATION NAME		REG.		SIGNATURE OF REPRESENTATIVE			DATE RECEIVED			

SECONDARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE							INITIALS		
	COMPANY NAME							TELEPHONE NUMBER		
	ADDRESS							DATE BIOHAZARDOUS MEDICAL (SPECIAL) WASTE COLLECTED		
	REGISTRATION No.		NO. OF RIDGED OR SHARPS US DOT TRANSPORT CONTAINERS COLLECTED						CERTIFIED TOTAL WT OF CONTAINERS	
			10 GAL	17 GAL	31 GAL	32 GAL	43 GAL	90+ GAL	OTHER	
	<p>I acknowledge receipt of the included biohazardous medical (special) waste and I certify that the information provided above is true and correct and that only <u>untreated</u> biohazardous medical (special) wastes are contained in this load. I am aware that falsification of this document may result in forfeiture of my transporter's registration and/or the privilege of utilizing State authorized facilities.</p>									
NAME OF COMPANY REPRESENTATIVE (Print)			SIGNATURE OF REPRESENTATIVE				DATE			

TREATMENT FACILITY	COMPANY NAME							TELEPHONE NUMBER	
	ADDRESS								
	PERMIT NUMBER			DATE WASTE RECEIVED			TOTAL NET WEIGHT RECEIVED		
	DISCREPANCY INDICATION SPACE								
	<p>I certify that I have been authorized by the State of Arizona DEQ, and/or Texas Commission on Environmental Quality, to accept untreated biohazardous medical (special) waste for treatment and final disposal; and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.</p>								
NAME OF COMPANY REPRESENTATIVE (Print)			SIGNATURE OF REPRESENTATIVE				DATE		

Biohazardous Medical (Special) Waste Tracking Documents shall be retained by each respective party for a specified period of time; as required by the regulations of the party's respective State government agencies

GENERATOR



17 Gallon Medical Waste Container

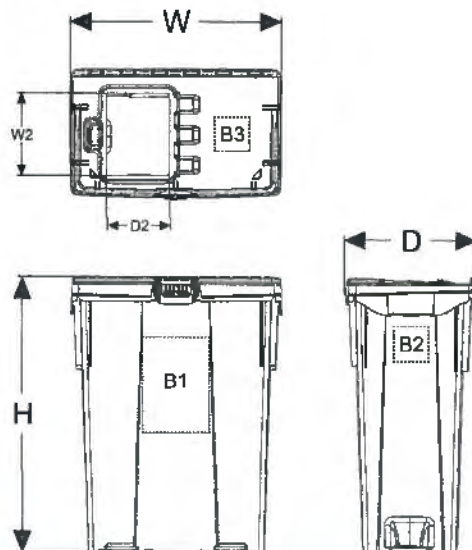


Features & Benefits

- DOT Approved - PGII Rated Container
- HDPE and clarified PP Material
- Attached lidded container
- Nestable and Stackable for maximizing transport and storage efficiencies
- Securely stacks for transport with the 31 and 43 gallon Medical Waste Containers
- Integrated Bag holders in corners to secure the bags in place during use
- Attached main lid provides full access to the waste disposal area
- Attached sub-lid provides limited access to the waste disposal area
- Semi-transparent locking sub-lid for monitoring waste safely to fill line
- Smooth interiors for ease of cleaning
- Reinforced handles for safe carrying
- Textured exterior areas for easy of cleaning
- Securely locks for transport
- For added security, tie location is integrated into the main lid and body
- Hot Stamping available for branding
- Unique bar code for management and cycle tracking available
- Accessories Available: Foot pedal operated, wheeled dolly and tortuous path insert
- Decanting and wash systems available
- Optional multi-color transfer, bar code, and RFID tracking labels available
- Available in a range of standard colors to represent multiple waste streams
- Recommended Bag Size: 20" x 13" x 39"
- Authorized Gross Mass: 22.6 kg

Specifications

Width (W)	20	50.8
Depth (D)	12.5	31.8
Height (H)	25.9	65.8
Width of Sub-Opening (W2)	8.0	20.3
Depth of Sub-Opening (D2)	6.0	15.2
Capacity	17 Gal	
Nesting Increment	7.5	19.1
Stacking Increment	25.4	64.5
Weight	9.55	4.33



Branding	WIDTH (IN)	HEIGHT (IN)
Front Brand (B1)	6.375	9.375
Side Brand (B2)	3.34	3.34
Lid Brand (B3)	3.34	3.34



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31 Gallon Medical Waste Container

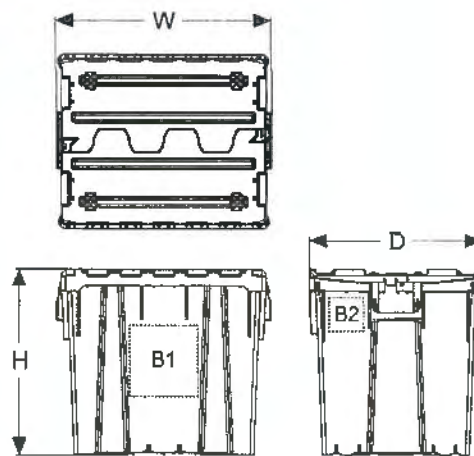


Features & Benefits

- DOT Approved – PGII Rated Container
- HDPE material – all plastic construction
- Reinforced handles won't flex under rated loads
- During use, bag holders secure the bags in open position when lids are closed
- Smooth interior for easy cleaning
- Textured exterior areas for easy removal of adhesive labels
- Durable base with drag rails
- Hot Stamping available for branding
- Optional multi-color transfer, bar code, and RFID tracking labels available
- Available in a range of standard colors to represent multiple waste streams
- Nestable and Stackable for maximizing transport and storage efficiencies
- Securely stacks for transport with the 31, 43, and 95 gallon Medical Waste Containers
- Split lid securely locks for storage and transport
- Includes tie area for added security during transport
- Optional lab-lid, dolly and foot pedal dolly available
- Recommended Bag Size: 45" x 49"
- Authorized Gross Mass: 22.6 kg

Specifications	IM/ES	CM/RS
Width (W)	20	50.8
Depth (D)	25	63.5
Height (H)	21.3	54.1
Capacity	31 Gal	
Stack Quantity & Height	5 (105.3')	
EG Truckload Quantity	625	

Branding	WIDTH (IN)	HEIGHT (IN)
Front Brand (B1)	8	8
Side Brand (B2)	4	4





43 Gallon Medical Waste Container

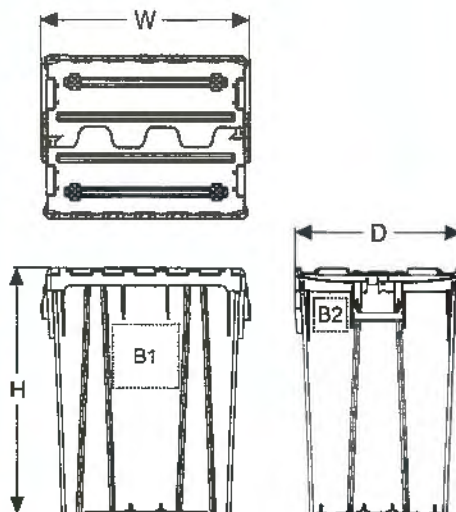


Features & Benefits

- DOT Approved – PGII Rated Container
- HDPE material – all plastic construction
- Reinforced handles won't flex under rated loads
- During use, bag holders secure the bags in open position when lids are closed
- Smooth interior for easy cleaning
- Textured exterior areas for easy removal of adhesive labels
- Durable base with drag rails
- Hot Stamping available for branding
- Optional multi-color transfer, bar code, and RFID tracking labels available
- Available in a range of standard colors to represent multiple waste streams
- Nestable and Stackable for maximizing transport and storage efficiencies
- Securely stacks for transport with the 31, 43, and 95 gallon Medical Waste Containers
- Split lid securely locks for storage and transport
- Includes tie area for added security during transport
- Optional lab-lid, dolly and foot pedal dolly available
- Recommended Bag Size: 45" x 49"
- Authorized Gross Mass: 30.7 kg

Specifications	IN/LB	CM/KG
Width (W)	20	50.8
Depth (D)	25	63.5
Height (H)	29.5	74.9
Capacity	43 Gal	
Stack Quantity & Height	3 (87.8")	
53' Truckload Quantity	375	

Branding	WIDTH (IN.)	HEIGHT (IN.)
Front Brand (B1)	8	8
Side Brand (B2)	4	4



A FAMILY TRADITION OF GROWTH, SERVICE AND INNOVATION



95 Gallon Medical Waste ROC

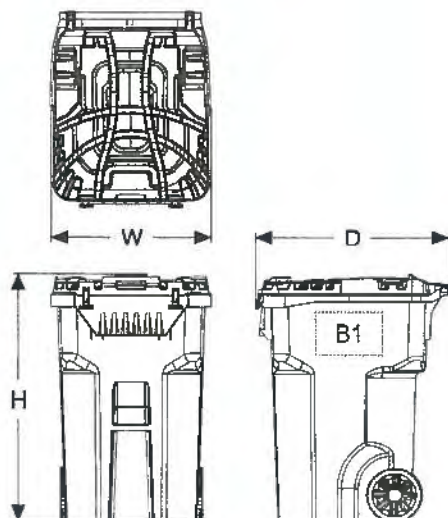


Features & Benefits

- DOT Approved - PG II rated Container
- Corrugated lid adds strength and includes locking latches
- Corrugations in the lid prevents any pooling water or rain
- Lid is designed for stacking 95s, as well as, 31 and 43 gallon containers
- Smooth interior with no catch points
- Virgin and recycled HDPE resins with UV stabilizers
- Heavy duty 3/4" axle
- Durable 10" or 12" rubber wheels
- Authorized Gross Mass: 171 kg
- Branding area (B1) on both sides of container

Specifications	IMPERIAL	METRIC
Width (W)	28.5	72.4
Depth (D)	33.9	85.9
Height (H)	44.2	112.3
Load Rating	332.5	150.8
Capacity	95 Gal	

Branding	WIDTH (IN)	HEIGHT (IN)
Side Brand B1	12	7.5





P.O. Box 20927
Amarillo, Texas 79114
Telephone: 855-467-7300
www.BIOCYCLE-inc.com

Waste Operations Plan: Contingency – Spill - Emergency Action Plan

1. Natural or Other Disaster Plan

1.1. General Disaster Procedure

Should the BIOCYCLE, Inc. (BIOCYCLE) designated Treatment Facility, Collection/Storage Facility, and/or the surrounding community experience a natural disaster or other to be explained disaster natural or man-made, the BIOCYCLE Regional Manager will be the Company representative/contact. After consultation with the BIOCYCLE Regional Manager, the respective affected Facility Manager will direct Facility employees to secure; (1) the physical facility, (2) the medical waste that is in storage, (3) the waste processing/treatment operations, and (4) any medical waste in transit to or from the affected Facility. The BIOCYCLE Regional Manager and the affected Facility Manager will coordinate closely with local government officials to bring Treatment Facility operations back to normal as soon as possible. The affected Facility Manager will coordinate with the BIOCYCLE Regional Manager to address immediate concerns of public law enforcement and regulatory officials. After the initial impact of any emergency, the BIOCYCLE Regional Manager and the affected Facility Manager will assess the impact of the emergency, on both the physical structure of the Facility and the actual ongoing operations. The BIOCYCLE Regional Manager will make BIOCYCLE employees available to assist local authorities in any manner possible

1.2. Catastrophic Disaster Affecting the Treatment and/or Collection/Storage Facility

1.2.1. General

Treatment Facility: BIOCYCLE will utilize another treatment facility (alternate facility) to dispose of the designated Treatment Facility's medical waste should a major catastrophe (event) affect the designated Treatment Facility and shutdown the processing/treatment operations. BIOCYCLE will utilize alternate facilities as follows: (1) other BIOCYCLE owned, affiliated, or contracted operational treatment facilities; or (2) if the disaster affects all BIOCYCLE owned, affiliated, or contracted facilities, an out of State independent contracted treatment facility will be utilized. The Customer and any required State Regulatory Agency will receive information on each independent treatment/disposal facility documenting that the facility is a State approved medical waste treatment/disposal facility prior to any waste being transported to the out of State facility.

Treatment and/or Collection/Storage Facility Operations: If the event is of catastrophic magnitude shutting down the processing and treatment operations and/or the Collection/Storage Facility, the affected Facility Manager, after coordinating with the BIOCYCLE Regional Manager, would take appropriate action to protect the on-site stored medical waste and to transfer that medical waste (when conditions were safe) to an alternate facility for treatment. If during this event the affected Facility is able to continue to operate as a Collection/Storage facility, the affected Facility would continue to accept waste, and function normally, with the exception that all the medical waste would be transferred to an

alternate facility for treatment/disposal. The BIOCYCLE Regional Manager and the affected Facility Manager will coordinate closely with local government officials; to bring the designated Facility operations back to normal as soon as possible. The affected Facility will resume normal operations after the event has passed; the Facility repairs have been accomplished; the Facility is demonstrated to be operational; and State Regulators have approved resumption of full operations.

1.2.2. Backup Transportation

Should there be a catastrophic event which would prevent BIOCYCLE or BIOCYCLE contracted medical waste transporters from transporting the medical waste located at the affected Facility to an approved treatment/disposal facility; the BIOCYCLE Regional Manager (with the approval of NMED) may utilize the services of out-of-State backup registered medical waste transporters to haul the medical waste from the affected Facility to the approved treatment/disposal facility.

1.2.3. Emergency Telephone Numbers

Rex Harris; BIOCYCLE Regional Manager:	806-640-8530
BIOCYCLE, Inc; 24 hour, Corporate Emergency Number:	855-467-7300
Nord Sorensen; BIOCYCLE President/CEO:	505-235-0969
Healthcare Medical Waste Services; Treatment Facility:	520-316-9207
NMED; 24 hour, Emergency Reporting Number:	505-827-9329

2. Equipment Breakdown Plan During Emergency Situations

Should the Treatment Facility experience equipment problems resulting in the shutdown of the Treatment Facility, it is anticipated that the Treatment Facility would be operational within Seventy-Two (72) hours of the initial shutdown. The Treatment Facility will have experienced equipment maintenance personnel on staff; with contract technicians available for on-site assistance within twenty-four (24) hours of any equipment problem. The Treatment Facility maintains an inventory of expendable spare parts. Most parts are available through local vendors, with specialized parts being available through over night air express delivery. Most repairs can be accomplished within twenty-four (24) hours of parts availability.

Given the rather short time frame that the Treatment Facility could be shutdown for repairs, it is the Treatment Facility's plan that the medical waste accepted during that shutdown period would be stored on-site in the processing/treatment storage area. The lost processing/treatment hours due to the repair operations would be recovered through extended time processing immediately following the resumption of operations.

3. Medical Waste Spill Cleanup Plan

A medical waste spill is an event that results in the contents of one or more plastic reusable containers of medical waste having the interior red bag container liners punctured or torn, with the contents being spilled or dumped into the environment. The medical waste spill results in raw regulated medical waste being exposed to the atmosphere of the location surrounding the spill. The following are guidelines for BIOCYCLE employees concerning possible medical waste spill cleanup operations.

3.1. Medical Waste Spill: Vehicle Accident or Accident at a Customer/ Generator Location

If the medical waste spill is a result of a vehicular accident, or an on-site accident at a customer/generator location, resulting in some type of public contact, the driver shall immediately notify local public safety officials of the accident/spill and assist those officials in securing the site. After notification of the public safety officials, the driver shall notify the BIOCYCLE Regional Manager.

If the medical waste spill resulted in no public contact or exposure, the driver should immediately contact the BIOCYCLE Regional Manager for assistance.

The BIOCYCLE Regional Manager will be responsible for coordinating efforts with the public safety officials, in order to provide for an expeditious and safe spill cleanup and removal of the medical waste from the accident/spill location. The driver shall use the truck spill cleanup kit to contain the spill and to assist in the cleanup of the medical waste.

3.2. Medical Waste Spill at the Treatment and/or Collection/Storage Facility

If the medical waste spill is a result of the actions of the driver or others at the Treatment and/or Collection/Storage Facility, during the loading or unloading from transport vehicles, or during the handling of the waste at the Facility, the driver or other involved Facility employees shall immediately secure the spill area, use a spill cleanup kit to contain the spill, and contact the BIOCYCLE Regional Manager and the Facility Manager for assistance in determining the proper course of action. The BIOCYCLE Regional Manager and the Facility Manager, with the assistance of the Facility employees, will determine the severity of the situation, decide whether the spill poses any type of public risk; determine if public safety authorities need to be notified; and decide the proper procedures and equipment to be utilized in the cleanup of the spill.

3.3. Disposal of Spill Cleanup By-Products

The by-products from any spill cleanup (liquids, soil or earth material, gowns, masks, gloves, absorbents, cloths, hand wipes, towels, and other contaminated materials) shall be placed in a red bag container liner that is contained in a plastic medical waste disposal container of appropriate size. This container will be labeled as waste from the specific location of the spill cleanup; properly manifested; and then sent to treatment/disposal. A disposal/treatment certificate for the waste spill cleanup will be issued after the disposal, kept on file at the company office, and issued to all appropriate governmental agencies.

3.4. Reporting

Within twenty-four (24) hours of the completion of any spill cleanup, the BIOCYCLE driver/employees involved in the clean-up shall complete the Incident Response Form and submit the form to the BIOCYCLE Regional Manager. The Incident Response Form will be available to government regulators and will be maintained in the BIOCYCLE Regional Manager office, and the affected Facility office if applicable.

3.5. Emergency Response Equipment Included on Each Company Transport Vehicle

3.5.1. Communication

Cellular telephone in each transport vehicle

3.5.2. Safety and Spill Cleanup Kit

The transport vehicle Safety Kit includes a vehicle first aid kit, fire extinguisher, road flares, safety cones, and reflective road triangles.

The Biohazard Spill Cleanup Kit contains the following equipment: protective polypropylene gown, one pair shoe covers, eye shield and mask, red biohazard bag, one pair of latex gloves, ten pound bag of absorbent, scoop shovel, Sani-Cloth surface disinfectant, packet of at least ten each anti-microbial hand wipes, one roll of paper towels, one gallon container of name brand Ultra Clorox Bleach (EPA Reg. No. 5813-50), and Incident Report Form.

BIOCYCLE, Inc. by Nord S. Sorensen, President/CEO



Date: January 9, 2017



P.O. Box 20927
Amarillo, Texas 79114
Telephone: 855-467-7300
www.BIOCYCLE-inc.com

Waste Operations Employee Training Program

1. Personnel/Employee Training

New and existing BIOCYCLE, Inc. (BIOCYCLE) personnel will receive training in compliance with the State of New Mexico, USEPA, USDOT, and local government regulations. New employee training will take place during the first week of employment as arranged by the BIOCYCLE Regional Manager (BIOCYCLE Manager).

1.1. New BIOCYCLE employees (designated as general labor) will receive general instructional training in the following areas: overview of BIOCYCLE operations; the wearing of personal protective equipment; the identification and handling methods of the various types of containerized medical waste accepted by BIOCYCLE; and general safety procedures to be observed by BIOCYCLE. .

1.2. Employee proficiency, concerning the instructional training received in Sections 1.1., will be demonstrated and evaluated through on-the-job work/training. During the first four weeks of employment or change of work classification; each employee's job performance shall be evaluated by the BIOCYCLE Manager. The BIOCYCLE Manager, after discussing the evaluation with the employee, shall place the written evaluation in the employee's personnel file, and a written statement in the Training Records as to the employee's job proficiency. All employee performance is closely monitored to ensure maximum employee safety and performance. After the initial job performance reviews, all employees are evaluated as required by their specific job, but not less than once per year.

1.3. After the completion of the initial training provided in Sections 1.1, the BIOCYCLE Manager will enter into each employee file and the BIOCYCLE Training file a letter showing that the employee successfully completed the specified training on the given date.

1.4. All new and existing BIOCYCLE employees may be trained by the BIOCYCLE Manager, other designated qualified employees, or contracted consultants (all titled instructors). Instructors providing training to new or existing employees as per Sections 1.1. will have either work experience, or educational credentials to demonstrate their ability to provide this type of training.

2. Supplemental Training/Safety Meetings

2.1. The BIOCYCLE Manager, BIOCYCLE Safety Officer, or other selected qualified BIOCYCLE employee, shall conduct weekly training/safety meetings concerning relevant issues to the

BIOCYCLE operation. These meetings may include video or lecture style presentations, with employee discussion at the conclusion. These meetings will have duration of approximately 15 minutes. After the completion of each training/safety meeting, the BIOCYCLE Manager shall enter into the BIOCYCLE Training file a letter showing the employees that attended the training/safety meeting on the given date.

- 2.2. The BIOCYCLE Manager, BIOCYCLE Safety Officer, other selected qualified BIOCYCLE employee, or contracted consultant (instructor) shall conduct a semi-annual training/safety meeting concerning relevant issues to the BIOCYCLE operation and the medical waste industry. These meetings may include video and lecture style presentations, with employee discussion at the conclusion. These meetings will have duration of approximately 45 minutes, and may include proficiency testing at the conclusion. After the completion of each semi-annual training/safety meeting, the BIOCYCLE Manager shall enter, into each employee personnel file and the BIOCYCLE Training file, a letter showing that the employee attended the training/safety meeting on the given date and the results of any proficiency testing.
- 2.3. OSHA Bloodborne Pathogen Training shall be provided to all BIOCYCLE employees at least one time per year. This training shall be presented by the BIOCYCLE Manager, BIOCYCLE Safety Officer, individual consultant, or medical professional (instructor) educated to conduct this type of training. This training will have a duration and proficiency testing at the conclusion, as required by the instructor. After the completion of this training, the BIOCYCLE Manager shall enter, into each employee personnel file and the BIOCYCLE Training file, a letter showing that the employee attended the training meeting on the given date and the results of any proficiency testing.

3. Special Training-Hazardous Waste Training

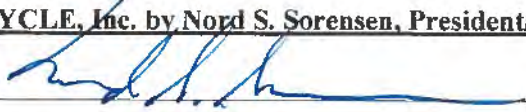
During the first three years of employment, each BIOCYCLE employee will receive instruction included in the basic HAZWOPER (Hazardous Waste) Training Program. This training program will be offered to the selected employees on a pre-scheduled basis; with BIOCYCLE providing a HAZWOPER trained instructor (Safety Trainer) that is certified to instruct the training. The Safety Trainer will be chosen from an organization, which certifies instructors for this type of training. Credentials of the Safety Trainer will be available to governmental regulators at the BIOCYCLE office. A report, listing the employees that have successfully completed the training, will be certified by the Safety Trainer and furnished to BIOCYCLE. Each employee will receive a certificate acknowledging successful completion of the training. A copy of the certificate will be placed in each employee's personnel file, and the BIOCYCLE employee training file.

4. Training Records

- 4.1. BIOCYCLE Training Records shall include the following documentation for each session:
 - 4.1.1. The date of training session.
 - 4.1.2. A summary of the training session presentation.
 - 4.1.3. The name of the training session instructor and the instructor's qualifications.
 - 4.1.4. The names and job titles of persons attending the training session.

- 4.1.5. Documentation of individual proficiency testing for training sessions that require testing for the successful completion of the training session.
- 4.2. Documentation will be maintained on all BIOCYCLE employee training activities. These records will be maintained at the BIOCYCLE office in the employee training file and as part of the confidential employee records. The records will be available for review by authorized government regulators.

BIOCYCLE, Inc. by Nord S. Sorensen, President/CEO



Date: January 9, 2017

Section II. Insurance



JIOCINC-01

RMERKEL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/4/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Butte Office PayneWest Insurance, Inc. 3475 Monroe Ave. Butte, MT 59702-0102	CONTACT NAME: PHONE (A/C, No, Ext): (406) 494-8000 E-MAIL ADDRESS:	FAX (A/C, No): (406) 494-7641
	INSURER(S) AFFORDING COVERAGE	
INSURED BioCycle, Inc. PO Box 20927 Amarillo, TX 79114	INSURER A: Homeland Insurance Company of New York	NAIC # 34452
	INSURER B: Atlantic Specialty Insurance Company	
	INSURER C: Crum & Forster Specialty Ins.	31348
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X X	7930009290004	10/14/2016	10/14/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		7930009280004	10/14/2016	10/14/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY Per accident \$ PROPERTY DAMAGE (Per accident) \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		7930009300004	10/14/2016	10/14/2017	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N N/A If yes describe under DESCRIPTION OF OPERATIONS below					PER STATUTE OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT, I \$
A	Contractor Pollution		7930009290004	10/14/2016	10/14/2017	1,000,000
C	Site Pollution		PLL102784	11/17/2016	11/17/2017	1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 General Liability Additional Insured per forms OBENVGE301 (02/11) and OBENVGE304 (02/11).
 General Liability Waiver of Subrogation per form QBENVGE320 (04/11)

Site Pollution covered location: 705 E. 1st Street, Clovis, NM 88101
 Crum & Forster Policy #PLL102784
 Policy Effective Dates 11/17/2016 to 11/17/2017
 Limite: \$1,000,000

CERTIFICATE HOLDER New Mexico Environment Dept Harold Runnels Bldg Room 2050 PO Box 26110 Santa Fe, NM 87502-6110	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Rehna Merkel</i>
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A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, Washington, D. C. 20590.



United States Department of Transportation
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability
Under Section 29 and 30 of the Motor Carrier Act of 1980**

FORM MCS-90

Issued to BICYCLE INC. of TEXAS
(Motor Carrier Name) (Motor Carrier state of province)
Dated at 12:00 PM On this 14TH Day of OCTOBER, 2015
Amending Policy Number: 793-00-09-28-0004 Effective Date: 10/14/2016
Name of Insurance Company: Atlantic Specialty Insurance Company

Countersigned by:

Christophe Ferry

(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1,000,000 for each accident
- This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 866-493-9137.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C 13901, by providing thirty (30) days notice to the FMCSA said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

DEFINITIONS AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means an injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration

(continued on next page)

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured elsewhere. Such insurance is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or any other endorsement thereon.

or violation thereof shall relieve the company liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payments under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accidents.

SCHEDULE OF LIMITS – PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1,1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds.)	Hazardous Substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type of vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce in any quantity; or intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed I 49 CFR 172.101; hazardous waste, materials, and hazardous substances defined in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In intrastate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A material; or highway route controlled quantities of Class 7 materials as defined in 49 CFR 173.403	\$5,000,000

*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

Section III.G.2.

Storage Facility Information:

Includes location maps; zoning information; general building plan; and pictures of the site, fencing, entrances, and building.



P.O. Box 20927
Amarillo, Texas 79114
Telephone: 855-467-7300
www.biocycle-inc.com

Special Waste Collection/Storage Facility

Location: 705 East 1st Street
Clovis, New Mexico 88101

Ownership: Property leased by BioCycle, Inc. from Conway Real Estate Co., LLC

Zoning: Industrial

Property Description: Dock high steel building; 3200 square foot; with security fenced gravel truck parking area.

Documents: City of Clovis Zoning letter; Zoning Map; Location Maps General Building Plan Drawing; Property Pictures

BioCycle, Inc. by Nord S. Sorensen, President/CEO

Date: January 9, 2017



City of Clovis
Department of Building Safety

P.O. BOX 760, Clovis, NM 88101

(575) 763-9639

Fax (575) 763-9617

Louis Gordon
Planning and Zoning Administrator

November 15, 2011

TO: Nord S. Sorensen
PO Box 20927
Amarillo, Texas 79114

RE: Zoning verification for 705 1 1st Street, Clovis, New Mexico 88101

To whom it may concern,

The property located at the above-mentioned address with legal description of Lots 5, 6, 7, and 8; Block 85 of the Clovis Original Townsite Addition, City of Clovis, Curry County, New Mexico 88101 is located in the "I" - Industrial District. The Industrial District is almost exclusively for industrial uses. Some limited commercial uses exhibiting industrial characteristics or located on a major arterial are permitted. Also, the area permits home businesses that involve high intensity activities inconsistent with either the MD district or any residential districts.

According to table 17.30.110, Part 1 of the City's Zoning Regulation, a Medical/Infectious Waste Collection and Storage Facility/Station is a permissible use subject to limited review. Table 17.30.110 Part 4 requires a separation distance of 50 feet from Residential. As of this date, there are no known violations or non-conforming issues that we are aware of.

Should you have any further questions, please contact me at (575) 763-9639.

Sincerely,

Louis Gordon
Planning and Zoning Administrator

Nord Sorensen

From: Lonnie Mitchell <lmitchell@plateautel.net>
Sent: Thursday, December 08, 2011 1:14 PM
To: nordsorensen@sbcglobal.net
Subject: zoning map
Attachments: Zoning Map.pdf

Nord

Attached is a zoning map and I put a circle on the "I" that stands for industrial and I also put a circle where your building is located.

Lonnie Mitchell
EXIT CLOVIS REALTY
201 E. Llano Estacado
Clovis, NM 88101
575-762-4200: Office
575-693-3287: Cell
575-762-4999: Fax
Lonnie@clovisnmrealty.com
www.ClovisNMRealty.com

No virus found in this message.

Checked by AVG - www.avg.com

Version: 2012.0.1873 / Virus Database: 2102/4667 - Release Date: 12/08/11



705 East 1st Street
Clovis, NM 88101

1

Map labels include street names: SIXTH ST, SEVENTH ST, FIFTH ST, GRAND AVENUE, MAIN AVENUE, PARK, MEREWETHER STREET, RANCHER STREET, CONNELL STREET, MITCHELL, MAIN, GIDDING, AMELL, WYLAKE, SHELDON, ROSS, PRINCE STREET, OAK, SECOND, SANTA FE AVE, ALLEN ST, TATUM STREET, McDONALD ST, and STREET.

BUILDING DESCRIPTION AND VALUE CALCULATION

COMMERCIAL AND INDUSTRIAL PROPERTY RECORD CARD

1-211-010-504-295

PRINCIPAL BUILDING DESCRIPTION Built 1971

BUILDING CLASS 17/13 470 *Spool*

OBSERVED PHYSICAL CONDITION Good Normal Fair Poor

EFFECTIVE AGE Date 2012 Years 41 *SP*

TYPE AND USE
 Combination Stores and Apt. Offices Loft
 Retail Store
 Office Bank
 Theatre Garage
 (a) Sta. Indust.
 Warehouse Greenhouse
 Hospital
 Other

3) ROOF
 Roof Construction: Wood Steel Deck
 Reinforced Concrete
 Roofing: Prepared Roll Shingle
 Built-up Corr. Metal
 Other

7) ELECTRIC WIRING
 Conduit Power Wiring

8) HEATING
 None Stove
 Hot Air: Hot Air Fan Units
 Steam or Hot Water
 Stoker No Boiler

9) BASEMENT
 None Full Height
 Partial: Sq. Ft. Finished: Sq. Ft. Floor: Dirt Wd. Conc.

10) AIR CONDITIONING
 Washed
 Refrigerated Full floor area
 No. of Rooms: Partial: Floor area

11) FIRE PROTECTION
 Sprinkler (Flr. area) Fire Hose Stn. No. Stn. Fire Pumps

4) FLOORS
 Floor Construction: Wood Concrete on Grade Reinforced Concrete
 Finish Flooring: 1st 2nd Above Wood or Equiv. Other

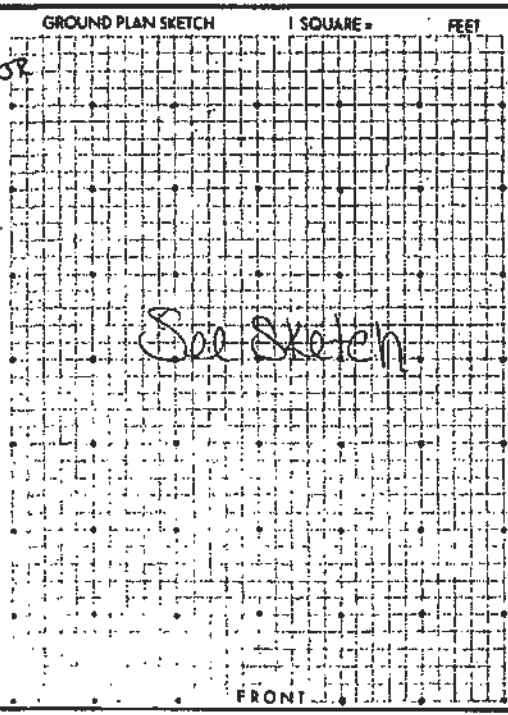
5) INTERIOR FINISH
 Developed Area: (sq. ft.)
 Apt. Area No. Units No. Rms. Office Area 760 Type Other Area

6) PLUMBING
 Utility Connections: Sewer Water
 Fixtures: Single 3 Fix' 2 J Fix'

1) FOUNDATION
 Masonry Wood or Block Piers

2) EXT. WALL CONSTR.
 Wood: Lined Unlined
 Brick Concrete Block Stone Concrete
 Corr. Iron Other
 Store Fronts: (Lin. feet) Wood or Low Cost metal set Ave. grade metal set Good grade metal set

STRUCTURAL FRAME
 Columns: Wood Steel Conc.
 Main Beams: Wood Steel Conc.
 Joists Trusses
 Girder
 Height in Stories: 0



BUILDING VALUE CALCULATION 2010

ITEM NO.	AREA OR QUAN.	UNIT COST	TOTAL	TOTAL	TOTAL
Base	3200	26.17	83744		
		29.46		94272	
ADDITIONS AND DEDUCTIONS					
A/P 1.00 1.00					
TOTAL REPLACEMENT COST			83744	94272	
Cost Conversion Factor			0.86	87	
Replacement Cost			78019	82017	
Life Exp. 30 yrs					
WALL RATIO CALCULATION					
Ground Area	Perimeter	Ratio			
	240				

OTHER ITEMS AND NOTES:

CLF 41/6' Lin x 6' includes gates

Att shed 4x6 = 24'

BUILDING AREA AND CUBE CALCULATIONS

GROUND AREA -- SQUARE FEET

Floor or Part	Width	Length	Area	Height	Cubic Feet
	40	80	3200		
Total Area			3200	Total Cube	

DEPRECIATION AND OBSOLESCENCE

DEPRECIATION		
a. Effective Age Depreciation	53%	60%
b. Observed Physical Condition		
c. Total Depreciation (a+b)		
d. Net Condition (100 - c)	47%	40%
OBSOLESCENCE		
e. Overimprovement		
f. Underimprovement		
g. Other		
h. Net Condition (100 - e + f + g)		
i. FINAL NET CONDITION (d+h)	47%	40%

DESCRIPTIONS, REPLACEMENT COST AND APPRAISAL OF ACCESSORY BUILDINGS

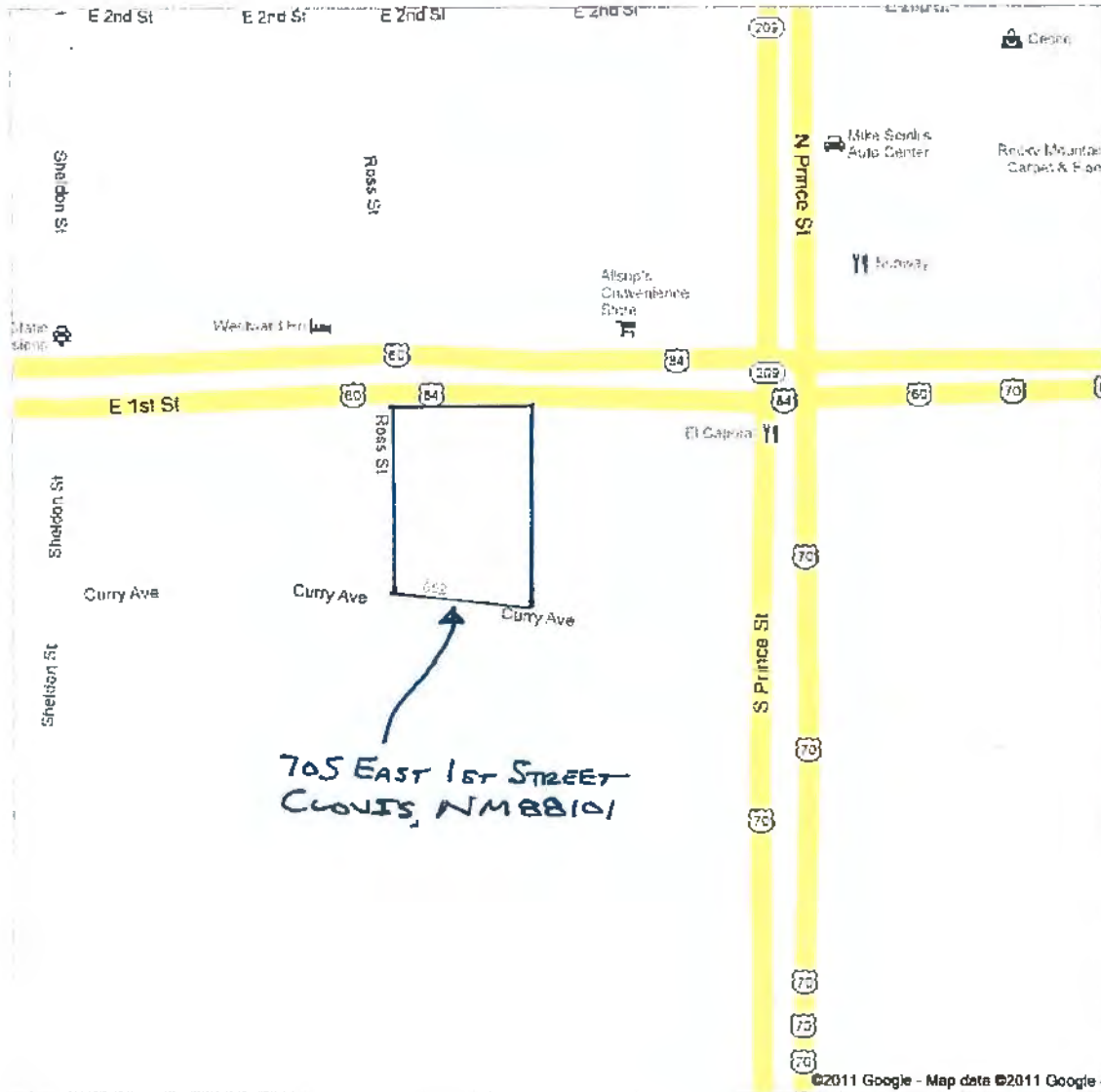
Bldg. Ident.	Class No.	Dimensions Width Depth Height	Foundation	Floor	Roof	Walls	Missing Wall	Heat	Light	Plbg.	Age	Area	Unit Cost	Adds and Deducts	Replacement Cost	Net Cond. %	Net Appraisal
Att Shed	17-12 4610	4 6 0	con	con	mtl	mtl	4'	-	-	-		24	1271	+2,909 +0.83	621.50	20%	124
CLF		41/6 6'											10.85	0.86	3882	47%	1824

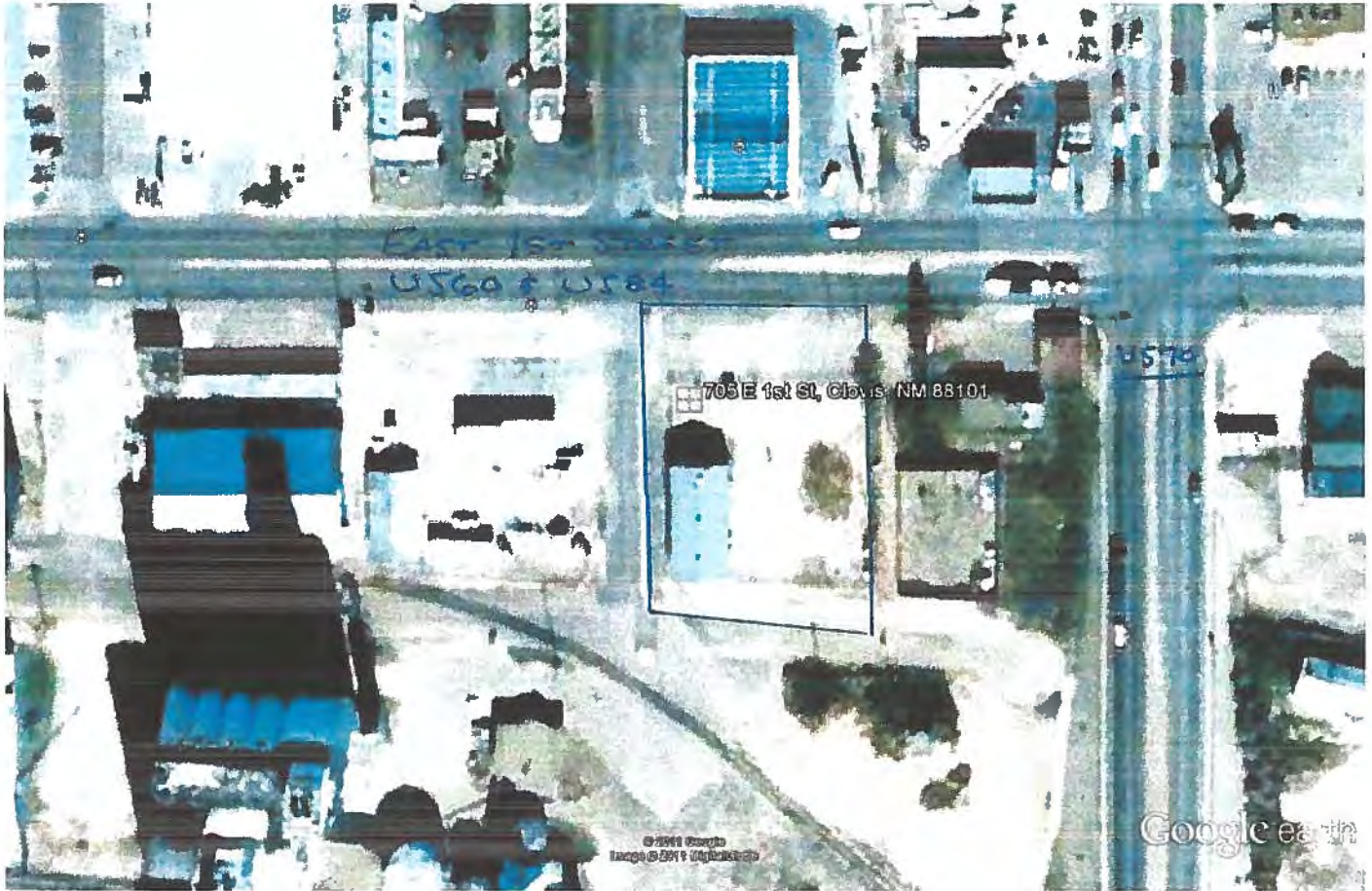
SUMMARY OF APPRAISED VALUE

Principal Building Appraisal	33849	32807
Other Principal Buildings Appraisal		
Accessory Buildings Appraisal	1948	1948
Total Building Appraisal	35797	34755
Total Land Appraisal	35595	35595
TOTAL APPRAISED VALUE	71392	



Get Google Maps on your phone
Text the word "GMAPS" to 466453



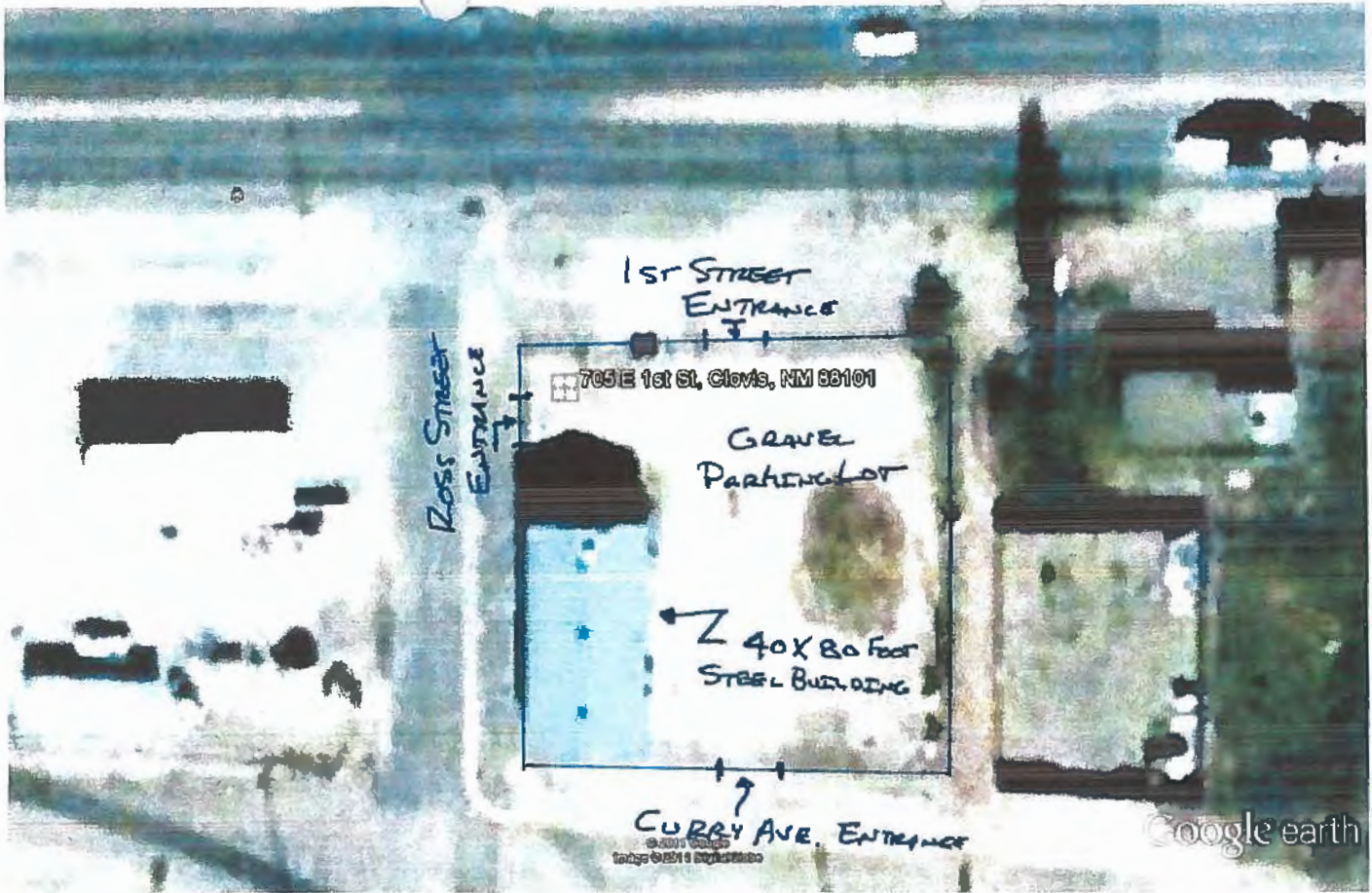
705 E 1st St, Clovis, NM 88101

©2011 Google
Image © 2011 & 2012 Google

Google earth

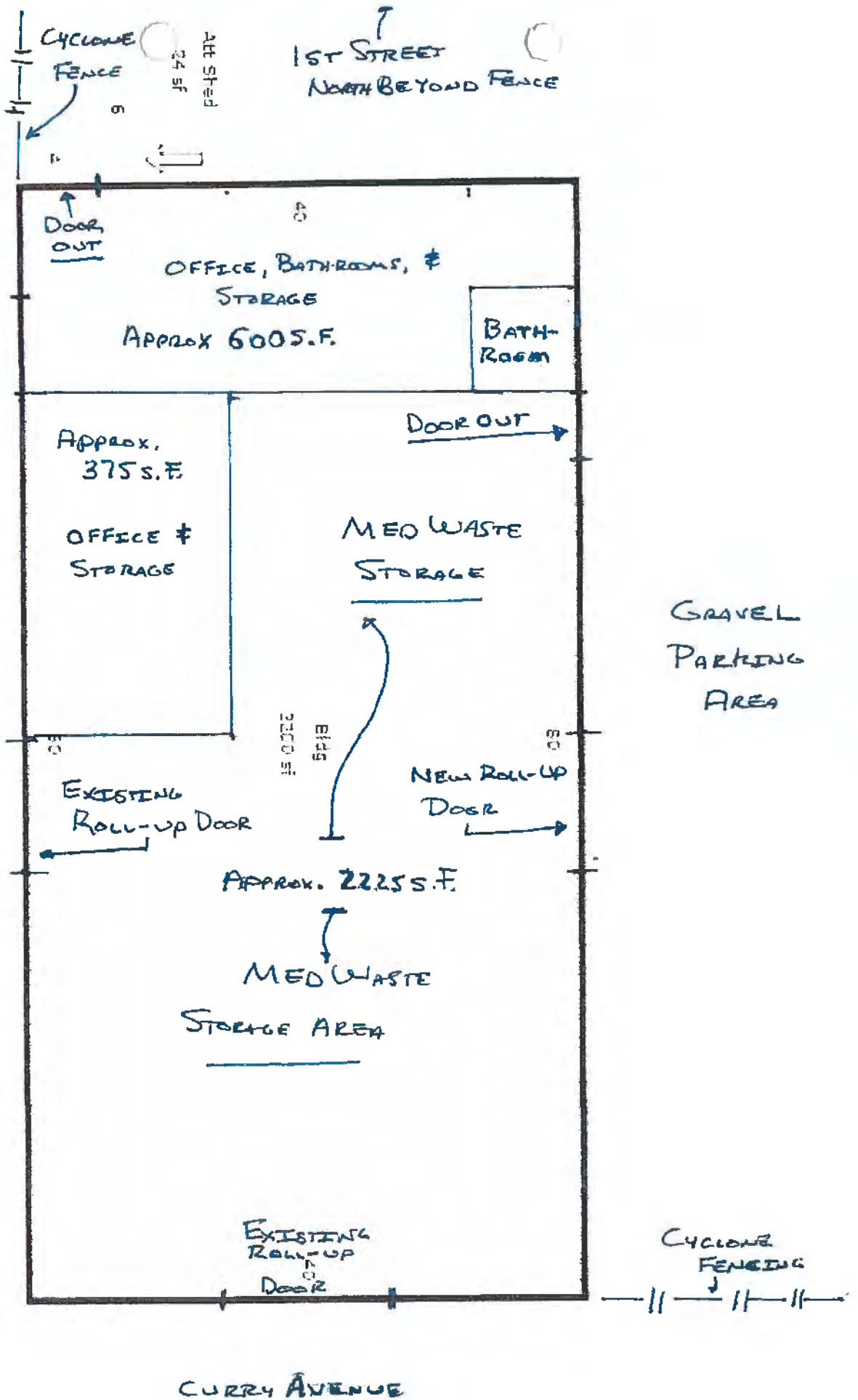
Google earth





Google earth





ROSS STREET

NORTH



OFFICE

1703

Blue arrow sign



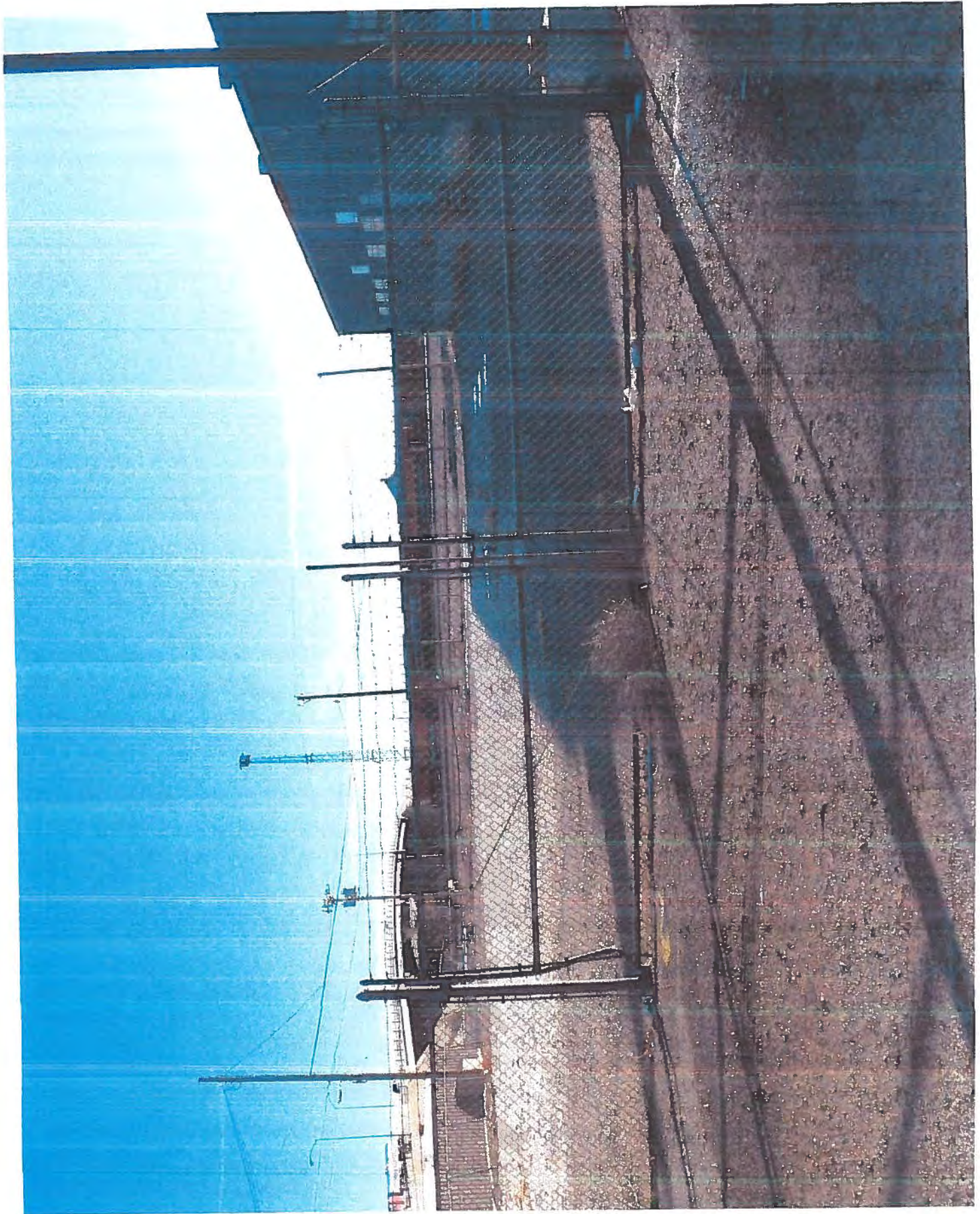


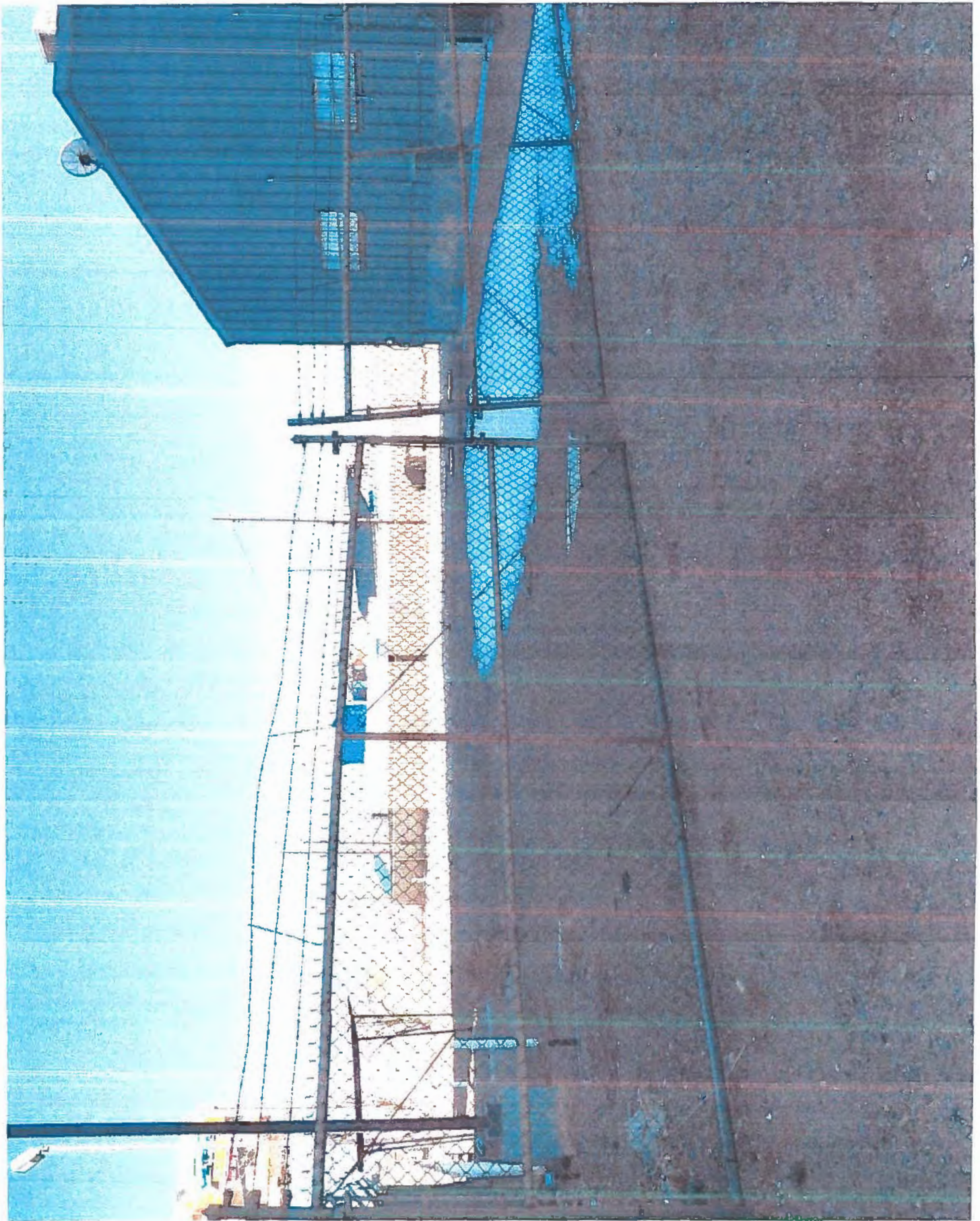












Section III.L.

Certification of license and registration requirements for drivers, vehicles, and trailers.



P.O. Box 20927
 Amarillo, Texas 79114
 Telephone: 855-467-7300
www.BIOCYCLE-inc.com

BIOCYCLE List of Transportation Units and Drivers

The following is a list of all BIOCYCLE Drivers and Transportation Units:

Drivers List as of 01/09/2017

Insured: BioCycle, Inc.
Insurance Company: Atlantic Specialty Insurance Company
Policy Period: 10/14/2016 – 10/14/2017
Policy Number: 7930009280004

Driver No.	Name	DOB	Driver's License Number	State Licensed
1	Sorensen, Nord	1/20/1947	08215056	TX
2	Harris, Rex David	5/31/1957	00117553	TX
3	Reynolds, Kenneth Ray	11/26/1946	01059754	TX
4	Gehm, Andrew C.	1/15/1982	11901989	TX
5	Grabbe, Cortney Brook	2/24/1988	19365586	TX
6	Grabber, Thomas John	3/27/1962	08876662	TX
7	King, Ronald Joseph	1/10/1941	W0896275	MO
8	Burgett, Lee Jefferson	12/4/1963	09785429	TX
9	Cotton, Robert Gregory	9/19/1958	35905229	TX
10	Montoya, Lori Ellen	4/27/1988	21946946	TX
11	Codignoni, Charles John	3/8/1946	24265908	TX
12	EXCLUDED DRIVER: Tackett, Kenneth James	4/1/1990	28117832	TX
14	Gerber, Donald Raymond Jr.	12/17/1963	09666953	TX
15	Gill, George Gregory	5/23/1964	09932890	TX
16	Archer, Michael David	7/29/1946	15462730	TX
17	Turnbill, Taylor Scot	5/12/1991	25945468	TX
18	Gerber, Donald Raymond III	11/16/1984	12257124	TX
20	Baker, Jeffrey Scott	1/11/1980	10166874	TX
22	McQueen, Darrien Tarnard	8/2/1994	36442620	TX
23	Green, Kietrich Treyshun	5/18/1988	9232635	LA
24	Davis, Christopher Charles	7/20/1979	G082079569	OK
26	Mixon, Jacob Scott	12/31/1991	27276817	TX
27	Grayson, Dedrick Devon	12/3/1993	37240780	TX
28	Guidry, Douglas Coleman	1/13/1979	7663305	LA
29	Johnston, Gregory Allen Jr.	10/7/1988	27738480	TX
30	Barrow, Joseph	10/27/1986	24228946	TX

Vehicle Schedule as of 01/04/2017

Insured:	BioCycle, Inc.
Insurance Company:	Atlantic Specialty Insurance Company
Policy Period:	10/14/2016 – 10/14/2017
Policy Number:	7930009280004

Veh. #	Year	Vehicle Description Garage Location	Liab.	Med Pay	UM	UIM	Comp. Ded.	Coll. Ded.
1	2007	International/4300 Refer Box Truck 1HTMMAAL57H390189 Amarillo, TX	X				\$3,000	\$3,000
2	2000	Ford/F150 XLT 1FTRX17L1YNB34958 Amarillo, TX	X	X	X	X	\$2,000	\$2,000
3	2006	Freightliner/C-120 1FUBA5CG76LV84019 Amarillo, TX	X				\$3,000	\$3,000
4	2001	Utility (refrig)/Trailer 1UYVS12821M637914 Amarillo, TX	X				\$2,000	\$2,000
5	2002	Great Dane/Refer Trailer 1GRAA96212B020916 Amarillo, TX	X				\$2,000	\$2,000
6	2006	Ford/F150 1FTRF12WX6NA70999 Amarillo, TX	X	X	X	X	\$2,000	\$2,000
7	2005	Freightliner/Truck 1FUBA5CK25PU12153 Carrollton, TX	X				\$3,000	\$3,000
8	2001	Great Dane/Refer Trailer 1GRAA56141B105912 Amarillo, TX	X				\$2,000	\$2,000
9	2006	Freightliner/CL12042S 1FUBA5CK56DW42496 Amarillo, TX	X				\$3,000	\$3,000
10	2002	Utility/28' Lift Gate 1UYVS12842U723601 Amarillo, TX	X				\$2,000	\$2,000
11	2001	TrailMobileLift Gate/Trailer 1PT01ANH319006454 Amarillo, TX	X				\$2,000	\$2,000
12	2008	Ford/F150 1FTRX12W48KD09660 Amarillo, TX	X	X	X	X	\$2,000	\$2,000
13	2002	Silver Eagle/Coverter Dolly	X				\$2,000	\$2,000

This is not a binder of insurance, and all coverage summaries provided herein are intended as an outline of coverage only. In the event of a loss, all terms, conditions, exclusions and other provisions of the actual policy will apply.

		1U3JE88162BN00101 Amarillo, TX				
14	2006	Utility/Refer Trailer 1UYVS12856U945120 Amarillo, TX	X		\$2,000	\$2,000
15	2012	Freightliner/M2 -112 1FUBC4CY7CHBV6661 Amarillo, TX	X		\$3,000	\$3,000
16	2005	Utility (refrig)/Trailer 1UYVS128X5U682301 Amarillo, TX	X		\$2,000	\$2,000
17	2006	Utility (refrig)/Trailer 1UYVS12846U912514 Amarillo, TX	X		\$2,000	\$2,000
18	2012	Freightliner/M2 1FUBC4CY8CDBV6403 Carrollton, TX	X		\$3,000	\$3,000
19	2005	Utility (refrig)/VS1R- 28/162/102 1UYVS12805U433604 Amarillo, TX	X		\$2,000	\$2,000
20	2005	Utility (refrig)/VS1R- 28/162/102 1UYVS12875U433602 Amarillo, TX	X		\$2,000	\$2,000
21	2005	Kwikloc/Converter Dolly 443CS00124HC03675 Amarillo, TX	X		\$2,000	\$2,000
22	2000	UTIL/THER Reefer/Trailer 1UYVS2486YU108513 Amarillo, TX	X		\$2,000	\$2,000
23	2015	Freightliner/Cascadia 1FUBGKBGXFLGE5666 Amarillo, TX	X		\$3,000	\$3,000
24	2005	Great Dane/Refer Trailer 1GRAA56125S701994 Amarillo, TX	X		\$2,000	\$2,000
25	2005	Great Dane/Refer Trailer 1GRAA56145S701995 Amarillo, TX	X		\$2,000	\$2,000
26	2001	Utility 28' Reefer/Trailer 1UYVS12821M493202 Amarillo, TX	X		\$2,000	\$2,000
27	2002	Utility 28' Reefer/Trailer 1UYVS12832U723606 Amarillo, TX	X		\$2,000	\$2,000
28	2012	Isuzu/NQR JALE5W163C7901242	X	X	\$2,000	\$2,000
29	1984	Great Dane/Coverter Dolly 1GRES1216FM026606	X		\$2,000	\$2,000

This is not a binder of insurance, and all coverage summaries provided herein are intended as an outline of coverage only. In the event of a loss, all terms, conditions, exclusions and other provisions of the actual policy will apply.

30	2010	Amarillo, TX Ford/F-150 1FTEX1CWXAKC18587	X	X	X	X	\$2,000	\$2,000
31	2011	Amarillo, TX Ford/F250 1FT7X2B68BEC31421	X	X	X	X	\$2,000	\$2,000
32	2005	Amarillo, TX Wells Cargo/MT24 1WC200L2752052997	X				\$2,000	\$2,000
33	2014	Amarillo, TX Freightliner/M2 3ALACWDTXEDFW3114	X				\$3,000	\$3,000
34	2013	Carrollton, TX Freightliner/ Box Truck 1FVACWDT5DHBX5653	X				\$3,000	\$3,000
35	2012	Scott, LA Ford/E350 1FDWE3FS7CDA64194	X				\$3,000	\$3,000
36	2005	Amarillo, TX Utility/Trailer 1UYVS12886U945113	X				\$2,000	\$2,000
37	2016	Amarillo, TX Lark/8X16 Box Trailer 571BE1626GM016183	X				\$2,000	\$2,000
38	2014	Amarillo, TX Freightliner/26' Box Truck 1FVACWDT9EHFJ4304	X				\$3,000	\$3,000
39	2006	Amarillo, TX Great Dane/Refer Trailer 1GRAA64166S701572	X				\$2,000	\$2,000
40	2014	Oklahoma City, OK Freightliner/16M 26' Box Truck 1FVACWDT5EHFJ4316	X				\$3,000	\$3,000
41	2014	Carrollton, TX Freightliner/16M 26' Box Truck 1FVACWDT8EHFJ4312	X				\$3,000	\$3,000
42	2015	Amarillo, TX Freightliner/Cascadia125 3AKBGDDV1FSGB5595	X				\$3,000	\$3,000
43	2015	Amarillo, TX Freightliner/Cascadia 125 3AKBGDDV1FSGB5614	X				\$3,000	\$3,000
44	2015	Scott, LA Volvo/Truck 4V4N19EG1FN924296	X				\$3,000	\$3,000

Note: Comprehensive, Specified Perils and Collision coverage apply only when a deductible is shown for the vehicle.

This is not a binder of insurance, and all coverage summaries provided herein are intended as an outline of coverage only. In the event of a loss, all terms, conditions, exclusions and other provisions of the actual policy will apply.

BIOCYCLE, Inc. certifies that the preceding list of transportation units and drivers are all properly licensed and/or registered; and that those listed driver and transportation unit licenses and/or registrations will be actively maintained during the term of this registration renewal.

Certified by Nord S. Sorensen, President/CEO



Date: January 9, 2017

TREATMENT FACILITY REGISTRATION

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Zak Covar, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

June 9, 2014

Mr. Nord Sorenson
President
BioCycle, Inc.
P.O. Box 20927
Amarillo, Texas 79114

Re: BioCycle, Inc. – Potter County
Municipal Solid Waste – Permit No. 40263
Registration Modification – Phased Development and Reduction of Building Size
Tracking Nos. 17907952, 18065030, & 18130924; RN106454895/CN603984048

Dear Mr. Sorenson:

We have reviewed your application for a municipal solid waste registration modification dated February 4, 2014, and the revisions dated April 14, 2014, and May 12, 2014, requesting additional information. The information presented is technically sufficient for a municipal solid waste registration modification.

Enclosed is a copy of the above referenced modification which is now part of your registration and should be attached thereto. The documentation prepared and submitted to support the modification request shall be considered as requirements of the registration.

If you have questions concerning this matter, please contact Mr. Michael Talbert at (512) 239-6467. When addressing written correspondence, please use mail code MC 124.

This action is taken under authority delegated by the Executive Director of the Texas Commission on Environmental Quality.

Sincerely,

Christine M. Bergren
Manager, Municipal Solid Waste Permits Section
Waste Permits Division

CMB/MRT/sdm

cc: Mr. Chc Shadle, P.E., OJD Engineering, LLC, Amarillo

Enclosure

Texas Commission on Environmental Quality



Modification to Municipal Solid Waste Registration No. 40263 BioCycle

Municipal Solid Waste Registration No. 40263 is hereby modified as follows:

Description of Change:

This modification reduces the facility building size from 16,070 square feet to 10,051 square feet, revises the number of overhead roll-up truck access doors from five (5) to three (3), revises the biohazardous material managed and medical waste managed to include "treat", and revises the closure cost estimate to reflect three phases of development and facility closure. The closure cost estimate for closure of the facility for Phases I, II, and III of operations are \$56,600.00, \$142,600.00 and \$229,600.00 respectively (2014 dollars). Prior to entering each phase of operation, a financial assurance mechanism must be approved by the Texas Commission on Environmental Quality (TCEQ) and a pre-opening inspection must be completed by the TCEQ Amarillo Regional Office.

The details of this registration modification are contained in the application dated February 4, 2014, and revisions dated April 14, 2014, and May 12, 2014.

Part of Registration Modified:

Part I of the Application

- Title page (revised)
- Table of contents (revised)
- Sections 1.1, Part I Form, 1.2.2 (revised)

Part II of the Application

- Title Page (revised)
- Table of Contents (revised)
- Sections 2.1, 2.2, 2.3.11, 2.4.4, 2.4.4.2, 2.4.4.4, 2.4.5 (revised)

Part III of the Application

- Title Page (revised)
- Table of Contents (revised)
- Sections 3.1.1, 3.1.2.3.2, 3.2.1, 3.2.1.2.4, 3.2.5, 3.2.6, 3.4.1 (revised)

Part IV of the Application

- Title Page (revised)
- Table of Contents (revised)

Registration Modification
Municipal Solid Waste Registration No. 40263
BioCycle

Sections 4.1, 4.2, 4.4, 5.1, 7.1, 7.2, 8.5, 10.0, 17.0 (revised)
Drawings 1-2, 1-11 (revised); 1-20, 1-21 (new)

This modification is a part of Registration No. 40263 and should be attached thereto.

Approved, Issued, and Effective in accordance with Title 30 Texas Administrative Code Chapter 305, Section 305.70(j)(30) and 305.70(l). No public notice is required for this modification.
This modification is a minor change and does not substantially alter the registration.

Issue Date:

JUN 09 2014


For the Commission

Bryan W. Shaw, Ph.D., *Chairman*
Carlos Rubinstein, *Commissioner*
Toby Baker, *Commissioner*
Zak Covar, *Executive Director*

TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution

February 26, 2013

Mr. Nord S. Sorensen
President
Biocycle, Inc.
P.O. Box 20927
Amarillo, Texas 7911

Re: BioCycle Inc. – Potter County
Municipal Solid Waste (MSW) - Registration No. 40263
Transmittal of Registration
Tracking Nos. 15893009, 15933720, 15949268, 16598002, 16679160;
RN106454895/CN603984048

Dear Mr. Sorensen:

Enclosed is a copy of the above-referenced registration for a municipal solid waste facility issued pursuant to Chapter 361 of the Texas Health & Safety Code. The documents prepared and submitted May 30, June 25, September 13, December 17, 2012, and January 22, 2013 to support the registration application shall be considered a part of this registration and shall be considered as requirements of this registration.

If you have any questions, please contact Mr. Mario A. Perez of the Municipal Solid Waste Permits Section at (512) 239-6681. When addressing written correspondence, please use mail code MC 124.

This action is taken under authority delegated by the Executive Director of the Texas Commission on Environmental Quality.

Sincerely,



Earl Lott, Director
Waste Permits Division

EL/MAP/pt

cc: Mr. Che Sadle, OJD Engineering, Inc., Amarillo
Mr. Clint Green, OJD Engineering, Inc., Amarillo

Enclosure

Texas Commission on Environmental Quality



Registration For Municipal Solid Waste (MSW) Management Site

Issued under provisions of Texas
Health & Safety Code
Chapter 361

MSW Registration No.: 40263
Name of Site Operator/Registrant: BioCycle Inc.
P.O. Box 20927
Amarillo, Texas 79114
Property Owner: Nord S. Sorensen
Facility Name: BioCycle Inc.
Facility Address: P.O. Box 20927
Amarillo, Texas 79114
Classification of Site: Type V MSW Facility

The registrant is authorized to store, transfer and process wastes in accordance with the limitations, requirements, and other conditions set forth herein. This registration is granted subject to the rules and Orders of the Commission and laws of the State of Texas. Nothing in this registration exempts the registrant from compliance with other applicable rules and regulations of the Texas Commission on Environmental Quality. This registration will be valid until canceled, amended, or revoked by the Commission.

Approved, Issued and Effective in accordance with Title 30 Texas Administrative Code (30 TAC)
Chapter 330.

Issued Date: February 18, 2013


For the Commission

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I. Size and Location of Facility

- A. This Type V MSW facility is located at 390 feet east of the northeast intersection of North Lakeside Drive and East Amarillo Boulevard and north 400 feet of East Amarillo Boulevard, in Amarillo, Potter County, Texas. The facility contains 8.98 acres.
- B. The legal description is contained in Part I, Survey Drawing with Legal Description, of the application.
- C. Coordinates and Elevation of Site Permanent Benchmark:
 - Latitude: 35° 13' 13.24" N
 - Longitude: 100° 44' 24.36" W
 - Benchmark Elevation: 3623 feet above Mean Sea Level

II. Waste Management Units and Operations Authorized

- A. Days and Hours of Operation

This facility is authorized to accept waste and operate 24 hours a day, 7 days a week. The operator shall post the operating hours and waste acceptance hours on the site sign.
- B. Wastes Authorized at this Facility

The registrant is authorized to store, transfer and process medical wastes as defined under 30 TAC §330.3(85).
- C. Wastes Prohibited at this Facility

Medical waste not authorized in Provision II.B., including liquid waste not included in the definition of special waste from health care-related facilities.
- D. Waste Acceptance Rate

Medical waste may be accepted for storage, transfer and processing at this facility at a rate of up to 90 tons per day.
- E. Maximum Volume Available for Storage

The facility may store up to 160 tons of waste at any one point in time. The maximum time that waste will be allowed to remain on-site prior to being processed is 72 hours after receipt unless refrigerated at a temperature of 45 degrees Fahrenheit or less. If refrigerated, it will be treated or transferred from the site within 60 days.
- F. Waste Management Units Authorized

The registrant is authorized to operate this facility related to the processing and storage of the wastes authorized, which shall include units, structures, appurtenances, or improvements as described in Part III and IV of the registration application.

G. Changes, Additions, or Expansions

Any proposed facility changes must be authorized in accordance with TCEQ rules in 30 TAC Chapter 330 (Municipal Solid Waste) and 30 TAC Chapter 305 (Consolidated Permits).

III. Facility Design, Construction, and Operation

- A. Facility design, construction, and operation must comply with this registration, the registration application as incorporated by reference in Attachment A, and the regulations in 30 TAC Chapter 330.
- B. The entire waste management facility shall be designed, constructed, operated, and maintained to prevent the release and migration of any waste, contaminant, or pollutant, and to prevent inundation or discharge from the areas surrounding the facility components. This site must be designed, constructed and maintained to collect spills and incidental precipitation in such a manner as to:
1. preclude the release of any contaminated runoff or spills; and
 2. prevent washout of any waste by a 100-year storm.
- C. The site shall be designed and operated so as not to cause a violation of:
1. the requirements of the Texas Water Code, §26.121;
 2. any requirements of the Federal Clean Water Act, including, but not limited to, the National Pollutant Discharge Elimination System (NPDES) requirements, §402 as amended; or Texas Pollutant Discharge Elimination System requirements;
 3. the requirements under the Federal Clean Water Act, §404, as amended; and
 4. any requirement of an area-wide or statewide water quality management plan that has been approved under the Federal Clean Water Act, §208 or §319, as amended.
- D. All facility employees and other persons involved in facility operations shall be qualified, trained, and experienced to perform their duties so as to achieve compliance with this registration. The registrant shall further ensure that personnel are familiar with safety procedures, contingency plans, the requirements of the Commission's rules, and this registration, commensurate with their levels and positions of authority.

IV. Financial Assurance

A. General

Authorization to operate the facility is contingent upon compliance with provisions contained in this registration and maintenance of financial assurance in accordance with 30 TAC Chapter 330 Subchapter K and 30 TAC Chapter 37.

B. Closure Financial Assurance

Closure Financial Assurance. The amount of financial assurance posted for closure shall be provided annually in current dollars in an amount equal to closing the entire facility pursuant to 30 TAC Section 330.505. The registrant shall annually adjust the closure cost estimate and the dollar amount of the financial assurance for inflation within 60 days prior to the anniversary date of the registration pursuant to 30 TAC Chapter 37 Subchapter B. Continuous financial assurance coverage for closure must be provided until all requirements of the final closure plan have been completed and the site is determined to be closed in writing by the executive director.

C. Closure Financial Assurance Amount

Within 60 days after the date of registration issuance or prior to the initial receipt of waste, the registrant shall provide financial assurance instrument(s) for demonstration of closure in an amount equal to but not less than \$217,600.00 for closure in 2012 dollars. The amount of financial assurance to be posted annually shall be determined as described in Provisions IV.A. and IV.B of this registration and 30 TAC Chapter 37.

D. Closure Plan Modifications

If the facility's closure plan is modified, the registrant shall provide new cost estimates in current dollars, which meet the requirements 30 TAC Chapter 37 and 30 TAC Chapter 330, Subchapter L as applicable. Modifications shall be made pursuant to 30 TAC §305.70. The amount of the financial assurance mechanism shall be adjusted within 45 days after the modification is approved. Adjustments to the cost estimates and/or financial assurance instrument to comply with any financial assurance regulation that is adopted by the TCEQ subsequent to the issuance of this registration shall be initiated as a modification within 30 days after the effective date of the new regulation.

V. Facility Closure

A. Closure shall commence:

1. Upon direction by the Executive Director of the TCEQ for failure to comply with the terms and conditions of this registration or violation of State or Federal regulations. The Executive Director is authorized to issue emergency orders to the registrant in accordance with §§5.501 and 5.512 of the Texas Water Code regarding this matter after considering whether an emergency requiring immediate action to protect the public health and safety exists;
2. Upon abandonment of the site;
3. Upon direction of the Executive Director for failure to secure and maintain adequate financial assurance as required; or
4. Upon registrant's notification to the TCEQ that the facility will no longer operate.

B. Site Completion Requirements:

The facility shall be completed and closed in accordance with Part III, Section 3.2.5, "Closure Plan §330.63(h)" and Section 3.2.6 "Closure Costs Estimate §330.63(j)", of this Registration and 30 TAC §330.21 – Closure, 30 TAC §330.451 – Applicability, 30 TAC §330.459 - Closure Requirements for Municipal Solid Waste Storage and Processing Units and 30 TAC §330.461 - Certification of Final Facility Closure.

VI. Standard Registration Conditions

- A. This registration is based on the application submittal dated May 30, 2012, as revised June 25, September 13, December 17, 2012, and January 22, 2013. These application submittals are hereby approved subject to the terms of this registration, the rules and regulations, and any orders of the TCEQ. These application materials are incorporated into this registration by reference in Attachment A as if fully set out herein. Any and all revisions to these elements shall become conditions of this registration upon the date of approval by the Commission. The registrant shall maintain the Application and all supporting documentation at the facility and make them available for inspection by TCEQ personnel.
- B. Attachment B, consisting of modifications and corrections to this registration, is hereby made a part of this registration.
- C. The registrant shall comply with all conditions of this registration. Failure to comply with any condition may constitute a violation of the registration, the rules of the Commission, and the Texas Solid Waste Disposal Act and is grounds for an enforcement action, revocation, or suspension.
- D. Inspection and entry onto the site by authorized personnel shall be allowed during the site operating life.
- E. The provisions of this registration are severable. If any registration provision or the application of any registration provision to any circumstance is held invalid, the remainder of this registration shall not be affected.
- F. Regardless of the specific designs contained in the registration application, the registrant shall be required to meet all performance standards in the registration, the application, or as required by local, State, and Federal laws.
- G. If differences arise between these registration provisions and the Application, these registration provisions shall prevail.
- H. The registrant shall comply with the requirements of the air permit exemption in 30 TAC §106.534, if applicable, and the applicable requirements of 30 TAC Chapters 106 and 116.

VII. Incorporated Regulatory Requirements

- A. The registrant shall comply with all applicable Federal, State, and local regulations and shall obtain any and all other required permits prior to the beginning of any operation authorized by this registration.

- B. To the extent applicable to the activities authorized by this registration, the requirements of 30 TAC Chapters 37, 281, 305, and 330, and future revisions are adopted by reference and are hereby made provisions and conditions of this registration.

VIII. Special Provisions

None.

IX. Attachment A

The Registration Application.

X. Attachment B

Modifications and Corrections to MSW Registration No. 40263.

Bryan W. Shaw, Ph.D., P.E., *Chairman*
Toby Baker, *Commissioner*
Jon Niermann, *Commissioner*
Richard A. Hyde, P.E., *Executive Director*



TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

Protecting Texas by Reducing and Preventing Pollution.

June 21, 2016

NORD S SORENSEN
BIOCYCLE INC
7308 ANDOVER DR
AMARILLO, TX, 79119-6417

Re: **Medical Waste Transporter Notice of Registration by Rule**

BIOCYCLE INC

MSW 50142

Registered Since

Registration Expires:

CN603984048

November 03, 2011

September 30, 2017

RN106271109

Dear NORD S SORENSEN:

The Texas Commission on Environmental Quality (TCEQ) has received your "Application to Claim a Registration by Rule" in accordance with Title 30 Texas Administrative Code (TAC) Section (§) 326 Subchapter E.

This letter acknowledges receipt of your claim. It is not an acknowledgment regarding compliance of your operation with state and federal rules and regulations. Failure to comply with all rules and regulations regarding the transporting of untreated medical waste may result in enforcement action and/or the revocation of your transporter registration.

A copy of your claim for registration and notice of registration must be available at all times and at all locations where business is being transacted under this registration, including all motorized vehicles or trailers operated under this registration. If any information provided in the claim changes, you must provide an update application within 30 days. Enclosed is a copy of your notice of registration.

If you wish to renew your claim, an application for renewal should be submitted at least 60 days prior to the above expiration date. By March 1 of each year a report summarizing transportation activities for the preceding calendar year (January 1 through December 31) must be submitted to the TCEQ.

This action is taken under the authority delegated by the Executive Director of the TCEQ.

If you have any questions, please contact the IHW/MSW team at **(512) 239-6413**.

Sincerely,

A handwritten signature in black ink, appearing to be "Edward Minter".

Edward Minter, Team Leader
Registration and Reporting Section
Permitting and Registration Support Division

EM/GC

Enclosure

cc: TCEQ Region 01 Office, TX

EXHIBIT 3



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	NAME OF COMPANY REPRESENTATIVE (Print) Raquel	SIGNATURE OF REPRESENTATIVE 	DATE 01-08-2021 2:44 PM

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 006657																
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060																	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-08-2021 2:44 PM																	
	28 Gal Tub <table border="1"> <tr> <td>CONT.</td> <td>WT.</td> <td>CONT.</td> <td>WT.</td> <td>CONT.</td> <td>WT.</td> <td>CONT.</td> <td>WT.</td> </tr> <tr> <td>2</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				CONT.	WT.	CONT.	WT.	CONT.	WT.	CONT.	WT.	2	0						
	CONT.	WT.	CONT.	WT.	CONT.	WT.	CONT.	WT.												
2	0																			
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	NAME OF COMPANY REPRESENTATIVE (Print) Chris Morgan	SIGNATURE OF REPRESENTATIVE 	DATE 01-08-2021 2:44 PM																	
	TRANSFER STATION NAME		REGISTRATION NUMBER																	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																
	COMPANY NAME		TELEPHONE NUMBER																	
	ADDRESS		DATE MEDICAL WASTE COLLECTED																	
	<table border="1"> <tr> <td>CONT.</td> <td>WT.</td> <td>CONT.</td> <td>WT.</td> <td>CONT.</td> <td>WT.</td> <td>CONT.</td> <td>WT.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				CONT.	WT.	CONT.	WT.	CONT.	WT.	CONT.	WT.								
	CONT.	WT.	CONT.	WT.	CONT.	WT.	CONT.	WT.												
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE																	

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE 	DATE

ONCORE TECHNOLOGICALS
2613 Skyway Dr.
Grand Prairie, TX 75052
FEB 01 2021

Permit #
40303



Regulated Medical Waste

MANIFEST # 2705518

UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	NAME OF COMPANY REPRESENTATIVE (Print) Raquel	SIGNATURE OF REPRESENTATIVE 	DATE 01-13-2021 3:11 PM

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED-00667																
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060																	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-13-2021 3:11 PM																	
	<table border="1"> <tr> <td># CONT.</td> <td>W. B.</td> <td># CONT.</td> <td>W. B.</td> <td># CONT.</td> <td>W. B.</td> <td># CONT.</td> <td>W. B.</td> </tr> <tr> <td>2</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				# CONT.	W. B.	# CONT.	W. B.	# CONT.	W. B.	# CONT.	W. B.	2	0						
	# CONT.	W. B.	# CONT.	W. B.	# CONT.	W. B.	# CONT.	W. B.												
2	0																			
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	NAME OF COMPANY REPRESENTATIVE (Print) Chris Morgan	SIGNATURE OF REPRESENTATIVE 	DATE 01-13-2021 3:11 PM																	
	TRANSFER STATION: NAME		REGISTRATION NUMBER																	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																
	COMPANY NAME		TELEPHONE NUMBER																	
	ADDRESS		DATE MEDICAL WASTE COLLECTED																	
	<table border="1"> <tr> <td># CONT.</td> <td>W. B.</td> <td># CONT.</td> <td>W. B.</td> <td># CONT.</td> <td>W. B.</td> <td># CONT.</td> <td>W. B.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				# CONT.	W. B.	# CONT.	W. B.	# CONT.	W. B.	# CONT.	W. B.								
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	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE																	


TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE FEB 01 2021		
	I certify that I have been authorized to accept <u>untreated</u> medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization. 		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

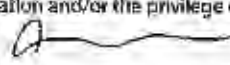
In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



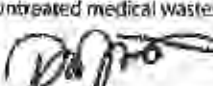
UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		01-21-2021 1:32 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0086557																		
	COMPANY NAME Oncore Healthcare Solutions, LLC			TELEPHONE NUMBER (972) 786-7080																		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052			DATE MEDICAL WASTE COLLECTED 01-21-2021 1:32 PM																		
	<table border="1"> <tr> <td>28 Gal Tub</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> </tr> <tr> <td></td> <td>3</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				28 Gal Tub	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF		3	0						
	28 Gal Tub	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF													
	3	0																				
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																						
	Chris Morgan		01-21-2021 1:32 PM																			
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE																			
	TRANSFER STATION NAME		REGISTRATION NUMBER																			

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																
	COMPANY NAME			TELEPHONE NUMBER																
	ADDRESS			DATE MEDICAL WASTE COLLECTED																
	<table border="1"> <tr> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF								
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	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE																

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept <u>untreated</u> medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		40303	DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
FEB 01 2021



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Requel		01-29-2021 2:53 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 788-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 01-29-2021 2:53 PM		
	28 Gal Tub	1 qt.	1 qt.	1 qt.	1 qt.
	3	0			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan		01-29-2021 2:53 PM		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	1 qt.	1 qt.	1 qt.	1 qt.
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE FEB 01 2021		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		40305	DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
317-31

GENERATOR	COMPANY NAME PRRM Surgical Center		TELEPHONE NUMBER (505) 286-8511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		02-05-2021 12:35 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0068557	
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 766-7060		
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-05-2021 12:35 PM		
	28 Gal TUB	Wt. 0	Wt. 0	Wt. 0	Wt. 0
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.				
	Chris Morgan		02-05-2021 12:35 PM		
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE		
	TRANSFER STATION: NAME		REGISTRATION NUMBER		

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	PERM.	Wt. 0	Wt. 0	Wt. 0
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE MAR 01 2021		
	I certify that I have been authorized to accept <u>untreated</u> medical waste and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE
	NAME OF COMPANY REPRESENTATIVE (Print)		DATE



UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PRRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Request		02-12-2021 11:54 AM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSON(S) COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557
	COMPANY NAME Oncore Healthcare Solutions, LLC			TELEPHONE NUMBER (972) 786-7060
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052			DATE MEDICAL WASTE COLLECTED 02-12-2021 11:54 AM
	28 Gal Tub # CONT. 2 WLB 0 ECOC. # 1-1 # 1-1 # 1-1 WLB # # 1-1 # 1-1			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	Chris Morgan		02-12-2021 11:54 AM	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE	
	TRANSFER STATION: NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSON(S) COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME			TELEPHONE NUMBER
	ADDRESS			DATE MEDICAL WASTE COLLECTED
	# CONT. WLB ECOC. # 1-1 # 1-1 # 1-1 WLB # # 1-1 # 1-1			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE


TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS RECEIVED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		DATE
		Permit # 40309	

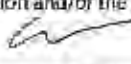
ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
MAR 01 2021




UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
217-31

GENERATOR	COMPANY NAME PFRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Request NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	02-19-2021 12:38 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 066557																
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 766-7090																	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-19-2021 12:39 PM																	
	28 Gal Tub <table border="1"> <tr> <td>front</td><td>wt</td><td>front</td><td>wt</td><td>front</td><td>wt</td><td>front</td><td>wt</td> </tr> <tr> <td>2</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				front	wt	front	wt	front	wt	front	wt	2	0						
	front	wt	front	wt	front	wt	front	wt												
2	0																			
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	02-19-2021 12:39 PM DATE																	
	TRANSFER STATION: NAME		REGISTRATION NUMBER																	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																
	COMPANY NAME		TELEPHONE NUMBER																	
	ADDRESS		DATE MEDICAL WASTE COLLECTED																	
	<table border="1"> <tr> <td>front</td><td>wt</td><td>front</td><td>wt</td><td>front</td><td>wt</td><td>front</td><td>wt</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				front	wt	front	wt	front	wt	front	wt								
	front	wt	front	wt	front	wt	front	wt												
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE																

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
MAR 01 2021
Permit # 40803



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		02-26-2021 1:06 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED096657																				
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 756-7060																					
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 02-26-2021 1:06 PM																					
	28 Gal Tub <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td></td><td></td><td>3</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10			3	0						
	1	2	3	4	5	6	7	8	9	10														
		3	0																					
I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																								
	Chris Morgan		02-28-2021 1:06 PM																					
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE																					
TRANSFER STATION: NAME			REGISTRATION NUMBER																					

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED MAR 01 2021	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that there are no other above indicated wastes in accordance with the requirements outlined in that authorization.		
		Permit # 40303	DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

In case of emergency, call (817) 751-5188

(24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		03-05-2021 4:00 PM
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE
			DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NIMED 066587																				
	COMPANY NAME Oncore Healthcare Solutions, LLC			TELEPHONE NUMBER (972) 796-7060																				
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052			DATE MEDICAL WASTE COLLECTED: 03-05-2021 4:00 PM																				
	28 Gal Tub <table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td>3</td><td>0</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10	3	0								
	1	2	3	4	5	6	7	8	9	10														
3	0																							
I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																								
	Chris Morgan		03-05-2021 4:00 PM																					
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE																				
	TRANSFER STATION- NAME		REGISTRATION NUMBER																					

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																				
	COMPANY NAME			TELEPHONE NUMBER																				
	ADDRESS			DATE MEDICAL WASTE COLLECTED																				
	<table border="1"> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>10</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>				1	2	3	4	5	6	7	8	9	10										
	1	2	3	4	5	6	7	8	9	10														
I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																								
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE																				

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS RECEIVED 2613 Skyway Dr. Grand Prairie, TX 75052	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the amount indicated wastes in accordance with the requirements outlined in that authorization.		
			40303
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE
			DATE



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217.31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	NAME OF COMPANY REPRESENTATIVE (Print) Raquel		SIGNATURE OF REPRESENTATIVE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557																
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060																	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-11-2021 2:32 PM																	
	28 Gal Tub <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CONT.</td> <td>WEIGHT</td> <td>CONT.</td> <td>WEIGHT</td> <td>CONT.</td> <td>WEIGHT</td> <td>CONT.</td> <td>WEIGHT</td> </tr> <tr> <td>2</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT	2	0						
	CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT												
	2	0																		
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
NAME OF COMPANY REPRESENTATIVE (Print) Chris Morgan		SIGNATURE OF REPRESENTATIVE 		DATE 03-11-2021 2:32 PM																

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																
	COMPANY NAME		TELEPHONE NUMBER																	
	ADDRESS		DATE MEDICAL WASTE COLLECTED																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>CONT.</td> <td>WEIGHT</td> <td>CONT.</td> <td>WEIGHT</td> <td>CONT.</td> <td>WEIGHT</td> <td>CONT.</td> <td>WEIGHT</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT								
	CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT	CONT.	WEIGHT												
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE		DATE																

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED (MM/DD/YYYY)	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes, and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
APR 05 2021

Permit #
40968



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	NAME OF COMPANY REPRESENTATIVE (Print) Raquel		SIGNATURE OF REPRESENTATIVE

PRIMARY TRANSPORTER	NAME(S) OF PERSON(S) COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 (NMED 0068557)																				
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7860																					
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-19-2021 1:08 PM																					
	28 Gal Tub <table border="1"> <tr> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> </tr> <tr> <td>3</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	3	0								
	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.														
3	0																							
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NAME OF COMPANY REPRESENTATIVE (Print) Chris Morgan		SIGNATURE OF REPRESENTATIVE 		DATE 03-19-2021 1:08 PM																				
TRANSFER STATION: NAME			REGISTRATION NUMBER																					

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSON(S) COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																				
	COMPANY NAME		TELEPHONE NUMBER																					
	ADDRESS		DATE MEDICAL WASTE COLLECTED																					
	<table border="1"> <tr> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> <td>Cont.</td> <td>Vol.</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.										
	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.	Cont.	Vol.														
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																								
NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE		DATE																				

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052			
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED APR 05 2021	TOTAL WEIGHT DEPOSITED/UNLOADED 40303	
	DISCREPANCY INDICATION SPACE			
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.			
NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE 		DATE

In case of emergency, call 1-817-751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		03-26-2021 1:43 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557																				
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 766-7060																					
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 03-26-2021 1:43 PM																					
	28 Gal Tub <table border="1"> <tr> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> </tr> <tr> <td>3</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #	3	0								
	QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #														
3	0																							
I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																								
	Chris Morgan		03-26-2021 1:43 PM																					
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE																					
	TRANSFER STATION: NAME		REGISTRATION NUMBER																					

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																				
	COMPANY NAME		TELEPHONE NUMBER																					
	ADDRESS		DATE MEDICAL WASTE COLLECTED																					
	<table border="1"> <tr> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> <td>QTY</td> <td>WT #</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #										
	QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #	QTY	WT #														
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	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE																				

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
			DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052
APR 05 2021

Permit #
40303



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE, Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		04-02-2021 2:32 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NIMED 0088557
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7050	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-02-2021 2:32 PM	
	28 Gal Tub # CONT: 3 # L: 0 # CONT: # L: # CONT: # L: # CONT: # L: # CONT: # L: # CONT: # L:			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	Chris Morgan		04-02-2021 2:32 PM	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE	
	TRANSFER STATION: NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# CONT: # L: # CONT: # L: # CONT: # L: # CONT: # L: # CONT: # L:			
	I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS RECEIVED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE MAY 03 2021		
	I certify that I have been authorized to accept untreated medical waste and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
		Permit # 40565	DATE
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGII

CODE AREA
217.31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded; and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Raquel		04-09-2021 12:21 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 006657																
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060																	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-09-2021 12:21 PM																	
	<table border="1"> <tr> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> </tr> <tr> <td>3</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	3	0						
	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF												
3	0																			
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	Chris Morgan		04-09-2021 12:21 PM																	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE																	
	TRANSFER STATION: NAME		REGISTRATION NUMBER																	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER																
	COMPANY NAME		TELEPHONE NUMBER																	
	ADDRESS		DATE MEDICAL WASTE COLLECTED																	
	<table border="1"> <tr> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> <td># CONT.</td> <td>WLF</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>				# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF								
	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF	# CONT.	WLF												
I certify that the information provided above is true and correct and that only <u>untreated</u> medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.																				
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE																

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE DEPOSITED/UNLOADED MAY 03 2021	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
			Permit # 40300
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE



UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGI

CODE AREA
217-31

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Regual		04-16-2021 12:11 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50120 / NMEQ 0066557										
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060											
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-16-2021 12:11 PM											
	28 Gal Tub	1 cont	2	wt #	0	4 cont	wt #		8 cont	wt #		16 cont	wt #	
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.													
	Chris Morgan		04-16-2021 12:11 PM											
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE											
TRANSFER STATION: NAME			REGISTRATION NUMBER											

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER				
	COMPANY NAME		TELEPHONE NUMBER					
	ADDRESS		DATE MEDICAL WASTE COLLECTED					
	1 cont	wt #	4 cont	wt #	8 cont	wt #	16 cont	wt #
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.							
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE					

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE DEPOSITED/UNLOADED	TOTAL WEIGHT DEPOSITED/UNLOADED
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above indicated wastes in accordance with the requirements outlined in that authorization.		
			04-30-2021
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

ONCORE TECHNOLOGY
2613 Skyway Dr.
Grand Prairie, TX 75052


MAY 03 2021


Permit #
40305



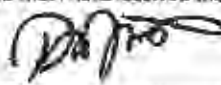
UN3291, Regulated Medical Waste,
n.o.s., 6.2, PGII

CODE AREA
217.51

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd, NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded, and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	RAQUEL NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	04-23-2021 2:16 PM DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 50129 / NMED 0066557
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-23-2021 2:16 PM	
	28 Gal Tub # CONT. 3 WLT 0 FRONT. WLT FRONT. WLT FRONT. WLT FRONT. WLT			
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	Chris Morgan NAME OF COMPANY REPRESENTATIVE (Print)	 SIGNATURE OF REPRESENTATIVE	04-23-2021 2:16 PM DATE	
	TRANSFER STATION NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	# CONT. WLT FRONT. WLT FRONT. WLT FRONT. WLT FRONT. WLT			
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	
			DATE	

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED 2013 Skyway Dr. Grand Prairie, TX 75052	
	DISCREPANCY INDICATION SPACE MAY 03 2021		
	I certify that I have been authorized to accept untreated medical wastes and that I have received the above described wastes in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE  40305 DATE

In case of emergency, call (817) 751-5188 (24-hr company or other emergency response group telephone)



UN3291, Regulated Medical Waste,
n.o.s., 6,2, PGI

CODE AREA
21731

GENERATOR	COMPANY NAME PPRM Surgical Center		TELEPHONE NUMBER (505) 265-9511
	ADDRESS 701 San Mateo Blvd. NE Albuquerque, NM 87108		
	I certify that the information provided is true and correct, and that the generated materials are properly classified, described, packaged, labeled/placarded and are in proper condition for transportation according to the applicable regulations of the U.S. Department of Transportation.		
	Request		04-30-2021 3:42 PM
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE

PRIMARY TRANSPORTER	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE Chris Morgan		INITIALS CM	REGISTRATION NUMBER MSW 80129 / NMEC 0066557
	COMPANY NAME Oncore Healthcare Solutions, LLC		TELEPHONE NUMBER (972) 786-7060	
	ADDRESS 2613 Skyway Dr. Grand Prairie, TX 75052		DATE MEDICAL WASTE COLLECTED 04-30-2021 3:42 PM	
	28 Gal Tub #cont: 2 #wt: 0 #cont: #wt: #cont: #wt: #cont: #wt:			
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	Chris Morgan		04-30-2021 3:42 PM	
	NAME OF COMPANY REPRESENTATIVE (Print)	SIGNATURE OF REPRESENTATIVE	DATE	
	TRANSFER STATION: NAME		REGISTRATION NUMBER	

TRANSFER STATION / TRANSPORTER 2	NAME(S) OF PERSONS COLLECTING, TRANSPORTING OR UNLOADING WASTE		INITIALS	REGISTRATION NUMBER
	COMPANY NAME		TELEPHONE NUMBER	
	ADDRESS		DATE MEDICAL WASTE COLLECTED	
	#cont: #wt: #cont: #wt: #cont: #wt: #cont: #wt:			
	I certify that the information provided above is true and correct and that only untreated medical wastes are contained in this load. I am aware that falsification of this manifest may result in forfeiture of my transporter's registration and/or the privilege of utilizing State-authorized facilities.			
	NAME OF COMPANY REPRESENTATIVE (Print)		SIGNATURE OF REPRESENTATIVE	DATE

TREATMENT FACILITY	COMPANY NAME		TELEPHONE NUMBER
	ADDRESS ONCORE TECHNOLOGY 2613 Skyway Dr. Grand Prairie, TX 75052		
	PERMIT NUMBER	DATE WASTE WAS DEPOSITED/UNLOADED MAY 03 2021	
	DISCREPANCY INDICATION SPACE		
	I certify that I have been authorized to accept untreated medical wastes and that I have met the requirements indicated in accordance with the requirements outlined in that authorization.		
	NAME OF COMPANY REPRESENTATIVE (Print)		DATE
		SIGNATURE OF REPRESENTATIVE	DATE

In case of emergency, call (972) 751-5188 (24-hr company or other emergency response group telephone)

EXHIBIT 4



NEW MEXICO
ENVIRONMENT DEPARTMENT

Solid Waste Bureau
1190 Saint Francis Drive, Room N-2150
PO Box 5469
Santa Fe, NM 87502-5469
Telephone (505) 827-0197
www.env.nm.gov/solid-waste/

Michelle Lujan Grisham
Governor

James C. Kenney
Cabinet Secretary

Howie C. Morales
Lt. Governor

Record Number: ENTS 14933

May 19, 2021

Amy Dickson, Chief Operating Officer
Planned Parenthood of the Rocky Mountains
7155 E. 38th Avenue
Denver, Colorado 80207

Re: Special Waste Manifesting, Planned Parenthood, 701 San Mateo Boulevard NE, Albuquerque, NM

Dear Amy Dickson:

On May 6, 2021, I received the 17 special waste manifests you provided at my request pursuant to the Solid Waste Bureau’s investigation of a complaint involving Planned Parenthood’s contracted infectious waste hauler. Upon review of the manifests, which were dated from January 8, 2021 through April 30, 2021, I noted that the generator block was insufficiently completed, as the name of Planned Parenthood’s representative was consistently written as “Raquel” only, with a corresponding signature written only as the letter “R.” The SWB acknowledges that it is possible that these represent the person’s legal name and signature, but it seems reasonable to question. Special waste manifests are required and document chain-of-custody by providing accurate information regarding the release and acceptance of the waste from the point of generation to its final disposal (“cradle to grave”). Accordingly, I want to be sure that the representative’s complete name and legal signature are used on all special waste manifests in the future. As a reminder, the New Mexico Solid Waste Rules, 20.9.8.19.C NMAC, require all special waste manifests to accurately reflect the necessary information, including the signature of the generator.

Thank you for your help in this matter. If you have any questions, please contact me at (505) 795-1232 or daniel.galasso@state.nm.us. You may also contact George W. Akeley, Jr. (“Chuck”), Manager, Enforcement Section, Solid Waste Bureau, NMED, at (505) 670-3283 or chuck.akeley@state.nm.us.

Sincerely,

Daniel Galasso

Digitally signed by Daniel Galasso
Date: 2021.05.19 15:30:58 -06'00'
Adobe Acrobat version: 2017.011.30196

Daniel R. Galasso
Enforcement Officer

cc: Chuck Akeley, Manager, Enforcement Section, Solid Waste Bureau [via electronic mail]
Teri D. Monaghan, Enforcement Coordinator, Solid Waste Bureau [via electronic mail]
Paul E. Martinez, Enforcement Officer, Solid Waste Bureau [via electronic mail]