

## APIC-DFW Government Affairs Committee (GAC)

### April 2006 Report

#### TEXAS REGISTER ACTIVITY

- 03/03/06 *PROPOSED* rule pages 1409 – 1411; Chapter 97. Communicable diseases Subchapter 1. Immunization Requirements for Residents of Texas Nursing Homes. Mostly word-smiting changes.
- 03/24/06 *ADOPTED* rule pages 2536-2538. TCEQ Comments and Section-by-Section Discussion re Sub-Chapter Y: Medical Waste Management. NOTE: These proposed changes were in the 09/09/05 Texas Register. The answer to the question “Can we place our ‘treated’ (disinfected and made unrecognizable) biohazard waste in the regular land-fill? is answered by Matt Wall below.

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#### **New Medical Waste Rules Adopted** (To be published in THA Health Care Advocate)

The Texas Commission on Environmental Quality adopted new rules regarding the management of medical waste. Working with the Texas Association of Healthcare Facilities Management, the Texas Society of Infection Control Practitioners, and member hospitals, the Texas Hospital Association was successful in adding language allowing treated medical waste to be commingled with and managed as routine municipal solid waste (MSW). The adopted rules were published in the March 24, 2006 *Texas Register*. The rules include the following:

- A provision allowing treated medical waste to be managed as routine municipal solid waste. However, treated medical waste that contains whole, nonencapsulated hypodermic needles or syringes, or intact red bags, must be accompanied by a shipping document. The shipping document must state that the shipment contains whole, nonencapsulated hypodermic needles or syringes or intact red bags, and that the waste was treated under approved methods. The purpose of the shipping document, according to the department, is to give the landfill operator advance notice that the incoming load of waste contains treated medical waste with whole, nonencapsulated needles or syringes and potentially visible intact red bags.
- Deletion of the department’s proposal to require segregation of treated needles and syringes from the MSW stream.
- A definition of “on-site” that allows medical waste from health care facilities that are owned or controlled by a main facility and that are within 75 miles of the main facility to be considered managed on-site. This allows medical waste to be managed as though it had been generated by the main facility. THA had supported this concept.
- A new definition of “affiliated facility,” which allows hospitals to assume responsibility for an integrated waste management unit within a contiguous health

care complex. THA had made this recommendation. This change means that medical waste generated at one facility may be routinely stored, processed or disposed of in a medical waste management unit that is owned or operated by another hospital within a contiguous health care complex.

Hospitals and other generators of medical waste must comply with the new requirements within 120 days following the March 27, 2006 effective date - by July 25, 2006. (*Matt Wall, J.D.*)

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## **TCEQ Comments and Section-by-Section Discussion re Subchapter Y: Medical Waste Management (See *March 24, 2006 Texas Register at 31 TexReg 2536-2538*)**

The commission repeals §330.1001, Purpose, and moves the requirements of this section to new §330.1201.

The commission repeals §330.1002, Applicability, and moves the requirements of this section to new §330.1203.

The commission repeals §330.1003, Definitions, and moves the requirements of this section to new §330.1205.

The commission repeals §330.1004, Generators of Medical Waste. The commission moves the requirements of §330.1004(a) to new §330.3; §330.1004(b) to new §330.1207(a); §330.1004(c) - (e) to new §330.1219(a) - (c); §330.1004(h)(2) - (6) to new §330.1207(b) and acknowledges that medical waste may be transported by the United States Postal Service by First Class or Priority Mail in accordance with the Domestic Mail Manual, incorporated by reference in 39 CFR Part 111 (relating to General Information on Postal Service); and §330.1004(i) and (j) to new §330.1207(c) and (d). The commission deletes the definition of "other regulated medical waste" from new §330.3, and deletes §330.1004(g). The commission establishes that any solid waste from a health care-related facility that is not within the definition of medical waste, as defined in §330.3, is MSW. The commission deletes the description "on-site" from §330.1004(f) and adopts a new §330.1205(b) to expand the definition of "on-site."

The commission repeals §330.1005, Transporters of Medical Waste. The commission changes the registration requirement for transporters of untreated medical waste who are not the generator to a requirement for a registration by rule. Drivers' names and license numbers are not required as part of the registration by rule. This will reduce the reporting requirements for untreated medical waste transporters since they will no longer have to update the registration each time a driver changes. The commission moves the requirements of §330.1005(a) to new §330.1211(a); §330.1005(e) to new §330.1211(b); §330.1005(g) - (o) to new §330.1211(c) - (k); §330.1005(p)(1) to new §330.13(e);

§330.1005(p)(2) to new §330.11(h); and §330.1005(q) and (r) to new §330.1211(l) and (m).

The commission repeals §330.1006, Transfer of Shipments of Medical Waste, and moves the requirements of this section to new §330.1213.

The commission repeals §330.1007, Interstate Transportation, and moves the requirements of this section to new §330.1215.

The commission repeals §330.1008, Medical Waste Collection Station. The commission moves the requirements of §330.1008(c) to new §330.1217.

The commission repeals §330.1009, Storage of Medical Waste. The commission moves §330.1009(a) to new §330.1209(a); §330.1009(b) to new §330.9(n) and §330.13(d); and §330.1009(d) to new §330.1209(b) and §330.1211(c)(2)(F).

The commission repeals §330.1010, On-Site Treatment Services on Mobile Vehicles. The commission moves §330.1010(a) to new §330.1221(a); §330.1010(b), (d), and (e) to new §330.9(m); §330.1010(c) to new §330.1221(b); §330.1010(g) - (n) to new §330.1221(c) - (j); and §330.1010(o) and (p) to new §330.1221(l) and (m). The commission changes the registration requirement for owners or operators of mobile units conducting on-site treatment of medical waste that are not the generator to a registration by rule. The commission eliminates the requirement for drivers' names and license numbers as part of the registration by rule to reduce reporting requirements.

The commission adopts new §330.1201, Purpose, and moves the requirements of §330.1001 to this section. These requirements are moved with no substantive changes; however, the formatting and the rule language have been modified to be consistent with guidance provided in the *Texas Legislative Council Drafting Manual*, November 2004, and to conform with Texas Register requirements and agency guidelines.

The commission adopts new §330.1203, Applicability, and moves the requirements of §330.1002 to this section. These requirements are moved with no substantive changes; however, the formatting and the rule language have been modified to be consistent with guidance provided in the *Texas Legislative Council Drafting Manual*, November 2004, and to conform with Texas Register requirements and agency guidelines. In §330.1203(a), the commission establishes that owners and operators comply with the 2006 Revisions to this subchapter within 120 days after the effective date of the 2006 Revisions.

The commission adopts new §330.1205, Definitions. The commission moves the requirements of §330.1003 to new §330.1205(a). As a streamlining initiative, the commission reduces the level of agency approvals of low impact waste management activities and promotes authorized medical waste management facilities across Texas by adopting new §330.1205(b) to expand the definition of "On-site." For the purposes of Subchapter Y only, the commission establishes that medical waste that is managed on

property owned or effectively controlled by one entity that is within 75 miles of the point of generation is considered to be managed "on-site." Medical waste managed on property owned or effectively controlled by one entity that is greater than 75 miles of the point of generation will be considered to be from an "off-site" source. Any solid waste generated on properties owned or effectively controlled by an entity, regardless of distance, will be considered to be from an "off-site" source if managed by a different entity. The commission added a definition for affiliated facility to allow a hospital to operate an integrated medical waste management unit within a contiguous health care complex. The remaining requirements are moved with no substantive changes; however, the formatting and the rule language have been modified to be consistent with guidance provided in the *Texas Legislative Council Drafting Manual*, November 2004, and to conform with Texas Register requirements and agency guidelines.

The commission adopts new §330.1207, Generators of Medical Waste. The commission moves the requirements of §330.1004(b) to new §330.1207(a); §330.1004(h)(2) - (6) to new §330.1207(b) and acknowledges that medical waste may be transported by the United States Postal Service by First Class or Priority Mail in accordance with the Domestic Mail Manual, incorporated by reference in 39 CFR Part 111 (relating to General Information on Postal Service); and §330.1004(i) and (j) to new §330.1207(c) and (d). The commission establishes, in new §330.1207(a), that any solid waste from a health care-related facility that is not within the definition of medical waste, as defined in §330.3, is MSW. The commission has added to §330.1207(c)(5) that the generator provide the weight of the container and contents on the label affixed to a container of untreated medical waste. The remaining requirements are moved with no substantive changes; however, the formatting and the rule language have been modified to be consistent with guidance provided in the *Texas Legislative Council Drafting Manual*, November 2004, and to conform with Texas Register requirements and agency guidelines.

The commission adopts new §330.1209, Storage of Medical Waste. The commission moves the requirements of §330.1009(a) to new §330.1209(a). Previous regulations required all medical waste to be refrigerated after specified time frames. The commission adopts new §330.1209(b) to require all persons who are not the generator or treatment facility to refrigerate to 45 degrees Fahrenheit only putrescible or biohazardous untreated medical waste that will be stored for longer than 72 hours after receipt from the generator. The commission will allow treatment facilities to store putrescible or biohazardous untreated medical waste for up to 72 hours after receipt before having to refrigerate the waste. Refrigeration helps to slow the biological degradation of the waste, which can help to reduce the creation of a health hazard or nuisance condition.

The commission adopts new §330.1211, Transporters of Untreated Medical Waste. The commission adds the word "untreated" to the title of the section to establish that this section applies only to untreated medical waste. Previously, the commission had no specific transporter requirements for treated medical waste. The commission moves the requirements of §330.1005(a) to new §330.1211(a); §330.1005(e) to new §330.1211(b); §330.1005(g) - (o) to new §330.1211(c) - (k); and §330.1005(q) and (r) to new

§330.1211(l) and (m). The commission has deleted the phrase "that is designated as a medical waste" from the proposed version of §330.1211(a). The commission has extended the requirement to notify the executive director of changes to the registration in new §330.1211(b) from the proposed 15 days to 30 days to allow additional reporting flexibility. In §330.1211(c) and (d) the commission changes the term "vehicle" to "transportation unit." Transportation unit is defined in §330.3. This change clarifies the types of transportation units subject to Subchapter Y. The commission adopts new §330.1211(c)(2)(C) to allow transportation units to be locked or secured to acknowledge that there are other methods besides locks to prevent tampering with waste shipments. The commission adopts new §330.1211(e) to allow co-transportation of untreated medical waste, containerized Animal and Plant Health Inspection Services (APHIS) waste, and nonhazardous pharmaceutical waste provided the entire shipment is delivered to the same treatment facility. In §330.1211(j) the commission changes "permitted facility" to "authorized facility" to allow flexibility for the management of medical waste. The remaining requirements are moved with no substantive changes; however, the formatting and the rule language have been modified to be consistent with guidance provided in the *Texas Legislative Council Drafting Manual*, November 2004, and to conform with Texas Register requirements and agency guidelines. The commission adopts new §330.1211(c)(2)(F) to require all transporters who are not the generator to refrigerate to 45 degrees Fahrenheit putrescible or biohazardous, untreated medical waste that will be transported for longer than 72 hours after initial receipt from the generator. Refrigeration helps to slow the biological degradation of the waste, which can help to reduce the creation of a nuisance condition.

The commission adopts new §330.1213, Transfer of Shipments of Medical Waste, and moves the requirements of §330.1006 to this section. The commission changes "vehicle" or "transport vehicle" to "transportation unit" to consistently use the term "transportation unit" throughout Subchapter Y. The commission establishes that this section applies only to untreated medical waste by changing "medical waste" to "untreated medical waste." A facility that is authorized by the commission and is following the provisions of its authorization is considered to be operating in a manner that is protective of the environment. The commission also changes "permitted facility" to "authorized facility" to allow flexibility for the proper transfer, storage, and collection of medical waste. This change will allow for more options to comply with the commission's rules and may encourage medical waste processors to establish fixed facilities to provide service to areas outside of the major metropolitan areas of Texas.

The commission adopts new §330.1215, Interstate Transportation, and moves the requirements of §330.1007 to this section. The commission establishes that this section applies only to untreated medical waste by changing "medical waste" to "untreated medical waste."

The commission adopts new §330.1217, Medical Waste Collection Stations. The commission moves the requirements of §330.1008(c) to new §330.1217. The commission changes "permitted" to "authorized" to encourage the proper treatment of medical waste. A facility that is authorized by the commission and is following the provisions of its

authorization is considered to be operating in a manner that is protective of the environment. This change will allow for more options to comply with the commission's rules and may encourage medical waste processors to establish fixed facilities to provide service to areas outside of the major metropolitan areas of Texas.

The commission adopts new §330.1219, Treatment and Disposal of Medical Waste. The commission moves the requirements of §330.1004(c) - (e) to new §330.1219(a) - (c). The commission adopts, in new §330.1219(a)(3)(E)(ii), the requirement for operators to record operating parameters of medical waste treatment processes and reagent strength, if applicable, and to maintain those records for three years. The commission has removed the ban on compacting treated, unencapsulated medical waste sharps in new §330.1219(b)(4)(B) to conform to current commercial medical waste treatment practices. The commission allows, in new §330.1219(c), for unused hypodermic needles, syringes with attached needles, and scalpel blades to be ground or shredded and then disposed in a Type I or Type IAE MSW landfill if the sharps have been made unrecognizable and significantly reduced in ability to cause puncture wounds in accordance with §330.1219(b)(4)(D) as another treatment option in addition to encapsulation as allowed in §330.1219(b)(4)(B) or (C). The commission adopts new §330.1219(d) to require operators of medical waste treatment equipment to use backflow preventers on any potable water connections to prevent contamination of potable water supplies. The commission adopts new §330.1219(e) to allow treated medical waste to be managed as routine MSW with the condition that treated medical waste that contains whole, nonencapsulated hypodermic needles or syringes or intact red bags that is sent to a landfill for disposal shall be accompanied by a shipping document. This shipping document must include a statement that the shipment contains whole, nonencapsulated hypodermic needles or syringes or intact red bags, as applicable, and that the medical waste was treated in accordance with 25 TAC §1.136, Approved Methods of Treatment and Disposition.

The commission adopts new §330.1221, On-Site Treatment Services on Mobile Treatment Units. The commission changes "vehicle" to "treatment unit" throughout this section to clarify that it is the treatment unit to which the requirements apply. The commission moves the requirements of §330.1010(a) to new §330.1221(a); §330.1010(c) to new §330.1221(b); §330.1010(g) - (n) to new §330.1221(c) - (j); and §330.1010(o) and (p) to new §330.1221(l) and (m). In §330.1221(b) the commission changes the authorization from a registration to a registration by rule. The commission also deletes the requirements for the appeal of a revocation or denial of a registration since the authorization is changed from a registration to a registration by rule. The commission adopts new §330.1221(g)(7) to require that owners or operators of mobile treatment units providing on-site treatment of medical waste to keep records of all waste treatment regarding identification of performance test failures including date of occurrence, corrective action procedures, and retest dates to ensure that all wastes are fully treated. The commission adopts new §330.1221(k) to have owners or operators maintain equipment to prevent the creation of nuisance conditions.

## **Industry Comments and TCEQ Responses to Proposed Rules re Subchapter Y: Medical Waste Management (See *March 24, 2006 Texas Register at 31 TexReg 2588-2590*)**

§330.1205. Definitions.

### Comment

APIC and DRMC supported the expanded geographical limits of "on-site" in §330.1205(b) and recommend that it be expanded to 95 miles. THA recommended that it be expanded to 100 miles. HCPHES commented that the 75 miles appears to be arbitrary, that it will be difficult to enforce, it will exempt generators from recordkeeping or manifesting, and that the method for determining the distance is not defined. Sharps stated that the definition of "on-site" is too broad and should be contiguous or adjacent to the point of waste generation. APIC and THA commented that a new definition should be added to allow facilities that are contiguous or in close proximity, but not under common ownership or control, to process their on-site medical waste at a facility operated for joint benefit. EHMS stated that the rule should provide a definition for the term "mobile medical waste treatment unit" to avoid such units from being permanently affixed at a hospital site and recommended that the rule also adopt an existing definition of a "hospital" to clarify the point of generation and ownership limitations of the generator.

### Response

The commission has made no changes to the 75-mile radius, added a new definition of affiliated facility, and did not add a definition for the term "mobile medical waste treatment unit" to the rule in response to these comments. The commission believes that the 75-mile radius distance is adequate to allow medical waste generators in metropolitan areas an ability to manage and transport waste from their operations. The commission believes that it is reasonable to allow a hospital to assume responsibility for an integrated medical waste management unit within a contiguous health care complex and added a definition for an affiliated facility. The commission does not believe that the term "mobile" must be defined in Chapter 330 since the term is known in common usage. The term "hospital" has been defined, in response to comment, by reference to that term's usage by the DSHS. The 75-mile distance is measured as a straight line between the point of generation and receipt as opposed to the distance by road.

§330.1207. Generators of Medical Waste.

### Comment

HCPHES commented that under §330.1207(b)(2), the exception for medical waste shipped via first class or priority mail means that there would be no signed receipts for investigators to review for these types of cases and therefore difficult to enforce. At a

minimum, a return receipt for registered mail should be required if medical waste is shipped via first class or priority mail.

#### Response

The commission is not aware of any problems related to mailed shipments of medical waste that warrant additional requirements. The commission made no changes in response to this comment.

#### Comment

Sharps requested that sharps mailback containers be exempted from the Spanish labeling requirement of proposed §330.1207(c)(4). Sharps commented that the federal requirements only require the biohazard symbol with no Spanish warning labels and that states that have large Spanish-speaking populations, such as California, Arizona, Florida, and New Mexico, also do not require labeling in Spanish on transport containers. Sharps concluded that not including Spanish wording on the mailback system would not present a hazard to the workers transporting these containers.

#### Response

The commission believes the labeling is appropriate regardless of the transporter and that the requirement does not conflict with federal labeling requirements. The commission has not revised the rule in response to these comments.

#### Comment

Stericycle requested that the commission add language to §330.1207(c)(9) that refers to the leakproof standard for sharps containers found in federal regulations, 49 CFR §173.24(f). The requested language is to clearly require that all sharps be transported in a sealed, leakproof manner. Stericycle further commented that the new language will remove the apparent option for sharps containers that may be leak resistant but not leakproof to be placed in a plastic bag. Stericycle expressed the belief that this is a uniform standard that does not impose any significant restraint on interstate commerce, and generators may easily comply with the standard.

#### Response

The commission concurs with the request and has changed §330.1207(c)(9) to require that any container that is not leakproof as defined in 49 CFR §173.24(f) be placed in a plastic bag described in §330.1207(c)(1) and then into a rigid container described in §330.1207(c)(2).

#### Comment

Stericycle commented that §330.1211(h)(3) should be revised to require that the transporter provide the generator documentation of the total weight of the containers within 45 days when scales are not available, and to make subsection (h)(3) consistent with requirements in §330.1211(g).

#### Response

The commission agrees with these comments and has added, to §330.1207(c)(5), that the generator provide the weight of the container and contents on the label affixed to a container of untreated medical waste.

#### §330.1209. Storage of Medical Waste.

#### Comment

Chambers suggested that the rule be revised to allow a treatment facility to request a waiver of the refrigeration requirement for putrescible or biohazardous medical waste, on a case-by-case basis.

#### Response

The regulations require treatment facilities to refrigerate putrescible or biohazardous medical waste stored for longer than 72 hours. If conditions require a longer period of waste storage, the commission believes that refrigeration is appropriate, and has not revised the rule in response to comment.

#### Comment

OPIC requested that the commission initiate a study on the requirements for refrigeration of medical waste to control and/or prevent the spread of infectious agents from medical waste prior to making a decision on the rules.

#### Response

The commission requested input on this topic and received no technical information that the unrefrigerated storage time should be less than 72 hours. Requiring refrigeration after 72 hours is reasonable to protect the public, so this provision is adopted as proposed.

#### Comment

HCPHES commented that §330.1209(b) should be revised to allow a maximum storage time of seven days, and that existing provisions for executive director authorization after 14 days should be retained. HCPHES also commented that the rule should provide a definition for the terms "medical waste collection station" and "mobile treatment unit," and that the registration by rule will not require notification to TCEQ and will make TCEQ and HCPHES monitoring of the operation difficult.

## Response

If waste is refrigerated as required by regulation, the commission does not believe it necessary to put a time limit on storage. Because the term "mobile" is known in common usage, a definition has not been provided in Chapter 330 for a mobile treatment unit, nor has a separate definition been provided for a medical waste collection station, which is defined by the activities described in §330.1217. Though no public notice is required, a registration by rule will require the submittal of information on the operation at least 60 days prior to commencing operation under §330.9(m)(1). The rule has not been changed in response to these comments.

## Comment

Sharps commented that sharps waste is not putrescible and therefore should not require refrigeration, and requested that the rule be revised to exclude sharps waste from the refrigeration storage requirements of §330.1209(b).

## Response

The requirement that waste be stored at 45 degrees Fahrenheit relates to both putrescible and biohazardous untreated medical waste, making a blanket exemption for any medical waste stream inappropriate. The rule has not been changed in response to these comments.

§330.1219. Treatment and Disposal of Medical Waste.

## Comment

APIC, DRMC, EMHS, and THA commented that §330.1219(b)(1) should be revised to allow the commingling of treated waste streams with routine MSW. APIC, EHMS, and THA stated that the proposed §330.1219(b)(4)(B) should be revised to remove the special waste designation for treated sharps placed in a sharps container. EHMS also requested that the rule be revised to remove labeling requirements and suggested language to make §330.1219(b)(4)(C) unnecessary. Stericycle requested that the rule be revised to remove requirements for the segregation of sharps from a commercial processing facility, to eliminate the risk to facility employees.

APIC, EHMS, and THA requested that §330.1219(b)(4)(D) be revised to clarify that sharps that have been treated and rendered unrecognizable by grinding or shredding can be commingled and disposed with routine MSW.

Several commenters expressed concern that the segregation and disposal of treated medical waste identified as a special waste, will be unnecessarily burdensome and costly to healthcare facilities. APIC and THA stated that the term "special characteristics or properties" is vague, making compliance or enforcement impossible. Micro-Waste requested that the applicability to special waste be clarified. APIC, DRMC, and THA

stated that there is no scientific evidence that treated medical waste poses a greater risk than routine MSW, and requested that language which designates treated medical waste with special characteristics or properties as a special waste be removed. APIC and THA suggested that if retained, the definition be revised to provide for a "treatment certification statement" that would provide notice when treated medical waste with special characteristics or properties is delivered to the landfill. DMRC suggested that in lieu of the proposed rule, the addition of generator reporting and monitoring of the waste process could be added to existing requirements. Med-Shred suggested the rule also be revised to clarify that treated medical waste that no longer retains special characteristics may be disposed with routine MSW.

TORCH commented that not allowing treated medical waste to be disposed of with or as MSW could create problems for rural hospitals that would be both procedural and financial in nature. TORCH stated that the proposed changes would place an undue burden on more isolated facilities or those located in areas that are reluctant to deal with wastes other than routine MSW. TORCH commented that properly treated medical waste can be disposed of as normal waste without fear of infection or identification. Further, TORCH stated that mandating hospitals to segregate treated special waste would force already space- and cost-conscious rural hospitals to shift resources away from other initiatives. The rule might also require rural hospitals to move such waste greater distances to a landfill which would have the capacity to meet the new guidelines. TORCH requested that the commission provide any presented evidence that rendered former opinions about the safety of treated special waste invalid to assist TORCH in explaining the justification for these changes to organization members.

#### Response

The commission agrees with some of these comments, has removed the special labeling and segregation requirements for treated medical waste, and adopts new §330.1219(e) to allow treated medical waste to be managed as routine MSW with the condition that treated medical waste that contains whole, nonencapsulated hypodermic needles or syringes or intact red bags that are sent to a landfill for disposal shall be accompanied by a shipping document. This shipping document must include a statement that the shipment contains whole, nonencapsulated hypodermic needles or syringes or intact red bags, as applicable, and that the medical waste has been treated in accordance with 25 TAC §1.136, Approved Methods of Treatment and Disposition. The commission has deleted mention of special waste in response to these comments.

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### **TCEQ Adopted Rules Regarding Medical Waste (See *March 24, 2006 Texas Register at 31 TexReg 2685-2690*)**

**30 TAC §§330.1201, 330.1203, 330.1205, 330.1207, 330.1209, 330.1211, 330.1213, 330.1215, 330.1217, 330.1219, 330.1221**

#### STATUTORY AUTHORITY

The new sections are adopted under Texas Water Code, §5.103, which authorizes the commission to adopt any rules necessary to carry out its powers and duties; and THSC, §361.011, which establishes the commission's jurisdiction over all aspects of the management of MSW; §361.024, which provides the commission with rulemaking authority; and §361.061, which authorizes the commission to require and issue permits governing the construction, operation, and maintenance of solid waste facilities used to store, process, or dispose of solid waste; and §363.061, which authorizes the commission to adopt rules relating to regional and local solid waste management plans. The standard air permit is adopted under THSC, §382.011, which gives the commission the powers necessary or convenient to carry out its responsibilities under the TCAA; §382.051, which authorizes the commission to adopt rules as necessary to comply with regulations applicable to permits issued under the TCAA; and §382.05195, which authorizes the commission to issue standard permits and to adopt rules as necessary to implement standard permits.

The adopted new sections implement THSC, §361.002, Policy and Findings; §361.011, Commission's Jurisdiction, Municipal Solid Waste; §361.024, Rules and Standards; §361.061, Permits; §361.123, Limitation on Location of Municipal Solid Waste Landfills, as added by House Bill 1053, 79th Legislature, 2005; §361.123, Allowed Wastes and Exemptions for Certain Small Municipal Solid Waste Landfills in Arid Areas, as added by House Bill 1609, 79th Legislature, 2005; §363.061, Commission Rules, Approval of Regional and Local Solid Waste Management Plans; §382.002, Policy and Purpose; §382.011, General Powers and Duties; §382.051, Permitting Authority; and §382.05195, Standard Permit. The adopted new sections also implement Texas Water Code, §5.103, Rules.

*§330.1203.Applicability.*

(a) Owners and operators shall comply with the comprehensive rule revisions to this subchapter as adopted in 2006 within 120 days of the effective date of the 2006 Revisions. This subchapter is applicable to persons who generate, collect, transport, store, process, treat or dispose of medical waste.

(b) This subchapter will not apply to waste that is subject to 25 TAC Chapter 289 (relating to Radiation Control).

*§330.1205.Definitions.*

(a) The words, terms, and abbreviations, when used in this chapter, are defined in 25 TAC §1.132 (relating to Definitions), 25 TAC §133.2 (relating to Definitions), and in §330.3 of this title (relating to Definitions). When the definitions found in 25 TAC §1.132 are changed, such changes shall prevail over the definitions found in §330.3 of this title.

(b) For the purpose of the subchapter, medical waste managed on property that is owned or effectively controlled by one entity and that is within 75 miles of the point of

generation or at an affiliated facility shall be considered to be managed on-site. An affiliated facility means a health care-related facility that generates a medical waste that is routinely stored, processed, or disposed of on a shared basis in an integrated medical waste management unit owned, operated by a hospital, and located within a contiguous health care complex.

*§330.1207. Generators of Medical Waste.*

(a) Health care-related facilities shall identify and segregate medical waste, as defined in §330.3 of this title (relating to Definitions), from ordinary rubbish and garbage produced within or by the facilities. Other municipal solid waste may be combined with medical waste or may be identified and segregated as a separate waste stream. Where medical waste and other municipal solid wastes are combined, the combined waste shall be considered to be medical waste.

(b) Requirements for shipment of untreated medical waste off-site are as follows.

(1) Generators may transport their own untreated waste or shall release waste only to transporters who are registered with the executive director to transport untreated medical waste as required in §330.1211 of this title (relating to Transporters of Untreated Medical Waste).

(2) Except for medical waste shipped via First Class or Priority Mail using the United States Postal Service, the generator shall obtain from the transporter a signed receipt for each shipment of medical waste.

(3) The generator shall maintain a file of receipts for shipments of untreated medical waste for a period of three years following the date of shipment. This time period may be extended by the executive director for investigative purposes or in case of enforcement action.

(4) The file of receipts for shipments of untreated medical waste shall be available for inspection by commission personnel during normal business hours without prior notice.

(c) Requirements for identification and packaging of untreated medical waste are as follows.

(1) Medical waste, other than sharps, shall be placed in a plastic bag that meets the requirements of the American Society for Testing and Materials Standards (ASTM) Number D1709.01 and ASTM D1922.00a, or as otherwise required by the United States Department of Transportation under regulations set forth in 49 Code of Federal Regulations §171.7. If empty containers that held free liquids are placed into the bag, one cup of absorbent material for each six cubic feet, or fraction thereof, of bag volume must be placed in the bottom of the bag.

(2) The bag containing medical waste shall be placed in a rigid container that is leak resistant, impervious to moisture, of sufficient strength to prevent tearing and bursting under normal conditions of use and handling, and sealed to prevent leakage or as otherwise required by the United States Department of Transportation under regulations set forth in 49 Code of Federal Regulations §173.134.

(3) If the waste contains free liquids in containers, the plastic bag and/or the rigid container shall contain absorbent material sufficient to absorb 150% of the volume of free liquids placed in the bag.

(4) The outer container shall be conspicuously marked with a warning legend that must appear in English and in Spanish, along with the international symbol for biohazardous material. The warning must appear on the sides of the container, twice in English and twice in Spanish. The wording of the warning legend shall be as follows: "CAUTION, contains medical waste which may be biohazardous" and "CAUCI N, contiene desechos medicos que pueden ser biopeligroso." The outer container shall also be labeled in accordance with 49 Code of Federal Regulations §173.134(c).

(5) The generator shall affix to each container a label that contains the name and address of the generator, the weight and contents of the container, and either the date of shipment or an identification number for the shipment.

(6) The transporter shall affix to each container a label that contains the name, address, telephone number, and state registration number of the transporter. This information may be printed on the container.

(7) The printing on labels required in paragraphs (5) and (6) of this subsection shall be done in indelible ink with letters at least 0.5 inch in height. A single label may be used to satisfy the requirements of paragraphs (5) and (6) of this subsection. If a single label is used, the transporter shall insure the label is affixed to or printed on the container.

(8) The requirements of paragraphs (5) and (6) of this subsection shall not apply to shipments where the United States Postal Service is the transporter.

(9) Sharps must be placed in a marked, puncture-resistant rigid container designed for sharps. If the container is not leakproof as defined in 49 Code of Federal Regulations §173.24(f), the container must be placed in the plastic bag described in paragraph (1) of this subsection. The bag must then be placed in a rigid container as described in paragraph (2) of this subsection.

(d) The executive director may waive any or all of the requirements in this section if a situation exists that requires a waiver of such requirements in order to protect the public health and safety from the effects of a natural or man-made disaster.

*§330.1211.Transporters of Untreated Medical Waste.*

(a) The requirements of this section are applicable to any person that collects for transport or that transports untreated medical waste unless that person is exempt under the following provisions.

(1) Generators who generate 50 pounds or less per month of medical waste may transport their own untreated waste to an authorized medical waste collection station, transfer station, storage facility, or processing facility without complying with the requirements of this section.

(2) Generators who generate more than 50 pounds per month of medical waste may transport their own waste to a transfer station, storage facility, or processing facility authorized to receive medical waste and shall comply with subsections (d) - (l) of this section. These generators must notify the commission that they are transporting their own waste, provide the executive director with the information required in subsection (b) of this section, and submit an annual summary report as required by subsection (m) of this section.

(3) Medical waste transported by the United States Postal Service in accordance with the Domestic Mail Manual, incorporated by reference in 39 Code of Federal Regulations Part 111 (relating to General Information on Postal Service).

(b) Transporters shall notify the executive director, and any local pollution agency with jurisdiction that has requested to be notified, by letter, within 30 days of any changes to their registration if:

(1) the amount of untreated medical waste or total operation is expanded by 50% over that originally registered;

(2) the office or place of business is moved;

(3) the name of registrant or owner of the operation is changed; or

(4) the name of the partners, corporate directors, or corporate officers change.

(c) Requirements for transportation units used to collect or transport untreated medical waste are as follows.

(1) Transportation units used to collect and or transport medical waste shall:

(A) have a fully enclosed, leak-proof, cargo-carrying body, such as a cargo compartment, box trailer, or roll-off box;

(B) protect the waste from mechanical stress or compaction;

(C) carry spill cleanup equipment including, but not limited to, disinfectants, absorbent materials, personal protective equipment, such as gloves, coveralls, and eye protection, and leakproof containers or packaging materials; and

(D) have the following identification on the two sides and back of the cargo-carrying compartment in letters at least three inches high: (the name of the transporter); TCEQ; (registration number); and Caution: Medical Waste.

(2) The cargo compartment of the vehicle or trailer shall:

(A) be maintained in a sanitary condition;

(B) be locked when the vehicle or trailer is in motion;

(C) be locked or secured when waste is present in the compartment except during loading or unloading of waste;

(D) have a floor and sides made of an impervious, nonporous material;

(E) have all discharge openings securely closed during operation of the vehicle or trailer; and

(F) maintain a temperature of 45 degrees Fahrenheit or less for putrescible or biohazardous untreated medical waste transported for more than 72 hours after initial receipt from the generator.

(d) Transportation units used to transport untreated medical waste shall not be used to transport any other material until the transportation unit has been cleaned and the cargo compartment disinfected. A written record of the date and the process used to clean and disinfect the transportation unit shall be maintained for three years unless the commission directs a longer holding period. The record must identify the transportation unit by motor vehicle identification number or license tag number. The owner of the transportation unit, if not the registrant, shall be notified in writing by the registrant that the transportation unit has been used to transport medical waste and when and how the transportation unit was disinfected.

(e) Shipments of untreated medical waste, properly containerized Animal and Plant Health Inspection Services waste, and nonhazardous pharmaceutical waste shall not be commingled or mixed during transport or storage with any other waste (such as rubbish, garbage, hazardous waste, asbestos, or radioactive waste regulated under 25 TAC Chapter 289 (relating to Radiation Control)), provided that the entire shipment of co-transported untreated medical waste, Animal and Plant Health Inspection Services waste, and nonhazardous pharmaceutical waste are delivered to the same treatment facility.

(f) Financial assurance shall be provided in accordance with Chapter 37, Subchapter U of this title (relating to Financial Assurance for Medical Waste Transporters).

(g) The transporter shall furnish the generator a signed receipt for each shipment at the time of collection of the waste. The receipt shall include the name, address, telephone number, and registration number of the transporter. The receipt shall also identify the generator by name and address, and shall list the weight of waste collected and date of collection. If certified scales are not available, the number of containers shall be listed, and the transporter must provide the generator with a written or electronic statement of the total weight of the containers within 45 days.

(h) The transporter shall initiate and maintain a record of each waste shipment collection and deposition. The record shall be in the form of a waste shipping document or other similar documentation and copies may be maintained in electronic format. The transporter shall retain a copy of all waste shipping documents showing the collection and disposition of the medical waste. Copies of waste shipping documents shall be retained by the transporters for three years in the main transporter office and made available to the commission upon request. The waste shipping document or other similar documentation shall include the:

(1) transporter's name, address, telephone number, and commission's assigned transporter registration number;

(2) name and address of the person that generated the untreated medical waste and the date collected;

(3) number of containers of untreated medical waste collected for transportation and the total weight of the containers from each generator, which must be added when certified scales are available;

(4) name of persons collecting, transporting, and unloading the waste;

(5) date and place where the untreated medical waste was deposited or unloaded;

(6) identification (permit or registration number, location, and operator) of the facility where the untreated medical waste was deposited; and

(7) name and signature of facility representative acknowledging receipt of the untreated medical waste and the weight of waste received.

(i) The transporter must be able to provide documentation of each waste shipment from the point of collection through and including the unloading of the waste at a facility authorized to accept the waste. The original shipping document must accompany each shipment of untreated waste to its final destination. The transporter is responsible for the proper collection and deposition of untreated medical waste accepted for transport.

(j) Shipments of untreated medical waste shall be deposited only at a facility that has been authorized by the commission to accept untreated medical waste. Untreated medical

waste that is transported out of the state must be deposited at a facility that is authorized by the appropriate agency having jurisdiction over such waste.

(k) Transporters shall not accept untreated medical waste unless the generator has packaged the waste in accordance with the provisions of §330.1207(c) of this title (relating to Generators of Medical Waste). Transporters shall not accept containers of waste that are leaking or damaged unless or until the shipment has been repackaged.

(l) Transporter fees are as follows.

(1) Transporters are required to pay an annual registration fee to the commission based upon the total weight of untreated medical waste transported.

(2) The amount of the annual fee shall be based upon the total weight of untreated medical waste transported under each registration. The fee for the first year of operation under a registration shall be based upon an estimate of the total weight of untreated medical waste to be transported. The fee paid for the first year of operation will be adjusted after submission of at least one annual report and one registration renewal, indicating the actual weight of untreated medical waste transported. An overpayment will be credited to the next year's registration fee or will be refunded. A billing notice for underpayment of the registration fee will be sent and payment will be due within 30 days after the date of the notice.

(3) The fees shall be determined as follows.

(A) For a total annual weight transported of 1,000 pounds of medical waste or less, the fee is \$100.

(B) For a total annual weight transported greater than 1,000 pounds of medical waste but equal to or less than 10,000 pounds of medical waste, the fee is \$250.

(C) For a total annual weight transported greater than 10,000 pounds of medical waste but equal to or less than 50,000 pounds of medical waste, the fee is \$400.

(D) For a total annual weight transported greater than 50,000 pounds of medical waste, the fee is \$500.

(4) The annual fee shall accompany the owner or operator's original or renewal registration by rule claim and shall be submitted in the form of a check or money order made payable to the Texas Commission on Environmental Quality and delivered or mailed to: Cashiers Office, Texas Commission on Environmental Quality, P.O. Box 13088, Austin, Texas 78711-3088.

(m) Transporters shall submit to the executive director an annual summary report of their activities for the calendar year from January 1 through December 31 of each year. The report shall be submitted no later than March 1 of the year following the end of the report

period. The report shall include the name(s) and address(es) of the facilities where the waste was deposited/unloaded, the registration/permit number of the facilities, and the amount of waste deposited/unloaded at each facility. The report shall indicate the amount of waste shipped out of state, the amount of waste shipped into the state, and the amount of waste generated and unloaded in the state.

*§330.1213.Transfer of Shipments of Medical Waste.*

Packages of untreated medical waste shall not be transferred between transportation units unless the transfer occurs at and on the premises of a facility authorized as a transfer station, as a storage facility, or as a treatment/processing facility that has been approved to function as a transfer station except as provided in §330.1217 of this title (relating to Medical Waste Collection Stations).

(1) In case of transportation unit malfunction, the waste shipment may be transferred to an operational transportation unit and the executive director, and any local pollution agency with jurisdiction that has requested to be notified, shall be notified of the incident in writing within five working days. The incident report shall list all transportation units involved in transporting the waste and the cause, if known, of the transportation unit malfunction.

(2) In case of a traffic accident, the waste shipment may be transferred to an operating transportation unit if necessary. Any containers of waste that were damaged in the accident shall be repackaged as soon as possible. The nearest regional office, and any local pollution agency with jurisdiction that has requested to be notified, shall be notified of the incident no later than the end of the next working day. The incident report shall list all vehicles involved in transporting the waste.

*§330.1219.Treatment and Disposal of Medical Waste.*

(a) Treatment requirements for medical waste shall be as follows.

(1) Medical waste shall be treated in accordance with the provisions of 25 TAC §1.136 (relating to Approved Methods of Treatment and Disposition). Alternative treatment technologies may be approved in accordance with requirements found in 25 TAC §1.135 (relating to Performance Standards for Commercially-Available Alternate Treatment Technologies for Special Waste from Health Care-Related Facilities).

(2) A generator of 50 pounds or less per calendar month of medical waste that treats all or part of the wastes on-site shall maintain a written record that, at a minimum, contains the following information:

(A) the date of treatment;

(B) the amount of waste treated;

(C) the method/conditions of treatment;

(D) the name (printed) and initials of the person(s) performing treatment; and

(E) if applicable, name, address, telephone number, and registration number of the entity providing treatment.

(3) A generator of more than 50 pounds per calendar month of medical waste that treats all or part of the wastes on-site and persons that treat medical wastes off-site shall maintain a written record that, at a minimum, contains the following information for each batch of waste treated:

(A) the date of treatment;

(B) the amount of waste treated;

(C) the method/conditions of treatment;

(D) the name (printed) and initials of the person(s) performing treatment; and

(E) a written procedure for the operation and testing of any equipment used and a written procedure for the preparation of any chemicals used in treatment.

(i) The operator shall demonstrate a minimum four log ten reduction (as defined in 25 TAC §1.132 (relating to Definitions)) on routine performance testing using appropriate *Bacillus* species biological indicators (as defined in 25 TAC §1.132). The operator shall conduct testing at the following intervals:

(I) for generators of more than 50 pounds but less than or equal to 100 pounds per month, testing shall be conducted at least once per month;

(II) for generators of more than 100 pounds but less than or equal to 200 pounds per month, testing shall be conducted at least biweekly; and

(III) for generators of more than 200 pounds per month and persons that treat medical wastes off-site, testing shall be conducted at least weekly.

(ii) For those processes that the manufacturer has documented compliance with the performance standard prescribed in 25 TAC §1.135 based on specified parameters (for example, pH, temperature, pressure, etc.), and for previously approved treatment processes that a continuous readout and record of operating parameters is available, the operator may substitute routine parameter monitoring for biological monitoring. The operator shall confirm that any chemicals or reagents used as part of the treatment process are at the effective treatment strength. The operator will maintain records of operating parameters and reagent strength, if applicable, for three years.

(iii) The manufacturer of single-use, disposable treatment units shall be responsible for maintaining adequate quality control for each lot of single-use products. The treating facility or entity shall be responsible for following the manufacturer's instructions.

(iv) Owners or operators of medical waste incinerators shall comply with the requirements in §111.123 of this title (relating to Medical Waste Incinerators) in lieu of biological or parametric monitoring.

(b) Requirements for disposal of medical wastes that have been treated in accordance with the provisions of 25 TAC §1.136 are as follows.

(1) Treated microbiological waste, blood, blood products, body fluids, laboratory specimens of blood and tissue, and animal bedding may be disposed of in a permitted landfill in accordance with the provisions of subsection (e) of this section. Any markings that identify the waste as a medical waste shall be covered with a label that identifies the waste as treated medical waste. The identification of the waste as treated may be accomplished by the use of color-coded, disposable containers for the treated waste or by a label that states that the contents of the disposable container have been treated in accordance with the provisions of 25 TAC §1.136.

(2) Treated carcasses and body parts of animals designated as a medical waste may, after treatment, be disposed of in a permitted landfill in accordance with the provisions of §330.171(c)(2) of this title. The collection and transportation of these wastes shall conform to the applicable local ordinance or rule, if such ordinance or rule is more stringent than these sections.

(3) Treated recognizable human body parts, tissues, fetuses, organs, and the products of human abortions, spontaneous or induced, shall not be disposed of in a municipal solid waste landfill. These items shall be disposed of in accordance with the provisions of 25 TAC §1.136(a)(4).

(4) Treated sharps shall be disposed of as follows.

(A) Broken glassware and pipets may be placed in puncture-resistant packaging and discarded in a Type I or Type IAE municipal solid waste landfill.

(B) Whole hypodermic needles, syringes with attached needles, scalpel blades, and/or razors shall be placed in containers designed for sharps that is marked or labeled as containing treated waste.

(C) Sharps placed in containers designed for sharps may be encapsulated by addition of an agent to the container that will solidify and encase the contents of the container with a solid matrix. The agent must completely fill the container. The container and solidified contents must withstand an applied pressure of 40 pounds per square inch without disintegration. The container shall be identified as containing sharps that have been

encapsulated in accordance with this subparagraph and may be discarded in a Type I or Type IAE municipal solid waste landfill.

(D) Sharps that have been treated by an approved method that incorporates grinding and/or shredding may be disposed in a Type I or Type IAE municipal solid waste landfill if the sharps have been made unrecognizable and significantly reduced in ability to cause puncture wounds.

(c) Unused hypodermic needles, syringes with attached needles, and scalpel blades shall be disposed of as treated sharps as specified in subsection (b)(4)(B) - (D) of this section.

(d) Operators of medical waste treatment equipment shall use backflow preventers on any potable water connections to prevent contamination of potable water supplies.

(e) Treated medical waste may be managed as routine municipal solid waste. Treated medical waste that contains whole, nonencapsulated hypodermic needles or syringes or intact red bags that are sent to a landfill for disposal shall be accompanied by a shipping document that includes a statement that the shipment contains whole, nonencapsulated hypodermic needles or syringes or intact red bags, as applicable, and that the medical waste was treated in accordance with 25 TAC §1.136 of this title (relating to Approved Methods of Treatment and Disposition).

*§330.1221. On-Site Treatment Services on Mobile Treatment Units.*

(a) The requirements of this section are applicable to any person that treats medical waste on mobile treatment units on the site of generation, but is not the generator of the waste.

(b) Persons that claim a registration by rule shall maintain a copy of the registration form, as annotated by the commission with an assigned registration number, at their designated place of business and in each mobile treatment unit used in treating medical waste.

(c) Requirements for mobile treatment units used in the treatment of medical waste are as follows.

(1) Treatment units used in the treatment of medical waste shall:

(A) have a fully encloseable, leak-proof, cargo carrying body, such as a cargo compartment or box trailer; and

(B) carry spill cleanup equipment including, but not limited to, disinfectants, absorbent materials, personal protective equipment, such as gloves, coveralls, and eye protection, and leakproof containers or packaging materials.

(2) The cargo compartment of the vehicle and any self-contained treatment unit(s) shall:

(A) be maintained in a sanitary condition;

(B) be secured when the vehicle is in motion;

(C) be made of such impervious, non-porous materials as to allow adequate disinfection/cleaning of the compartment or unit(s); and

(D) have all discharge openings securely closed during operation of the vehicle.

(d) Mobile treatment units used in the treatment of medical waste shall not be used to transport any other material until the unit has been cleaned and disinfected. A written record of the date and the process used to clean and disinfect the unit shall be maintained for three years unless the executive director requires a longer holding period. The record must identify the unit by motor vehicle identification number or license tag number. The owner of the unit, if not the registrant, shall be notified in writing that the unit has been used in the treatment of medical waste and when and how the unit was disinfected.

(e) Untreated medical waste shall not be commingled or mixed with hazardous waste, asbestos, or radioactive waste regulated under 25 TAC Chapter 289 (relating to Radiation Control) either before or after treatment.

(f) Providers of on-site treatment of medical waste on mobile treatment units shall furnish the generator the documentation required in §330.1219(a)(3)(A) - (D) of this title (relating to Treatment and Disposal of Medical Waste) and a statement that the medical waste was treated in accordance with 25 TAC §1.136 of this title (related to Approved Methods of Treatment and Disposition) for the generator's records.

(g) Providers of on-site treatment of medical waste on mobile treatment units shall maintain records of all waste treatment, which includes the following information:

(1) the name, address, and phone number of each generator;

(2) the date of treatment;

(3) the amount of waste treated;

(4) the method/conditions of treatment;

(5) the name (printed) and initials of the person(s) performing the treatment;

(6) a written procedure for the operation and testing of any equipment used and a written procedure for the preparation of any chemicals used in treatment. Routine performance testing using biological indicators and/or monitoring of parametric controls shall be conducted in accordance with §330.1219(a)(3)(E) of this title; and

(7) identification of performance test failures including date of occurrence, corrective action procedures, and retest dates.

(h) Providers of on-site treatment of medical waste on mobile treatment units shall not transport untreated waste unless they are registered in accordance with §330.9 of this title (relating to Registration Required).

(i) Providers of on-site treatment of medical waste on mobile treatment units shall ensure adequate training of all operators in the use of any equipment used in treatment.

(j) Providers of on-site treatment of medical waste on mobile treatment units shall have a contingency plan available in the event of any malfunction of equipment. If there is any question as to the adequacy of treatment of any load, that load shall be run again utilizing biological indicators to test for microbial reduction before the material is released for landfill disposal. If the waste must be removed from the facility before treatment is accomplished, a registered transporter shall remove the waste and all other applicable sections of this chapter shall be in effect.

(k) Owners or operators shall maintain the treatment equipment so as to not result in the creation of nuisance conditions.

(l) Fees to be assessed of providers of on-site treatment of medical waste on mobile treatment units are as follows.

(1) Treatment providers are required to pay an annual fee to the agency based upon the total weight of medical waste treated on-site under each provider registration.

(2) The amount of the annual fee shall be based upon the total weight of medical waste treated on-site.

(3) The fees shall be determined as follows.

(A) For a total annual weight of waste treated on-site of 1,000 pounds or less, the fee is \$100.

(B) For a total annual weight of waste treated on-site greater than 1,000 but equal to or less than 10,000 pounds, the fee is \$250.

(C) For a total annual weight of waste treated on-site greater than 10,000 but equal to or less than 50,000 pounds, the fee is \$400.

(D) For a total annual weight of waste treated on-site greater than 50,000 pounds, the fee is \$500.

(4) The annual fee for each provider of on-site treatment of medical waste on mobile treatment units shall accompany the owner or operator's original or renewal registration by rule claim and shall be submitted in the form of a check or money order made payable to the Texas Commission on Environmental Quality and delivered or mailed to: Cashiers

Office, Texas Commission on Environmental Quality, P.O. Box 13088, Austin, Texas 78711-3088.

(m) Providers of on-site treatment of medical waste on mobile treatment units shall submit to the executive director an annual summary report of their activities for the calendar year from January 1 through December 31 of each year. The report shall be submitted no later than March 1 of the year following the end of the report period and shall contain all the information required in subsection (g) of this section.

This agency hereby certifies that the adoption has been reviewed by legal counsel and found to be a valid exercise of the agency's legal authority.

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