



**Stanislaus County**  
**Department Of Environmental Resources**  
 3800 Cornucopia Way, Suite C, Modesto, California 95358

**PERMIT APPLICATION FOR ON-SITE MEDICAL WASTE  
 TREATMENT**

State License Type: _____ State License Number: _____
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**GENERATOR NAME:** \_\_\_\_\_

Generator **Facility** Address: \_\_\_\_\_ (City/Zip)

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Generator **Mailing** Address: \_\_\_\_\_ (City/Zip)

Type of Business: \_\_\_\_\_

Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Emergency Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**APPLICATION FOR:**

- Small Quantity Generator with Onsite Treatment (Generates less than 200 lbs/month).
- Large Quantity Generator with Onsite Treatment (Generates 200 lbs or more/month).

<b><u>OFFICIAL USE ONLY</u></b>		
Business I.D. No. _____	Service Code _____	Date Received _____
Date Approved: _____	Approved by: _____	Date Expired _____