ATTACHMENT 9

DESIGN REVIEW BOARD MINUTES

NOVEMBER 6, 2007

DESIGN REVIEW BOARD
MINUTES - APPROVED

Planning and Environmental Services
130 Cremona Drive, Suite B, Goleta, CA 93117
(805) 961-7500

REGULAR MEETING

TUESDAY, November 6, 2007

CONSENT CALENDAR – 2:30 P.M.
Scott Branch, Planning Staff

SIGN SUBCOMMITTEE – 2:30 P.M.
Members: Carl Schneider, Cecilia Brown, Thomas Smith

STREET TREE SUBCOMMITTEE
Members: Chris Messner, Bob Wignot, Simon Herrera

ADMINISTRATIVE AGENDA – 3:00 P.M.

REGULAR AGENDA – 3:15 P.M.

GOLETA CITY HALL
130 CREMONA DRIVE, SUITE B, GOLETA, CALIFORNIA

Members:
Scott Branch (Architect), Chair
Bob Wignot (At-Large Member), Vice Chair
Cecilia Brown (At-Large Member)
Simon Herrera (Landscape Contractor)
Chris Messner (Landscape Contractor)
Carl Schneider (Architect)
Thomas Smith (At-Large Member)

A. CALL MEETING TO ORDER AND ROLL CALL

The regular meeting of the City of Goleta Design Review Board was called to order by Vice Chair Wignot at 3:00 p.m. in the Goleta City Hall, 130 Cremona Drive, Suite B, Goleta, California.

Board Members present: Bob Wignot, Vice Chair; *Cecilia Brown; Simon Herrera; Chris Messner; Carl Schneider; Thomas Smith. *Member Brown exited the meeting at 8:20 p.m.

Board Members absent: Scott Branch, Chair.

Staff present: Scott Kolwitz, Senior Planner; Current Planning Manager Patricia Miller, Alan Hanson, Senior Planner; Cindy Moore, Senior Planner; Shine Ling, Assistant Planner; Brian Hiefield, Planning Technician; and Linda Gregory, Recording Clerk.

MOTION: Messner moved, seconded by Schneider and carried by a 6 go 0 vote (Absent: Branch) to continue Item K-1, No. 03-051-DRB, Northeast Corner of Los Carneros/Calle Real, to December 4, 2007, with comments,

K-2. DESIGN REVIEW BOARD PERMIT NO. 07-171-DRB

351 South Patterson Avenue & 5333 Hollister Avenue (APNs 065-090-022, -023, -028)
This is a request for *Conceptual* review of a new application for the Goleta Valley Cottage Hospital which proposes to improve its existing facilities in order to comply with State Senate Bill 1953, a law requiring the seismic retrofit and/or upgrading of all acute care facilities. Existing development consists of a 93,090-square foot hospital and a 41,224-square foot Medical Office Building (MOB).

The applicant proposes to replace the hospital with an entirely new facility and demolishing the old hospital building, resulting in a total of 152,658 square feet, a net increase of approximately 59,568 square feet. The existing MOB located north of the hospital is also proposed to be replaced and will be demolished, resulting in a total of 55,668 square feet, a net increase of approximately 14,444 square feet.

Parking to serve both the hospital and MOB uses will be redeveloped on both sites and a temporary construction parking area including 377 spaces is proposed across South Patterson Avenue in the northwestern portion of the parcel known as the "Hollipat" site.

Phased construction is planned through 2011 in a manner that will continue to provide all existing medical services to the community.

The hospital, MOB, and a portion of the Hollipat parcels have a General Plan Land Use Designation of Office & Institutional. The hospital parcel has a Hospital Overlay. The remaining portion of the Hollipat parcel has split land use designations of medium and high density residential. The zoning for the hospital, MOB, and a portion of the Hollipat parcel is Professional & Institutional (PI). The remaining portion of the Hollipat parcel has split zoning of Design Residential, 20 and 25 units per acre. The MOB parcel and a portion of the Hollipat parcel have a Design Control Overlay and the southern portion of the hospital parcel has the Approach Zone Overlay. The project was filed by agent Suzanne Elledge on behalf of the Goleta Valley Cottage Hospital, property owner. Related cases: 07-171-OA, 07-171-DP. (Cindy Moore)

Site visits: Site visits were reported by Vice Chair Wignot and Members Brown, Herrera, Messner, Schneider and Smith.

Ex-parte conversations: Member Brown stated that she spoke with Suzanne Elledge, agent, some time ago on the telephone and with Martha, one of the project landscape architects.

Suzanne Elledge, agent, introduced members of the design team. She provided an overview of the entitlement process and stated that while there are two parcels and two separate entities, this project has been designed as one project with one Development Plan. Ron Biscaro, Cottage Health System, provided an overview and

status of the project. Diane Wisby, On-Site Administrator, discussed the history and operations of the Goleta Valley Cottage Hospital, and the importance of keeping health care services in the community. The plans for the hospital were presented by Jim Moore, HBE Corporation, and Bruce Bartlett, Design Arc. Octavian Grigorescu, SWA Architects, presented the plans for the Medical Office Building. Bob Cunningham, project landscape architect, presented landscape plans.

Suzanne Elledge, agent, stated that more detailed plans for the project will be resubmitted in the next few months and that the DRB comments will be included as part of the process.

Comments Regarding the Hospital Design:

1. Member Smith said he likes the design of the hospital and believes it is a welcomed addition to the institutional and large-scale architecture in the area.
2. Member Schneider said that overall there are some good elements in the hospital design particularly in the lobby with the sunshade feature, and the sandstone wall and form. He is still considering the form on the outside of the chapel. The view of the mountains from the lobby needs to be preserved in the landscape plan. The color scheme on the building and the roof are fine. He expressed concern regarding the view of the west side of the building and whether there needs to more landscape to address the building mass. He requested the applicant provide information at the next hearing regarding properties adjacent to the west elevation and address his concerns regarding the west elevation.
3. Member Brown appreciates the hospital design. She said that the white canopy needs to be softened because it stands out and does not have the elegance and interest of the other features. She believes the hospital building should be dominant with the Medical Office Building subordinate.
4. Vice Chair Wignot likes the hospital design and appreciates that it is unique. He stated that the canopies are a good feature if they are functional and provide protection from the weather in addition to serving as design elements.
5. Member Messner appreciates the hospital design and the canopies. He suggested that adding two square open window cut-outs at the top side of the white canopy, to open it up, would help blend the canopy design with the architecture.
6. Member Herrera said that he likes the hospital design.

Comments Regarding Medical Office Building (MOB):

1. Member Smith expressed concern regarding the mass, bulk and scale of the MOB because it creates a very big rectangular mass on the corner. He recommended that the architecture of the HOB should complement the rhythm of the hospital design. He suggested that one architectural consideration would be to expand the first floor more towards the rear so that second and third floors could be stepped back from Hollister Avenue to articulate and break up the elevation that faces the street.

2. Member Brown agreed with Member Smith regarding the size, bulk, and scale of the MOB and expressed concern regarding the height of the MOB. She suggested that the building be moved back from Hollister Avenue, and requested that the applicant provide information regarding the Fire Department's minimum width requirements between the old hospital building and the new building
3. Member Messner believes the MOB building should be considered subordinate to the hospital building in design.
4. Vice Chair Wignot expressed concern regarding the mass, bulk and scale of the MOB. He suggested there may be a better architectural design that would soften and reduce the architecture at the corner of the site. For example, he suggested stepping back the third story. He appreciates the building colors and the colors shown for proposed screening.
5. Member Schneider recommended that the architecture of the MOB should be softened and that it needs to work better with regard to the site plan. He suggested that the focus should be on the hospital building with the MOB as subordinate. He recommended the use of Santa Barbara sandstone to replace the ledgestone. He believes that the height of the building should be revisited once the architecture is resolved
6. Member Herrera said that he likes the MOB design.

General Comments:

1. Member Brown suggested that the area where there are approximately twenty to twenty-five extra parking spaces in the hospital parking lot be landscaped to lower the amount of impermeable materials, which can be reconverted to parking spaces if there is a need. She requested consideration regarding a vigorous approach to achieving permeability in the parking lot. She expressed concern regarding runoff in the temporary parking lot and suggested planting trees. She requested that the Brisbane Box trees be located closer together. She stated that directional signage for the hospital is important. She requested that the next set of plans show that all utilities on site are screened. She also requested that parking lot lighting plans be included which will hopefully incorporate dark sky principles. She expressed concern that there are issues that need to be addressed regarding the view shed from the street and pedestrian compatibility.
2. Member Schneider recommended that landscaping be added to help soften and screen the temporary parking area and stated that the drainage issues need to be resolved. He said that pedestrian accessibility from the parking lot across the street needs to be addressed. He stated that overall the landscape plan is good. He suggested reconsideration regarding whether the Canary Island Pine would be appropriate as a skyline tree because of the possibility of its susceptibility to disease. He stated that conceptually he does not see a problem with the campus concept regarding parking and the FAR requirements and that this can be addressed as the plans evolve.
3. Member Messner recommended that the drawings note that the larger trees shall be inspected to not be root-bound. He has no concerns regarding the Tipu trees which grow fast. He suggested planting larger trees, particularly in more open areas, to break down some of the mass. He expressed concern that the Canary Island Pine trees are prone to dropping cones which may be hazardous to

pedestrians on the pathways. He recommended that the signs provide directions that are clear and easy to understand, and that the language is precise and universal.

4. Vice Chair Wignot stated that signage that is similar for both of the buildings would help tie the campus concept together. He recommended planting flowers to help beautify the temporary parking area. He supports the proposed plans to use paving materials to create links in the parking lot. He suggested consideration regarding solar energy methods, if applicable. He supports the campus concept regarding the parking spaces and FARs.

MOTION: Schneider moved, seconded by Messner and carried by a 6 to 0 vote (Absent: Branch) to continue Item K-2, No. 07-171-DRB, 351 South Patterson Avenue & 5333 Hollister Avenue, to December 18, 2007. with comments.

L. ADVISORY CALENDAR

L-1. DESIGN REVIEW BOARD PERMIT NO. 05-037-DRB

Cathedral Oaks/Highway 101 Interchange

This is a request for further *Advisory* review. The proposed project includes the removal of the existing Cathedral Oaks Road/Hollister Avenue/US Highway 101 bridge over U.S. Highway 101 and bridge over Union Pacific Railroad (UPRR) and the construction of new bridges to align with the existing terminus of Cathedral Oaks Road. The proposed overcrossing (US Highway 101) and overhead (UPRR) bridges would accommodate a 12-foot vehicle lane in each direction, one 12-foot center left turn pocket lane/median, 5-foot shoulders/bike lanes in each direction, and a 6-foot sidewalk located on the west side. The project was filed by Caltrans, in association with the City of Goleta. (Continued from 10-16-07*, 08-21-07, 07-17-07; 05-02-06) Related case: 05-037-DP. (Rosemarie Gaglione; Laura Bridley)

MOTION: Schneider moved, seconded by Smith and carried by a 6 to 0 vote (Absent: Branch) to continue Item L-1, No. 05-037-DRB, Cathedral Oaks/Highway 101 Interchange, to January 23, 2007, per the applicant's request.

L-2. DESIGN REVIEW BOARD PERMIT NO. 06-127-DRB

San Jose Creek Channel Improvements

This is a request for further *Advisory* review. The San Jose Creek Capacity improvement project includes the replacement of the Hollister Avenue bridge over San Jose Creek to prevent flooding of Old Town Goleta. Flooding caused by overflows from San Jose Creek upstream of the Hollister Avenue bridge have occurred as recently as 1995. The project also includes modifications to the existing channel downstream of Hollister Avenue to convey the increased creek flows without causing additional flooding to businesses along Kellogg Avenue. These modifications include the lowering of the existing maintenance road and overbank areas adjacent to the existing concrete channel by 2-3 feet and constructing vertical retaining walls that extend up to 42 inches above ground to contain flood flows. Greater enhancement for fish passage is proposed to also be included in the project. Overall the project extends approximately 4,200 feet along San Jose Creek from approximately 100 feet north of Hollister Avenue to the vicinity of the old drive-in theater.

* Indicates applicant request for continuance to a future date.

JUNE 24, 2008

CITY OF GOLETA

DESIGN REVIEW BOARD MINUTES – APPROVED

Planning and Environmental Services
130 Cremona Drive, Suite B, Goleta, CA 93117
(805) 961-7500

REGULAR MEETING

Tuesday, June 24, 2008

CONSENT CALENDAR – 2:30 P.M.
Scott Branch, Planning Staff

SIGN SUBCOMMITTEE – 2:30 P.M.
Members: Carl Schneider, Cecilia Brown, Thomas Smith

STREET TREE SUBCOMMITTEE – 2:00 P.M.
Members: Chris Messner, Bob Wignot, Simon Herrera

ADMINISTRATIVE AGENDA – 3:00 P.M.

REGULAR AGENDA – 3:15 P.M.

GOLETA CITY HALL – COUNCIL CHAMBERS
130 CREMONA DRIVE, SUITE B, GOLETA, CALIFORNIA

Members:
Bob Wignot (At-Large Member), Chair
Thomas Smith (At-Large Member), Vice Chair
Scott Branch (Architect)
Cecilia Brown (At-Large Member)
Simon Herrera (Landscape Contractor)
Chris Messner (Landscape Contractor)
Carl Schneider (Architect)

A. CALL MEETING TO ORDER AND ROLL CALL

The regular meeting of the City of Goleta Design Review Board was called to order by Chair Wignot at 3:10 p.m. in the Goleta City Hall, 130 Cremona Drive, Suite B, Goleta, California.

Board Members present: Bob Wignot, Chair; Scott Branch; Cecilia Brown; Simon Herrera; Chris Messner; and Carl Schneider.

Board Members absent: Thomas Smith, Vice Chair.

Staff present: Scott Kolwitz, Senior Planner; Cindy Moore, Senior Planner; Shine Ling, Assistant Planner; Brian Hiefield, Planning Technician; and Linda Gregory, Recording Clerk.

MOTION: Schneider moved, seconded by Brown, and carried by a 6 to 0 vote (Absent: Smith) to continue Item M-1, No. 03-051-DRB, Northeast corner of Los Carneros/Calle Real, to July 22, 2008, per staff's recommendation.

M-2. DESIGN REVIEW BOARD PERMIT NO. 07-171-DRB

351 S. Patterson Avenue/Hollister Avenue (APNs 065-090-022, -023, -028)

This is a request for *Conceptual* review of a new application for the Goleta Valley Cottage Hospital which proposes to improve its existing facilities in order to comply with State Senate Bill 1953, a law requiring the seismic retrofit and/or upgrading of all acute care facilities. Existing development consists of a 93,090-square foot hospital and a 41,224-square foot Medical Office Building (MOB).

The applicant proposes to replace the hospital with an entirely new facility and demolishing the old hospital building, resulting in a total of 152,658 square feet, a net increase of approximately 59,568 square feet. The existing MOB located north of the hospital is also proposed to be replaced and will be demolished, resulting in a total of 55,668 square feet, a net increase of approximately 14,444 square feet.

Parking to serve both the hospital and MOB uses will be redeveloped on both sites and a temporary construction parking area including 377 spaces is proposed across South Patterson Avenue in the northwestern portion of the parcel known as the "Hollipat" site.

Phased construction is planned through 2011 in a manner that will continue to provide all existing medical services to the community.

The hospital, MOB, and a portion of the Hollipat parcels have a General Plan Land Use Designation of Office & Institutional. The hospital parcel has a Hospital Overlay. The remaining portion of the Hollipat parcel has split land use designations of medium and high density residential. The zoning for the hospital, MOB, and a portion of the Hollipat parcel is Professional & Institutional (PI). The remaining portion of the Hollipat parcel has split zoning of Design Residential, 20 and 25 units per acre. The MOB parcel and a portion of the Hollipat parcel have a Design Control Overlay and the southern portion of the hospital parcel has the Approach Zone Overlay. The project was filed by agent Suzanne Elledge on behalf of the Goleta Valley Cottage Hospital, property owner. Related cases: 07-171-OA, 07-171-DP. (Continued from 5-28-08, 5-13-08*, 2-12-08, 01-23-08, 12-18-07, 11-06-07) (Cindy Moore)

The plans were presented by Bruce Bartlett, project architect; Fernando Ablaza, project architect; Martha Degasis, project landscape architect; and by Claudia Sigona, representing agent Suzanne Elledge on behalf of the Goleta Valley Cottage Hospital, property owner. Fernando Ablaza discussed the final renditions of the elevations as a result of the most recent ad hoc meeting. Martha Degasis presented an overview of the existing and proposed landscaping. She stated that the plans for the temporary parking lot show the hedging, sidewalk alignment and bioswales.

* Indicates request for continuance to a future date.

Senior Planner Cindy Moore clarified that the application for the project was determined complete on June 19, 2008.

Bruce Bartlett, project architect, presented the working drawings for the hospital. He stated that last year there were comments with regard to the front entry canopy of the hospital by a few members who were hoping to have perhaps some openings or punctuations. Since that time, he said there has been a change in the plans that eliminated the complete circular driveway. Therefore, the area is now all landscaped and the applicant is satisfied with the solid form of the canopy. In response to some previous minor comments regarding the color of the canopy, he clarified that the white color tones were reserved to denounce the entries on both buildings as opposed to the softer tones. Mr. Bartlett stated that there are several screening walls to screen equipment on the elevation with the entry to the southern parking lot. He said that the equipment screens have been set back in-board to the perimeter of the building so that the parapet walls are not extended up.

Comments:

Comments Regarding the Medical Office Building (MOB) Conceptual Plans:

1. Member Branch commented: a) overall, the progress made with the design is appreciated and he believes the MOB will be very complementary with the hospital; b) requested that the windows on the north elevation be pushed back/recessed and all of the horizontal members go back with it, but the top member remains in place, which would provide for an "eyebrow" feel and shadow line; c) on the west elevation, with regard to the elements on the bottom that protrude and throw a shadow, the proportion and design seems somewhat off; and d) the use of stucco material for the transformer enclosure is the best solution.
2. Member Brown commented: a) requested that the applicant provide a grading plan, including the location of trees, and a lighting plan; b) requested consideration of stormwater issues in terms of curb cuts with regard to the parking lot areas for the MOB and hospital; c) on the east elevation, the set-back design is appreciated and will add some interest, as well as the round element on the northern elevation; d) the east elevation will be improved by the proposed landscaping; e) the west elevation is very handsome and successful; f) suggested that some street trees be planted now with regard to the parking lot that can grow over time; g) suggested planting trees along the creek bank area such as *Toyons, Lemonade Berries,* or *Sycamore species* considering the amount of asphalt that will be installed on the site; h) the parking lot landscaping needs to be more interesting with more variety in addition to the row of *Catalina Cherry* species which just looks like its trying to screen the parking lot; i) requested consideration be given to the probability that pedestrians will be walking in the grove area with regard to planting appropriate groundcover; and j) the applicant should meet with the Community Services staff prior to the next review to discuss and understand the permanent as well as temporary requirements with regard to the temporary parking lot.
3. Member Schneider commented: a) overall, the building design is much better, including the entry, resolutions, round form and color; b) agreed with Member Branch with regard to recessing the window forms, particularly on the elevation

* Indicates request for continuance to a future date.

facing Hollister Avenue, stating that the depth needs to be in the 12" to 18" range; c) also, on the stair tower forms, there needs to be a significant recess in the 12" range for the design to function and work; d) agreed with Member Branch that the proportions of the openings on the west elevation would be better as a square form; e) expressed concern that the pipe rail may look clunky if not done properly and suggested the applicant study the size and proportions; f) suggested adding a center island in the entry driveway to separate incoming and outgoing traffic; g) suggested that the applicant meet with the Community Services Department staff now regarding the permanent requirements for the parkway and sidewalk as well as what would be accepted on a temporary basis, which will be useful for the DRB review and help understand what could be installed that would be viable on a permanent basis (it is important for the two street frontages to have some significance - the creek frontage is of less concern); h) with regard to a suggestion by Member Messner to consider using gravel in the temporary parking lot for permeability purposes, he would be leery and noted his concerns related to dust and inconvenience for pedestrians; and i) the elevations with regard to the glass corners in the courtyard will need to be shown at the appropriate review level.

4. Member Herrera commented: a) the design has come a long way and is appreciated; b) the corner with the round element is attractive; c) agreed with the other DRB members that trees should be planted on the parkway and inside the parking lot; and d) expressed support for providing an appropriate method for safe pedestrian crossing at the temporary cross walk.
5. Member Messner commented: a) overall, the plans are fine; b) the entry area and the big planter area are appreciated on the south elevation; c) there needs to be a little more stone work on the north elevation, noting that there is a square pillar and suggesting something a little larger such as a rectangle, possibly cantilevering out from the overhang, to help visually draw attention to the entrance; d) adding trees on the outside would be nice; e) suggested that benches be added in the grove area; f) agreed with Member Schneider's suggestion to consider a center divider at the entrance; and g) suggested consideration of the cost-ratio with regard to the use of gravel rather than asphalt for the temporary parking lot, stating that gravel may cut down on certain problems with having runoff and would have a lot of permeability, noting that the size and location of the gravel may vary, or possibly use gravel just in the overflow area.
6. Chair Wignot commented: a) the work of the applicant and ad hoc committee resulted in a more interesting design and good changes on all elevations for the MOB; b) agreed with DRB comments made today; c) the relocation of the transformer is appreciated; d) recommended that the applicant works with Goleta Water District regarding placement of the backflow preventer devices, which need to be shown on the plans, and screen this equipment with hedges or other landscaping/materials that will be approved by the Goleta Water District; e) the trash enclosures will need to be shown on the plans and be screened; f) the water hydrant locations along Hollister Avenue and/or Patterson Avenue will need to be shown on the plans; g) supported the use of the asphalt paving as proposed for the temporary parking lot, stating that the bioswale collection of runoff is good; h) requested some planting of flowers in the boundaries of the temporary parking lot for the projected three-year period; i) the applicant shall provide cut sheets for the

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proposed lighting plans at the appropriate level of review; and j) it appears that the traffic flow will work fine.

Comments Regarding the Hospital Conceptual Plans:

1. Member Schneider requested that the applicant provide sections and roof plans showing the location of the mechanical screenings, the distance from the face of the building and the visibility.
2. Chair Wignot commented that the line-of-sight perspective view on Sheet A-7 seems to show that the equipment is pretty adequately shielded.
3. Member Messner commented that he understands the changes made with regard to the hospital front entry and the applicant's preference for a solid canopy.

MOTION: Schneider moved, seconded by Messner, and carried by a 6 to 0 vote (Absent: Smith) to continue Item M-2, No. 07-171-DRB, 351 S. Patterson Avenue/Hollister Avenue, to July 8, 2008, with comments, including minor changes suggested with regard to architecture, and to review landscaping and roof/mechanical screenings.

Senior Planner Scott Kolwitz stated that from staff's perspective the re-submittal of a complete set of current conceptual plans by the applicant would be helpful to understand the entirety of the project by staff, the DRB and the public.

RECESS HELD: 5:12 P.M. TO 5:21 P.M.

N. ADVISORY CALENDAR

- NONE

O. DISCUSSION ITEMS

O-1. SEPARATE SIGN COMMITTEE DISCUSSION

Senior Planner Scott Kolwitz presented a chart showing the number of Sign Applications for both Overall Sign Plans and Sign Certificates of Conformance, received by the City as of June 6, 2008, which was compiled in response to a previous DRB request. He clarified that the number of applications received from 2002 through June 6, 2008, indicates an annual increase. He also provided information with regard to the technical changes that would be needed if a separate sign committee were formed, stating that there would be no need to make changes in the General Plan. Scott Kolwitz stated that currently staff is not advocating a separate Sign Committee process, which is mostly with regard to workload issues. However, he said that the DRB may choose to continue this discussion.

Member Brown expressed concern that currently the same DRB members are serving on the same subcommittees without flexibility and that the meetings sometimes simply last too long. She commented that there was more opportunity for flexibility when there were nine DRB members.

* Indicates request for continuance to a future date.

JULY 8, 2008

CITY OF GOLETA

DESIGN REVIEW BOARD MINUTES – APPROVED

Planning and Environmental Services
130 Cremona Drive, Suite B, Goleta, CA 93117
(805) 961-7500

REGULAR MEETING

Tuesday, July 8, 2008

CONSENT CALENDAR – 2:30 P.M.
Scott Branch, Planning Staff

SIGN SUBCOMMITTEE – 2:30 P.M.
Members: Carl Schneider, Cecilia Brown, Thomas Smith

STREET TREE SUBCOMMITTEE
Members: Chris Messner, Bob Wignot, Simon Herrera

ADMINISTRATIVE AGENDA – 3:00 P.M.

REGULAR AGENDA – 3:15 P.M.

GOLETA CITY HALL – COUNCIL CHAMBERS
130 CREMONA DRIVE, SUITE B, GOLETA, CALIFORNIA

Members:
Bob Wignot (At-Large Member), Chair
Thomas Smith (At-Large Member), Vice Chair
Scott Branch (Architect)
Cecilia Brown (At-Large Member)
Simon Herrera (Landscape Contractor)
Chris Messner (Landscape Contractor)
Carl Schneider (Architect)

A. CALL MEETING TO ORDER AND ROLL CALL

The regular meeting of the City of Goleta Design Review Board was called to order by Chair Wignot at 3:00 p.m. in the Goleta City Hall, 130 Cremona Drive, Suite B, Goleta, California.

Board Members present: Bob Wignot, Chair; Thomas Smith, Vice Chair; Cecilia Brown; Scott Branch; Simon Herrera; Chris Messner; and Carl Schneider.

Board Members absent: None.

Staff present: Cindy Moore, Senior Planner; Shine Ling, Assistant Planner; and Linda Gregory, Recording Clerk.

The project was submitted on May 8, 2007 by agent Mary Meaney Reichel, Lucon Inc., on behalf of the Oly Chadmar Sandpiper General Partnership, property owner. Related cases: 07-102-GP, 07-102-DP, 07-102-VTM. (Last heard on 6-10-08, 4-22-08, 3-25-08) (Cindy Moore & David Stone)

Senior Planner Cindy Moore stated that she was not able to make contact with the applicant today regarding the applicant's request to continue the item to July 22, 2008, to ask if the August 12, 2008, meeting would be acceptable because there are a number of items scheduled on the July 22, 2008, agenda.

MOTION: Schneider moved, seconded by Brown, and carried by a 7 to 0 vote to continue Item M-2, No. 07-102-DRB, Northwest corner of Hollister Avenue/Las Armas Road, to July 22, 2008, per the applicant's request.

RECESS HELD 4:35 P.M. TO 4:45 P.M.

M-3. DESIGN REVIEW BOARD PERMIT NO. 07-171-DRB

351 S. Patterson Avenue/Hollister Avenue (APNs 065-090-022, -023, -028)

This is a request for *Conceptual* review of a new application for the Goleta Valley Cottage Hospital which proposes to improve its existing facilities in order to comply with State Senate Bill 1953, a law requiring the seismic retrofit and/or upgrading of all acute care facilities. Existing development consists of a 93,090-square foot hospital and a 41,224-square foot Medical Office Building (MOB).

The applicant proposes to replace the hospital with an entirely new facility and demolishing the old hospital building, resulting in a total of 152,658 square feet, a net increase of approximately 59,568 square feet. The existing MOB located north of the hospital is also proposed to be replaced and will be demolished, resulting in a total of 55,668 square feet, a net increase of approximately 14,444 square feet.

Parking to serve both the hospital and MOB uses will be redeveloped on both sites and a temporary construction parking area including 377 spaces is proposed across South Patterson Avenue in the northwestern portion of the parcel known as the "Hollipat" site.

Phased construction is planned through 2011 in a manner that will continue to provide all existing medical services to the community.

The hospital, MOB, and a portion of the Hollipat parcels have a General Plan Land Use Designation of Office & Institutional. The hospital parcel has a Hospital Overlay. The remaining portion of the Hollipat parcel has split land use designations of medium and high density residential. The zoning for the hospital, MOB, and a portion of the Hollipat parcel is Professional & Institutional (PI). The remaining portion of the Hollipat parcel has split zoning of Design Residential, 20 and 25 units per acre. The MOB parcel and a portion of the Hollipat parcel have a Design Control Overlay and the southern portion of the hospital parcel has the Approach Zone Overlay. The project was filed by agent Suzanne Elledge on behalf of the Goleta Valley Cottage Hospital, property owner. Related cases: 07-171-OA, 07-171-DP. (Continued from 6-24-08, 5-28-08, 5-13-08*, 2-12-08, 01-23-08, 12-18-07, 11-06-07) (Cindy Moore)

Ex-parte conversations: Member Schneider reported that he attended a meeting yesterday with the applicant, Planning staff and Community Services staff.

The plans were presented by Tom Thompson, project manager for Cottage Hospital; Fernando Ablaza, project architect; Martha Degasis, project landscape architect; Bruce Bartlett, project architect; and agent Suzanne Elledge, on behalf of the Goleta Valley Cottage Hospital, property owner.

Fernando Ablaza, project architect, SWA Architects, presented the changes that were made by the applicant to the Medical Office Building (MOB) in response to DRB comments from the last meeting, stating that he believes all of the concerns were addressed. He thanked the DRB for their efforts.

Martha Degasis, project landscape architect, presented an overview of the existing and proposed landscaping for the project. She said that the plans include the DRB recommendation to provide a pedestrian path through the orchard. The palette is based on avoiding allergenic plants and trees. Martha Degasis clarified that the only change in the plans submitted for the temporary parking lot is that the proposed fruitless olive trees along Hollister Avenue will be removed from the plans.

Senior Planner Cindy Moore provided an update of the meeting that was held yesterday with the applicant, DRB Member Schneider, and staff from the City's Planning and Community Services Departments. She said that because the City's permanent plans are not known at this time for improvements along Hollister Avenue near the temporary parking lot, the Community Services staff recommended that the temporary parking lot be vegetated with lower shrubs and hedges that could be easily removed, and would not allow the planting of any trees or any permanent construction. She said that there are also other items that need to be discussed by the applicant and Community Services staff with regard to the temporary parking lot.

Member Schneider stated that he understands from attending the meeting yesterday that there are some curb alignment and right-of-way issues along the Hollister Avenue that will need to be addressed at some time in the future. Therefore, the Community Services staff would only allow temporary vegetation on the parking lot and no trees.

Tom Thompson, project manager, Cottage Hospital, stated that there are some current issues with regard to permeability and stormwater runoff that need to be discussed with Community Services staff. He also said that the discussion at the meeting yesterday indicated that when the permit for the temporary parking lot expires, there will be consideration by City staff with regard to a demolition permit for the temporary parking lot and restoration of the site.

Comments:

Comments Regarding the Medical Office Building (MOB):

1. Member Brown requested that the plans show the location and screening for all of the utilities. (Currently only the transformer is shown on the plans.)

2. Member Branch commented: a) requested that the applicant add two vertical bays of glass, instead of one bay, where the design wraps around from the front on the east and west elevations in lieu of what is shown on the drawings; and b) the MOB changes are appreciated and the plans have come a long way.
3 Member Schneider commented: a) the applicant's willingness to work with the DRB is appreciated; and b) the MOB plans have come a long way and seem ready to move to the next step.
4 Vice Chair Smith commented: a) agreed with Member Branch that there should be two vertical glass panels where the design wraps around on the east and west elevations; b) it is appreciated that the MOB architecture fits with the feel of the hospital; and c) the design is fine.
5 Member Herrera commented that the MOB design is great and will be appreciated in the future.
6 Member Messner commented that the MOB design is good and will be a great addition to the City .
7. Chair Wignot agreed with the DRB members' comments, stating that the MOB design is well done.

Comments Regarding the Landscape Plan:

1. Member Schneider commented: a) the addition of the pedestrian path through the orchard and the addition of the center island in the entry driveway are appreciated; b) it appears that a sidewalk will be needed for pedestrians coming from the temporary parking lot across Patterson Avenue to walk to the front of the hospital without having to walk across the area for vehicles;
2. Member Messner commented: a) the *Canary Island Pine* species, which is a skyline tree, fits well at the proposed location but he has some concern that the species has a lot of droppings and pine cones, however, there will probably be full-time garden maintenance; b) the addition of the center divider at the entryway is appreciated; c) the placement of the palm trees in the entryway is appropriate and appreciated since the trees are old and have been on the property for a long period of time; d) the location of the center divider needs to be set back enough to provide room for traffic to make the turn to enter the driveway, and there needs to be consideration that vehicles may be moving fast if there is an emergency; e) the addition of the pedestrian pathway in the orchard area is appreciated; f) recommended a wishbone design for the pedestrian path which would provide more walkways, and the addition of benches, or other types of seating; and g) the landscape plans are done very well.
3. Member Herrera commented: a) agreed with Member Messner's recommendation to add a wishbone design for the pathway through the orchard area; and b) suggested that adding benches for seating and a water fountain feature would make the orchard area more usable.
4. Member Brown commented: a) requested adding some openings in the curbs in the parking lots with regard to stormwater issues; b) requested coordination of lighting standard concepts if there will be trees in tree wells; c) the location and screening of the trash enclosure will need to be addressed in the future; and d) requested consideration of the concept of increasing permeability in the parking lots and any other appropriate areas, such as adjacent to grassy areas.

5. Chair Wignot commented that the plan to relocate the existing palm trees in front of the existing Medical Office Building is appreciated.

Comments Regarding the Landscape Plan for the Temporary Parking Lot:

1. Member Brown commented: a) the applicant has done a good job with the landscape plan to try to make the temporary parking lot attractive, considering the constraints with regard to the temporary parking lot site; and b) the planting materials will provide a nice robust "hedge" to help soften the temporary parking lot.
2. Member Schneider commented: a) there are some constraints at this time, however, it is understood that this parking lot is a temporary situation and that the real improvements will need to happen when this site is developed or at some other point in the future; and b) there are some other issues, which include the bioswale being in the right-of-way along Patterson Avenue, that will need to be worked out by the applicant with Community Services staff as the project progresses.

MOTION: Schneider moved, seconded by Branch, and carried by a 7 to 0 vote that Conceptual review of Item M-3, No. 07-171-DRB, 351 S. Patterson Avenue/Hollister Avenue, has been completed with comments, and the item will be taken off calendar to continue with further processing.

N. ADVISORY CALENDAR

- NONE

O. DISCUSSION ITEMS

O-1. SEPARATE SIGN COMMITTEE LETTER REVIEW/DISCUSSION

Member Schneider stated that he is in the processing preparing a draft letter to the City Council for review by the DRB that supports changing the appeal point for signs from preliminary approval to final approval.

There being no objections, Chair Wignot stated that Item O-1, Separate Sign Committee Letter Review/Discussion, will be continued to the next DRB meeting on July 22, 2008.

O-2. REQUESTS FOR FUTURE AGENDA ITEMS BY MEMBERS

Member Brown requested a future agenda item for August 12, 2008, for discussion regarding Sign Compliance Items. She stated that applicants are expected to comply when there is a DRB condition for a sign permit that all unpermitted and non-compliant signs shall be removed. She requested that staff provide an update with regard to the signs at 5730 Hollister Avenue (La Placita de Goleta Overall Sign Plan).

O-3. ANNOUNCEMENTS BY MEMBERS

No announcements.

P. ADJOURNMENT: 5:30 P.M.

Minutes approved on July 22, 2008.

* Indicates request for continuance to a future date.

ATTACHMENT 10

E. MCGOWAN LETTER DATED OCTOBER 27, 2008

From: Edo McGowan [mailto:edo_mcgowan@hotmail.com]
Sent: Monday, October 27, 2008 11:22 AM
To: Michael T. Bennett; Kenneth Knight; naomi@citizensplanning.org
Subject: Please pass to Planning Commissioners

To: Members of Goleta Planning Commission

Fm: Dr. Edward McGowan, Medical Geo-Hydrology

Re: Hospital wastewater and the spread of antibiotic resistance to the community.
An argument for environmental review. While this subject may not drive the need for a full EIR, it warrants sufficient analyses to assure that the community is not impacted.
Thus as part of the review process, the Planning Commission needs to assure itself that the public is well protected and certain mitigation measures are in fact, put in place.
Thus, the subject bears review to gain a proper perspective of public health risk. Without this perspective there can be little guidance. No one can know at what point this will affect the community but it would be reckless to ignore the prospect.

BACKGROUND

A less well understood mechanism for the transfer of multi-drug resistant bacteria to humans and the environment is found at the local sewer treatment plant. As bacteria wind their way through these treatment processes, the selective pressures against them increase. In consequence, there is a greater effort by bacteria to pass on survival enhancing genetic information. Additionally, as the environmental stresses increase, the bacteria up-regulate numerous other survival mechanisms to assure that they and their genetic material survive. These can include chlorine resistance.

In one of the several studies looking at this, the scientists followed bacteria through a sewer treatment works. Fecal coliforms were the test organism. These bacteria were isolated at various locations in the plant as the sewage was passing through the treatment process. They were isolated from: a) the inlet, b) the primary sedimentation tank, c) the activated

sludge digestion tank, d) the final settling tank, e) the outlet, and, f)
the return activated sludge drain. They were then examined for multi-drug
antibiotic resistance. The study looked for the presence of drug resistant
plasmids.

The scientists were able to distinguish resistant bacteria from those still
sensitive to antibiotics. Several drugs were tested and included
tetracycline, kanamycin, chloramphenicol and streptomycin, ampicillin,
nalidixic acid, rifampicin, and sulfisoxazole. We have seen that the big
gun—vancomycin is now in trouble. A total of 900 separate tests were
conducted. Of these over half contained multi-drug resistant plasmids.

While this is interesting, there was a new finding that raised considerable
concern. The further along that the wastewater had progressed through the
treatment process the greater the tendency was development of
multi-resistant strains. Additionally, the study demonstrated that these
multi-resistant bacteria also simultaneously carried, and then passed around
their multiple transferable drug-resistance plasmids. Thus, the take-home
message is that drug resistance and the transfer of multi-drug resistant
occurs in wastewater treatment plants. [Nippon Koshu Eisei Zasshi 1990
Feb;37(2):83-90.] This information is now over a decade old. These data were
a harbinger, yet little impact from this study has been noted.

Additionally, there are the aging and failing effluent conduits—the sewer
mains and laterals. Thus, part of the issue in any urban area is leaking
from underground sewer mains. In many of the older cities such as Goleta,
there may have been little or no repair or maintenance of these underground
conduits. Thus, there is probably severe leakage to the surroundings.

The paper that follows suggests that sewer effluent arising from hospitals
may play a particularly serious role in furthering contamination. Centers
dealing with the very sick, the very old, and the immuno-compromised are
generally regarded as centers for the development and perpetuation of drug
resistant pathogens. These centers also utilize vast amounts of chemo-
therapeutic agents and other materials that may foster increased resistance.
Their untreated discharge to the local sewer system is thus a concern,

and
your organization may be interested. If the sewer mains are leaking, then
this merely increases the potential risk for materials reaching the environment, aquifer, rivers, or beach and ocean.

HOSPITALS: DURING THEIR RECONSTRUCTION AND MODIFICATION---SOME THOUGHTS FOR
THE DESIGNERS

Hospitals may represent epicenters for the formation of drug resistance pathogens.

As a member of the Biosolid-Subgroup of the County's Multi-Jurisdictional Solid
Waste Task Group, I had brought this to attention of the County as an item
warranting consideration during the design of a new hospital or the addition
to a hospital. I later was placed on a national scientific panel for the review
of pathogens in wastewater. That panel was sponsered by the Water Environment
Research Foundation and the U.S. Environmental Protection Agency. However, the
subject at hand deals with water and pathogens from hospitals and, within that
macrocosm of inquiry, the more important issue is one of multi-drug resistant bacteria
(MDRB). Since your Planning Commission will be considering this subject, ie hospital,
I felt that this information might be of some value.

Hospitals and Multi Drug Resistant Bacteria (MDRB).

In the revamping of any hospital, and the potential for expansion of the surrounding medically related community and its development as such changed
hospital might engender, serious thought should be applied to the make-up of sewer
effluents.

In many industrial settings, there is a requirement for pre-treatment. This
requirement accrues to the need to protect receiving waters, hence the health of
humans and the environment. Accordingly, hospitals and their generated surrounding

medical communityes should be considered within the category of industrial wastewater
generators.

Amongst the community at large, including staff at sewer treatment works,
there is a distinct lack of recognition for issues relating to MDRB. These
organisms pass from sink or toilet through sewer treatment and into the environment at large. Although current water quality standards are silent on
such issues, there is a pressing need for recognition. Thus hospitals, as
major members of a community, and for the ultimate needs of their patient
base, need to go beyond current standards.

Contrary to popular myth, many pathogens survive their passage through a
sewer treatment plant thus, remaining to constitute an increased public health risk. That this situation has continued for some time may be attributed, in part, to economics and the antiquated water quality standards. Nonetheless, readily available scientific and medical literature
are, and have been for some time, replete with data demonstrating and confirming this fact. Studies reported in the scientific and medical literature dating back to at least the 1970s show failure of treatment. Thus, this is hardly new knowledge. [Fontaine, et al, (1976); Grabow, et
al. , (1973); Linton, et al., (1974); Walter et al,. (1985)].

For Goleta, this may be important from several perspectives. My group did
some preliminary studies on reclaimed (recycled) water being produced locally.
Actually we looked at six sewer plants in the general area that were licensed by
the state to produce reclaimed (recycled) water under Title 22 for municipal
irrigation. In all cases we found chlorine resistant bacteria in the finished
product, some of which were potential pathogens. In two cases we did more
extensive analyses and found multi-antibiotic resistant bacteria.

Chlorine resistance is a major concern and it is important that your Planning
Commission members appreciate this. In a recent paper by Chang, et al, (see
abstract below), these authors note enhanced virulence. This combination of increased
virulence and chlorine resistance becomes critical, especially when one considers
the use of bacteriostatic antibiotics which rely on a robust immune system.
Bacteriostatics do not actually kill the bacteria, they merely arrest it and thus

the process relies on the immune system.

The response to pathogens by the immune system includes an attack by the leukocytes,
engulfing the pathogen and then subjecting the enclosed pathogen to a series of
highly toxic materials. One such material is a chlorine analogue, but if that
pathogen is chlorine resistant, then what? If a bacteriostatic antibiotic such as a
macrolide (example erythromycin) is used, will that do the job. Interestingly as a
side note, erythromycine is one of the drugs that easily slips through sewer treatment
is thus found in the reclaimed (recycled) water and will bioaccumulate in the soil
(see Chad A. Kinney's work for a discussion of this where he demonstrated the inability
of reclaimed (recycled) water processing to effectively remove antibiotics). This work
by Kinney is augmented by the work of Valerie Harwood as well as that of Joan B. Rose
who demonstrated that in testing reclaimed water produced in plants across this nation
that pathogens were not removed from the final finsihed product. One plant was El Estero.
The Rose paper came out via the Water Environment Research Foundation, the research arm
of the wastewater industry.

Environ. Sci. Technol., **41** (21), 7570 -7575, 2007. 10.1021/es070929k S0013-936X(07)00929-7
Web Release Date: October 5, 2007

Toxicogenomic Response to Chlorination Includes Induction of Major Virulence Genes in *Staphylococcus aureus*

Matthew Wook Chang,† Freshteh Toghrol,*‡ and William E. Bentley§

Accepted September 4, 2007

Abstract:

Despite the widespread use of chlorination for microbial control in aqueous environments, cellular response mechanisms of human pathogens, such as *Staphylococcus aureus*, against chlorination remain unknown. In this work, genome-wide transcriptional analysis was performed to elucidate cellular response of *S. aureus* to hypochlorous acid, an active antimicrobial product of chlorination in aqueous solution. Our results suggest that hypochlorous acid repressed transcription of genes involved in cell wall synthesis, membrane transport, protein synthesis, and primary metabolism, while amino acid synthesis genes were induced. Furthermore, hypochlorous acid induced transcription of genes encoding major virulence factors of *S. aureus*, such as exotoxins, hemolysins, leukocidins, coagulases, and surface adhesion proteins, which all play essential roles in staphylococcal virulence. This work implies that chlorination may stimulate production of virulence factors, which provides new insight into host-pathogen interactions and effects of chlorine application for microbial control.

Previous studies have shown that waste effluents from hospitals contain higher levels of antibiotic-resistant enteric bacteria than waste effluents derived from other sources [1,2,3,4,5,6].

In a recent meeting of our task-group, one of the members, a highly respected wastewater engineer, raised a question relating the survival of pathogens once the material had left the sewer treatment works. The essence of the question is related to the survival of genetic material. Hence, analyses on the underlying issue of surviving MDRB. The question went something like this---"If Staphyloccus aureus were found dead, did that mean that the problem was solved?" The corollary--- was it dead or merely in the viable but non-culturable (VBNC) state, a starvation arrested state, or killed from a starvation but otherwise recoverable state by sudden nutrient excess in the culture? Additionally, there are issues of the re-uptake of naked DNA.

Recently, in discussing mobile genetic elements (MGE), Nielsen, et. al. [7,8], demonstrated that DNA was well protected in dead cells and that transforming activity remained. The survival of such material was found to be up to two years [9]. Additionally, these papers demonstrate that growing plants, via their roots, could transfer MGEs to bacteria. The reverse has also been widely demonstrated. Thus, non-pathogens and non-bacteria can serve as reservoirs for maintaining resistance.

Pneumococci, for example, can take-up naked DNA from the environment (natural transformation from lysed bacteria). Thus merely finding "dead" bacteria may be no assurance that risk has reached acceptable levels. Further, from the classical work of Griffith, we know that pathogens can regain virulence from dead bacteria.

Additionally, during the above noted meeting, I had mentioned some notes I had taken during a medical grand rounds at Cottage. The speaker, an expert on infectious disease, indicated that there is strong medical evidence that about one-half of the general, non-hospital community acquired skin infections in the Greater Los Angeles area are now MRSA. This is not new information. The April 2003, issue of Skin & Allergy News also had a front-page article on this since dermatologists (my field)often stand on the front lines.

Prior to 1985, vancomycin resistance in human pathogens had not been described in the literature. A decade later, more than one-half of the

hospitals in New Jersey contained strains of vancomycin resistant bacteria.
By the end of 1998, one quarter of enterococci isolated from intensive care units across the U.S. expressed resistance to vancomycin.

Recent publications in the medical literature discuss the cost of drug resistant bacteria. The annual cost in the U.S. was estimated to be upwards of $30 billion annually (Dominguez EA, et al. Infection Control & Hospital Epidemiology, vol 21,#1, supp, Jan 2000, p S4).

It was assumed for a long time that gene transfer between different species of microorganisms is a very rare event at best; that view has changed. The available evidence suggests that interspecific transfer of genes has occurred between the three major groups of organisms: archaebacteria, eubacteria and eukaryotes. There is very strong evidence that gene transfer easily occurs between distantly related bacteria. Marcinek, et al [10] estimated that under the natural conditions of a sewer treatment works, between 106 to 109 gene transfer events between different E. faecalis strains should take place per day. The maximum number of transfer events for the sex pheromone plasmids between different strains of E. faecalis in the municipal sewage water treatment plant was found to range from 10(5) to 10(8) events per 4 hour period. This work also indicated that gene transfer should take place under natural conditions following release of sewer effluent.

Iversen, et al, [11] isolated VRE in 21 of 35 untreated sewage samples (60%), from 5 of 14 hospital sewage samples (36%), from 6 of 32 treated sewage samples (19%), and from 1 of 37 surface water samples. It was speculated that antimicrobial drugs or chemicals released into the sewage system sustained VRE in the system. Others [5] have demonstrated direct evidence that related tetracycline resistance-encoding plasmids have disseminated between different Aeromonas spp. and E. coli and between the human and aquaculture environments in distinct geographical locations. Collectively, these findings provide evidence to support the hypothesis that the aquaculture and human compartments of the environment behave as a single interactive niche.

Ribeiro [12] and others [13] have found that as these organisms progress further through sewer treatment, the level of resistance and number of transferred plasmids increases. Reinthaler et al [14] found that the highest resistance rates were found in E. coli strains of a sewage treatment plant

which treats not only municipal sewage but also sewage from a hospital. Thus, these authors concluded that sewage treatment processes contribute to the dissemination of resistant bacteria in the environment.

One of the issues being studied locally is the leaking of sewer system trunk mains that underlie many American cities. There has been a sufficiency of studies to raise questions about exfiltration—the loss of sewer effluent from these sewer mains. That rising ground water actually enters these older mains and systems is now well beyond question. The issue is one of logic. If rising ground water gets in through failing joints, cracks, and breaks, what keeps sewer water from utilizing these same portals when the surrounding ground water falls below them?

Cenci, et al [15] reviewed the incidence and the patterns of the antibiotic and metal resistance in 106 strains of Escherichia coli isolated from ground waters, used also as drinking water supply. These organisms were studied in comparison with the resistance behavior in the 104 strains of the same microorganism isolated from non hospitalized patients. When, however, these were compared to hospitalized patients, the patterns of the antibiotic multiresistances and the strains isolated from patients and from ground waters did not differ greatly. The authors concluded that their findings strengthened the hypothesis that resistance to antibiotics had been acquired by Escherichia coli strains before reaching the ground waters.

If the above has any validity, then what of the possible effects of different pharmaceutical groups such as anti-tumour drugs, antibiotics and contrast media as well as Absorbable organically bound halogens (AOX) resulting from hospitals effluent input into sewage? Recently, the occurrence and fate of pharmaceutically active compounds (PhACs) in the aquatic environment was recognized as one of the emerging issues in environmental chemistry and as a matter of public concern [16]. Residues of PhACs have been found as contaminants in sewage, surface, and ground- and drinking water samples. Again this begs the issue of leaking sewer mains and a need for pretreatment.

Most antibiotics and their metabolites are excreted by humans after administration and therefore reach the municipal sewage with the excretions. Kummerer, et al [17] looked at a worst case scenario on found

concentrations
of the antibiotics in hospital effluents. These concentrations were estimated and compared with minimum inhibitory concentrations for susceptible pathogenic bacteria and with the genotoxic potency. Both the
concentrations calculated for hospital effluents and the adverse effects in
bacteria were in the same order of magnitude.

Absorbable organically bound halogens (AOX) are mostly persistent in the
environment, and accumulate in the food web. One important source of AOX in
hospital effluents may be x-ray contrast media containing an iodine carbon
bond. These materials may also add to selection pressures and development of
resistant strains.

Others [18] have noted that the mere process of chlorinating effluent tends
not only to increase resistance, but also increase the competitive edge of
these survivors. Thus, we are now seeing developing resistance to chlorine,
other antiseptics, and disinfectants. This raises some interesting academic
as well as practical questions at the cellular and molecular level. For example, would developing resistance to chlorine also affect the efficacy of
hypochlorite released within lysosomes, there by reducing effectiveness of
leukocytes?

The workers at sewer plants are also at risk. Several papers [19,20,21] have
reported on transfer of viral particles and bacteria in aerosols that are
generated by and surround many of these plants. In addition, there are studies on wind drift of these plumes into the surrounding neighborhoods.

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The Importance of Municipal Sewage Treatment in the Spread of Antibiotic Resistance

106th General Meeting of the American Society for Microbiology
May 21-25, 2006, Orlando, Florida

firl0002@umn.edu

Our study determined that substantial numbers of antibiotic-resistant bacteria were present in municipal wastewater, and that the existing treatment infrastructure did not adequately prevent release of antibiotic-resistant bacteria into the environment. Many of the bacteria found in the wastewater treatment plant and in the plant effluent were tentatively identified as potential pathogens and were also resistant to multiple antibiotics, raising public health concerns. We believe that wastewater treatment plants could be modified to further prevent the release of resistant bacteria to the environment.

Antibiotic Resistance Genes As Emerging Environmental Pollutants

ScienceDaily (Oct. 26, 2006) — Antibiotic resistance genes (ARGs) should be considered emerging environmental contaminants with more research devoted to the mechanisms by which they spread, scientists say in a report scheduled for the Dec. 1 issue of the semi-monthly ACS journal Environmental Science & Technology.

See also:

Health & Medicine

- Genes
- Prostate Health
- Infectious Diseases

Plants & Animals

- Bacteria
- Microbes and More
- Developmental Biology

Reference

- Transgenic plants
- Tularemia
- Antibiotic resistance
- Penicillin-like antibiotics

Colorado State University's Amy Pruden and colleagues reached that conclusion after a study that documented occurrence of tetracycline and sulfonamide ARGs in irrigation ditches, river sediments, and other spots in the environment in northern Colorado.
They detected tetracycline resistance genes in treated drinking water, suggesting that it may be a pathway for spread of ARGs to humans.
ARGs are pieces of DNA that make bacteria resistant to common antibiotics - recognized as an increasingly serious global health problem. The genes can spread in different ways. Bacteria, for instance, exchange ARGs among themselves. Pruden and colleagues note that even if cells carrying ARGs have been killed, DNA released to the environment can persist and spread to other cells.
"ARGs in and of themselves can be considered to be emerging 'contaminants' for which mitigation strategies are needed to prevent their widespread dissemination," they state

Environ Toxicol Chem. 2006 Feb ;25 (2):317-26 16519291 (P,S,G,E,B)
Presence and distribution of wastewater-derived pharmaceuticals in soil irrigated with reclaimed water.
[My paper] Chad A Kinney, Edward T Furlong, Stephen L Werner, Jeffery D Cahill
National Water Quality Laboratory, U.S. Geological Survey, Denver Federal Center, P.O. Box 25046, Building 95, MS 407, Denver, Colorado 80225-0046, USA.
Three sites in the Front Range of Colorado, USA, were monitored from May through September 2003 to assess the presence and distribution of pharmaceuticals in soil irrigated with reclaimed water derived from urban wastewater. Soil cores were collected monthly, and 19 pharmaceuticals, all of which were detected during the present study, were measured in 5-cm increments of the 30-cm cores. Samples of reclaimed water were analyzed three times during the study to assess the input of pharmaceuticals. Samples collected before the onset of irrigation in 2003 contained numerous pharmaceuticals, likely resulting from the previous year's irrigation. Several of the selected pharmaceuticals increased in total soil concentration at one or more of the sites. The four most commonly detected pharmaceuticals were erythromycin, carbamazepine, fluoxetine, and diphenhydramine. Typical concentrations of the individual pharmaceuticals observed were low (0.02-15 microg/kg dry soil). The existence of subsurface maximum concentrations and detectable concentrations at the lowest sampled soil depth might indicate interactions of soil components with pharmaceuticals during leaching through the vadose zone. Nevertheless, the present study demonstrates that reclaimed-water irrigation results in soil pharmaceutical concentrations that vary through the irrigation season and that some compounds persist for months after irrigation.

Applied and Environmental Microbiology, June 2005, p. 3163-3170, Vol. 71, No. 6
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Validity of the Indicator Organism Paradigm for Pathogen Reduction in Reclaimed Water and Public Health Protection†

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The validity of using indicator organisms (total and fecal coliforms, enterococci, *Clostridium perfringens*, and F-specific coliphages) to predict the presence or absence of pathogens (infectious enteric viruses, *Cryptosporidium*, and *Giardia*) was tested at six wastewater reclamation facilities. Multiple samplings conducted at each facility over a 1-year period. Larger sample volumes for indicators (0.2 to 0.4 liters) and pathogens (30 to 100 liters) resulted in more sensitive detection limits than are typical of routine monitoring. Microorganisms were detected in disinfected effluent samples at the following frequencies: total coliforms, 63%; fecal coliforms, 27%; enterococci, 27%; *C. perfringens*, 61%; F-specific coliphages, ~40%; and enteric viruses, 31%. *Cryptosporidium* oocysts and *Giardia* cysts were detected in 70% and 80%, respectively, of reclaimed water samples. Viable *Cryptosporidium*, based on cell culture infectivity assays, was

detected in 20% of the reclaimed water samples. No strong correlation was found for any indicator-pathogen combination. When data for all indicators were tested using discriminant analysis, the presence/absence patterns for *Giardia* cysts, *Cryptosporidium* oocysts, infectious *Cryptosporidium*, and infectious enteric viruses were predicted for over 71% of disinfected effluents. The failure of measurements of single indicator organism to correlate with pathogens suggests that public health is not adequately protected by simple monitoring schemes based on detection of a single indicator, particularly at the detection limits routinely employed. Monitoring a suite of indicator organisms in reclaimed effluent is more likely to be predictive of the presence of certain pathogens, and a need for additional pathogen monitoring in reclaimed water in order to protect public health is suggested by this study.

ATTACHMENT 11

APPLICANT RESPONSE DATED NOVEMBER 5, 2008

SUZANNE ELLEDGE
PLANNING & PERMITTING SERVICES, INC.

PRINCIPAL PLANNERS
SUZANNE ELLEDGE • LAUREL F. PEREZ

5 November 2008

Mr. Steve Chase
Planning & Environmental Services Director
City of Goleta
130 Cremona Drive, Suite B
Goleta, CA 93117

Subject: Goleta Valley Cottage Hospital

Dear Steve:

In accordance with our conversation, we are providing you with the enclosed information related to the disposal of wastewater and medical waste at Goleta Valley Cottage Hospital (GVCH).

Medical Waste

The disposal of medical waste (see Attachment 1 for the definition) is regulated by the California Department of Health who regulates and issues permits to GVCH (see Attachments 2 & 3) for the proper on-site handling and disposal of medical waste in compliance with the Medical Waste Management Act, *Sections 117600 – 118360 of the California Health and Safety Code*, which we have enclosed for your information (see Attachment 4).

To ensure that proper medical waste disposal protocols are implemented, GVCH provides resources to its staff that include a matrix that summarizes the color coded receptacles for the variety of medical waste that is disposed of within the hospital (see Attachment 5) and an Infection Control Manual that describes the proper procedures for handling, transporting, and storing the waste on-site as well as describing the pick-up, transportation and destruction of the waste off-site by licensed haulers (see Attachment 6).

Wastewater Disposal

Substances that are not considered medical waste (see definition in Attachment 1 section 117700) may be safely disposed of in the sanitary sewer system. In the case of GVCH, the Goleta Sanitary District (GSD) provides wastewater disposal services. The GSD operates its treatment facility under a permit issued by the State Regional Water Quality Control Board under the authority of the Environmental Protection Agency. We have

800 SANTA BARBARA STREET, SANTA BARBARA, CALIFORNIA 93101
TEL 805 966-2758 • FAX 805 9-287-59 • E-MAIL info@sepps.com

enclosed a letter from the GSD regarding their wastewater treatment, testing and maintenance program (see Attachment 7).

No changes to the practices and procedures followed by GVCH in the disposal of wastewater or medical waste is required or proposed as part of the hospital replacement project.

Should you have any questions or require additional information, please do not hesitate to call me at (805) 966-2758, extension 14.

Sincerely,
SUZANNE ELLEDGE
PLANNING & PERMITTING SERVICES, INC.

Suzanne Elledge
Principal Planner

117680 - Large Quantity Generator
"Large quantity generator" means a medical waste generator, other than a trauma scene waste management practitioner, that generates 200 or more pounds of medical waste in any month of a 12-month period.

117685 - Local Agency
"Local agency" means the local health department, as defined in Section 101185, or the local comprehensive environmental agency established in accordance with Section 101275, of a county that has elected to adopt a local ordinance to administer and enforce this part, pursuant to Chapter 3 (commencing with Section 117800).

117690 - Medical Waste

(a) "Medical waste" means waste which meets both of the following requirements:

(1) The waste is composed of waste which is generated or produced as a result of any of the following actions:

(A) Diagnosis, treatment, or immunization of human beings or animals.

(B) Research pertaining to the activities specified in subparagraph (A).

(C) The production or testing of biologicals.

(D) The accumulation of properly contained home-generated sharps waste that is brought by a patient, a member of the patient's family, or by a person authorized by the enforcement agency, to a point of consolidation approved by the enforcement agency pursuant to Section 117904 or authorized pursuant to Section 118147.

(E) Removal of a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, from a trauma scene by a trauma scene waste management practitioner.

(2) The waste is either of the following:

(A) Biohazardous waste.

(B) Sharps waste.

(b) For purposes of this section, "biologicals" means medicinal preparations made from living organisms and their products, including, but not limited to, serums, vaccines, antigens, and anti-toxins.

(c) Medical waste includes trauma scene waste.

117695 - Treated Medical Waste
Medical waste that has been treated in accordance with Chapter 8 (commencing with Section 118215) and that is not otherwise hazardous, shall thereafter be considered solid waste as defined in Section 40191 of the Public Resources Code and not medical waste.

117700 - Not Medical Waste
Medical waste does not include any of the following:

(a) Waste generated in food processing or biotechnology that does not contain an infectious agent ~~as defined~~ in Section 117675.

(b) Waste generated in biotechnology that does not contain human blood or blood products or animal blood or blood products suspected of being contaminated with infectious agents known to be communicable to humans.

(c) Urine, feces, saliva, sputum, nasal secretions, sweat, tears, or vomitus, unless it contains fluid blood, as provided in subdivision (d) of Section 117635.

(d) Waste which is not biohazardous, such as paper towels, paper products, articles containing nonfluid blood, and other medical solid waste products commonly found in the facilities of medical waste generators.

(e) Hazardous waste, radioactive waste, or household waste, including, but not limited to, home-generated sharps waste, as defined in Section 117671.

(f) Waste generated from normal and legal veterinarian, agricultural, and animal livestock management practices on a farm or ranch.

117705 - Medical Waste Generator
"Medical waste generator" means any person whose act or process produces medical waste and includes, but is not limited to, a provider of health care, as defined in subdivision (d) of Section 56.05 of the Civil Code. All of the following are examples of businesses that generate medical waste:

(a) Medical and dental offices, clinics, hospitals, surgery centers, laboratories, research laboratories, unlicensed health facilities, those facilities required to be licensed pursuant to Division 2 (commencing with Section 1200), chronic dialysis clinics, as regulated pursuant to Division 2 (commencing with Section 1200), and education and research facilities.

(b) Veterinary offices, veterinary clinics, and veterinary hospitals.

(c) Pet shops.

(d) Trauma scene waste management practitioners.

STATE OF CALIFORNIA – HEALTH AND HUMAN SERVICES AGENCY ARNOLD SCHWARZENEGGER,

DEPARTMENT OF PUBLIC HEALTH
MEDICAL WASTE MANAGEMENT PROGRAM
1616 CAPITOL AVENUE, 2nd FLOOR - MS 7405
P.O. BOX 997377
SACRAMENTO, CA 95899-7377
Phone: 916-449-5671

January 23, 2008
ID Number LQG 352

Ms. Susanna Shaw
Goleta Valley Cottage Hospital
351 S Patterson Ave
Santa Barbara , CA 93111

Dear Ms. Shaw:

Your Large Quantity Medical Waste Generator certificate is shown below. Please retain this for your records.

If you have questions regarding this certificate, please call (916) 449-5671.

STATE OF CALIFORNIA
Department of Public Health
Medical Waste Management Program

Goleta Valley Cottage Hospital

Registration No.	*351 S Patterson Ave*	Treatment No.
42-352	in the county of	P-352
Annual Expiration Date	*Santa Barbara*	5-Yr Expiration Date
2/15/2009	is registered as a	9/16/2006

LARGE QUANTITY MEDICAL WASTE GENERATOR

The facility named herein is registered pursuant to the provisions of the Medical Waste Management Act, Division 104, Part 14, Chapter 5 of the California Health and Safety Code, and shall be subject to all applicable provisions of this law. This permit is not transferable.

Date Issued: 1/23/2008

Chief, Waste Management Section

Attachment 2

STATE OF CALIFORNIA
Department of Health Services
Medical Waste Management Program

California Department of Health Services

PERMIT FOR

Medical Waste Management

- ☐ Common Storage Facility
- ☐ Transfer Station
- ☒ Onsite Treatment
- ☐ Offsite Treatment

Has been issued to: Goleta Valley Cottage Hospital (Renewal)

Permit Number: P-352 *Expiration Date:* May 14, 2012

The person named herein is permitted pursuant to the provisions of the Medical Waste Management Act, Division 104, Part 14, Chapter 4, 6, and 7, of the California Health and Safety Code. The above named person shall be subject to all applicable provisions of the above law. This permit is not transferable to any person or place.

Date Issued: May 14, 2007

Kelvin Yamada, Chief
Medical Waste Management Program

MEDICAL WASTE MANAGEMENT ACT

CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 117600 - 118360

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
MEDICAL WASTE MANAGEMENT PROGRAM
1616 CAPITOL AVENUE, MS-7405
P. O. BOX 997413
SACRAMENTO, CA 95899-7413

Medical Waste Management Act

California Health and Safety Code
Sections 117600 – 118360

Table of Contents

Chapter 1 - General Provisions

117600 - Citation of part
This part shall be known and may be cited as the Medical Waste Management Act.

117605 - Preempt
This part does not preempt any local ordinance regulating infectious waste, as that term was defined by Section 25117.5 as it read on December 31, 1990, if the ordinance was in effect on January 1, 1990, and regulated both large and small quantity generators. Any ordinance may be amended in a manner that is consistent with this part.

117610 - Regulations
The department shall adopt regulations that will establish and ensure statewide standards for uniformity in the implementation and administration of this part and that will promote waste minimization and source reduction.

117615 - Local Ordinance
Notwithstanding Section 117605, with the approval of the director, and in the interest of public health, a local ordinance providing more stringent requirements than specified in this part may be implemented for a specified time period.

117620 - Initiate Program
The department and any local enforcement agency initially electing to implement a medical waste management program pursuant to this part shall initiate that program and begin enforcement of its provisions on or before April 1, 1991, except for medical waste programs operating under Section 117605.

Chapter 2 - Definitions

117625 - Definitions
Unless the context requires otherwise, the definitions in this article govern the construction of this part.

117630 - Biohazard Bag
"Biohazard bag" means a disposable red bag that is impervious to moisture and has a strength sufficient to preclude ripping, tearing, or bursting under normal conditions of usage and handling of the waste-filled bag. A biohazard bag shall be constructed of material of sufficient single thickness strength to pass the 165-gram dropped dart impact resistance test as prescribed by Standard D 1709-85 of the American Society for Testing and Materials and certified by the bag manufacturer.

117635 - Biohazardous Waste
"Biohazardous waste" means any of the following:

(a) Laboratory waste, including, but not limited to, all of the following:

(1) Human or animal specimen cultures from medical and pathology laboratories.

(2) Cultures and stocks of infectious agents from research and industrial laboratories.

(3) Wastes from the production of bacteria, viruses, spores, discarded live and attenuated vaccines used in human health care or research, discarded animal vaccines, including Brucellosis and Contagious Ecthyma, as identified by the department, and culture dishes and de-vices used to transfer, inoculate, and mix cultures.

(b) Human surgery specimens or tissues removed at surgery or autopsy, which are suspected by the attending physician and surgeon or dentist of being contaminated with infectious agents known to be contagious to humans.

(c) Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents known to be contagious to humans.

(d) Waste, which at the point of transport from the generator's site, at the point of disposal, or thereafter, contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid, or blood from animals known to be infected with diseases which are highly communicable to humans.

(e) Waste containing discarded materials contaminated with excretion, exudate, or secretions from humans or animals that are required to be isolated by the infection control staff, the attending physician and surgeon, the attending veterinarian, or the local health officer, to protect others from highly communicable diseases or diseases of animals that are highly communicable to humans.

(f)

(1) Waste which is hazardous only because it is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other fixatives, or only because the waste is contaminated through contact with, or having previously contained, chemotherapeutic agents, including, but not limited to, gloves, disposable gowns, towels, and intravenous solution bags and attached tubing which are empty. A biohazardous waste which meets the conditions of this paragraph is not subject to Chapter 6.5 (commencing with Section 25100) of Division 20.

(2) For purposes of this subdivision, "chemotherapeutic agent" means an agent that kills or prevents the reproduction of malignant cells.

(3) For purposes of this subdivision, a container, or inner liner removed from a container, which previously contained a chemotherapeutic agent, is empty if the container or inner liner removed from the container has been emptied by the generator as much as possible, using methods commonly employed to remove waste or material from containers or liners, so that the following conditions are met:

(A) If the material which the container or inner liner held is pourable, no material can be poured or drained from the container or inner liner when held in any orientation, including, but not limited to, when tilted or inverted.

(B) If the material which the container or inner liner held is not pourable, no material or waste remains in the container or inner liner that can feasibly be removed by scraping.

(g) Waste that is hazardous only because it is comprised of pharmaceuticals, as defined in Section 117747. Notwithstanding subdivision (a) of Section 117690, medical waste includes biohazardous waste that meets the conditions of this subdivision. Biohazardous waste that meets the conditions of this subdivision is not subject to Chapter 6.5 (commencing with Section 25100) of Division 20.

117640 - Common Storage Facility
"Common storage facility" means any designated accumulation area that is onsite and is used by small quantity generators otherwise operating independently for the storage of medical waste for collection by a registered hazardous waste hauler.

117645 - Container
"Container" means the rigid container in which the medical waste is placed prior to transporting for purposes of storage or treatment.

117650 - Enforcement Agency
"Enforcement agency" means the department or the local agency administering this part.

117655 - Enforcement Officer
"Enforcement officer" means the director, or agents or registered environmental health specialists appointed by the director, and all local health officers, directors of environmental health, and their duly authorized registered environmental health specialists and environmental health specialist trainees, or the designees of the director, local health officers, or the directors of environmental health.

117657 - Fund
"Fund" means the Medical Waste Management Fund created pursuant to Section 117885.

117660 - Hazardous Waste Hauler
"Hazardous waste hauler" means a person registered as a hazardous waste hauler pursuant to Article 6 (commencing with Section 25160) and Article 6.5 (commencing with Section 25167.1)

of Chapter 6.5 of Division 20 and Chapter 30 (commencing with Section 66001) of Division 4 of Title 22 of the California Code of Regulations.

117662 - Health Care Professional
"Health care professional" means any person licensed or certified pursuant to Division 2 (commencing with Section 500) of the Business and Professions Code; any person licensed pursuant to the Osteopathic Initiative Act, as set forth in Chapter 8 (commencing with Section 3600) of Division 2 of the Business and Professions Code, or pursuant to the Chiropractic Initiative Act, as set forth in Chapter 2 (commencing with Section 1000) of Division 2 of the Business and Professions Code; and any person certified pursuant to Division 2.5 (commencing with Section 1797).

117665 - Highly Communicable Diseases
"Highly communicable diseases" means diseases, such as those caused by organisms classified by the federal Centers for Disease Control as Biosafety Level IV organisms, that, in the opinion of the infection control staff, the department, local health officer, attending physician and surgeon, or attending veterinarian, merit special precautions to protect staff, patients, and other persons from infection. "Highly communicable diseases" does not include diseases such as the common cold, influenza, or other diseases not representing a significant danger to nonimmunocompromised persons.

117670 - Household Waste
"Household waste" means any material, including garbage, trash, and sanitary wastes in septic tanks and medical waste, that is derived from households, farms, or ranches. Household waste does not include trauma scene waste.

117671 – Home-generated Sharps Waste
"Home-generated sharps waste" means hypodermic needles, pen needles, intravenous needles, lancets, and other devices that are used to penetrate the skin for the delivery of medications derived from a household, including a multifamily residence or household.

117672 - Industrial Hygienist
"Industrial hygienist" means a person who has met the educational requirements of an industrial hygiene certification organization, as defined in subdivision (c) of Section 20700 of the Business and Professions Code, and who has had at least one year in the comprehensive practice of industrial hygiene, as defined in subdivision (a) of Section 20700 of the Business and Professions Code.

117675 - Infectious Agent
"Infectious agent" means a type of microorganism, bacteria, mold, parasite, or virus, including, but not limited to, organisms managed as Biosafety Level II, III, or IV by the federal Centers for Disease Control and Prevention, that normally causes, or significantly contributes to the cause of, increased morbidity or mortality of human beings.

117680 - Large Quantity Generator
"Large quantity generator" means a medical waste generator, other than a trauma scene waste management practitioner, that generates 200 or more pounds of medical waste in any month of a 12-month period.

117685 - Local Agency
"Local agency" means the local health department, as defined in Section 101185, or the local comprehensive environmental agency established in accordance with Section 101275, of a county that has elected to adopt a local ordinance to administer and enforce this part, pursuant to Chapter 3 (commencing with Section 117800).

117690 - Medical Waste
(a) "Medical waste" means waste which meets both of the following requirements:
(1) The waste is composed of waste which is generated or produced as a result of any of the following actions:

(A) Diagnosis, treatment, or immunization of human beings or animals.

(B) Research pertaining to the activities specified in subparagraph (A).

(C) The production or testing of biologicals.

(D) The accumulation of properly contained home-generated sharps waste that is brought by a patient, a member of the patient's family, or by a person authorized by the enforcement agency, to a point of consolidation approved by the enforcement agency pursuant to Section 117904 or authorized pursuant to Section 118147.

(E) Removal of a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, from a trauma scene by a trauma scene waste management practitioner.

(2) The waste is either of the following:

(A) Biohazardous waste.

(B) Sharps waste.

(b) For purposes of this section, "biologicals" means medicinal preparations made from living organisms and their products, including, but not limited to, serums, vaccines, antigens, and anti-toxins.

(c) Medical waste includes trauma scene waste.

117695 - Treated Medical Waste
Medical waste that has been treated in accordance with Chapter 8 (commencing with Section 118215) and that is not otherwise hazardous, shall thereafter be considered solid waste as defined in Section 40191 of the Public Resources Code and not medical waste.

117700 - Not Medical Waste
Medical waste does not include any of the following:

(a) Waste generated in food processing or biotechnology that does not contain an infectious agent as defined in Section 117675.

(b) Waste generated in biotechnology that does not contain human blood or blood products or animal blood or blood products suspected of being contaminated with infectious agents known to be communicable to humans.

(c) Urine, feces, saliva, sputum, nasal secretions, sweat, tears, or vomitus, unless it contains fluid blood, as provided in subdivision (d) of Section 117635.

(d) Waste which is not biohazardous, such as paper towels, paper products, articles containing nonfluid blood, and other medical solid waste products commonly found in the facilities of medical waste generators.

(e) Hazardous waste, radioactive waste, or household waste, including, but not limited to, home-generated sharps waste, as defined in Section 117671.

(f) Waste generated from normal and legal veterinarian, agricultural, and animal livestock management practices on a farm or ranch.

117705 - Medical Waste Generator
"Medical waste generator" means any person whose act or process produces medical waste and includes, but is not limited to, a provider of health care, as defined in subdivision (d) of Section 56.05 of the Civil Code. All of the following are examples of businesses that generate medical waste:

(a) Medical and dental offices, clinics, hospitals, surgery centers, laboratories, research laboratories, unlicensed health facilities, those facilities required to be licensed pursuant to Division 2 (commencing with Section 1200), chronic dialysis clinics, as regulated pursuant to Division 2 (commencing with Section 1200), and education and research facilities.

(b) Veterinary offices, veterinary clinics, and veterinary hospitals.

(c) Pet shops.

(d) Trauma scene waste management practitioners.

117710 - Medical Waste Management Plan
"Medical waste management plan" means a document that is completed by generators of medical waste pursuant to Sections 117935 and 117960, on forms prepared by the enforcement agency.

117715 - Medical Waste Permit
"Medical waste permit" means a permit issued by the enforcement agency to a medical waste treatment facility.

117720 - Medical Waste Registration
"Medical waste registration" means a registration issued by the enforcement agency to a medical waste generator.

117725 - Medical Waste Treatment Facility
(a) "Medical waste treatment facility" means all adjacent land and structures, and other appurtenances or improvements on the land, used for treating medical waste or for associated handling and storage of medical waste. Medical waste treatment facilities are those facilities treating waste pursuant to subdivision (a) or (c) of Section 118215. A medical waste treatment method approved pursuant to subdivision (d) of Section 118215 may be designated as a medical waste treatment facility by the department.

(b) "Adjacent," for purposes of subdivision (a), means real property within 400 yards from the property boundary of the existing medical waste treatment facility.

117730 - Mixed Waste
"Mixed waste" means mixtures of medical and non-medical waste. Mixed waste is medical waste, except for all of the following:

(a) Medical waste and hazardous waste is hazardous waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste.

(b) Medical waste and radioactive waste is radioactive waste and is subject to regulation as specified in the statutes and regulations applicable to radioactive waste.

(c) Medical waste, hazardous waste, and radioactive waste is radioactive mixed waste and is subject to regulation as specified in the statutes and regulations applicable to hazardous waste and radioactive waste.

117735 - Offsite
"Offsite" means any location that is not onsite.

117740 - Onsite
(a) "Onsite" means a medical waste treatment facility, or common storage facility on the same or adjacent property as the generator of the medical waste being treated.

(b) "Adjacent," for purposes of subdivision (a), means real property within 400 yards from the property boundary of the existing medical waste treatment facility.

117742 - Parent Organization
"Parent organization" means an organization that employs or contracts with health care professionals who provide health care services at a location other than at a health care facility specified in subdivision (a) of Section 117705.

117745 - Person
"Person" means an individual, trust, firm, joint stock company, business concern, partnership, association, limited liability company, and corporation, including, but not limited to, a government corporation. "Person" also includes any city, county, district, commission, the state or any department, agency, or political subdivision thereof, the Regents of the University of California, any interstate body, and the federal government or any department or agency thereof to the extent permitted by law.

117747 - Pharmaceutical
(a) "Pharmaceutical" means a prescription or over-the-counter human or veterinary drug, including, but not limited to, a drug as defined in Section 109925 or the Federal Food, Drug, and Cosmetic Act, as amended, (21 U.S.C.A. Sec. 321(g)(1)).

(b) For purposes of this part, "pharmaceutical" does not include any pharmaceutical that is regulated pursuant to either of the following:

(1) The federal Resource Conservation and Recovery Act of 1976, as amended (42 U.S.C.A. Sec. 6901 et seq.).

(2) The Radiation Control Law (Chapter 8 [commencing with Section 114960] of Part 9).

117750 - Sharps Container
"Sharps container" means a rigid puncture-resistant container that, when sealed, is leak resistant and cannot be reopened without great difficulty.

117755 - Sharps Waste
"Sharps waste" means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

(a) Hypodermic needles, hypodermic needles with syringes, blades, needles with attached tubing, syringes contaminated with biohazardous waste, acupuncture needles, and root canal files.

(b) Broken glass items, such as Pasteur pipettes and blood vials contaminated with biohazardous waste.

(c) Any item capable of cutting or piercing that is contaminated with trauma scene waste.

117760 - Small Quantity Generator
"Small quantity generator" means a medical waste generator, other than a trauma scene waste management practitioner, that generates less than 200 pounds per month of medical waste.

117765 - Storage
"Storage" means the holding of medical wastes, in accordance with Chapter 9 (commencing with Section 118275), at a designated accumulation area, offsite point of consolidation, transfer station, other registered facility, or in a vehicle detached from its means of locomotion.

117770 - Tracking Document
"Tracking document" means the medical waste tracking document specified in Section 118040.

117775 - Transfer Station
(a) "Transfer station" means any offsite location where medical waste is loaded, unloaded, stored, or consolidated by a registered hazardous waste hauler, or a holder of a limited quantity hauling exemption granted pursuant to Section 118030, during the normal course of transportation of the medical waste.

(b) "Transfer station" does not include any onsite facility, including, but not limited to, common storage facilities, facilities of medical waste generators employed for the purpose of consolidation, or onsite treatment facilities.

117776 - Trauma Scene.
(a) "Trauma scene" means a location soiled by, or contaminated with, human blood, human body fluids, or other residues from the scene of a serious human injury, illness, or death.

(b) For purposes of this section, a location may include, but is not limited to, a physical structure that is not fixed geographically, such as mobile homes, trailers, or vehicles.

117777 - Trauma Scene Waste
"Trauma scene waste" means waste that is a regulated waste, as defined in Section 5193 of Title 8 of the California Code of Regulations, and that has been removed, is to be removed, or is in the process of being removed, from a trauma scene by a trauma scene waste management practitioner.

117778 - Trauma Scene Waste Management Practitioner
"Trauma scene waste management practitioner" means a person who undertakes as a commercial activity the removal of human blood, human body fluids, and other associated residues from the scene of a serious human injury, illness, or death, and who is registered with the department pursuant to Chapter 9.5 (commencing with Section 118321).

117780 - Treatment
"Treatment" means any method, technique, or process designed to change the biological character or composition of any medical waste so as to eliminate its potential for causing disease, as specified in Chapter 8 (commencing with Section 118215).

Chapter 3 - Powers and Duties

117800 - Local Agency
A local agency may implement a medical waste management program by the adoption of an ordinance or resolution by the local governing body, in accordance with this part.

117805 - Notify Department
Except as provided in subdivision (a) of Section 117810, a local agency that elects to implement a medical waste management program shall notify the department within 90 days from the effective date of the act enacting this part.

117810 - Implementation

(a) If a local agency does not elect to implement a medical waste management program, the local agency may elect to contract with another local agency to implement a medical waste management program or to implement it at a later date. This election shall be made by the local governing body, that shall take effect 90 days after a notice of election is filed with the department.

(b) A local agency that elects to implement a medical waste management program shall continue to implement that program until the local governing body terminates the election by resolution or ordinance or the department revokes the authority of the local agency to administer a medical waste management program. The local agency shall file the notice of termination with the department at least 180 days prior to the termination date.

117815 - Program Consistency
Any local agency that has elected to implement a medical waste management program shall maintain a program that is consistent with Section 117820 and the regulations adopted pursuant to that section. With the approval of the department, the local agency may administer or enforce this part with respect to any person.

117820 - Medical Waste Management Program
A medical waste management program shall include, but not be limited to, all of the following:

(a) Issuing medical waste registrations pursuant to Chapter 5 (commencing with Section 117950) and permits pursuant to Chapter 7 (commencing with Section 118130).

(b) Processing and reviewing the medical waste management plans and inspecting onsite treatment facilities in accordance with Chapter 4 (commencing with Section 117925) for all small quantity medical waste generators required to be registered.

(c) Conducting an evaluation, inspection, or records review for all facilities or persons issued a large quantity medical waste registration pursuant to Chapter 5 (commencing with Section 117950) or issued a permit for an onsite medical waste treatment facility pursuant to Section 118130.

(d) Inspecting medical waste generators in response to complaints or emergency incidents, or as part of an investigation or evaluation of the implementation of the medical waste management plan.

(e) Inspecting medical waste treatment facilities in response to a complaint or as part of an investigation or emergency incident.

(f) Taking enforcement action for the suspension or revocation of medical waste permits issued by the local agency pursuant to this part.

(g) Referring or initiating proceedings for civil or criminal prosecution of violations specified in Chapter 10 (commencing with Section 118335).

(h) Reporting in a manner determined by the department so that the statewide effectiveness of the program can be determined.

117825 - Registration and Permit Fees
Each local enforcement agency that elects to implement the medical waste management program may prescribe, by resolution or ordinance, the registration and permit fees necessary to pay its reasonable expenses to administer the program.

117830 - Enforcement Agency

(a) A local agency electing to implement a medical waste management program is the enforcement agency for the jurisdiction where it is located and so designated by the department.

(b) In any local jurisdiction where the local agency does not elect to implement a medical waste management program, the department is the enforcement agency.

(c) Nothing in this chapter shall prevent a district attorney, city attorney, or city prosecutor from bringing any enforcement action for violation of this chapter.

117835 - Department's Database
The department shall establish and maintain a data-base of persons registered under Chapter 4 (commencing with Section 117925) and persons registered under Chapter 5 (commencing with Section 117950) for whom the department is the enforcement agency.

117840 - Intent of the Legislature
It is the intent of the Legislature that the program carried out pursuant to this part be fully supported from the fees received pursuant to this part.

117845 - Department shall Implement
The department shall implement this part so as to maximize the funds that may be received from the federal government.

117850 - Share Information
Information may be shared between the department and the Environmental Protection Agency.

117855 - Withdrawal
If the department finds that a local enforcement agency is not consistently fulfilling its responsibilities, the department shall notify the agency of the particular reasons for finding that the agency is not fulfilling its responsibilities and of the department's intention to withdraw its designation if, within a time to be specified in that notification, but in no event less than 30 days, the agency does not take the corrective action specified by the department.

117860 - Department Becomes Enforcement Agency
If the department withdraws its designation of a local enforcement agency, the department shall become the enforcement agency within the jurisdiction of the local enforcement agency.

117870 - Department Identifies Significant Violations
If the department identifies significant violations of minimum requirements that were not identified and resolved through previous inspections by the local enforcement agency, the department shall do all of the following:

(a) Conduct a performance review of the agency within 120 days.

(b) Prepare a written performance report within 60 days of the review.

(c) Require the submission of a plan of correction by the agency within 90 days of receiving the report.

117875 - Withdrawal
The department shall withdraw a local enforcement agency's designation pursuant to Section 117860 if it determines that the enforcement agency has failed to submit an adequate plan of correction or has failed to implement the plan.

117880 - Fees
If the department becomes the enforcement agency, it may charge the fees specified in this part.

117885 - Fund
(a) There is in the State Treasury the Medical Waste Management Fund, that shall be administered by the director. Money deposited in the fund shall be available to the department, upon appropriation by the Legislature, for the purposes of this part.

(b) In addition to any other funds transferred by the Legislature to the Medical Waste Management Fund, the following shall be deposited in the fund:

(1) Fees, penalties, interest earned, and fines collected by, or on behalf of, the department pursuant to this part.

(2) Funds granted by the federal government for purposes of carrying out this part.

(c) This section shall become operative on July 1, 1993.

117890 - Large Quantity Generator (LQG) Registration
No large quantity generator shall generate medical waste unless the large quantity generator is registered with the enforcement agency pursuant to this part.

117895 - Small Quantity Generator (SQG) Registration
A small quantity generator that treats medical waste onsite by steam sterilization, incineration, or microwave technology shall register with the enforcement agency pursuant to this part.

117900 - Medical Waste Hauler Registration
No person shall haul medical waste unless the person meets either of the following requirements:

(a) The person is registered pursuant to Article 6 (commencing with Section 25160) and Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20 and Chapter 30 (commencing with Section 66001) of Division 4 of Title 22 of the California Code of Regulations.

(b) The person has an approved limited-quantity exemption granted pursuant to Section 118030.

117903 - Treat Medical Waste
No person shall treat medical waste unless the person is permitted by the enforcement agency as required by this part or unless the treatment is performed by a medical waste generator and is a treatment method approved pursuant to subdivision (d) of Section 118215.

117904 - Consolidation
(a) In addition to the consolidation points authorized pursuant to Section 118147, the enforcement agency may approve a location as a point of consolidation for the collection of home-generated sharps waste, which, after collection, shall be transported and treated as medical waste.

(b) A consolidation location approved pursuant to this section shall be known as a "home-generated sharps consolidation point."

(c) A home-generated sharps consolidation point is not subject to the requirements of Chapter 9 (commencing with Section 118275), to the permit or registration requirements of this part, or to any permit or registration fees, with regard to the activity of consolidating home-generated sharps waste pursuant to this section.

(d) A home-generated sharps consolidation point shall comply with all of the following requirements:

(1) All sharps waste shall be placed in sharps containers.

(2) Sharps containers ready for disposal shall not be held for more than seven days without the written approval of the enforcement agency.

(e) An operator of a home-generated sharps consolidation point approved pursuant to this section shall not be considered the generator of that waste.

(f) The medical waste treatment facility which treats the sharps waste subject to this section shall maintain the tracking documents required by Sections 118040 and 118165 with regard to that sharps waste.

117905 - Offsite Treatment
The department is the enforcement agency for offsite treatment facilities.

117908 - Common Storage Facility
The accumulated medical waste of more than one medical waste generator shall not be stored in a common storage facility unless that facility is registered with the enforcement agency.

117910 - Technical Assistance & Guidance
The department shall provide ongoing technical assistance and guidance to local enforcement agencies to assist them in their decision making processes. This assistance shall include, but is not limited to, providing all of the following:

(a) Technical studies and reports.

(b) Copies of innovative facility operation plans.

(c) Investigative findings and analysis of new waste management practices and procedures.

Chapter 4 - Small Quantity Generator Requirements

117915 - Containment and Storage
Containment and storage of medical waste shall be in accordance with Chapter 9 (commencing with Section 118275).

117918 - Treatment
Treatment of medical waste shall be in accordance with Chapter 8 (commencing with Section 118215).

117920 - Registration

The fee schedule specified in Section 117923 shall be for the issuance of medical waste registrations and for conducting inspections pursuant to this chapter when the department serves as the enforcement agency for small quantity generators. This fee schedule shall be adjusted annually in accordance with Section 100425. On or before January 1, 1993, the department may adjust by regulation the fees specified in Section 117923 to reflect the actual costs of implementing this chapter. Local enforcement agencies shall set fees that shall be sufficient to cover their costs in implementing this part with regard to small quantity generators required to be registered pursuant to Section 117925.

117923 - Fees

(a) The registration and inspection fee for small quantity generators using onsite treatment, including an autoclave, incinerator, or microwave technology, to treat medical waste is one hundred dollars ($100), that shall be paid once every two years.

(b) The annual permit fee for a common storage facility permitted pursuant to Section 117928 is the amount specified in the following schedule:

(1) For storage facilities serving 10 or fewer generators, the permit fee is one hundred dollars ($100).

(2) For storage facilities serving 11 or more generators, but not more than 50 generators, the permit fee is two hundred fifty dollars ($250).

(3) For storage facilities serving more than 50 generators, the permit fee is five hundred dollars ($500).

117924 - Collect Fees

(a) When the department is the enforcement agency, the department shall impose and cause the collection of an annual medical waste generator fee in an amount not to exceed twenty-five dollars ($25) on small quantity generators of medical waste, except for those small quantity generators that are required to register pursuant to Section 117925 and those generators generating only biohazardous waste as defined in subdivision (g) of Section 117635. Nothing in this part shall prevent the department from contracting with entities other than the department for these fee collection activities or from entering into agreements with medical waste transporters or providers of medical waste mail-back systems for the collection of these fees, if the department deter-mines that such a fee collection arrangement would be cost-effective.

(b) If the department determines to enter into a contract with a medical waste transporter or provider of medical waste mail-back systems for the collection of the fees, the department shall do all of the following:

(1) Establish that not more than 5 percent of the fees collected may be recovered by the medical waste transporter or provider of medical waste mail-back systems as administrative costs for the collection of those fees.

(2) Establish that the administrative costs for the collection of the fees shall be the same for all medical waste transporters and providers of medical waste mail-back systems.

(3) Prohibit any medical waste transporter or provider of medical waste mail-back systems from waiving the generator fee without the written approval of the department and only if the medical waste generator has made a written request for the waiver.

(4) Require the medical waste transporter or provider of medical waste mail-back systems to report the fees collected pursuant to subdivision (a) to the department.

(5) Prohibit the medical waste transporter or provider of medical waste mail-back systems from assuming the role of the department as an enforcement agent for purposes of collecting the medical waste generator fees.

(6) Require medical waste transporters or providers of medical waste mail-back systems to include the following language in at least 12-point type on their invoices to medical waste generators. "Pursuant to Section 117924 of the California Health and Safety Code, the State Department of Health Services has contracted with us to collect your annual medical waste generator fee. The department may offset our costs of collection and administration in an amount that may not exceed 5 percent of the fee collected. We may not waive the fee without written approval of the department, and only if you have made a written request for the waiver."

117925 - Onsite Treatment

(a) Each small quantity generator using onsite steam sterilization, incineration, or microwave technology to treat medical waste shall register with the enforcement agency. Small quantity generators owning or operating a medical waste treatment facility shall also apply for a permit for that treatment facility pursuant to Chapter 7 (commencing with Section 118130).

(b) Small quantity generators using onsite treatment, as specified in subdivision (a), that operate as a business in the same building, or that are associated with a group practice in the same building, may register as one generator.

(c) Small quantity generators using onsite treatment, as specified in subdivision (a), as specified in subdivision (b), operating in different buildings on the same or adjacent property, or as approved by the enforcement agency, may register as one generator.

(d) "Adjacent," for purposes of subdivision (c), means real property within 400 yards from the property boundary of the primary registration site.

117928 - Common Storage Facility

(a) Any common storage facility for the collection of medical waste produced by small quantity generators operating independently, but sharing common storage facilities, shall have a permit issued by the enforcement agency.

(b) A permit for any common storage facility specified in subdivision (a) may be obtained by any one of the following:

(1) A provider of health care as defined in subdivision (d) of Section 56.05 of the Civil Code.

(2) The registered hazardous waste transporter.

(3) The property owner.

(4) The property management firm responsible for providing tenant services to the medical waste generators.

117930 - Treat Onsite

Small quantity generators that treat waste onsite, pursuant to subdivision (a) of Section 117925, shall register with the enforcement agency prior to the commencement of treatment.

117933 - Common Storage Facility Permit

Common storage facilities subject to Section 117928 shall obtain a permit from the enforcement agency on or before April 1, 1991, where the storage of medical waste in the common storage facility began prior to that date. In those cases where the storage of medical waste begins after April 1, 1991, permits shall be obtained pursuant to this chapter prior to commencement of storage of medical waste in the common storage facility.

117935 - Medical Waste Management Plan

Any small quantity generator required to register with the enforcement agency pursuant to Section 117930 shall file with the enforcement agency a medical waste management plan, on forms prescribed by the enforcement agency containing, but not limited to, all of the following:

(a) The name of the person.

(b) The business address of the person.

(c) The type of business.

(d) The types, and the estimated average monthly quantity, of medical waste generated.

(e) The type of treatment used onsite.

(f) The name and business address of the registered hazardous waste hauler used by the generator for backup treatment and disposal, for waste when the onsite treatment method is not appropriate due to the hazardous or radioactive characteristics of the waste, or the name of the registered hazardous waste hauler used by the generator to have untreated medical waste removed for treatment and disposal.

(g) A statement indicating that the generator is hauling the medical waste generated in his or her business pursuant to Section 118030 and the name and any business address of the treatment and disposal facilities to which the waste is being hauled, if applicable.

(h) The name and business address of the registered hazardous waste hauler service provided by the building management to which the building tenants may subscribe or are required by the building management to subscribe and the name and business address of the treatment and disposal facilities used, if applicable.

(i) A statement certifying that the information provided is complete and accurate.

117938 - Biennial Inspection

(a) Small quantity generators using onsite steam sterilization, incineration, or microwave technology to treat medical waste are subject to biennial inspection of that onsite treatment facility by the enforcement agency and may be subject to the permitting requirements for onsite medical waste treatment facilities as determined by the enforcement agency.

(b) The inspection and permitting requirements of subdivision (a) do not apply when onsite steam sterilization is not used for the treatment or disposal of medical waste.

117940 - Medical Waste Generator Registration

(a) Each enforcement agency shall follow procedures consistent with this chapter in registering medical waste generators.

(b) Each medical waste generator registration issued by the enforcement agency shall be valid for two years.

(c) An application for renewal of the registration shall be filed with the enforcement agency on or before the expiration date.

(d) Generators shall submit within 30 days an updated application form when any of the information specified in subdivisions (a) to (i), inclusive, of Section 117935 changes.

117943 - Treatment and Tracking Records

A medical waste generator required to register pursuant to this chapter shall maintain individual treatment, and tracking records, if applicable, for three years, or for the period specified in the regulations, and shall report or submit to the enforcement agency, upon request, both of the following:

(a) Treatment operating records.

(b) An emergency action plan complying with regulations adopted by the department.

117945 - Information Documentation and Transportation Records
Small quantity generators who are not required to register pursuant to this chapter shall maintain on file in their office all of following:

(a) An Information document stating how the generator contains, stores, treats, and disposes of any medical waste generated through any act or process of the generator.

(b) Records of any medical waste transported offsite for treatment and disposal, including the quantity of waste transported, the date transported, and the name of the registered hazardous waste hauler or individual hauling the waste pursuant to Section 118030. The small quantity generator shall maintain these records for not less than two years.

Chapter 5 - Large Quantity Generator Requirements

117950 - Registration

(a) Each large quantity generator, except as specified in subdivisions (b) and (c), shall register with the enforcement agency. Large quantity generators owning or operating a medical waste treatment facility shall also apply for a permit for that treatment facility pursuant to Chapter 7 commencing with Section 118130).

(b) Large quantity generators operating as a business in the same building, or that are associated with a group practice in the same building, may register as one generator.

(c) Large quantity generators as specified in subdivision (a), operating in different buildings on the same or adjacent property, or as approved by the enforcement agency, may register as one generator.

(d) "Adjacent," for purposes of subdivision (c), means real property within 400 yards from the property boundary of the primary registration site.

117955 - Registration Dates
Large quantity generators subject to Section 117950 shall register with the enforcement agency on or before April 1, 1991, if the generation of medical waste began prior to that date. In those cases where the generation of medical waste begins after April 1, 1991, registration shall be completed pursuant to this chapter prior to commencement of the generation of medical waste.

117960 - Medical Waste Management Plan
Any large quantity generator required to register with the enforcement agency pursuant to Section 117950 shall file with the enforcement agency a medical waste management plan, on forms prescribed by the enforcement agency containing, but not limited to, all of the following:

(a) The name of the person.

(b) The business address of the person.

(c) The type of business.

(d) The types, and the estimated average monthly quantity, of medical waste generated.

(e) The type of treatment used onsite, if applicable. For generators with onsite medical waste treatment facilities, including incinerators or steam sterilizers or other treatment facilities as determined by the enforcement agency, the treatment capacity of the onsite treatment facility.

(f) The name and business address of the registered hazardous waste hauler used by the generator to have untreated medical waste removed for treatment, if applicable.

(g) The name and business address of the registered hazardous waste hauler service provided by the building management to which the building tenants may subscribe or are required by the building management to subscribe, if applicable.

(h) The name and business address of the offsite medical waste treatment facility to which the medical waste is being hauled, if applicable.

(i) An emergency action plan complying with regulations adopted by the department.

(j) A statement certifying that the information provided is complete and accurate.

117965 - Annual Inspection
Large quantity generators shall be subject to at least annual inspection by the enforcement agency.

117970 - Medical Waste Generator Registration

(a) Each enforcement agency shall follow procedures consistent with this chapter in registering medical waste generators.

(b) Each medical waste registration issued by the enforcement agency shall be valid for one year.

(c) An application for renewal of the registration shall be filed with the enforcement agency not less than 90 days prior to the expiration date. Failure to meet this requirement shall result in an assessment of a late fee.

(d) Generators shall submit within 30 days an updated application form when any of the information specified in subdivisions (a) to (j), inclusive, of Section 117960 changes.

117971 – Inspection and Enforcement Cost Recovery
In addition to the fees collected pursuant to Section 117995, the department, in the implementation of this part, shall recover its actual costs for services related to large quantity medical waste generator followup inspections and enforcement activities necessary to ensure compliance with this part. In no event shall the department charge more than the actual costs incurred by the department.

117975 - Treatment and tracking Records
A medical waste generator required to register pursuant to this chapter shall maintain individual treatment, and tracking records, if medical waste is removed from the generator's site for treatment, for three years or for the period specified in the regulations.

117980 - Containment and Storage
Containment and storage of medical waste shall be in accordance with Chapter 9 (commencing with Section 118275).

117985 - Treatment
Treatment of medical waste shall be in accordance with Chapter 8 (commencing with Section 118215).

117990 - Fees
The fee schedule specified in Section 117995 shall be for the issuance of medical waste registrations and onsite medical waste treatment facility permits when the department serves as the enforcement agency for large quantity generators. This fee schedule shall be adjusted annually in accordance with Section 100425. On or before January 1, 1993, the department may adjust by regulation the fees specified in Section 117995 to reflect the actual costs of implementing this chapter. Local enforcement agencies shall set fees that shall be sufficient to cover their costs in implementing this part with regard to large quantity generators.

117995 - Collect Fees
The registration and annual permit fee for large quantity generators shall be set in following amounts:

(a)

(1) A general acute care hospital, as defined in subdivision (a) of Section 1250, that has one or more beds, but not more than 99 beds, shall pay six hundred dollars ($600), a facility with 100 or more beds, but not more than 199 beds, shall pay eight hundred sixty dollars ($860), a facility with 200 or more beds, but not more than 250 beds shall pay one thousand one hundred dollars ($1,100), and a facility with 251 or more beds shall pay one thousand four hundred dollars ($1,400).

(2) In addition to the fees specified in paragraph (1), a general acute care hospital which is providing onsite treatment of medical waste shall pay an annual medical waste treatment facility inspection and permit fee of three hundred dollars ($300), if the facility has one or more beds but not more than 99 beds, five hundred dollars ($500), if the facility has 100 or more beds but not more than 250 beds, and one thousand dollars ($1,000), if the facility has 251 or more beds.

(b) A specialty clinic, providing surgical, dialysis, or rehabilitation services, as defined in subdivision (b) of Section 1204, shall pay three hundred fifty dollars ($350).

(c) A skilled nursing facility, as defined in subdivision (c) of Section 1250, that has one or more beds, but not more than 99 beds shall pay two hundred seventy-five dollars ($275), a facility with 100 or more beds, but not more than 199 beds shall pay three hundred fifty dollars ($350), and a facility with 200 or more beds shall pay four hundred dollars ($400).

(d) An acute psychiatric hospital, as defined in subdivision (b) of Section 1250, shall pay two hundred dollars ($200).

(e) An intermediate care facility, as defined in subdivision (d) of Section 1250, shall pay three hundred dollars ($300).

(f) A primary care clinic, as defined in Section 1200.1, shall pay three hundred fifty dollars ($350).

(g) A licensed clinical laboratory, as defined in paragraph (3) of subdivision (a) of Section 1206 of the Business and Professions Code, shall pay two hundred dollars ($200).

(h) A health care service plan facility, as defined in subdivision (f) of Section 1345, shall pay three hundred fifty dollars ($350).

(i) A veterinary clinic or veterinary hospital shall pay two hundred dollars ($200).

(j) A large quantity generator medical office shall pay two hundred dollars ($200).

(k) In addition to the fees specified in subdivisions (b) to (j), inclusive, a large quantity generator of medical waste which is providing onsite treatment of medical waste shall pay an annual medical waste treatment facility inspection and permit fee of three hundred dollars ($300).

(l) The department may collect annual fees and issue permits on a biennial basis.

Chapter 6 - Medical Waste Haulers

118000 - Transportation of Medical Waste

(a) Except as otherwise exempted pursuant to Section 118030, all medical waste transported to an offsite medical waste treatment facility shall be transported in accordance with this chapter by a registered hazardous waste transporter issued a registration certificate pursuant to Chapter 6 (commencing with Section 118000) and Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20. A hazardous waste transporter transporting medical waste shall have a copy of the

transporter's valid hazardous waste transporter registration certificate in the transporter's possession while transporting medical waste. The transporter shall show the certificate, upon demand, to any enforcement agency personnel or authorized employee of the Department of the California Highway Patrol.

(b) Except for small quantity generators transporting medical waste pursuant to Section 118030, medical waste shall be transported to a permitted offsite medical waste treatment facility or a permitted transfer station in leak-resistant and fully enclosed rigid secondary containers that are then loaded into an enclosed cargo body.

(c) A person shall not transport medical waste in the same vehicle with other waste unless the medical waste is separately contained in rigid containers or kept separate by barriers from other waste, or unless all of the waste is to be handled as medical waste in accordance with this part.

(d) Medical waste shall only be transported to a permitted medical waste treatment facility or to a transfer station or another registered generator for the purpose of consolidation before treatment and disposal, pursuant to this part.

(e) Facilities for the transfer of medical waste shall be annually inspected and issued permits in accordance with the regulations adopted pursuant to this part.

(f) Any persons manually loading or unloading containers of medical waste shall be provided by their employer at the beginning of each shift with, and shall be required to wear, clean and protective gloves and coveralls, changeable lab coats, or other protective clothing. The department may require, by regulation, other protective devices appropriate to the type of medical waste being handled.

118005 - Transportation of Trauma Scene Waste

(a) Notwithstanding any other provision of this chapter, trauma scene waste may be transported by a trauma scene management practitioner registered pursuant to Section 118321.1.

(b) The exemption specified in Section 118030 for limited quantity hauling shall not apply to the transportation of trauma scene waste.

(c)

(1) A business that has contracted with, or that currently employs, a person whose services may include the cleanup of trauma scene waste in the manner specified in Section 118321.6 may apply, on forms provided by the department, to the department for an exemption from the requirements of Section 118321.1. This exemption shall be known as an incidental trauma scene waste hauling permit, and shall authorize the person to transport, by herself or himself, trauma scene waste that is collected in the manner specified in Section 118321.6 to a permitted medical waste transfer station or a permitted medical waste offsite treatment facility, or to a

health care facility, previously designated by mutual agreement, for consolidation with the facility's existing medical waste stream.

(2) An application for an incidental trauma scene waste hauling permit shall be accompanied by a fee of twenty-five dollars ($25) and the incidental trauma scene waste hauling permit shall be valid for one cleanup event. The application shall identify any person who will transport trauma scene waste for the business pursuant to paragraph (1).

118025 - Registration
All medical waste shall be hauled by either a registered hazardous waste hauler or by a person with an approved limited-quantity exemption granted pursuant to Section 118030.

118027 - Unknowingly Transports
Any person who is authorized to collect solid waste, as defined in Section 40191 of the Public Resources Code, who unknowingly transports medical waste to a solid waste facility, as defined in Section 40194 of the Public Resources Code, incidental to the collection of solid waste is exempt from this chapter with regard to that waste.

118029 - Information Requirements
(a) On or before September 1, 1993, and each year thereafter on or before July 1, a registered hazardous waste transporter which transports medical waste shall so notify the department, and provide the following information:

(1) Business name, address, and telephone number.

(2) Name of owner, operator, and contact person.

(3) Hazardous waste transporter registration number.

(4) Vehicle manufacturer name, vehicle model year, vehicle identification number, and the license plate number of each vehicle transporting medical waste.

(b) For transporters that begin transporting medical waste after September 1, 1993, notification to the department, and provision of the information required by subdivision (a) shall be provided to the department prior to transporting medical waste.

(c) On or before September 1, 1993, each registered hazardous waste transporter, and each provider of medical waste mail back systems, as defined in subdivision (b) of Section 118245, shall provide to the department a list of all medical waste generators serviced by that person during the previous 12 months. That list shall include the business name, business address, mailing address, telephone number, and other information as required by the department to collect annual fees pursuant to Section 117924. When the transportation of registered hazardous waste by a medical waste transporter or the provision of a medical waste mail back system begins after September 1, 1993, the initial list shall be provided to the department within 10 days of the close of

the earliest calendar quarter ending September 30, December 31, March 31, or June 30, or as otherwise required by the department.

(d) Subsequent to providing the initial list pursuant to subdivision(c), registered hazardous waste transporters and providers of medical waste mail back systems shall submit to the department any changes made to the most recent list every three months, within 10 days of the close of the calendar quarters ending September 30, December 31, March 31, and June 30, or as otherwise required by the department.

118030 - Limited Quantity Hauling Exemption (LQHE)

(a) A medical waste generator or parent organization that employs health care professionals who generate medical waste may apply to the enforcement agency for a limited-quantity hauling exemption, if the generator or health care professional meets all of the following requirements:

(1) The generator or health care professional generates less than 20 pounds of medical waste per week, transports less than 20 pounds of medical waste at any one time, and the generator or parent organization has on file one of the following:

(A) If the generator or parent organization is a small quantity generator required to register pursuant to Chapter 4 (commencing with Section 117915), a medical waste management plan prepared pursuant to Section 117935.

(B) If the generator or parent organization is a small quantity generator not required to register pursuant to Chapter 4 (commencing with Section 117915), the information document maintained pursuant to subdivision (a) of Section 117945.

(C) If the parent organization is a large quantity generator, a medical waste management plan prepared pursuant to Section 117960.

(2) The generator or health care professional who generated the medical waste transports the medical waste himself or herself, or directs a member of his or her staff to transport the medical waste, to a permitted medical waste treatment facility, a transfer station, a parent organization, or another health care facility for the purpose of consolidation before treatment and disposal.

(3) Except as provided in paragraph (4), the generator maintains a tracking document, as specified in Section 118040.

(4)

(A) Notwithstanding paragraph (3), if a health care professional who generates medical waste returns the medical waste to the parent organization, a single-page form or multiple entry log may be substituted for the tracking document, if the form or log contains all of the following information:

(i) The name of the person transporting the medical waste.

(ii) The number of containers and type of medical waste. This subparagraph does not require any generator to maintain a separate medical waste container for every patient or to maintain records as to the specified source of the medical waste in any container.

(iii) The date that the medical waste was returned.

(B) This paragraph does not prohibit the use of a single document to verify the return of more than one container over a period of time, if the form or log is maintained in the files of the parent organization once the page is completed.

(b) The limited-quantity hauling exemption authorized by this section is valid for a period of one year.

(c) An application for an initial or a renewal of a limited-quantity hauling exemption shall be accompanied by a fee of twenty-five dollars ($25). The application shall identify each person who will transport medical waste for the transporter. If the generator or parent organization identifies more than four persons who will be transporting medical waste, the generator or parent organization shall pay an additional fee of five dollars ($5) for each person, up to a maximum additional fee of twenty-five dollars ($25).

118035 - Transfer of Medical Waste

For the purpose of transferring medical waste prior to reaching a permitted medical waste treatment facility, medical waste shall not be unloaded, reloaded, or transferred to another vehicle at any location, except at a permitted medical waste transfer station or in the case of a vehicle breakdown or other emergency.

118040 - Tracking Records

(a) Except with regard to sharps waste consolidated by a home-generated sharps consolidation point approved pursuant to Section 117904, a hazardous waste transporter or generator transporting medical waste shall maintain a completed tracking document of all medical waste removed for treatment or disposal. A hazardous waste transporter or generator who transports medical waste to a facility, other than the final medical waste treatment facility, shall also maintain tracking documents which show the name, address, and telephone number of the medical waste generator, for purposes of tracking the generator of medical waste when the waste is transported to the final medical waste treatment facility. At the time that the medical waste is received by a hazardous waste transporter, the transporter shall provide the medical waste generator with a copy of the tracking document for the generator's medical waste records. The transporter or generator transporting medical waste shall maintain its copy of the tracking document for three years.

(b) The tracking document shall include, but not be limited to, all of the following information:

(1) The name, address, telephone number, and registration number of the transporter, unless transported pursuant to Section 118030.

(2) The type and quantity of medical waste transported.

(3) The name, address, and telephone number of the generator.

(4) The name, address, telephone number, permit number, and the signature of an authorized representative of the permitted facility receiving the medical waste.

(5) The date that the medical waste is collected or removed from the generator's facility, the date that the medical waste is received by the transfer station, the registered large quantity generator, or point of consolidation, if applicable, and the date that the medical waste is received by the treatment facility.

(c) Any hazardous waste transporter or generator transporting medical waste in a vehicle shall have a tracking document in his or her possession while transporting the medical waste. The tracking document shall be shown upon demand to any enforcement agency personnel or officer of the Department of the California Highway Patrol. If the medical waste is transported by rail, vessel, or air, the railroad corporation, vessel operator, or airline shall enter on the shipping papers any information concerning the medical waste that the enforcement agency may require.

(d) A hazardous waste transporter or a generator transporting medical waste shall provide the facility receiving the medical waste with the original tracking document.

(e) Each hazardous waste transporter and each medical waste treatment facility shall provide data periodically and in a format as determined by the department.

(f) Medical waste transported out of state shall be consigned to a permitted medical waste treatment facility in the receiving state. If there is no permitted medical waste treatment facility in the receiving state or if the medical waste is crossing an international border, the medical waste shall be treated in accordance with Chapter 8 (commencing with Section 118215) prior to being transported out of the state.

118045 - Transfer Station Permit

(a) The department shall charge an application fee for a permit for a transfer station equal to one hundred dollars ($100) for each hour which the department spends on processing the application, but not more than ten thousand dollars ($10,000), or as provided in the regulations adopted by the department.

(b) In addition to the fee specified in subdivision (a), the annual permit fee for a transfer station issued a permit pursuant to subdivision (e) of Section 118000 is two thousand dollars ($2,000), or as provided in the regulations adopted pursuant to this part.

Chapter 7 - Medical Waste Treatment Facility Permits

118130 - Permits
All offsite medical waste treatment facilities and transfer stations shall be permitted and inspected by the department. All onsite medical waste treatment facilities shall be permitted and inspected by the enforcement agency.

118135 - Permit Dates
On or before April 1, 1991, each person operating a medical waste treatment facility shall obtain a permit pursuant to this chapter from the department. If the medical waste treatment facility begins operation after April 1, 1991, the permit shall be obtained pursuant to this article prior to commencement of the treatment facility's operation.

118140 - Accepting Medical Waste
A health care facility accepting medical waste for treatment from the physicians and surgeons who are on the staff of the facility and who are small quantity generators shall be classified as an onsite treatment facility and shall be permitted and inspected by the enforcement agency.

118145 - Adjacent Small Quantity Generators
A health care facility accepting medical waste for treatment from small quantity generators that are adjacent to the facility shall be classified as an onsite treatment facility and shall be permitted and inspected by the enforcement agency.

118147 - Consolidation
Notwithstanding any other provision of this chapter, a registered medical waste generator, which is a facility specified in subdivisions (a) and (b) of Section 117705, may accept home-generated sharps waste, to be consolidated with the facility's medical waste stream, subject to all of the following conditions:

(a) The generator of the sharps waste, a member of the generator' s family, or a person authorized by the enforcement agency transports the sharps waste to the medical waste generator's facility.

(b) The sharps waste is accepted at a central location at the medical waste generator's facility.

(c) A reference to, and a description of, the actions taken pursuant to this section are included in the facility's medical waste management plan adopted pursuant to Section 117960.

118150 - Compliance
(a) Each enforcement agency shall follow procedures that are consistent with this chapter, and the regulations adopted pursuant to this chapter, when issuing medical waste permits.

(b) Each person operating a medical waste treatment facility pursuant to a hazardous waste facilities permit or grant of interim status pursuant to Article 9 (commencing with Section 25200) of Chapter 6.5 of Division 20, as of January 1, 1991, shall be considered to have the medical waste permit required by this article until January 1, 1992, unless the enforcement agency with jurisdiction over its activities has taken final action prior to January 1, 1992, on an application for a permit pursuant to this article.

(c) Each medical waste facility subject to subdivision (b) shall operate in accordance with the standards and procedures contained in this chapter, and on and after January 1, 1991, is not subject to the standards and procedures contained in Chapter 6.5 (commencing with Section 25100) of Division 20.

118155 - Permits

Any person required to obtain a permit pursuant to this part shall file with the enforcement agency an application, on forms prescribed by the department, containing, but not limited to, all of the following:

(a) The name of the applicant.

(b) The business address of the applicant.

(c) The type of treatment provided, the treatment capacity of the facility, a characterization of the waste treated at this facility, and the estimated average monthly quantity of waste treated at the facility.

(d) A disclosure statement, as provided in Section 25112.5, except for onsite medical waste treatment facilities.

(e) Evidence satisfactory to the enforcement agency that the operator of the medical waste treatment facility has the ability to comply with this part and the regulations adopted pursuant to this part.

(f) Any other information required by the enforcement agency for the administration or enforcement of this part or the regulations adopted pursuant to this part.

118160 - Permit Requirements

(a) Prior to issuing or renewing a permit for an offsite medical waste treatment facility pursuant to Section 118130, the department shall review the compliance history of the applicant, under any local, state, or federal law or regulation governing the control of medical waste or pollution, including, but not limited to, the Clean Air Act (42 U.S.C. Sec. 7401 et seq.).

(b) The department shall, pursuant to this section, deny a permit, or specify additional permit conditions, to ensure compliance with applicable regulations, if the department determines that in the three-year period preceding the date of application the applicant

has violated laws or regulations identified in subdivision (a) at a facility owned or operated by the applicant, and the violations demonstrate a recurring pattern of noncompliance or pose, or have posed, a significant risk to public health and safety or to the environment.

(c) In addition to any other information required to be submitted for the permitting of a facility pursuant to Section 118130, an applicant who has owned or operated a facility regulated by the department shall provide a description of all violations described in subdivision (a), that occurred at any facility permitted and owned or operated by the applicant in the state in the three years prior to the date of application.

(d) In making the determination of whether to deny a permit or to specify additional permit conditions pursuant to subdivision (b), the department shall take both of the following into consideration:

(1) Whether a permit denial or permit condition is appropriate or necessary given the severity of the violation.

(2) Whether the violation has been corrected in a timely fashion.

118165 - Treatment Records

On and after April 1, 1991, all persons operating a medical waste treatment facility shall maintain individual records for a period of three years and shall report or submit to the enforcement agency upon request, all of the following information:

(a) The type of treatment facility and its capacity.

(b) All treatment facility operating records.

(c) Copies of the tracking documents for all medical waste it receives for treatment from offsite generators or from hazardous waste haulers.

118170 - Duration of Permit

(a) A medical waste permit issued by the enforcement agency to a medical waste treatment facility shall be valid for five years.

(b) An application for renewal of the permit shall be filed with the enforcement agency not less than 90 days prior to the expiration date. If a permittee fails to make a timely application for renewal, the medical waste permit shall expire on the expiration date.

118175 - Conditions for Granting Permit

(a) A medical waste permit may be renewed if the enforcement agency finds the permittee has been in substantial compliance with this part and the regulations adopted pursuant to this part during the preceding permitted period or that the permittee corrected previous violations in a timely manner.

(b) Upon approval of the enforcement agency, a permit may be transferred from one subsidiary to another subsidiary of the same corporation, from a parent corporation to one of its subsidiaries, or from a subsidiary to a parent corporation.

118180 - Permit Validity
A person required to obtain a medical waste permit shall, at all times, possess a valid permit for each facility in operation. A medical waste permit shall terminate prior to its expiration date if suspended or revoked pursuant to Section 118350 or, notwithstanding Section 118355, if either of the following occurs:

(a) The permittee sells or otherwise transfers the facility, except as specified in subdivision (b) of Section 118175.

(b) The permittee surrenders the permit to the enforcement agency because the permittee ceases operation.

118185 - Permit Procedures
The enforcement agency shall issue a medical waste permit upon evaluation, inspection, or records review of the applicant if the applicant is in substantial compliance with this part and the regulations adopted pursuant to this part and the applicant has corrected any previous violations. A decision to issue or not to issue the permit shall be made by the enforcement agency within 180 days of the time that the application is deemed complete, unless waived by the applicant.

118190 - Permit Conditions
When issuing, renewing, or revising any treatment facility permit, the enforcement agency may prohibit or condition the handling or treatment of medical waste to protect the public health and safety.

118195 - Denial of Permit
An enforcement agency shall inform an applicant for a medical waste permit, in writing, upon the denial of any application for the permit. Within 20 days after the enforcement agency mails the notice, the applicant may present a written petition for a hearing to the enforcement agency. Upon receipt by the enforcement agency of the petition in proper form, the petition shall be set for hearing. If the department is the enforcement agency, the proceedings shall commence with the filing of a statement of issues and shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department has all the powers granted to a department in that chapter. If the department is not the enforcement agency, the hearings shall be held in accordance with the ordinance adopting the medical waste management program.

118200 - Inspection
The enforcement agency shall evaluate, inspect, and review the records of medical waste treatment facilities for compliance with this part.

118205 - Fees

The fee schedule specified in Section 118210 shall cover the issuance of medical waste treatment facility permits and an inspection program, when the department serves as the enforcement agency. This fee schedule shall be adjusted annually in accordance with Section 100425. On or before January 1, 1993, the department may adjust by regulation the fees specified in Section 118210 to reflect the actual costs of implementing this chapter. Local enforcement agencies shall set fees that shall be sufficient to cover their costs in implementing this part with regard to large quantity generators.

118210 – Collect Fees

(a) The department shall charge an annual permit fee for an offsite medical waste treatment facility equal to either one hundred twenty-seven ten thousandths of a cent ($0.0127) for each pound of medical waste treated or twelve thousand dollars ($12,000), whichever is greater. The department may collect annual fees and issue permits on a biennial basis.

(b) The department shall charge an initial application fee for each type of treatment technology at an offsite medical waste treatment facility equal to one hundred dollars ($100) for each hour the department spends processing the application, but not more than fifty thousand dollars ($50,000), or as provided in the regulations adopted by the department.

Chapter 8 - Treatment

118215 - Methods

(a) Except as provided in subdivisions (b) and (c), a person generating or treating medical waste shall ensure that the medical waste is treated by one of the following methods, thereby rendering it solid waste, as defined in Section 40191 of the Public Resources Code, prior to disposal:

(1)

(A) Incineration at a permitted medical waste treatment facility in a controlled-air, multi-chamber incinerator, or other method of incineration approved by the department which provides complete combustion of the waste into carbonized or mineralized ash.

(B) Treatment with an alternative technology approved pursuant to paragraph (3), which, due to the extremely high temperatures of treatment in excess of 1300 degrees Fahrenheit, has received express approval from the department.

(2) Steam sterilization at a permitted medical waste treatment facility or by other sterilization, in accordance with all of the following operating procedures for steam sterilizers or other sterilization:

(A) Standard written operating procedures shall be established for biological indicators, or for other indicators of adequate sterilization approved by the department, for each steam sterilizer, including time, temperature, pressure, type of waste, type of container, closure on container, pattern of loading, water content, and maximum load quantity.

(B) Recording or indicating thermometers shall be checked during each complete cycle to ensure the attainment of 121* Centigrade (250* Fahrenheit) for at least one-half hour, depending on the quantity and density of the load, to achieve sterilization of the entire load. Thermometers shall be checked for calibration annually. Records of the calibration checks shall be maintained as part of the facility's files and records for a period of three years or for the period specified in the regulations.

(C) Heat-sensitive tape, or another method acceptable to the enforcement agency, shall be used on each biohazard bag or sharps container that is processed onsite to indicate the attainment of adequate sterilization conditions.

(D) The biological indicator Bacillus stearothermophilus, or other indicator of adequate sterilization as approved by the department, shall be placed at the center of a load processed under standard operating conditions at least monthly to confirm the attainment of adequate sterilization conditions.

(E) Records of the procedures specified in subparagraphs (A), (B), and (D) shall be maintained for a period of not less than three years.

(3)

(A) Other alternative medical waste treatment methods which are both of the following:

(i) Approved by the department.

(ii) Result in the destruction of pathogenic micro-organisms.

(B) Any alternative medical waste treatment method proposed to the department shall be evaluated by the department and either approved or rejected pursuant to the criteria specified in this subdivision.

(b) A medical waste may be discharged to a public sewage system without treatment if it is not a biohazardous waste of a type described in either subdivision (a) or (b) of Section 117635, it is liquid or semiliquid, and its discharge is consistent with waste discharge requirements placed on the public sewage system by the California regional water quality control board with jurisdiction.

(c)

(1) A medical waste that is a biohazardous waste of a type described in subdivision (a) of Section 117635 may be treated by a chemical disinfection if the medical waste is liquid or semi-liquid and the chemical disinfection method is recognized by the National Institutes of Health, the Centers for Disease Control and Prevention, or the American Biological Safety Association, and if the use of chemical disinfection as a treatment method is identified in the site's medical waste management plan.

(2) If the waste is not treated by chemical disinfection, in accordance with paragraph (1), the waste shall be treated by one of the methods specified in subdivision (a).

(3) Following treatment by chemical disinfection, the medical waste may be discharged to the public sewage system if the discharge is consistent with waste discharge requirements placed on the public sewage system by the California regional water control board, and the discharge is in compliance with the requirements imposed by the owner or operator of the public sewage system. If the chemical disinfection of the medical waste causes the waste to become a hazardous waste, the waste shall be managed in accordance with the requirements of Chapter 6.5 (commencing with Section 25100) of Division 20.

118220 - Anatomical Parts

Recognizable human anatomical parts, with the exception of teeth not deemed infectious by the attending physician and surgeon or dentist, shall be disposed of by interment or in accordance with paragraph (1) or paragraph (3) of subdivision (a) of Section 118215, unless otherwise hazardous.

118222 - Waste Requiring Specified Methods

(a) Biohazardous waste that meets the conditions of subdivision (f) of Section 117635 shall be treated pursuant to paragraph (1) or paragraph (3) of subdivision (a) of Section 118215 prior to disposal.

(b) Biohazardous waste that meets the conditions specified in subdivision (g) of Section 117635 shall be treated pursuant to paragraph (1) or paragraph (3) of subdivision (a) of Section 118215 prior to disposal.

118225 - Sharps Waste

(a) Sharps waste shall be rendered noninfectious prior to disposal by one of the following methods:

(1) Incineration.

(2) Steam sterilization.

(3) Disinfection using an alternative treatment method approved by the department.

(b) Sharps waste rendered noninfectious pursuant to this section may be disposed of as solid waste if the waste is not otherwise hazardous.

(c) Onsite medical waste treatment facilities treating sharps waste pursuant to paragraph (2) or (3) of subdivision (a) shall ensure that, prior to disposal, the treated sharps waste is destroyed or that public access to the treated sharps waste is prevented.

118230 - Incineration
An operator of a hazardous waste incinerator permitted pursuant to Section 25200 may also accept medical waste for incineration.

118235 - Emergency Action Plan
Each medical waste treatment facility issued a medical waste permit shall provide the enforcement agency with an emergency action plan that the facility shall follow to ensure the proper disposal of medical waste in the event of equipment breakdowns, natural disasters, or other occurrences.

118240 - Animal Carcasses
Notwithstanding Section 9141of the Food and Agricultural Code, animals that die from infectious diseases shall be treated in accordance with Section 118215 if, in the opinion of the attending veterinarian or local health officer, the carcass presents a danger of infection to humans.

118245 - Fees for Alternative Treatment Technologies and Mail-Back Systems

(a) The department shall charge an application fee for evaluation of an alternative treatment technology pursuant to subdivision (d) of Section 118215 of two thousand five hundred dollars ($2,500) and shall charge an additional fee equal to one hundred dollars ($100) per hour for each hour which the department spends on processing the application, but not more than a total of five thousand dollars ($5,000), or as provided in the regulations adopted by the department.

(b) The department shall charge an application fee of one thousand dollars, ($1,000) for evaluation and approval of the use of a medical waste mail back system, which sends medical waste generated in this state to an out-of-state facility for treatment and disposal pursuant to subdivision (f) of Section 118040.

Chapter 9 - Containment and Storage

118275 - Medical Waste Segregation and Storage
To containerize or store medical waste, a person shall do all of the following:

(a) Medical waste shall be contained separately from other waste at the point of origin in the producing facility. Sharps containers may be placed in biohazard bags or in containers with biohazard bags.

(b) Biohazardous waste, except biohazardous waste as defined in subdivision (g) of Section 117635, shall be placed in a red biohazard bag conspicuously labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD."

(c) Sharps waste shall be contained in a sharps container pursuant to Section 118285.

(d)

(1) Biohazardous waste, which meets the conditions of subdivision (f) of Section 117635 because it is contaminated through contact with, or having previously contained, chemo-therapeutic agents, shall be segregated for storage, and, when placed in a secondary container, that container shall be labeled with the words "Chemotherapy Waste", "CHEMO", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.

(2) Biohazardous waste, which meets the conditions of subdivision (f) of Section 117635 because it is comprised of human surgery specimens or tissues which have been fixed in formaldehyde or other fixatives, shall be segregated for storage and, when placed in a secondary container, that container shall be labeled with the words "Pathology Waste", " PATH", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.

(e) Sharps waste, which meets the conditions of subdivision (f) of Section 117635, shall be placed in sharps containers labeled in accordance with the industry standard with the words "Chemo-therapy Waste", "Chemo", or other label approved by the department, and segregated to ensure treatment of the sharps waste pursuant to Section 118222.

(f) Biohazardous waste, which are recognizable human anatomical parts, as specified in Section 118220, shall be segregated for storage and, when placed in a secondary container for treatment as pathology waste, that container shall be labeled with the words "Pathology Waste", "PATH", or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.

(g) Biohazardous waste, which meets the conditions specified in subdivision (g) of Section 117635, shall be segregated for storage and, when placed in a container or secondary container, that container shall be labeled with the words "INCINERATION ONLY" or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to Section 118222.

(h) A person may consolidate into a common container all of the wastes in this section provided that the consolidated waste is treated by an extremely high heat technology

approved pursuant to subparagraph (B) of paragraph (1) of subdivision (a) of Section 118215. The container shall be labeled with the biohazardous waste symbol and the words "HIGH HEAT ONLY" or other label approved by the department on the lid and on the sides, so as to be visible from any lateral direction, to ensure treatment of the biohazardous waste pursuant to this subdivision.

118280 - Containment and Storage
To containerize biohazard bags, a person shall do all of the following:

(a) The bags shall be tied to prevent leakage or expulsion of contents during all future storage, handling, or transport.

(b) Biohazardous waste, except biohazardous waste as defined in subdivision (g) of Section 117635, shall be bagged in accordance with subdivision (b) of Section 118275 and placed for storage, handling, or transport in a rigid container which may be disposable, reusable, or recyclable. Containers shall be leak resistant, have tight-fitting covers, and be kept clean and in good repair. Containers may be recycled with the approval of the enforcement agency. Containers may be of any color and shall be labeled with the words "Biohazardous Waste" or with the international biohazard symbol and the word "BIOHAZARD" on the lid and on the sides so as to be visible from any lateral direction. Containers meeting the requirements specified in Section 66840 of Title 22 of the California Code of Regulations, as it read on December 31, 1990, may also be used until the replacement of the containers is necessary or existing stock has been depleted.

(c) Biohazardous waste shall not be removed from the biohazard bag until treatment as prescribed in Chapter 8 (commencing with Section 118215) is completed, except to eliminate a safety hazard, or by the enforcement officer in performance of an investigation pursuant to Section 117820. Biohazardous waste shall not be disposed of before being treated as prescribed in Chapter 8 (commencing with Section 118215).

(d)

(1) Except as provided in paragraph (5), a person generating biohazardous waste shall comply with the following requirements:

(A) If the person generates 20 or more pounds of biohazardous waste per month, the person shall not contain or store biohazardous or sharps waste above 0 degrees Centigrade (32 degrees Fahrenheit) at any onsite location for more than seven days without obtaining prior written approval of the enforcement agency.

(B) If a person generates less than 20 pounds of biohazardous waste per month, the person shall not contain or store biohazardous waste above 0 degrees Centigrade (32 degrees Fahrenheit) at any onsite location for more than 30 days.

(2) A person may store biohazardous or sharps waste at or below 0 degrees Centigrade (32 degrees Fahrenheit) at an onsite location for not more than 90 days without obtaining prior written approval of the enforcement agency.

(3) A person may store biohazardous or sharps waste at a permitted transfer station at or below 0 degrees Centigrade (32 degrees Fahrenheit) for not more than 30 days without obtaining prior written approval of the enforcement agency.

(4) A person shall not store biohazardous or sharps waste above 0 degrees Centigrade (32 degrees Fahrenheit) at any location or facility which is offsite from the generator for more than seven days before treatment.

(5) Notwithstanding paragraphs (1) to (4), inclusive, if the odor from biohazardous or sharps waste stored at a facility poses a nuisance, the enforcement agency may require more frequent removal.

(e) Waste that meets the definition of biohazardous waste in subdivision (g) of Section 117635 shall not be subject to the limitations on storage time prescribed in subdivision (d). A person may store that biohazardous waste at an onsite location for not longer than 90 days when the container is ready for disposal or, unless prior written approval from the enforcement agency or the department is obtained. The container shall be emptied at least once per year unless prior written approval from the enforcement agency or the department is obtained. A person may store that biohazardous waste at a permitted transfer station for not longer than 30 days without obtaining prior written approval from the enforcement agency or the department. A person shall not store that biohazardous waste at any location or facility that is offsite from the generator for more than 30 days before treatment.

(f) The containment and storage time for wastes consolidated in a common container pursuant to subdivision (h) of Section 118275 shall not exceed the storage time for any category of waste set forth in this section.

118285 - Sharps Waste

To containerize sharps waste, a person shall do all of the following:

(a) Place all sharps waste into a sharps container.

(b) Tape closed or tightly lid full sharps containers ready for disposal to preclude loss of contents.

(c) Store sharps containers ready for disposal for not more than thirty days without the written approval of the enforcement agency.

(d) Label sharps containers with the words "sharps waste" or with the international biohazard symbol and the word "BIOHAZARD".

118286 – Management of Home-generated Sharps Waste

(a) On or after September 1, 2008, no person shall knowingly place home-generated sharps waste in any of the following containers:

(1) Any container used for the collection of solid waste, recyclable materials, or greenwaste.

(2) Any container used for the commercial collection of solid waste or recyclable materials from business establishments.

(3) Any roll-off container used for the collection of solid waste, construction, and demolition debris, greenwaste, or other recyclable materials.

(b) On or after September 1, 2008, home-generated sharps waste shall be transported only in a sharps container, or other containers approved by the enforcement agency, and shall only be managed at any of the following:

(1) A household hazardous waste facility pursuant to Section 25218.13.

(2) A "home-generated sharps consolidation point" as defined in subdivision (b) of Section 117904.

(3) A medical waste generator's facility pursuant to Section 118147.

(4) A facility through the use of a medical waste mail-back container approved by the department pursuant to subdivision (b) of Section 118245.

118290 - Common Storage Facility

Any small quantity generator who has properly containerized the medical waste according to the requirements of this article may store the waste in a permitted common storage facility.

118295 - Wash and Decontaminate Containers

A person shall thoroughly wash and decontaminate reusable rigid containers for medical waste by a method approved by the enforcement agency each time they are emptied, unless the surfaces of the containers have been completely protected from contamination by disposable liners, bags, or other devices removed with the waste. These containers shall be maintained in a clean and sanitary manner. Approved methods of decontamination include, but are not limited to, agitation to remove visible soil combined with one of the following procedures:

(a) Exposure to hot water of at least 82 degrees Centigrade (180 degrees Fahrenheit) for a minimum of 15 seconds.

(b) Exposure to chemical sanitizer by rinsing with, or immersion in, one of the following for a minimum of three minutes:

(1) Hypochlorite solution (500 ppm available chlorine).

(2) Phenolic solution (500 ppm active agent).

(3) Iodoform solution (100 ppm available iodine).

(4) Quaternary ammonium solution (400 ppm active agent).

118300 - Spill Decontamination
Any leak or spill of a medical waste by a medical waste generator, hazardous waste hauler, or treatment facility shall be decontaminated by procedures adopted by the department.

118305 - Solid Waste
A person shall not use reusable pails, drums, dumpsters, or bins used for medical waste for the containment of solid waste, or for other purposes, except after being decontaminated by the procedures specified in Section 118295 and removal of all medical waste labels.

118307 – Interim Storage Area
Medical waste that is stored in an area prior to transfer to the designated accumulation area, as defined in Section 118310, shall be stored in an area that is either locked or under direction supervision or surveillance. Intermediate storage areas shall be marked with the international biohazardous symbol or the signage described in Section 118310. These warning signs shall be readily legible from a distance of five feet.

118310 – Designated Accumulation Area
A designated accumulation area used for the storage of medical waste containers prior to transportation or treatment shall be secured so as to deny access to unauthorized persons and shall be marked with warning signs on, or adjacent to, the exterior of entry doors, gates, or lids. The storage area may be secured by use of locks on entry doors, gates, or receptacle lids. The wording of warning signs shall be in English, "CAUTION—BIOHAZARDOUS WASTE STORAGE AREA—UNAUTHORIZED PERSONS KEEP OUT," and in Spanish, "CUIDADO—ZONA DE RESIDUOS—BIOLOGICOS PELIGROSOS—PROHIBIDA LA ENTRADA A PERSONAS NO AUTORIZADAS," or in another language, in addition to English, determined to be appropriate by the infection control staff or enforcement agency. A warning sign concerning infectious waste, as that term was defined by Section 25117.5 as it read on December 31, 1990, that sign having been installed before April 1, 1991, meets the requirements of this section, until the sign is changed and as long as the sign is not moved. Warning signs shall be readily legible during daylight from a distance of at least 25 feet. Any enclosure or designated accumulation area shall provide medical waste protection from animals and natural elements and shall not provide a breeding place or a food source for insects or rodents.

118315 - Trash Chutes
A person shall not use a trash chute to transfer medical waste.

118320 - Compactors or Grinders

(a) Except as provided in subdivision (b), compactors or grinders shall not be used to process medical waste until after the waste has been treated pursuant to Chapter 8 (commencing with Section 118215) and rendered solid waste.

(b)

(1) Grinding or compacting may be used when it is an integral part of an alternative treatment method approved by the department.

(2) A compactor may be used to compact medical waste if the type of medical waste compactor proposed to be used is evaluated by the department, and approved by the department prior to its use pursuant to the following criteria:

(A) The compactor operates without the release of liquids or pathogenic microorganisms from the medical waste during placement of the medical waste into, or removal of the medical waste from, the compactor units, and during the compaction process.

(B) The compacted medical waste will not release liquids or pathogens during any sub-sequent handling and no residual waste will be left in the compactor unit after the process is completed.

(C) Compactor operations and maintenance personnel will not be at any substantial in-creased risk of exposure to pathogens.

(D) The compactor has been demonstrated not to have any adverse effects on any treatment method. If only specific treatment methods are compatible with the compaction process, the department shall condition its approval of the compactor for use only in conjunction with treatment methods, with regard to which no adverse effects have been demonstrated.

(c) Medical waste in bags or other containers shall not be subject to compaction by any compacting device and shall not be placed for storage or transport in a portable or mobile trash compactor, except as allowed pursuant to subdivision (b).

Chapter 9.5 - Trauma Scene Waste Management

118321 - Citation of Part

(a) This chapter shall be known, and may be cited, as the Trauma Scene Waste Management Act.

(b) The Legislature hereby finds and declares that it is in the interests of the health and safety of the public and the solid waste industry to regulate the handling and treatment of

waste that, but for contamination with large quantities of human blood or body fluids as a result of death, serious injury, or illness, would be solid waste.

(c) The Legislature further finds and declares that, in the interest of safe and uniform management of trauma scene waste, practitioners of trauma scene management should be subject to regulation by the department.

118321.1 - Registration and Fees

(a) A trauma scene waste management practitioner shall register with the department on forms provided by the department.

(b) Notwithstanding subdivision (a), a person who possessed a local business license as of January 1, 1997, and performs trauma scene waste management activities may continue to do so until April 1, 1998, subject to both of the following conditions:

(1) The department has been notified of the trauma scene waste management activities.

(2) Registration as a trauma scene waste management practitioner is completed on or before April 1, 1998.

(c) The department shall register a trauma scene waste management practitioner and issue a trauma scene waste hauling permit to a trauma scene waste management practitioner who submits a completed application form and the registration fee, upon approval of the application by the department.

(d) A registered trauma scene waste management practitioner is exempt from the registration requirements imposed pursuant to Chapter 6 (commencing with Section 118025) or Article 6.5 (commencing with Section 25167.1) of Chapter 6.5 of Division 20 upon haulers of medical waste.

(e) Registered trauma scene waste management practitioners shall pay an annual fee of two hundred dollars ($200) to the department for deposit in the fund. The fee revenues deposited in the fund pursuant to this subdivision may be expended by the department, upon appropriation by the Legislature, for the implementation of this chapter.

118321.2 - List of Practitioners

(a) The department shall maintain an inventory of registered trauma scene waste management practitioners.

(b) The department shall submit a list of registered trauma scene waste management practitioners to all local agency health officers and directors of environmental health, county administrators, and county sheriffs, and shall make the list available, upon request, to other public agencies and to the public.

118321.3 - Department Duties

(a) Notwithstanding Section 117650, the department shall be the sole enforcement agency with regard to the management of trauma scene waste.

(b) The department, working with the trauma scene waste management industry and the health care industry, shall establish the following standards:

(1) Documentation of personal protection required to be provided for, and used by, workers in accordance with the California Occupational and Safety Administration's bloodborne pathogen standards.

(2) Technologies and chemicals appropriate to the task of cleanup and disinfecting.

(c) The department may adopt regulations pursuant to which trauma scene waste management practitioners shall document both of the following:

(1) Identification of trauma scene waste within the scope of this chapter.

(2) Compliance with disposal requirements, including, but not limited to, tracking the transportation of trauma scene waste.

(d) The department shall adopt procedures to provide information to trauma scene waste management practitioners recommending procedures for removing trauma scene waste from trauma scenes.

118321.4 - Transporter Deemed Generator

As specified in Section 117705, a trauma scene waste management practitioner who transports trauma scene waste shall be deemed the generator of the trauma scene waste for purposes of this part.

118321.5 - Removal, Transportation, and Storage

(a) Trauma scene waste shall be removed from the trauma scene immediately upon completion of the removal phase of a trauma scene waste removal operation.

(b) Trauma scene waste shall be transported to a permitted medical waste transfer station or treatment facility pursuant to subdivision (d) of Section 118000, or may be stored in a dedicated freezer at the business location of the trauma scene waste management practitioner for a period of not more than 14 days, or as otherwise approved by the department.

118321.6 - Limitations

(a) This chapter does not limit or abridge the jurisdiction of the Division of Occupational Safety and Health of the Department of Industrial Relations.

(b) This chapter does not prohibit a business from employing or contracting with a person to provide cleanup or consultative services, including those services provided by an

industrial hygienist, with respect to trauma scene waste if those services are incidental to the principal course and scope of services provided by the person.

Chapter 10 - Enforcement

118325 - Injunction for Violations
An enforcement agency, district attorney, city attorney, or city prosecutor may bring an action to enjoin the violation, or threatened violation, of this part or the regulations adopted pursuant to this part, in the superior court in the county where the violation occurred or is about to occur. Any proceeding under this section shall be in accordance with Chapter 3 (commencing with Section 525) of Title 7 of Part 2 of the Code of Civil Procedure, except that the enforcement agency, district attorney, city attorney, or city prosecutor is not required to allege facts necessary to show or tending to show the lack of an adequate remedy at law or irreparable damage or loss. With respect to any action brought pursuant to this section alleging actual violation of this part or the regulations adopted pursuant to this part, the court shall, if it finds the allegations to be true, issue its order enjoining the continuance of the violation.

118330 - Order for Compliance / Administrative Penalty
Whenever the enforcement agency determines that a violation or threatened violation of this part or the regulations adopted pursuant to this part has resulted, or is likely to result, in a release of medical waste into the environment, the agency may issue an order to the responsible person specifying a schedule for compliance or imposing an administrative penalty of not more than one thousand dollars ($1,000) per violation. Any person who, after notice and an opportunity for hearing, violates an order issued pursuant to this section is guilty of a misdemeanor. The department shall adopt regulations that specify the requirements for providing notice to persons to whom orders are issued and for administrative hearings and fines concerning these orders.

118335 - Inspection
(a) In order to carry out the purpose of this part, any authorized representative of the enforcement agency may do any of the following:

(1) Enter and inspect a facility for which a medical waste permit or registration has been issued, for which a medical waste permit or registration application has been filed, or that is subject to registration or permitting requirements pursuant to this part. Enter and inspect a vehicle for which a hazardous waste hauler registration has been issued or a limited-quantity exemption granted, for which an application has been filed for a hazardous waste hauler registration or a limited-quantity exemption, or that is subject to registration requirements pursuant to this part.

(2) Inspect and copy any records, reports, test results, or other information related to the requirements of this part or the regulations adopted pursuant to this part.

(b) The inspection shall be made with the consent of the owner or possessor of the facilities or, if consent is refused, with a warrant duly issued pursuant to Title 13 (commencing with Section 1822.50) of Part 3 of the Code of Civil Procedure. However, in the event of an emergency affecting the public health or safety, an inspection may be made without consent or the issuance of a warrant.

(c) Any traffic officer, as defined in Section 625 of the Vehicle Code, and any peace officer, as defined in Section 830.1 or 830.2 of the Penal Code, may enforce Chapter 6 (commencing with Section 118000) and this chapter, and for purposes of enforcing these chapters, traffic officers and these peace officers are authorized representatives of the department.

118340 - Unauthorized Actions / Criminal Penalty

(a) No person shall transport, store, treat, dispose, or cause the treatment or disposal of medical waste in a manner not authorized by his or her permit or registration, this part, or the regulations adopted pursuant to this part.

(b) Any person who stores, treats, disposes, or causes the treatment or disposal of medical waste in violation of this part or the regulations adopted pursuant to this part is guilty of a public offense as follows:

(1) For a small quantity generator, a first offense is an infraction and is punishable by a fine of not more than one thousand dollars ($1,000).

(2) For a person other than a small quantity generator, a first offense is a misdemeanor punishable by a fine of not less than two thousand dollars ($2,000), or by up to one year in county jail, or by both the fine and imprisonment.

(c) A person who is convicted of a second or subsequent violation of subdivision (a) within three years of the prior conviction shall be punished by imprisonment in the county jail for not more than one year or by imprisonment in state prison for one, two, or three years or by a fine of not less than five thousand dollars ($5,000), or more than twenty-five thousand dollars ($25,000), or by both the fine and imprisonment. This section shall not apply unless any prior conviction is charged in the accusatory pleading and admitted by the defendant or found to be true by the trier of fact. If the defendant is a corporation that operates medical facilities in more than one geographic location, this subdivision shall apply only if the offense involves an adjacent facility involved in the prior conviction.

(d) Any person who knowingly treats or disposes, or causes the treatment or disposal of, medical waste in violation of this part shall be punished by imprisonment in the county jail for not more than one year or by imprisonment in the state prison for one, two, or three years, or by a fine of not less than five thousand dollars ($5,000), or more than twenty-five thousand dollars ($25,000), or by both the fine and imprisonment.

(e) This section does not apply to a person transporting medical waste who is required to be a registered hazardous waste transporter. Those persons are subject to penalties for

violations pursuant to Article 8 (commencing with Section 25180) of Chapter 6.5 of Division 20.

118345 - False Statements / Failure to Register

(a) Any person who intentionally makes any false statement or representation in any application, label, tracking document, record, report, permit, registration, or other document filed, maintained, or used for purposes of compliance with this part that materially affects the health and safety of the public is liable for a civil penalty of not more than ten thousand dollars ($10,000) for each separate violation or, for continuing violations, for each day that the violation continues.

(b) Any person who fails to register or fails to obtain a medical waste permit in violation of this part, or otherwise violates any provision of this part, any order issued pursuant to Section 118330, or any regulation adopted pursuant to this part, is liable for a civil penalty of not more than ten thousand dollars ($10,000) for each violation of a separate provision of this part or, for continuing violations, for each day that the violation continues.

Chapter 11 - Suspension or Revocation

118350 - Grounds for Suspension or Revocation

The enforcement agency may suspend, amend, or revoke any medical waste permit issued by the enforcement agency for any of the following reasons:

(a) Violation by the permittee of any of the provisions of this part or any regulation adopted pursuant to this part.

(b) Violation of any term or condition of the permit.

(c) Aiding, abetting, or permitting the violation specified in subdivision (a) or (b) or interference in the performance of the duty of the enforcement officer.

(d) Proof that the permittee has intentionally made false statements, or failed to disclose fully all relevant facts, in any material regard, on the application for a medical waste permit.

(e) The conviction of a permittee, or the person in charge of the activity subject to the medical waste permit, of any crime that is substantially related to the qualifications or duties of the permittee or the person in charge of the activity, or that is substantially related to the functions that are subject to the medical waste permit. For purposes of this section, a conviction means a plea or verdict of guilty or a conviction following a plea of nolo contendere. An action to revoke or suspend the medical waste permit may be taken when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal. That action may also be taken when an order granting probation is made suspending the imposition of sentence, notwithstanding any subsequent order pursuant

to Section 1203.4 of the Penal Code. The enforcement agency shall take into account all competent evidence of rehabilitation furnished by the permittee or person in charge of the permitted activity.

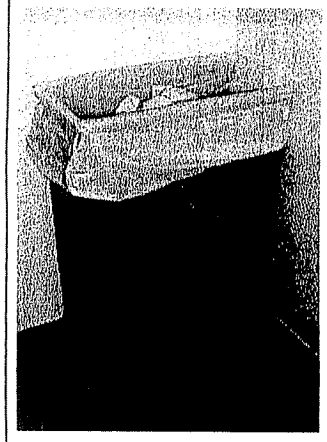
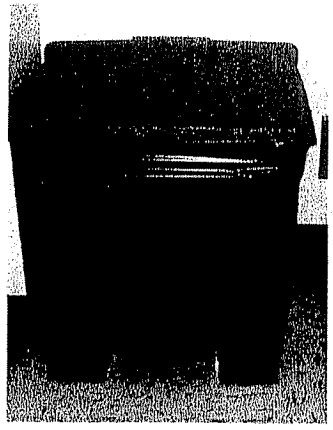
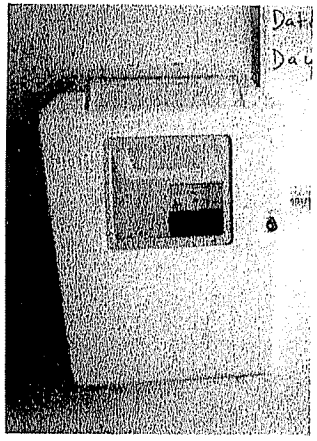
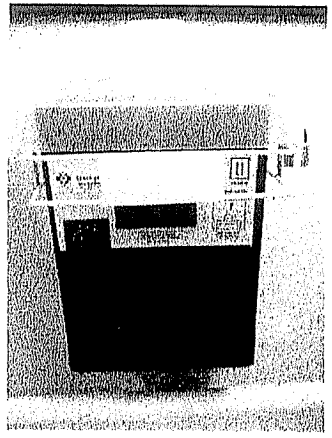
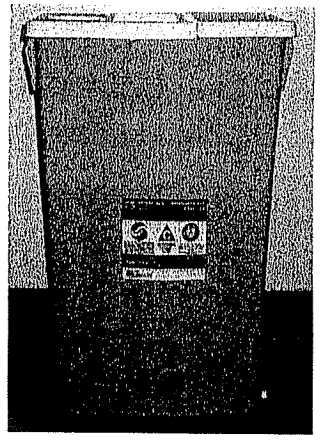
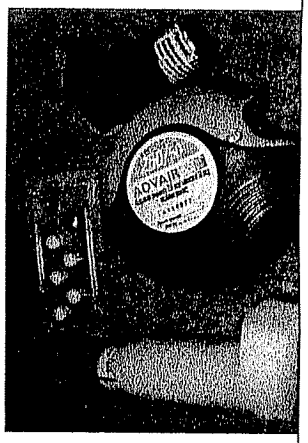
(f) A change in any condition that requires either a temporary or permanent modification, reduction, or termination of the permitted operation to bring it into compliance with the requirements of this part and the regulations adopted pursuant to this part.

118355 - Proceedings
Proceedings conducted by the department for the suspension or revocation of a medical waste permit shall commence with the filing of any accusation and shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, and the department shall have all the powers granted to a department in that chapter.

118360 - Temporary Permit Suspension
The enforcement agency may temporarily suspend a medical waste permit prior to any hearing, when it has determined that this action is necessary to protect the public welfare. The enforcement agency shall notify the permittee of the temporary suspension and the effective date thereof and, at the same time, shall serve the permittee with an accusation. Upon receipt of a notice of defense by the permittee, the matter shall, within 15 days, be set for hearing. The hearing shall be held as soon as possible, but not later than 30 days after receipt of the notice. The temporary suspension shall remain in effect until the hearing is completed and the enforcement agency has made a final determination on the merits. However, the temporary suspension is vacated if the enforcement agency fails to make a final determination on the merits within 60 days after the original hearing has been completed.

Cottage Health System

Waste Disposal

Regular Waste: Clear or Black Bag	Biohazardous Waste: Red Bag	Sharps Waste: Sharps Disposal Containers	Pharmaceutical Waste: Blue Containers	Chemo Waste:	Hazardous R.C.R.A.* Pharmaceuticals
❑ IV bags and tubing without medication additives ❑ IV Plain & Electrolyte ❑ TPN ❑ **Empty medication vials or containers** ❑ Trash / wrappers ❑ Dressings (bandaids) ❑ Chux & Diapers ❑ Gloves ❑ Empty foley bags and other drainage bags ❑ Disposable patient items ❑ Sanitary napkins ❑ Food products	❑ Blood and all OPIM (Other Potentially Infectious Material) ❑ Blood tubing/bags/hemovacs/ pleurevacs ❑ Soaked/ dripping bloody dressings ❑ Intact glass or plastic bottles with bloody fluid or OPIM ❑ Suction liners with bloody fluid or OPIM ❑ All disposable items soaked or dripping with blood or OPIM	❑ **All sharps** Examples: *needles, **broken glass vials, broken** ampules, blades, scalpels, razors, pins, clips, staples* ❑ **All empty syringes,** tubexes, carpujects or those with **trace (unpourable)** amount of medication ❑ Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. **(Use large volume sharps container with foot pedal if needed)**	❑ **No sharps** ❑ Syringes without sharps containing **residual (pourable)** medication ❑ **Residual or wasted narcotics** and/or controlled drugs – **expel content into container** ❑ Narcotic patches (fold in half) *Ex: Fentanyl* ❑ IV bags and tubing with **residual medication** ❑ Partially used/ **residual** prescription or non-prescription medication ❑ Creams, ointments, eye drops, suppositories *Ex: vials, tablets, capsules, powders, liquids, eye drops, cream/lotions, suppositories*	**Return all unused Chemo to Pharmacy for credit or disposal in chemo container provided at the time of dispensing.** **Trace Chemo is:** ❑ All supplies used to make and administer chemo medication Example: *tubing, empty **bags/bottles/ vials, syringes,** gloves, pads, masks, gowns,* wipes etc.	❑ **Return to Pharmacy** ***Examples:*** ▪ ***Inhalers with residual** (if empty- regular trash),* ▪ **Unused/residual acetone** ▪ **Barium** ▪ **Epinephrine (Except surgical irrigation)** *Federal Resource Conservation and Recovery Act (RCRA) **UNOPENED / EXPIRED MEDICATIONS: Return to Pharmacy**

Cottage Health System	Policy Number	IC 2-011
INFECTION CONTROL MANUAL	Date Originated	01/91
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MEDICAL WASTE HANDLING / DISPOSAL	Last Updated	08/07

GOAL:

To efficiently dispose of medical waste as described in the Medical Waste Management Act of California.

POLICY:

To handle medical waste in accordance with California State Law and to decrease contamination of the environment.

DEFINITIONS:

1.0 Medical Waste includes all of the following:
- 1.1 Bio-hazardous waste
- 1.2 Sharps waste
- 1.3 Pharmaceutical waste
- 1.4 Trace Chemotherapy waste
- 1.5 Waste that is generated or produced as a result of the diagnosis, treatment, or immunization of human beings or animals; in related research; or in the production or testing of biologicals.

2.0 Bio-hazardous waste includes, but is not limited to;
- 2.1 Cultures from medical and pathological laboratories.
- 2.2 Cultures and stocks of infectious agents from research and industrial laboratories.
- 2.3 Waste from the production of bacteria, viruses, or the use of spores; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate, and mix cultures.
- 2.4 Waste containing any microbiological specimens sent to a laboratory for analysis.
- 2.5 Human surgery specimens or tissues removed at surgery or autopsy, which the attending physician suspects of being contaminated with infectious agents known to be contagious to humans.
- 2.6 Animal parts, tissues, fluids, or carcasses suspected by the attending veterinarian of being contaminated with infectious agents know to be contagious to humans.
- 2.7 Waste that the point of transport from the generator's site, at the point of disposal, or thereafter contains recognizable fluid blood, fluid blood products, containers or equipment containing blood that is fluid; or blood from animals known to be infected with diseases that are highly communicable to humans.
- 2.8 Waste containing discarded materials contaminated with excretion, exudates, or secretions from humans who are required to be isolated to protect others from

highly communicable diseases, or isolated animals known to be infected with diseases that are highly communicable to humans.

2.9 Pathology specimens and waste contaminated with trace amounts of chemotherapeutic agents.

2.10 Waste pharmaceuticals not considered to be a controlled substance or a hazardous waste.

3.0 Sharps Waste means any device having acute rigid corners, edges, or protuberances capable of cutting or piercing, including, but not limited to, all of the following:

3.1 Hypodermic needles, syringes, blades, and needles with attached tubing.

3.2 Broken glass items, such as blood vials which are contaminated with other medical waste.

4.0 Pharmaceutical Wastes are hazardous liquids and solids. This includes all pharmaceutical chemicals and drugs, such as controlled substances, anti-neoplastics, antibiotics, hazardous materials or liquids of any kind.

5.0 Medical Waste does not include:

5.1 Waste that is not bio-hazardous trash, such as paper towels, paper products, articles containing non-fluid blood, or other medical solid waste products commonly found in healthcare facilities.

5.2 Hazardous waste, radioactive waste; or household waste. (Hazardous and radioactive waste needs to be disposed of in accordance with laws governing those specific wastes streams.)

PROCEDURES

Note: Universal Precautions - Gloves should be worn at all times whenever handling medical waste. Employees should wash hands according to procedures after handling.

6.0 **PREPARATION FOR DISPOSAL:**

6.1 Biohazard Waste other than sharps waste is handled in the following manner:

6.1.1 The waste is disposed of in a can marked "Biohazard Waste." This can is lined with a red plastic bag, which is marked with the biohazard symbol.

6.1.2 It is the responsibility of the person handling the waste to dispose of it appropriately.

6.1.3 Extra red bags and autoclave bags are available in the EVS Department.

6.1.4 The bags are securely tied off when changed or full.

6.1.5 The bags are then transported in the cart marked with the biohazardous label. When the cart is in use the lid is closed.

6.1.6 The cart is cleaned daily. Responsibility: Environmental Services Department.

6.1.7 Any leakage or spillage is cleaned immediately. The area is flooded with disinfectant and the area/cart cleaned regardless of how small the leak or spill. Responsibility: the department where the spill took place and Environmental Services Department.

6.1.8 It is the responsibility of the Environmental Services Department to transport medical waste to the on-site storage area.

6.1.9 Bio-hazardous waste is autoclaved before transport from Santa Barbara Cottage Hospital and Goleta Valley Cottage Hospital. The autoclave is tested weekly by the Environmental Services Department and evaluated in Sterile Processing Department.

6.1.10 In the event that the bag leaks or tears, another red or autoclave bag must enclose the waste to stop further spillage.

6.2 Sharps waste is contained in rigid, puncture resistant, leak resistant containers labeled with the biohazard symbol and the word "Biohazard". Sharps containers are located throughout the hospital close to the point of use.

6.2.1 Sharps disposal containers shall be secured to prevent tipping in patient rooms and other patient care areas, except in Psychiatry and Chemical Dependency Units. In Psychiatry and Chemical Dependency, sharps disposal containers shall be placed in a secured location and not in patient rooms. In these two units, employees shall place used syringes and other sharps in an emesis basin for transport to the nearest sharps disposal container.

6.2.2 When the container is considered ¾ full it is securely closed by snapping the lid and then removed from the holder and a new one installed.

6.2.3 The full containers are transported to the storage area in a closed cart that is marked "bio-hazardous".

6.2.4 The provided medical waste sharps collection containers are solid with tight fitting lids and labeled "Sharps Waste" with the biohazard symbol.

6.2.5 It is the responsibility of the person using the sharp to dispose of it in the sharps container. Reusable sharps must be placed in a metal tray with a tight fitting lid before transport to Sterile Processing. For safety purposes, these lids must not interfere with safe access by the healthcare worker.

6.3 Pharmaceutical waste is disposed of in blue top/white body containers marked "Pharmaceutical Waste Only" and "For Incineration Only."

6.3.1 Close and secure lid when container is full.

6.3.2 Full containers are transported to the medical waste storage area for collection and disposal.

6.3.3 The Pharmaceutical packaging can be disposed of as trash, unless it contains greater than a trace amount of the hazardous substance.

6.3.4 Needles are considered sharps and must be disposed of as "Sharps Waste" in approved containers.

6.3.5 Non-hazardous Pharmaceuticals can be disposed of by sink or as trash, such as,

6.3.5.1 Medicine bottles
6.3.5.2 Saline, Potassium Chloride and Dextrose bags
6.3.5.3 Heparin Flush
6.3.5.4 Lactated Ringers
6.3.5.5 Calcium Chloride
6.3.5.6 Sodium Bicarbonate, Citrate or Chloride
6.3.5.7 Sterile water

6.4 Pathology waste is collected and placed in puncture resistant, leak resistant red bags.

6.4.1 The bags are labeled with the biohazard symbol and the words "Pathology Waste for incineration only".

6.5 Trace Chemotherapy Waste is collected and placed in rigid, puncture resistant, leak resistant containers labeled with the biohazard symbol and the word "Biohazard".

6.5.1 The containers are yellow solid with tight fitting lids and labeled with the biohazard symbol and the words "Chemotherapy Waste for Incineration Only."

6.5.2 Note: Bulk Chemotherapy waste is prepared for disposal in accordance with hazardous waste laws.

7.0 **HANDLING:**

7.1 Always use a needless IV system and needles and sharps with built-in safety devices whenever available.

7.2 Do not re-cap used needles or other contaminated sharps unless medically indicated, then use a one handed scoop technique or a recapping device.

7.3 Do not bend, break, or shear used needles or contaminated sharps.

7.4 Dispose of used needles, deployed sharp safety devices, scalpels, lancets, or other sharps immediately or as soon as feasible, at point of use in a puncture resistant, leak-proof, closable container that is labeled and/or color coded red (i.e. designated sharps disposal container)

7.5 Used intravenous cannulas are to be disposed at point of use in the designated sharps disposal containers because they often contain liquid blood.

7.6 Broken glass, especially if contaminated, shall not be picked up directly with the hands. Use mechanical means such as a dust pan and broom, tongs or forceps and dispose of in a puncture resistant container that is labeled and/or color coded red.

8.0 TRANSPORT:

8.1 Trained Environmental Services Department personnel transfer the bagged medical waste materials into a closed covered cart or solid container with a tight fitting lid which is marked "medical waste" and transport the materials to the sterilizer/ compactor area near the Central Services Building. The closed covered cart is used for medical waste **only.**

8.2 Exceptions to the above are as follows:

8.2.1 Pathology waste (ie, placentas and bone) is transported to the Sterile Processing Department for refrigeration at Santa Barbara Cottage Hospital. At Goleta Valley, pathology waste is transported to the Laboratory for refrigerated storage. On medical waste pick up days, the pathology waste is transported to the medical waste storage area and removed from the hospital premises.

8.2.2 Trace chemotherapy waste is transported to the medical waste storage area in a properly labeled solid yellow container with a tight fitting lid.

9.0 STORAGE:

9.1 Medical waste is stored in a locked caged area or unclosed container, labeled "Medical Waste Storage Area."

9.2 Medical waste materials not immediately placed in the sterilizer are placed inside heavy rigid plastic containers inside a locked containment area to await sterilization or disposal.

9.2.1 The containers are water tight, easily cleanable and have tight fitting lids.

9.3 Pathology waste is placed in a solid container with a tight fitting lid marked with the biohazard symbol and labeled "For Incineration". This container is locked in the Sterile Processing Department at Santa Barbara Cottage Hospital and the Laboratory at Goleta Valley Cottage Hospital to await pickup by a licensed medical waste hauler for incineration.

9.4 Trace chemotherapy waste in placed in a yellow solid container with a tight fitting lid marked with the biohazard symbol and labeled "Chemotherapy waste for incineration" This container is locked in the medical waste storage area/container to await pickup by a licensed medical waste hauler for incineration.

10.0 MEDICAL WASTE PICK UP AND TRANSPORTATION:

10.1 At SBCH and GVCH, employees of Stericycle Medical Waste Systems will pick up and transport sharps waste, pharmaceutical waste, pathological waste, and trace chemo waste to its regional processing facility located at 2775 E. 26th Street,

Vernon, California. (At SYVCH, the medical waste is picked up by MWEE and the pharmaceutical waste is picked up by Stericycle.)

10.2 The vehicle driver and/or handler, upon arriving at the institution, will move the sealed storage containers of medical waste from the storage area to the closed, secured vehicle.

10.3 The vehicle driver and/or handler will be:

10.3.1 Provided with a disinfectant solution for self-use in disinfecting, if infectious waste accidentally comes into contact with the body.

10.3.2 Instructed in the proper use of disinfectant application.

10.3.3 Required to wear protective clothing including gloves while handling and transporting infectious waste.

10.4 The transport vehicle will be:

10.4.1 Cleaned and decontaminated as often as required, using an approved disinfectant solution.

10.4.2 So constructed as to provide damage resistant access and a driver's compartment that is a sealed, separate enclosure.

10.4.3 Completely enclosed.

10.4.4 Posted with instructions inside the driver's compartment of the transport vehicle indicating who is to be contacted by telephone in case of accident, spillage, or leakage of infectious waste.

10.4.5 Transporting the medical waste only to a facility that has all appropriate and necessary permits and approvals.

10.4.6 Labeled with the Company name or trademark in a color contrasting with the background so as to be readily legible during daylight hours from a distance of fifty feet, along with the international biohazard symbol and the word "BIOHAZARD".

10.4.7 Medical waste will only be transported to a facility that has all appropriate and necessary permits and approvals.

10.5 The hospital picks up and disposes of medical waste from the following departments located across the street from the main facility.

10.5.1 Eye Center – Knapp Building, 2400 Bath Street, Santa Barbara, CA(SBCA)

10.5.2 Outpatient Surgery Center – Junipero Street, SBCA

10.5.3 Cottage Center for Advanced Imaging (Fletcher Building) SBCA

10.6 Stericycle picks up and disposes of medical waste from the following areas/facilities:

10.6.1 Main hospital medical waste storage area – Pueblo at Bath Street, Santa Barbara, CA

10.6.2 Goleta Valley Cottage Hospital – Patterson Street, Goleta, CA.

10.6.3 Santa Ynez Valley Cottage Hospital – Solvang, CA (pharmaceutical waste only).

10.7 Santa Barbara Cottage Hospital does not accept medical waste or sharps from any other areas other than the hospital locations listed above.

11.0 MEDICAL WASTE DESTRUCTION BY LICENSED HAULER:

11.1 Upon arrival to the wastte facility, waste will be segregated and rendered non-medical by either incineration or steam sterilization.

11.2 The material will be placed in a 50-cubic yard open-top bin. The bin will be equipped with double gaskets around the doors; a sealed watertight floor and flange to prevent the escape of any liquid completely covered.

11.3 The bin will be transported by the hauler to the landfill they own and/or operate, where the material will be buried immediately with adequate cover material of soil or other solid waste prior to compaction.

11.4 Pathology waste, pharmaceutical waste, and trace chemotherapy waste are incinerated at the Stericycle facility in Salt Lake City, Utah.

12.0 CLEANING PROCEDURES FOR MEDICAL WASTE RECEPTACLES:

12.1 All medical waste materials are to be removed before cleaning bins.
12.2 Gloves and gown are to be worn during the cleaning.
12.3 The inside of the bin is to be sprayed with an EPA approved detergent disinfectant solution.
12.4 Solution is to be vacuumed by means of wet vacuum.
12.5 Outside of container is to be washed with disinfectant solution.
12.6 Equipment is to be cleaned with disinfectant solution after use.
12.7 Gloves are disposed of in medical waste container.

13.0 CONTINGENCY PLAN FOR MEDICAL WASTE HAULING:

13.1 At SBCH and GVCH, in the event the steam sterilizer breaks down, and is out of service for more than 1 day, Stericycle shall be called upon to haul the medical waste generated by the hospital until the steam sterilizer is returned to operation.
13.2 In the event of a disaster and the licensed hauler is unable to reach the facility. The hospital will contact the Health Department for instructions.

14.0 STEAM STERILIZER OPERATION INSTRUCTIONS (SBCH and GVCH):

14.1 Load sterilizer cart with biohazard bags until level or less, never higher.
14.2 Load cart into chamber of autoclave.
14.3 Manually close door.
14.4 Start hydraulic pump and move lever to actuate hydraulic door locking mechanism.
14.5 After locking mechanism stops, release lever.
14.6 Sterilizer is now ready to start.
14.7 Push green button to initiate cycle.
14.8 Check the chart recorder to insure that pressure reaches 40 PSI and temperature reaches 280 degrees; cycle takes 45 minutes.
14.9 After cycle ends, make sure pressure returns to zero.
14.10 After you are sure pressure has returned to zero, open chamber door and remove cart.
14.11 Check indicator strip of autoclave bag for positive color change.
14.12 Record on log (adjacent to sterilizer) operator initials, date, start time, finish time, visual inspection, results of heat sensitive strip on autoclave bag, or if biological indicator test performed.
14.13 If autoclave bag indicator does not changes to proper color or pressure doesn't reach 40 PSI and temperature 280 degrees, notify Environmental Services Director.
14.14 After successful autoclaving of medical waste, place in compactor for disposal in solid waste roll-away dumpster.
14.15 NOTE: LOCK AUTOCLAVE BEFORE LEAVING AREA.

15.0 COMPACTOR OPERATING INSTRUCTIONS

15.1 Open compactor door by pulling on the handle and swinging out the door. Dump trash into compactor box and close door securely. (Compactor will not operate if door in not in locked position) Do not fill above "Fill To Line" indicator.
15.2 Depress the button marked "compactor", this will start the automatic compacting sequence and compactor will automatically stop when completed.

16.0 PLACENTAS

16.1 Patients have the right to request to bring placentas home with them. There is no law in the State of California prohibiting hospitals from releasing their placenta to hospital patients.

16.2 Patients are informed the California Department of Health Services has identified placentas as bio-hazardous waste and that as such, placentas may provide significant infectious risks.

16.3 Patients are to sign the "Release from Responsibility for Placentas" (Form #NS-349) and be responsible for providing a means by which to transport the placenta home. Placentas being sent home will not be placed in a red bio-hazardous waste bag.

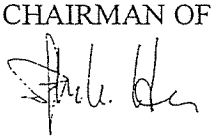
17.0 **REPORTING RELATIONSHIP FOR PROBLEMS/ISSUES REGARDING MEDICAL WASTE:**

17.1 In the event that employees experience any problems relating to medical waste handling or with the sterilizer, they will follow these procedures in order to report and correct the problems:

17.1.1 Immediately report to the Environmental Services Manager, Supervisor, or Lead employee, problems arising from the handling of medical waste. State the nature of the problem such as broken or leaking bags, improperly bagged medical waste or inappropriate materials being in medical waste. Also report broken or faulty medical waste equipment. The EVS Manager, Supervisor, or Lead employee will document the issue and corrective action taken.

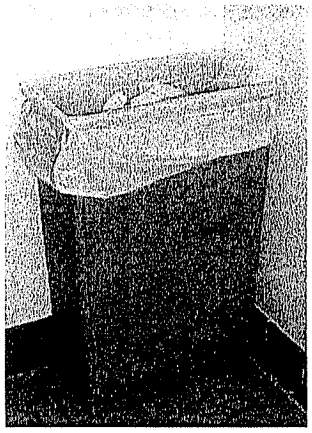
REFERENCES:

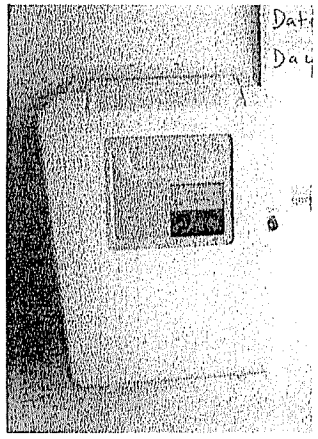
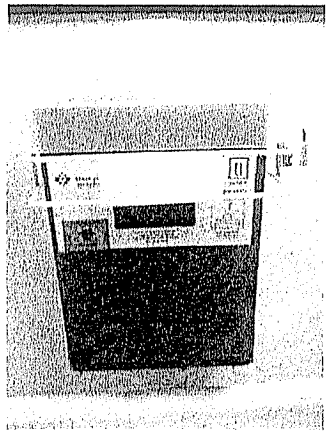
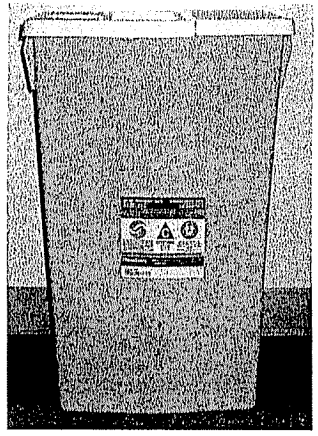
California Health & Safety Code, Division 20, Chapter 6.1, Medical Waste Management Act, effective April 1, 1991.
California Assembly Bill #1641, Chapter 1614
California Assembly Bill #109, Chapter 1613
California OSHA, T8 CCR GISO, Section 5193

REVIEW CYCLE	• Three (3) years	IC Committee	Date Reviewed: August 2007
CHAIRMAN OF INFECTION CONTROL  Date: 4/27/2006			

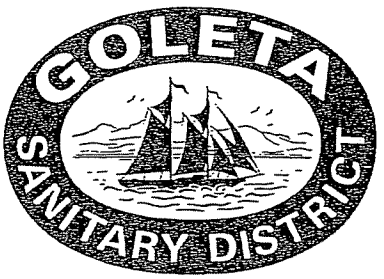
Cottage Health System

Waste Disposal




Regular Waste: Clear or Black Bag	Biohazardous Waste: Red Bag	Sharps Waste: Sharps Disposal Containers	Pharmaceutical Waste: Blue Containers	Chemo Waste:	Hazardous R.C.R.A.* Pharmaceuticals
❑ IV bags and tubing without medication additives ❑ IV Plain & Electrolyte ❑ TPN ❑ **Empty medication vials or containers** ❑ Trash / wrappers ❑ Dressings (bandaids) ❑ Chux & Diapers ❑ Gloves ❑ Empty foley bags and other drainage bags ❑ Disposable patient items ❑ Sanitary napkins ❑ Food products	❑ Blood and all OPIM (Other Potentially Infectious Material) ❑ Blood tubing/bags/hemovacs/ pleurevacs ❑ Soaked/ dripping bloody dressings ❑ Intact glass or plastic bottles with bloody fluid or OPIM ❑ Suction liners with bloody fluid or OPIM ❑ All disposable items soaked or dripping with blood or OPIM	❑ **All sharps** Examples: *needles, **broken glass vials, broken** ampules, blades, scalpels, razors, pins, clips, staples* ❑ **All empty syringes,** tubexes, carpujects or those with **trace (unpourable)** amount of medication ❑ Trocars, introducers, guide wires, sharps from procedures, specimen devices in endoscopy, etc. **(Use large volume sharps container with foot pedal if needed)**	❑ **No sharps** ❑ Syringes without sharps containing **residual (pourable)** medication ❑ **Residual or wasted narcotics** and/or controlled drugs – **expel content into container** ❑ Narcotic patches (fold in half) *Ex: Fentanyl* ❑ IV bags and tubing with **residual medication** ❑ Partially used/ **residual** prescription or non-prescription medication ❑ Creams, ointments, eye drops, suppositories *Ex: vials, tablets, capsules, powders, liquids, eye drops, cream/lotions, suppositories*	**Return all unused Chemo to Pharmacy for credit or disposal in chemo container provided at the time of dispensing.** **Trace Chemo is:** ❑ All supplies used to make and administer chemo medication Example: *tubing, empty **bags/bottles/ vials, syringes,** gloves, pads, masks, gowns,* wipes etc.	❑ **Return to Pharmacy** ***Examples:*** ▪ ***Inhalers with residual** (if empty- regular trash),* ▪ **Unused/residual acetone** ▪ **Barium** ▪ **Epinephrine (Except surgical irrigation)** *Federal Resource Conservation and Recovery Act (RCRA) **UNOPENED / EXPIRED MEDICATIONS: Return to Pharmacy**



November 5, 2008

Suzanne Elledge
800 Santa Barbara Street
Santa Barbara, CA 93101

RE: Goleta Sanitary District Comments on Wastewater Treatment from Goleta Valley Cottage Hospital

Dear Ms. Elledge:

In accordance with your request we are providing information on the treatment of wastewater from the Goleta Valley Cottage Hospital.

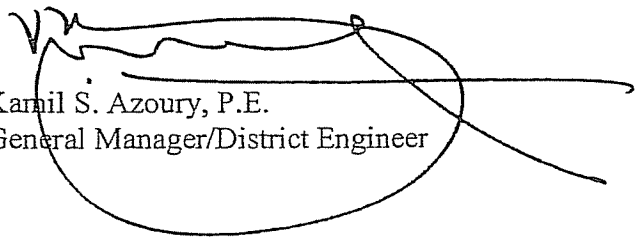
The Goleta Sanitary District treats all of the wastewater from the Goleta Valley including that generated by the Goleta Valley Cottage Hospital. The GSD classifies the GV Cottage Hospital as a Class 3 industrial discharger and as such monitors the hospital twice annually under the District's industrial waste control ordinance.

The wastewater treatment plant operates under a national pollutant discharge elimination system (NPDES) permit and is required to meet all limitations of this permit prior to discharge of the treated wastewater to the Pacific Ocean. The District conducts extensive testing on the wastewater as it enters the treatment facilities prior to treatment, at various stages of treatment and immediately prior to discharge. Testing is also done on the receiving waters, at the surf zone area, near shore, far shore and throughout the water column. Results of the testing indicate that the public health and the environment are being protected by treating the wastewater prior to discharge.

The GSD collection system conducts routine cleaning and maintenance of all sewer lines within the District's jurisdiction. The maintenance plan includes sewer line cleaning, TV inspection, smoke testing and grease interceptor inspections. The sewer line from Cottage Hospital extending from Patterson Avenue to Ward Drive is a 15" line that was completely relined last year. This 15" sewer line feeds into a 30" concrete trunk line that has a secondary plastic lining. Core samples of the concrete from the 30" trunk line were analyzed in 2005 and indicated that the concrete is structurally sound.

Thank you for considering these comments.

GOLETA SANITARY DISTRICT



Kamil S. Azoury, P.E.
General Manager/District Engineer