



# REGULATED INFECTIOUS WASTE FACILITY ANNUAL REPORT

NORTH DAKOTA DEPARTMENT OF ENVIRONMENTAL QUALITY  
DIVISION OF WASTE MANAGEMENT  
12-2025

Telephone: 701.328.5166  
Fax: 701.328.5200  
Website: <https://deq.nd.gov/WM>

Please complete the form and sign. Attach additional pages as necessary.

[Clear Fields](#)

## 1. Facility Information

Facility Name	Owner/Operator Name		Telephone Number
Facility Mailing Address	City	State	ZIP Code
Facility Location Address	City	State	ZIP Code
Email Address	Permit Number		

## 2. Calendar Period Covered by Report (Ex. January 1<sup>st</sup> – December 31<sup>st</sup>)

From	To	Year
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## 3. Annual Total Quantity of Each Waste Category Disposed of:

Check the box to indicate each unit of measurement (Ex. Tons, or Pounds)

Waste Type	Total Waste Amount	Unit of Measurement
Autoclaved Waste		<input type="checkbox"/> Tons <input type="checkbox"/> Pounds
Waste Treated & Sent to Approved Permitted Facilities for Disposal**		<input type="checkbox"/> Tons <input type="checkbox"/> Pounds
Waste Sent Out of State for Treatment & Disposal		<input type="checkbox"/> Tons <input type="checkbox"/> Pounds
Waste Treated or Managed which was Generated Out of State		<input type="checkbox"/> Tons <input type="checkbox"/> Pounds

\*\* If you provided information for this question, please provide the names of the facilities where treated waste is sent for disposal below

## 4. Name of the Facility or Facilities Receiving Treated Waste

List the approved permitted facilities where treated waste is disposed of

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## 5. Noncompliance (Explain Any Occurrences of Noncompliance)

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**6. Construction or Closure (Discuss Any Construction or Closure Activities)**

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**7. Name, Date, and Signature of Preparer:**

Signature	Date
Printed Name	

**OPTIONAL ANNUAL INFORMATION BELOW:**

**1. Operation – Provide the tipping fee for each type of waste the facility accepts.**

*Please check the box if the information you have provided meets the requirements for confidential business information in accordance with NDCC Subdivision 44-04-18.4(2)(a) and you want to keep it confidential.*

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E-mail a completed form to: [solidwaste@nd.gov](mailto:solidwaste@nd.gov) or mail completed form to:

**North Dakota Department of Environmental Quality  
Solid Waste Program  
4201 Normandy Street  
Bismarck, ND 58503-1324**