



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 1st – December 31st)

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)

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.

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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.

E-mail a completed form to: solidwaste@nd.gov or mail completed form to:

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