Worksheet for Estimating Closure Cost for a Mobile On-Site Treater of Medical Waste

You are responsible for providing a reasonable cost estimate based on the particular details of the untreated medical waste you treat, your processing methods, your method of operation, and the nature of your business contracts. The following will assist you with your cost estimate determination. If your particular situation calls for other consideration, you will need to include them. Our approval of your cost estimates will be required prior to our Financial Assurance Section approval of your evidence of financial assurance. If you have any questions, please contact us.

Help Estimating Costs: 512/239-2334 (Waste Permits)
Submitting Cost Estimates: 512/239-6001, select Option 2 (Registration & Reporting)

I. Assumptions:
   a. Generator assumes responsibility for any untreated waste stored at the unit.
   b. Maximum volume of untreated waste is in the treatment unit.
   c. Unit’s processing/treatment equipment cannot be utilized.
   d. Closure will include –
      i. decontamination of equipment,
      ii. clean-up of the site, and
      iii. removal of all waste, supplies, equipment, residues, and mobile housing unit.

II. All cost estimates should reflect work performed by an independent third party.

III. Unit use and capacity description:
   a. Type of medical waste: __________________________________________________
   b. Equipment to process the medical waste:
      i. ___________________________________________
      ii. ___________________________________________
   c. Full capacity of untreated medical waste in the unit at any one time: ______________

IV. At a minimum, include Cost Estimates for the following:
   a. Cost to dismantle processing equipment and mobile housing unit (including disinfection, decontamination and decommissioning) $_____________
   b. Cost to transport, treat and dispose of untreated medical waste to authorized facilities – $___ / lb (total must cover “c” in “III” above) $_____________
   c. Cost to transport, treat and dispose of wastes resulting from decontamination to authorized facilities $_____________
   d. Cost to transport, treat and dispose of any other waste (including decommissioned equipments, left over supplies, etc) to authorized facilities $_____________
   e. Cost for Site Assessment (including sampling and analysis costs) (If an amount is noted here, then “f” must contain a cost estimate amount) $_____________
   f. Cost to Remediate Site (including clean-up and removal of contaminated soils, water and stormwater) $_____________
   g. Cost of vector control procedures $_____________
   h. Cost to install signs, locks and other security measures $_____________
   i. Cost to certify clean-up and closure $_____________
   j. Other costs particular to the nature of your business $_____________
   k. Contingency Cost (15-20% recommended) $_____________

TOTAL Cost Estimate $_____________________

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