WHATCOM COUNTY SOLID WASTE ADVISORY COMMITTEE (SWAC) MEETING
Thursday, January 25, 2018 from 5:30 p.m. to 7:00 p.m.
Civic Center, Downstairs Garden Room
322 North Commercial Street, Bellingham, WA

- A G E N D A -

<table>
<thead>
<tr>
<th>Meeting Topics</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>1. Call to Order</td>
<td>5:30 Action</td>
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<tr>
<td>2. Roll Call, Determination of Quorum, Approval of Minutes, Election of Chairperson and Vice-Chairperson</td>
<td>5:30 - 5:40 Action</td>
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<tr>
<td>3. Point Roberts Solid Waste Management System</td>
<td>5:40 - 6:00 Action</td>
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<tr>
<td>4. Secure Medicine Return Program Implementation</td>
<td>6:00 - 6:15 Information Only</td>
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<td>5. Solid Waste Voucher Compliance Program</td>
<td>6:15 - 6:35 Discussion</td>
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<td>7. Open Session, Announcements, Agenda Items</td>
<td>6:55 - 7:00 Action</td>
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<td>8. Adjournment</td>
<td>7:00 Action</td>
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Hard copies of the Agenda Packet will be provided to members at the meeting
AGENDA ITEM 2: Approval of Draft October 26, 2017 SWAC Meeting Minutes

PRESENTER: Mark Peterson, Chair

BOARD ACTION: ☑ Action Item Discussion FYI - Only

COMMITTEE ROLE / ACTION REQUESTED
Review and approve draft meeting minutes.

ATTACHMENT(S)
- Draft October 26, 2017 SWAC Meeting Minutes
WHATCOM COUNTY SOLID WASTE ADVISORY (SWAC) COMMITTEE MINUTES

October 26, 2017

Members Present
Amber Jones, Eric Johnston, Greg Young, Mark Peterson, Martin Kuljis, Larry McCarter, and Troy Lautenbach

Members Absent
Barbara Brenner, Casey Heinle, and Ed Nikula

Staff Present
Jeff Hegedus, Janice Deptuch, and John Wolpers

Others Present

1st Order of Business: Elect a Temporary Chair
The chair has to leave early today. As per bylaws, when both chair and vice-chair are absent, a temp chair must be elected. Motion made to elect Troy Lautenbach by 1st Mark Peterson and 2nd by Larry McCarter. Approved by all.

Call to Order
The regular meeting of the Whatcom County SWAC was called to order on Thursday, October 26 2017 at 6:05 p.m. in the Garden Level Meeting Room by chair, Mark Peterson.

Approval of Minutes
The minutes for the July 27, 2017 SWAC meeting were approved as written. The motion for approval was made by Troy Lauenbach and 2nd by Amber Jones. Motion approved by everyone.

Membership Update
Mark Peterson is interested in renewing. Troy Lautenbach is not sure yet, Casey Heinle is stepping down. We need to notify the Council office of our open positions. We need to fill a Citizen position, Public Interest Group position and an Agriculture position.

Implementation of Approved Amendment to WCC8.13, Solid Waste Disposal District, Regarding the solid Waste Excise Privilege Tax
On September 12, 2017 County Council approved an amendment to WCC 8.13, Solid Waste Disposal District regarding the solid waste excise privilege tax. The excise tax, previously levied only on tonnage collected by certificated and franchised haulers, will now also be levied on tonnage collected at solid waste handling facilities. The effective date for implementation is January 1, 2018.
Jeff Hegedus brought a sample of the report for tracking, Amber Jones said it was very simple, Scott Bissell asked if the recycling boxes pays the fee, Jeff said does not apply. Lisa Friend asked if there were provisions to waive the fee for disasters and Jeff said No. This excise tax will generate an estimated $422,000 in additional revenue for solid waste services, minus the estimated reduction in state funding of $230,000.

Impact of China 2018 Recyclable Materials Importation Ban
Effective 2018, China announced that a ban on receipt of specified recyclable materials will be implemented. Recyclable materials represent the sixth largest U.S. export to China, and the ban is anticipated to have significant impacts on the U.S. recycling industry. Marty Kuljis, Operations Manager and Kevin Moore, CEO of NW Recycling, Inc. presented an update on this issue.

Whatcom County Secure Medicine Return Program and Opioid Response Plan Update
Erika Nuerenberg gave the committee an update on the Whatcom County Secure Medicine Return Program and Opioid Response Plan. She stated that the County Council is strong about passing this by the end of the year. It won’t be implemented for at least six to eight months. There is currently only one pharmacy (Walgrens) that take controlled substances. In 2012 Alamada and King Counties sped forward and passed this same program and paved the way to move forward. Snohomish County, King County and San Francisco, are showing that this program can run smoothly and efficiently.

Opiod addiction is the highest cause of health impacts, 3 out of 4 heroin users started with using household prescriptions. 73% of teens say it is easy to get prescription drugs. There will be multiple sites around the county, including Disposal of Toxics, libraries, police stations, and for home bound rural area people, they will use mailers with postage prepaid. The program will use lock bags for household. Under the proposed regulation, medicine producers would be required to finance the program as a cost of doing business. There would be no direct cost to consumers to use the medicine return program.

Point Roberts Solid Waste Management Systems Development Project
For 1 ½ years the Whatcom County Health Department and the Point Roberts Community Advisory Committee (PRCAC) have been working hard and making progress on this project. We are proceeding with amending the ordinance, and will update council in committee in November.

At the October 10, 2017 PRCAC meeting recommendations were made to:

- Eliminate the exemption option from mandatory residential curbside collection for all parcels with an operating on-site sewage system
- Require a minimum residential curbside collection service level of every other week, with 32 gallon can, bundled with recycling, for these parcels
- Collect payment for the minimum service level on annual property tax bills
- Invoice directly as requested for services above the minimum service, such as larger can size, more frequent collection, or carry out/ drive in services

Currently, every other week curbside collection, with 32 gallon can, bundled with recycling costs $16.33 monthly as per the approved Washington Utilities and Transportation (WUTC) tariff. The approved tariff rates have not increased for eight years and, combined with an average participation rate of only 300 curbside collection customers, were slated to necessarily increase significantly. With the exemption option available, it is predicted that the participation rate would thus decrease, further reducing economy of scale. Requiring the minimum curbside collection service level implemented at the 2,254 parcels that have
operating on-site sewage systems would provide significantly improved economy of scale, support cost structures, enable high service levels, and reduce illegal dumping.
To accommodate seasonal residents, who may visit on the weekend but not be available to set out and pick up cans and recyclables on the weekly scheduled service days, carry out and drive in services will be further developed. Currently, in the approved tariff, the service provider will go up to the house, deliver containers to the truck, empty the containers, and return the containers to the house. The currently approved tariff fee for the carry out service is $1.00 per 25 feet of carry, round trip.

Open Session, Announcements, Agenda Items
Jeff Hegedus mentioned the revamping of the Enviro Stars program. Lisa Friend mentioned the Washington State Recycling Conference on May 20th – 23rd, 2018 at Semiahmoo Resort, can register at WSRA.net website.

Adjournment
A motion to adjourn the meeting was made 1st by Larry McCarter and 2nd by Amber Jones, all in favor. Meeting adjourned at 6:55 p.m.

CERTIFICATION
I hereby certify this to be a true and correct copy of the minutes of the Whatcom County Solid Waste Advisory Committee meeting held January 26, 2017.

Attest:
Janice Deptuch, Clerk III Mark Peterson, Chair
Whatcom County Health Department Whatcom County Solid Waste Advisory Committee
AGENDA ITEM 3:  Point Roberts Solid Waste Management System

PRESENTER:  Jeff Hegedus, Environmental Health Supervisor

BOARD ACTION:  ☒ Action Item  Discussion  FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

Since May, 2016 solid waste program staff have been meeting with the Point Roberts Community Advisory Committee (PRCAC) and the community to review the management waste management system, and ensure that waste management needs were being met. Following this process, on October 10, 2017 PRCAC made specific recommendations to staff for improvements to solid waste services. On November 21, 2017 these recommendations were presented to the County Council Public Works, Health and Safety Committee as an update on the process (attached). On February 13, 2018 staff will present to the PRCAC a draft amendment to ordinance for implementation of the recommendations, and support the community on outreach and education opportunities as requested.

COMMITTEE ROLE / ACTION REQUESTED

Provide policy level and technical implementation input on proposed recommendations and make motion to approve.

ATTACHMENT(S)

- November 21, 2017 committee update agenda packet
**WHATCOM COUNTY COUNCIL AGENDA BILL**

<table>
<thead>
<tr>
<th>CLEARANCES</th>
<th>Initial</th>
<th>Date</th>
<th>Date Received in Council Office</th>
<th>Agenda Date</th>
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<td>JAH</td>
<td>11/20/2017</td>
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<td>Division Head:</td>
<td>JJW</td>
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<td>Dept. Head:</td>
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<td>Executive:</td>
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<td>11/28/17</td>
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**TITLE OF DOCUMENT:**
Update on Point Roberts Solid Waste Management System

**ATTACHMENTS:**
Project Proposed Timeline

<table>
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<tr>
<th>SEPA review required?</th>
<th>( ) Yes</th>
<th>( X ) NO</th>
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<tbody>
<tr>
<td>SEPA review completed?</td>
<td>( ) Yes</td>
<td>( X ) NO</td>
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**SUMMARY STATEMENT OR LEGAL NOTICE LANGUAGE:** (If this item is an ordinance or requires a public hearing, you must provide the language for use in the required public notice. Be specific and cite RCW or WCC as appropriate. Be clear in explaining the intent of the action.)

Provide update on community feedback and proposed recommendations to improve solid waste management service delivery in Point Roberts.

**COMMITTEE ACTION:**

**COUNCIL ACTION:**

<table>
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<tr>
<th>Related County Contract #:</th>
<th>Related File Numbers:</th>
<th>Ordinance or Resolution Number:</th>
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Please Note: Once adopted and signed, ordinances and resolutions are available for viewing and printing on the County’s website at: [www.co.whatcom.wa.us/council](http://www.co.whatcom.wa.us/council).
MEMORANDUM

TO: Jack Louws, County Executive
FROM: Regina A. Delahunt, Director
DATE: November 21, 2017

SUBJECT: Update on Point Roberts Solid Waste Management System

Please find attached a Public Works, Health and Safety Committee update on work currently in progress to develop the Point Roberts Solid Waste Management System.

Background and Purpose

Since May, 2016 solid waste program staff have been meeting with the Point Roberts Community Advisory Committee (PRCAC) and the community to review the solid waste management system, and ensure that waste management needs were being met. As a result of this work, the PRCAC has now requested that staff implement specific recommendations to improve solid waste services in Point Roberts.

Recommendations

At the October 10, 2017 PRCAC meeting, recommendations were made to eliminate the exemption option from mandatory residential curbside solid waste collection services for all developed parcels, and include a fee on the annual property tax statement to pay for these services. A description of these recommendations is attached, along with a project timeline.

Please call Jeff Hegedus at x6044 if there are any questions.

Encl.
Update on Point Roberts Solid Waste Management System

Background and Purpose

The approved 2016 Comprehensive Solid and Hazardous Waste Management Plan includes a recommendation to ‘Conduct a community involvement and engagement process to identify potential adjustments to infrastructure and regulatory requirements to improve levels of service’ in Point Roberts. In May 2016 solid waste program staff met with the Point Roberts Community Advisory Committee (PRCAC) and inquired as to how staff could best work with the community to conduct a review and ensure that waste management needs were being met.

Point Roberts is a unique locale, abundantly rich in natural beauty with a friendly, independent and diverse culture. It is also remote and not populous, with a high degree of seasonal residency, which presents challenges to the solid waste management system. Low economy of scale and increased transportation costs, combined with unique regulatory requirements, results in challenges to providing quality levels of service at acceptable costs, which in turn increases illegal dumping and threatens the stability and continuity of service provision.

At the recommendation of PRCAC, in June 2016 a community survey was conducted, and 314 local respondents provided extensive feedback regarding curbside collection services, transfer station operations, commercial service levels, recycling, illegal dumping, and other system elements. The robust feedback was used to inform subsequent PRCAC meetings and community discussions regarding infrastructure and regulatory mechanisms, with emphasis on 1) levels of service, 2) costs of service, 3) illegal dumping, 4) recycling services and 5) service provider viability. The meetings were well attended, with thoughtful discourse and good coverage by the local media.

Following a year of engaging and productive discussions with PRCAC and the community, the committee made formal motion requesting staff to pursue specific recommendations regarding curbside collection services.

Recommendations

At the October 10, 2017 PRCAC meeting recommendations were made to:

- Eliminate the exemption from mandatory residential curbside solid waste collection services for all developed residential parcels with an operating on-site sewage system
- Require a minimum residential curbside collection service level of every other week, with 32 gallon can, bundled with recycling, for these parcels
- Collect payment for the minimum service level as a fee on annual property tax bills
- The service provider will invoice directly for requested services above the minimum service level, such as for larger can size, more frequent collection, or carry out/ drive in services
Currently, every other week curbside collection, with 32 gallon cans, bundled with recycling costs $16.33 monthly as per the approved Washington Utilities and Transportation (WUTC) tariff. The approved tariff rates have not increased for eight years and, combined with a current average participation rate of only 300 curbside collection customers, were slated to necessarily increase significantly. With the exemption option available, it is predicted that the participation rate would thus decrease, further reducing economy of scale. Requiring the minimum curbside collection service level implemented at the 2,254 developed residential parcels would provide significantly improved economy of scale, support cost structures, enable higher service levels, and reduce illegal dumping.

To accommodate seasonal residents, who may visit on the weekend but not be available to set out and pick up cans and recyclables on the weekly scheduled service days, carry out and drive in services will be further developed. Currently, in the approved tariff, the service provider will go up to the house, deliver containers to the truck, empty the containers, and return the containers to the house. The currently approved tariff fee for the carry out service is $1.00 per 25 feet of carry, round trip. Under the current tariff the minimum level of service fee, with carry out service of 25 feet, would be $18.33. This fee would likely change pending review by the WUTC in a tariff renewal, but be essentially similar value.

PRCAC also requested a critical path analysis for implementation of these recommendations. This analysis is attached. If approved by council, which is the governing body of the disposal district, the requirements would be effective January 1, 2019.

In this continuing effort, staff will meet with PRCAC and the community to review transfer station operations and capital improvement requirements.
SOLID WASTE ADVISORY COMMITTEE  
Discussion Form  
January 25, 2018

AGENDA ITEM 4: Secure Medicine Return Program Implementation

PRESENTER: Jennifer Hayden, Environmental Health Specialist II, Whatcom County Health Department

BOARD ACTION: Action Item Discussion ☑ FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

Waste pharmaceuticals are defined in Washington State as a Moderate Risk Waste, which are regulated by solid waste handling standards. The Whatcom County Health Board, as the tenth local jurisdiction nationally to do so, approved Ordinance 2017-073, Secure Medicine Return Ordinance on December 5, 2017 adopting Whatcom County Code Chapter 24.15, Secure Medicine Return. The ordinance requires a producer provided and funded product stewardship plan for the safe collection and disposal of unused drugs from residential sources. Implementation actions fall into the general categories of (1) Implementation/Start-Up, (2) Stewardship Plan Review, (3) Program Operations Oversight, (4) Promotion, and (5) Compliance & Enforcement:

<table>
<thead>
<tr>
<th>IMPLEMENTATION/START-UP</th>
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<tr>
<td>Develop internal implementation plan, define staff roles and responsibilities, and create any guidance documents or forms.</td>
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Develop List of Drug Producers
- Develop master list of drug producers whose covered drugs are sold in the county and contact information, utilizing lists from other counties and any lists requested from drug wholesalers.
- Decide whether to request a list of drug manufacturers from drug wholesalers distributing medicines in county. Develop list of wholesalers from lists from other counties and from WA DOH licensee list. Analyze lists received.
- Compare and reconcile lists of potential drug producers with notifications of intent to participate in a stewardship plan.

Notifications and Communications with Drug Producers & Wholesalers
- Develop and mail notification letters to list of potential producers about their responsibilities in complying with the Secure Medicine Return regulation.
- Receive notification from producers of intent to participate in standard stewardship plan or to develop an independent plan.
- Receive notification from producers of the name of the plan operator(s).
- Answer questions from potential drug producers. Expect need to clarify requirements of the local ordinance and assist in determinations of whether a company must participate as a drug producer. Refer companies to plan operator(s).
- Send warning notices if plan operator(s) do not take required actions per deadlines in regulations.
- Work with Plan Operator(s) on Plan Development
IMPLEMENTATION/START-UP

- Communicate and consult with plan operator(s) regarding development of stewardship plan(s).
- Check/ensure that potential authorized collectors (pharmacies, clinics, hospitals, police agencies) have been notified of the opportunity to participate by plan operator(s).
- Address questions from potential authorized collectors. Local agency may also make its own contacts to potential authorized collectors.

STEWARDSHIP PLAN REVIEW

Review of Initial Stewardship Plan(s)
- Receive proposed stewardship plan and plan review fee from each plan operator.
- Review proposed stewardship plan for compliance with regulation’s requirements.
- Provide public comment opportunity on plan(s). Review any public comments received.
- Determine local agency response: (1) approve, (2) approve with conditions, (3) reject.
- Return any rejected plan with letter describing decision and require resubmission.
- Return any conditionally approved plan with letter describing decision and actions to address conditions.

Review of a Revised Stewardship Plan
- Receive revised plan and revised plan review fee.
- Review revised plan(s) for compliance with regulation’s requirements.
- If necessary, develop and impose changes to proposed revised plan(s).
- Determine local agency response: (1) approve, (2) approve with conditions, (3) reject.
- Return any rejected plan with letter describing decision and require resubmission.
- Return any conditionally approved plan with letter describing decision and actions to address conditions.

Review and Approval of New Independent Plans or Updated Plans
- Receive notification of intent to form a new independent plan from producer(s) participating in first year of standard plan.
- Receive and review proposed new independent plan(s) per process above.
- Receive and review updated plans at least every 4 years.
**STEWARDSHIP PLAN REVIEW**

Review of Petition to Use Alternative Disposal Technology if Submitted
- Receive and review petition to use alternative disposal technology as part of standard or independent plan submittal.
- Collect petition fee.
- Review petition’s information and research the alternative disposal technology; may require technical review and consultation with other agencies and experts.
- Determine whether to approve or deny petition.
- Return petition with letter explaining the decision.

**PROGRAM OPERATIONS OVERSIGHT**

Oversight of Operation of Approved Plan(s)
- Collect first year annual operating fee from each approved plan at time of notice of approval.
- Ensure that approved plans begin operations within required time frame.
- Maintain regular and periodic contact with plan operator(s).
- Keep master list of participating drug producers updated, receiving notifications on changes from plan operator(s).
- Spot-check for compliance with approved plan(s) on ongoing basis.
- Monitor producers’ promotional activities.
- Receive any complaints from the public regarding operations of approved plan(s). Inform plan operator(s) of complaints that need action. Serious issues or unresolved issues may be cause for inspections or enforcement actions (see below).
- Receive any notifications of non-substantive changes to approved plan from plan operator(s).
- Ensure that any non-participating potential authorized collectors are notified again of the opportunity to participate.
- Receive and review an annual report from each approved plan.
- Provide direction to the approved plan on improving collection services or promotion, if needed.
- On ongoing basis, collect annual operating fee from each approved plan, perhaps at time of submittal of annual report.

Review of Substantive Changes to an Approved Plan
- Review and approve/deny any changes to approved plans that substantially alter plan operations.
- Collect Plan Change fee.
<table>
<thead>
<tr>
<th>COMPLIANCE &amp; ENFORCEMENT</th>
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<tr>
<td>Investigate any Complaints about the Secure Medicine Return Program</td>
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<tr>
<td>• Communicate with plan operator and check on any complaints received from the public, collectors, or others.</td>
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<td>• Inspect drop-off sites, mailer distribution sites, collection events or any other aspects of the program operations or records, if needed.</td>
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<td>Enforcement of Non-Compliant Drug Producers</td>
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<tr>
<td>• Investigate and confirm non-compliance of a drug producer who sells covered drugs in the county and who is not participating in an approved stewardship plan.</td>
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<td>• Send warning letter to a producer determined to be non-compliant.</td>
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<td>• Determine other needed actions per regulation's enforcement section.</td>
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<td>• Refer continuing non-compliant producer to County Prosecuting Attorney’s Office as needed.</td>
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<tr>
<td>Enforcement of Non-Compliant Stewardship Plan(s)</td>
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<tr>
<td>• Investigate and confirm non-compliance of an approved stewardship plan.</td>
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<td>• Send warning letter to the operator of, as well as the producer(s) participating in, a stewardship plan whose activities are not in compliance with their approved plan.</td>
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<td>• Suspend approval of a stewardship plan if noncompliance creates a condition that constitutes an immediate hazard.</td>
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<tr>
<td>• Determine other needed actions per regulation's enforcement section.</td>
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<tr>
<td>• Refer continuing non-compliant stewardship plan to County Prosecuting Attorney’s Office as needed.</td>
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**COMMITTEE ROLE / ACTION REQUESTED**

Information only, and to understand the program as a solid waste management issue in support of public inquiry.

**ATTACHMENT(S)**

• WCC 24.15, Secure Medicine Return
Chapter 24.15
SECURE MEDICINE RETURN

Sections:
24.15.010  Authority, purpose, and intent.
24.15.020  Definitions.
24.15.030  Participation.
24.15.040  Plan components.
24.15.050  Collection of covered drugs.
24.15.060  Promotion.
24.15.070  Disposal of covered drugs.
24.15.080  Administrative and operational costs and fees.
24.15.090  Reporting requirements.
24.15.100  Identification of producers of covered drugs.
24.15.110  Review of proposed plans.
24.15.120  Prior approval for plan changes.
24.15.130  Enforcement procedures and penalties.
24.15.140  Regulations, performance standards, and report.
24.15.150  Plan review and annual operating fees.
24.15.160  Appeals.
24.15.170  Severability.

24.15.010 Authority, purpose, and intent.
A. The Whatcom County board of health (board of health) enacts the regulations set forth in this chapter under the authority of Chapter 70.05 RCW to preserve, promote, and improve the public health and under the general authority of Article 11, Section 11 of the Washington Constitution.

B. The purpose of these regulations is to provide for and promote the health, safety, and welfare of the general public, and not to create or otherwise establish or designate any particular class or group of person who will or should be especially protected or benefited by this chapter. The provisions of this chapter shall be liberally construed for the accomplishment of its purposes.

C. It is the specific intent of this chapter to place the obligation of complying with its requirements upon drug producers, wholesalers and others designated within the scope of this chapter, and no provision nor term used in this title is intended to impose any duty whatsoever upon the board of health, Whatcom County health department (health department), or any of its officers or employees, for whom the implementation or enforcement of this chapter shall be discretionary and not mandatory.

D. Nothing contained in this chapter is intended to be nor shall be construed to create or form the basis for any liability on the part of the board of health, the health department or any of its officers, employees, or agents for any injury or damage resulting from the failure of any person subject to this chapter to comply with this chapter, or by reason or in consequence of any act or omission in connection with the implementation or enforcement of this chapter on the part of the board of health, the health department, or its officers or employees. (Ord. 2017-073 Exh. A).

24.15.020 Definitions.
The following definitions apply throughout this chapter unless the context clearly indicates otherwise:
A. "Authorized collector" means any person authorized as a collector by the United States Drug Enforcement Administration pursuant to 21 CFR 1317, such as manufacturers, distributors, reverse distributors, retail pharmacies, hospitals/clinics with an on-site pharmacy, or narcotic treatment programs that gather unwanted drugs, including controlled substances, from covered entities for the purpose of collection, transportation and disposal. For purposes of this chapter, "authorized collector" shall also include law enforcement agencies.

B. "Covered drug" means a drug sold in any form and used by covered entities, including prescription and nonprescription drugs, brand name and generic drugs, drugs for veterinary use, and drugs in medical devices and combination products, including pre-filled injector products with a retractable or otherwise securely covered needle. "Covered drug" does not include:

1. Vitamins or supplements;

2. Herbal-based remedies and homeopathic drugs, products or remedies;

3. Cosmetics, shampoos, sunscreens, toothpaste, lip balm, antiperspirants or other personal care products that are regulated as both cosmetics and nonprescription drugs under the Federal Food, Drug and Cosmetic Act (Title 21 U.S.C. Chapter 9);

4. Drugs for which producers provide a pharmaceutical product stewardship or take-back program as part of a Federal Food and Drug Administration managed risk evaluation and mitigation strategy (Title 21 U.S.C. Section 355-1);

5. Drugs that are biological products as defined by 21 CFR 600.3(h) as it exists on the effective date of this regulation if the producer already provides a pharmaceutical product stewardship or take-back program;

6. Injector products and medical devices or their component parts or accessories that contain no covered drug or no more than trace residual amounts of covered drug; and

7. Pet pesticide products contained in pet collars, powders, shampoos, topical applications, or other forms.

C. "Covered entities" means residents of Whatcom County, including individuals living in single- and multiple-family residences and other residential settings, and including other nonbusiness sources of prescription and nonprescription drugs that are unused, unwanted, disposed of or abandoned by residents as identified by the health department. "Covered entities" does not include business generators of pharmaceutical waste, such as hospitals, clinics, doctor's offices, veterinarian clinics, pharmacies, or airport security and law enforcement drug seizures.

D. "Director" means the administrative director of Whatcom County health department or a duly authorized representative.

E. "Drop-off site" means the location of an authorized collector where a secure drop box for all unwanted covered drugs is provided for residents of the county, or the location of a long-term care facility at which a hospital/clinic or retail pharmacy is authorized by the United States Drug Enforcement Administration to maintain a secure drop box for unwanted covered drugs from residents of the long-term care facility.

F. "Drug wholesaler" means a corporation, individual or other entity that buys drugs or devices for resale and distribution to corporations, individuals or entities other than consumers.

G. "Drug" means:

1. Articles recognized in the official United States pharmacopoeia, the official national formulary; the official homeopathic pharmacopoeia of the United States or any supplement of the formulary or those pharmacopoeias as published by the U.S. Pharmacopeial Convention and the Homeopathic Pharmacopoeia Convention of the United States;
2. Substances intended for use in the diagnosis, cure, mitigation, treatment or prevention of disease in humans or other animals;

3. Substances, other than food, intended to affect the structure or any function of the body of humans or other animals; or

4. Substances intended for use as a component of any substances specified in subsection (G)(1), (2) or (3) of this section.

H. “Independent stewardship plan” means a plan other than the standard stewardship plan for the collection, transportation and disposal of unwanted covered drugs that:

1. May be proposed by a producer or group of producers; and

2. If approved, is financed, developed and implemented by the participating producer or group of producers, and operated by the participating producer or group of producers or a stewardship organization.

I. “Long-term care facility” means a nursing home, retirement care, mental care or other facility or institution which provides extended health care to resident patients and, for the purposes of this chapter, a facility where covered drugs that may be disposed of in a secure drop box pursuant to 21 CFR 1317.80 are in the lawful possession of the resident.

J. “Mail-back services” means a collection method for the return of unwanted covered drugs from covered entities utilizing prepaid and preaddressed mailing envelopes.

K. “Manufacture” means “manufacture” as defined in RCW 18.64.011 that is the production, preparation, propagation, compounding or processing of a drug or other substance or device or the packaging or repackaging of the substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages, or labels such substance or device.

L. “Manufacturer” means a person, corporation or other entity engaged in the manufacture of drugs or devices, as defined in RCW 18.64.011.

M. “Nonprescription drug” means a drug that may be lawfully sold without a prescription.

N. “Person” means a firm, sole proprietorship, corporation, limited liability company, general partnership, limited partnership, limited liability partnership, association, cooperative or other entity of any kind or nature.

O. “Pharmacy” means a place licensed by the Washington State Pharmacy Quality Assurance Commission where the practice of pharmacy, as defined in RCW 18.64.011, is conducted.

P. “Potential authorized collector” means any person, such as manufacturers, distributors, reverse distributors, retail pharmacies, hospitals/clinics with an on-site pharmacy, or narcotic treatment programs, that may modify their registration with the United States Drug Enforcement Administration to be authorized for collection of drugs, including controlled substances. For purposes of this chapter, “potential authorized collector” shall also include law enforcement agencies.

Q. “Prescription drug” means any drugs, including controlled substances that are required by an applicable federal or state law or regulation to be dispensed by prescription only or are restricted to use by practitioners only.

R. “Producer” means a manufacturer that is engaged in the manufacture of a covered drug sold in or into Whatcom County, including a brand-name or generic drug. “Producer” does not include:
1. A retailer whose store label appears on a covered drug or the drug’s packaging if the manufacturer from whom the retailer obtains the drug is identified under WCC 24.15.030(C);

2. A pharmacist who compounds a prescribed individual drug product for a consumer; or

3. A drug wholesaler who is not also the manufacturer.

S. “Regulation” means the “Secure Medicine Return” Regulation adopted by Whatcom County board of health.

T. “Retail pharmacy” means a pharmacy licensed by the Washington State Pharmacy Quality Assurance Commission for retail sale and dispensing of drugs.

U. “Standard stewardship plan” means the plan for the collection, transportation and disposal of unwanted covered drugs that is:

1. Financed, developed, implemented and participated in by producers;

2. Operated by the participating producers or a stewardship organization; and

3. Approved as the standard stewardship plan.

V. “Stewardship organization” means an organization designated by a producer or group of producers to act as an agent on behalf of each producer to develop and implement and operate the standard stewardship plan or an independent stewardship plan.

W. “Unwanted covered drug” means any covered drug no longer wanted by its owner, that:

1. Has been abandoned or discarded; or

2. Is intended to be discarded by its owner. (Ord. 2017-073 Exh. A).

24.15.030 Participation.

A. Each producer shall participate in the standard stewardship plan approved by the health department except that a producer may individually, or with a group of producers, form and participate in an independent stewardship plan approved by the health department.

B. The standard stewardship plan and any independent stewardship plan shall be approved by the health department before collecting unwanted covered drugs. Once approved, stewardship plans must have prior written approval of the health department for proposed changes as described under WCC 24.15.120.

C. Within 60 days after the date of adoption of this regulation:

1. A producer shall notify the health department in writing of the producer’s intent to participate in the standard stewardship plan or to form and participate in an independent stewardship plan; and

2. A retailer whose store label appears on a covered drug or the drug’s packaging shall notify the health department of intent to participate or provide written notification that the manufacturer from whom the retailer obtains the drug has provided its notice of intent to participate.

For a covered drug not sold in or into Whatcom County at the date of adoption of this regulation, the producer of the covered drug, and, if applicable, the retailer whose store label appears on a covered drug or the drug’s packaging, shall have 180 days from the date of initiating sales of the covered drug in or into the county to make this notification to the health department.

D. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall:
1. Within 120 days after this regulation is adopted, identify in writing to the health department a plan operator, including the plan operator’s telephone, mailing address and email contact information, who is authorized to be the official point of contact for the stewardship plan;

2. Within 120 days after this regulation is adopted, notify all potential authorized collectors in the county of the opportunity to participate as a drop-off site in accordance with WCC 24.15.050(A), (E), and (F), and provide a process for forming an agreement between the plan and interested potential authorized collectors; and
   a. Annually thereafter, make the same notification to any nonparticipating potential authorized collectors in the county; and
   b. Commence good faith negotiations with each potential authorized collector expressing an interest in participating as a drop-off site within 30 calendar days of the expression of such interest;

3. Within 180 days after this regulation is adopted, submit a proposed stewardship plan as described in WCC 24.15.040 to the health department for review and approval;

4. Within 90 days after the health department’s approval of the stewardship plan:
   a. Provide documentation to the health department confirming that all potential authorized collectors participating in the approved stewardship plan, not including law enforcement, have amended their registrations with the United States Drug Enforcement Administration; and
   b. Begin operation of the approved stewardship plan and provide the collection system for unwanted covered drugs required under this chapter;

5. At least every four years after each plan initiates operations, submit an updated plan to the health department explaining any substantive changes to components of the stewardship plan required in WCC 24.15.040, and accompanied by the review fee in accordance with WCC 24.15.150. The health department shall review updated stewardship plans using the process described in WCC 24.15.110;

6. Pay all administrative and operational costs and fees associated with their stewardship plan as required under WCC 24.15.080 and 24.15.150.

E. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan may:

1. Enter into contracts and agreements with stewardship organizations, service providers, or other entities as necessary, useful or convenient to provide all or portions of their stewardship plan;

2. Notify the health department of any producer selling covered drugs in or into the county that is failing to participate in a stewardship plan; or

3. Perform any other functions as may be necessary or proper to provide the stewardship plan and to fulfill any or all of the purposes for which the plan is organized.

F. After the first full year of operation of the approved standard stewardship plan, a producer or group of producers participating in the standard stewardship plan may notify the health department in writing of intent to form an independent stewardship plan, and identify a plan operator, including the plan operator’s telephone, mailing address and email contact information, who is authorized to be the official point of contact for the proposed independent stewardship plan. Within 90 days of such notification, the producer or group of producers may submit a proposed independent stewardship plan as described under WCC 24.15.040 to the health department for review and approval.
G. The health department may approve in writing extensions to later dates for the submission dates and deadlines in this section.

H. The health department may upon request provide consultation and technical assistance about the requirements of this chapter to assist a producer, group of producers or stewardship organization in developing its proposed plan. (Ord. 2017-073 Exh. A).

24.15.040 Plan components.
The standard stewardship plan or any independent stewardship plan, which must be submitted and reviewed according to WCC 24.15.110, shall include:

A. Contact information for all drug producers participating in the stewardship plan;

B. A description of the proposed collection system to provide convenient ongoing collection service for all unwanted covered drugs from covered entities in compliance with the provisions and requirements in WCC 24.15.050, including:

1. A list of all collection methods and participating potential authorized collectors;

2. A list of drop-off sites with addresses;

3. A description of how periodic collection events will be scheduled and located, if applicable;

4. A description of how mail-back services will be provided and an example of the prepaid, preaddressed mailers to be utilized;

5. A list of potential authorized collectors contacted by the plan under WCC 24.15.030(D)(2), and a list of all potential authorized collectors who offered to participate, and, if any potential authorized collector who offered to participate was not included in the plan, an explanation for the reasons for such decision;

6. A description of proposed alternative collection methods for any covered drugs that may not be acceptable in secure drop boxes, collection events or mailers; and

7. An example of the agreement that the stewardship plan provides to a potential authorized collector to arrange services at a drop-off site;

C. A description of the handling and disposal system, including identification of and contact information for potential authorized collectors, transporters and waste disposal facilities to be used by the stewardship plan in accordance with WCC 24.15.050 and 24.15.070;

D. A description of the policies and procedures to be followed by persons handling unwanted covered drugs collected under the stewardship plan, including:

1. A description of how all authorized collectors, transporters and waste disposal facilities utilized will ensure the collected, unwanted covered drugs are safely and securely tracked from collection through final disposal;

2. How all entities participating in the stewardship plan will operate under all applicable federal and state laws, regulations and guidelines, including those of the United States Drug Enforcement Administration; and

3. How any pharmacy drop-off site will operate under applicable regulations and guidance of the Washington State Pharmacy Quality Assurance Commission;

E. A description of how patient information on drug packaging will be kept secure during: collection; transportation; and recycling or disposal;
F. A description of the public education effort and promotion strategy required in WCC 24.15.060, including a copy of standardized instructions for covered entities, signage developed for authorized collectors and required promotional materials;

G. A proposal on the short-term and long-term goals of the stewardship plan for collection amounts and public awareness; and

H. A description of how the stewardship plan will consider:
   
   1. Use of existing providers of waste pharmaceutical services;

   2. Separating covered drugs from packaging to the extent possible to reduce transportation and disposal costs; and


24.15.050 Collection of covered drugs.

A. This chapter does not require any person to serve as an authorized collector in a stewardship plan. A person may offer to participate as an authorized collector voluntarily, or may agree to participate as an authorized collector in exchange for compensation offered by a producer, group of producers or stewardship organization. Retail pharmacies, hospitals/clinics with an on-site pharmacy, law enforcement agencies, and any other entities participating as authorized collectors in a stewardship plan, shall operate in accordance with state and federal laws and regulations for the handling of unwanted covered drugs, including those of the United States Drug Enforcement Administration, and in compliance with this chapter. A pharmacy drop-off site shall operate under applicable regulations and guidance of the Washington State Pharmacy Quality Assurance Commission.

B. The collection system shall be convenient on an ongoing, year-round basis to adequately serve the needs of covered entities and shall be designed in consideration of equitable opportunities for all Whatcom County residents for the safe and convenient return of unwanted covered drugs, in accordance with this section.

C. The collection system for all unwanted covered drugs shall be safe and secure, including protection of patient information on drug packaging.

D. The service convenience goal for the standard stewardship plan and any independent stewardship plan is a system of drop-off sites distributed to provide reasonably convenient and equitable access for all residents in incorporated and unincorporated areas of the county, and meeting the requirements of this subsection.

   1. In establishing and operating a stewardship plan, a producer, group of producers or stewardship organization shall give preference to having drop-off sites located at retail pharmacies, hospitals/clinics with an on-site pharmacy, and law enforcement agencies. A stewardship plan shall include, within 90 days of their offer to participate, any retail pharmacy, any hospital/clinic with an on-site pharmacy or any law enforcement agency willing voluntarily to participate as a drop-off site for unwanted covered drugs and able to meet the requirements of this chapter, unless the collector requests a longer time frame. A producer or group of producers establishing and operating a stewardship plan may also accept any potential authorized collector, narcotic treatment program, or long-term care facility willing to participate as a drop-off site for unwanted covered drugs and able to meet the requirements of this chapter.

   2. In every city and town with a potential authorized collector and in the unincorporated county, the system of drop-off sites shall provide one drop-off site and a minimum of at least one additional drop-off site for every 20,000 residents at the locations of retail pharmacies, hospitals/clinics with an on-site pharmacy, or law enforcement agencies, geographically distributed to provide reasonably convenient and equitable access.

   3. If the minimum number of drop-off sites in subsection (D)(2) of this section cannot be achieved by the standard stewardship plan or any independent stewardship plan due to a lack of potential drop-off sites in
specific areas of the county, then service to those areas shall be supplemented by periodic collection events and mail-back services.

4. In the following communities in unincorporated areas of the county, a stewardship plan shall provide these services:

   a. In Acme, Birch Bay-Lynden, Deming, Glacier, Kendall, Lummi Island, Maple Falls, Newhalem, Point Roberts, and Sudden Valley, if no drop-off site can be arranged, mail-back services shall be provided to residents through distribution of prepaid, preaddressed mailers at libraries and fire stations serving each community. Pre-paid, preaddressed mailers shall also be provided upon request to grocery stores located in these communities.

   b. In Birch Bay and Columbia Valley, if no drop-off site can be arranged, at least one collection event shall be provided to residents annually.

5. In determining the collection services required under this subsection, the annual population estimate provided by the Washington State Office of Financial Management shall be utilized to define the population of cities, towns and unincorporated areas of Whatcom County. The current Whatcom County Comprehensive Plan shall be utilized to define communities in unincorporated areas of the county.

E. Drop-off sites shall accept all covered drugs from covered entities during all hours that the authorized collector is normally open for business with the public. Drop-off sites at long-term care facilities shall only accept covered drugs from individuals who reside, or have resided, at the long-term care facility, pursuant to 21 CFR 1317.80.

F. Drop-off sites shall utilize secure drop boxes in compliance with all applicable federal and state laws, including requirements of the United States Drug Enforcement Administration. A producer, group of producers, or stewardship organization shall provide a service schedule that meets the needs of each drop-off site to ensure that each secure drop box is serviced as often as necessary to avoid reaching capacity and that collected covered drugs are transported to final disposal in a timely manner, including a process for additional prompt collection service upon notification from the drop-off site. Secure drop box signage shall include a prominently displayed 24 hour, toll-free telephone number and website for the stewardship plan, by which any resident can provide feedback on collection activities, including but not limited to the need to empty the receptacle.

G. Mail-back services shall be free of charge, and shall be made available to differently-abled and home bound residents upon request through the stewardship plan’s toll-free telephone number and web site. An adequate and ongoing supply of prepaid, preaddressed mailers shall be:

   1. Provided upon request to persons providing services to differently-abled and home bound residents, including hospice service providers;

   2. Provided to each long-term care facility in the county; and

   3. Provided to libraries, fire stations, and any other mailer distribution locations according to subsection D of this section.

H. Periodic collection events, if utilized as a collection method according to subsection D of this section, must be arranged with law enforcement personnel through voluntary agreements, and shall be conducted in compliance with United States Drug Enforcement Administration protocols, any additional requirements of participating law enforcement agencies, and in compliance with this chapter.

I. Alternative collection methods shall be provided for any covered drugs that cannot be accepted or commingled with other covered drugs in secure drop boxes, in mailers, or at collection events. Such collection methods shall be reviewed and approved by the health department and shall operate in compliance with applicable regulations.

(Ord. 2017-073 Exh. A).
A. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan must develop and provide a system of promotion, education, and public outreach about safe storage and secure collection of covered drugs. Each stewardship plan shall include and have a plan for performing the following activities:

1. Promote the use of their stewardship plan so that where and how to return unwanted covered drugs to drop-off sites and how to use other collection options for unwanted covered drugs are widely understood by residents, pharmacists, retailers of covered drugs, health care practitioners including doctors, dentists, and other prescribers, veterinarians, and veterinary hospitals;

2. Discourage the disposal of unwanted covered drugs in the garbage;

3. Promote the safe storage of prescription and nonprescription drugs by residents before secure disposal through their stewardship plan;

4. Work with authorized collectors participating in their stewardship plan to develop clear, standardized instructions for residents on the use of drop boxes and a readily recognizable, consistent design of drop boxes. Whatcom County health department may provide guidance to producers and authorized collectors on the development of the instructions and design;

5. Establish a toll-free telephone number and website where collection options and current locations of drop-off sites will be publicized and prepare educational and outreach materials promoting safe storage of prescription and nonprescription drugs and describing where and how to return unwanted covered drugs to the stewardship plan. These materials must be provided to pharmacies, health care facilities, county agencies, and other interested parties for dissemination to residents. Plain language and explanatory images should be utilized to make use of medicine collection services readily understandable by all residents, including individuals with limited English proficiency. The website and all materials shall discourage disposal of unused, expired, or contaminated pharmaceutical wastes in the solid waste system in Whatcom County;

6. Conduct a survey of residents of Whatcom County and a survey of pharmacists, health professionals, and veterinarians in the county who interact with residents on use of prescription and nonprescription drugs and law enforcement, prior to the start of operation of the approved plan, after the first full year of operation of the plan, and again biennially thereafter until such time as the health department designates a less frequent schedule. Survey questions shall measure percent awareness of drop-off sites in the county for unwanted covered drugs, assess to what extent drop-off sites, mail-back services, and other collection methods are convenient and easy to use, and assess knowledge and attitudes about risks of abuse, poisonings and overdoses from prescription and nonprescription drugs used in the home. Draft survey questions shall be submitted to the health department for review and comment at least 30 days prior to initiation of the survey. All survey data and results shall be reported to the health department and made available to the public on the stewardship plan's website within 90 days of the end of the survey period;

7. Annually evaluate the effectiveness of its promotion, outreach, and public education, and include this evaluation in its annual report; and

8. All educational and outreach materials and surveys required in this section shall be provided in English, Russian, Spanish, Punjabi, Mandarin and Vietnamese, and any additional languages that may be designated by the health department on an annual basis.

B. If more than one stewardship plan is approved then all approved stewardship plans shall coordinate their promotional activities to ensure that all residents can easily identify, understand and access the collection services provided by any stewardship plan, including providing residents with a single toll-free telephone number and a single web site to access information about collection services for every approved plan.
C. Pharmacies and other entities selling prescription and nonprescription drugs in or into Whatcom County are encouraged to promote secure disposal of covered drugs by covered entities through the use of an approved stewardship plan or plans. Pharmacies must provide materials explaining the use of approved stewardship plans to customers upon request.

D. Whatcom County health department and government agencies throughout the county responsible for health, solid waste management, and wastewater treatment shall promote safe storage of prescription and nonprescription drugs by residents, secure disposal of covered drugs by residents through the use of the stewardship plans, and the toll-free telephone number and web site for approved stewardship plans through their standard educational methods. (Ord. 2017-073 Exh. A).

24.15.070 Disposal of covered drugs.
A. Covered drugs collected under a stewardship plan must be disposed of at a permitted hazardous waste disposal facility as defined by the United States Environmental Protection Agency under 40 CFR Parts 264 and 265.

B. The health department may grant approval for a producer or group of producers participating in the standard stewardship plan or an independent stewardship plan to dispose of some or all collected covered drugs at a permitted large municipal waste combustor, as defined by the United States Environmental Protection Agency under 40 CFR Parts 60 and 62, if use of a hazardous waste disposal facility described under subsection A of this section is deemed not feasible for the stewardship plan based on cost, logistics or other considerations.

C. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan may petition the health department for approval to use final disposal technologies that provide superior environmental and human health protection than provided by the disposal technologies in subsections A and B of this section, or equivalent protection at lesser cost. The proposed technology must provide equivalent or superior protection in each of the following areas:

1. Monitoring of any emissions or waste;
2. Worker health and safety;
3. Air, water or land emissions contributing to persistent, bioaccumulative, and toxic pollution; and

24.15.080 Administrative and operational costs and fees.
A. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall pay all administrative and operational costs related to their stewardship plan, except as provided under this section. Administrative and operational costs related to the stewardship plan include:

1. Collection and transportation supplies for each drop-off site;
2. Purchase of secure drop boxes for each drop-off site;
3. Ongoing maintenance or replacement of secure drop boxes, as requested by authorized collectors;
4. Providing mail-back services and providing prepaid, preaddressed mailers to differentially-abled and home bound residents and their service providers, to long-term care facilities, and to libraries, fire stations, and other mailer distribution locations in specific areas of the county under WCC 24.15.050;
5. Operating periodic collection events, including costs of law enforcement staff time if necessary;
6. Transportation of all collected drugs to final disposal;
7. Environmentally sound disposal of all collected drugs under WCC 24.15.070; and
8. Program promotion, surveys, and evaluation under WCC 24.15.060, including costs of providing materials to pharmacies to fulfill customer requests.

B. No person or producer may charge a specific point-of-sale fee to consumers to recoup the costs of their stewardship plan, nor may they charge a specific point-of-collection fee at the time the covered drugs are collected from covered entities.

C. Producers are not required to pay for costs of staff time at drop-off sites provided by authorized collectors volunteering for a stewardship plan, but may offer compensation to authorized collectors for their participation. (Ord. 2017-073 Exh. A).

24.15.090 Reporting requirements.

A. Quarterly Report. Within 30 days after each 90-day period of operation, the plan operator of the standard stewardship plan and of any independent stewardship plan shall submit a quarterly report to the health department on behalf of participating producers that provides the total amount, by weight, of unwanted covered drugs collected during the previous 90-day period. After the first two years of operation of an approved stewardship plan, the health department may determine that quarterly reporting of the collection amount is no longer required and shall notify the plan operator of any change in the reporting schedule.

B. Annual Report. Within 180 days after the end of the first one-year period of operation, and annually thereafter, the plan operator of the standard stewardship plan and of any independent stewardship plan shall submit an annual report to the health department on behalf of participating producers describing their plan’s activities during the previous annual reporting period to comply with this chapter. The annual report must include:

1. A list of producers participating in the stewardship plan;

2. The total amount, by weight, of unwanted covered drugs collected during the annual reporting period, and the amount by weight from each collection method during each 90-day period of the annual reporting period;

3. A list of drop-off sites with addresses, and the amount by weight of unwanted covered drugs collected at each drop-off site during each 90-day period of the annual reporting period;

4. The number of mailers provided for differentially-abled and homebound residents, a list of locations where mailers were provided, and the number of mailers received by the plan during each 90-day period of the annual reporting period;

5. A list of dates and locations of any collection events held and the total amount, by weight, of unwanted covered drugs collected at each event;

6. A list of transporters used, and the disposal facility or facilities used;

7. Whether any safety or security problems occurred during collection, transportation or disposal of unwanted covered drugs during the annual reporting period and, if so, what changes have or will be made to policies, procedures or tracking mechanisms to alleviate the problem and to improve safety and security in the future;

8. A description of the public education, outreach, survey, and evaluation activities implemented during the reporting period;

9. A description of how collected packaging was recycled to the extent feasible, including the recycling facility or facilities used;

10. A summary of the stewardship plan’s goals for collection amounts and public awareness, the degree of success in meeting those goals during the previous annual reporting period and, if any goals have not been met, what effort will be made to achieve the goals in the next year; and
11. The total expenditure of the stewardship plan during the annual reporting period.

C. The health department may specify a report format or form that plan operators shall use for quarterly or annual reports. The health department shall make reports submitted under this section available to the public.

D. For the purposes of this section, "annual reporting period" means the period from January 1st through December 31st of the same calendar year, unless otherwise specified to the plan operator by the health department. (Ord. 2017-073 Exh. A).

24.15.100 Identification of producers of covered drugs.
A. Within 60 days of a request from the health department, any drug wholesaler that sells any covered drug in or into the county must provide a list of producers of covered drugs to Whatcom County health department in a form agreed upon with the health department. Wholesalers must update the list, no more than annually, if requested by the health department.

B. Any person receiving a letter of inquiry from the health department regarding whether or not it is a producer under this chapter must respond in writing within 60 days. If such person does not believe it is a producer under this chapter, it must state the basis for such belief and provide a list of any covered drugs it sells, distributes, repackages, or otherwise offers for sale within the county, and identify the name and contact information of the manufacturer of the covered drug. (Ord. 2017-073 Exh. A).

24.15.110 Review of proposed plans.
A. Within 180 days after the date of adoption of this regulation, a producer, group of producers or stewardship organization shall submit its proposed stewardship plan to the health department for review, accompanied by the plan review fee in accordance with WCC 24.15.150 and indicating whether the plan is proposed as the standard stewardship plan or an independent stewardship plan. If multiple proposals are submitted for the standard stewardship plan, the health department shall designate the standard stewardship plan at time of plan approval.

B. The health department shall review each proposed stewardship plan and determine whether the proposed plan meets the requirements of WCC 24.15.040 and other applicable sections of this regulation. In reviewing a proposed stewardship plan, the health department shall provide opportunity for written public comment and consider any comments received.

C. After the review under subsection B of this section and within 90 days after receipt of the proposed stewardship plan, the health department shall either (1) approve as submitted, (2) approve subject to conditions, or (3) reject the proposed stewardship plan in writing to a producer, group of producers or stewardship organization and, if approved subject to conditions or rejected, provide reasons for the decision.

D. Plan Rejection. If the proposed stewardship plan is rejected, a producer, group of producers or stewardship organization must submit a revised stewardship plan to the health department within 60 days after receiving written notice of the rejection. The health department shall review and approve or reject a revised stewardship plan as provided under subsections B and C of this section.

E. Conditional Plan Approval. If the proposed stewardship plan is approved subject to conditions, the health department shall provide a written notice to the plan operator that lists the conditions that must be addressed by the producer or group of producers participating in the stewardship plan or their stewardship organization. The health department shall define the time frame, which shall not be less than 30 days, of each required action that must be taken or each revision to the stewardship plan that shall be made by the producer, group of producers or stewardship organization. The health department will identify any conditions that must be addressed prior to operation of the stewardship plan as required under WCC 24.15.030(D)(4).

F. Revised Plan Rejection. If the health department rejects a revised stewardship plan, or any subsequently revised plan, the health department may deem the producer or group of producers out of compliance with this chapter and subject to the enforcement provisions in this chapter.
1. If a revised proposal for the standard stewardship plan is rejected, the health department may require the submission of a further revised standard stewardship plan or develop and impose changes to some or all components of the rejected plan to constitute an approved standard stewardship plan. If the health department imposes some or all of the approved plan, the health department may not deem the producers participating in and complying with the approved standard stewardship plan in accordance with this chapter out of compliance with this chapter.

2. If a revised independent stewardship plan is rejected, the producer or group of producers submitting the independent stewardship plan shall participate in the standard stewardship plan and are not eligible to propose an independent stewardship plan for 180 days after the rejection. The health department may not deem out of compliance with this chapter a producer whose revised independent stewardship plan is rejected if the producer participates in and complies with the standard stewardship plan.

G. In approving a proposed stewardship plan, the health department may exercise reasonable discretion to waive strict compliance with the requirements of this chapter that apply to producers in order to achieve the objectives of this chapter.

H. The health department shall make all stewardship plans submitted under this section available to the public and shall provide an opportunity for written public comment on each plan as described in subsection B of this section. (Ord. 2017-073 Exh. A).

24.15.120 Prior approval for plan changes.
A. Proposed changes to an approved stewardship plan that substantively alter plan operations, including, but not limited to, changes to participating producers, collection methods, achievement of the service convenience goal, policies and procedures for handling covered drugs, education and promotion methods or disposal facilities, must have prior written approval of the health department.

B. A producer or group of producers participating in an approved stewardship plan shall submit to the health department any proposed change to a stewardship plan as described under subsection A of this section in writing at least 30 days before the change is scheduled to occur and accompanied by the review fee in accordance with WCC 24.15.150.

C. The plan operator of an approved stewardship plan shall notify the health department at least 15 days before implementing any changes to drop-off site locations, methods for scheduling and locating periodic collection events, methods for distributing prepaid, preaddressed mailers, or significant changes to agreements with authorized collectors for services at drop-off sites that do not substantively alter achievement of the service convenience goal under WCC 24.15.050(D), or other changes that do not substantively alter plan operations under subsection A of this section.

D. The producer or group of producers participating in an approved stewardship plan shall notify the health department of any changes to the plan operator who is the official point of contact for the stewardship plan within 15 days of the change. The plan operator shall notify the health department of any changes in ownership or contact information for participating producers within 30 days of such change. (Ord. 2017-073 Exh. A).

24.15.130 Enforcement procedures and penalties.
The director is authorized to enforce this chapter in accordance with the provisions of Chapter 24.07 WCC and consistent with the following subsections. When or if the enforcement provisions in this chapter and Chapter 24.07 WCC conflict, the more stringent shall apply.

A. After presenting official credentials and providing notice of an audit or inspection to determine compliance with this chapter or to investigate a complaint, the director or his/her duly authorized inspector may audit a producer's, group of producers' or stewardship organization's records related to a stewardship plan or request that the producer, group of producers or stewardship organization arrange for the health departments to inspect at
reasonable times a stewardship plan’s or an authorized collector’s facilities, vehicles and equipment used in carrying out the stewardship plan.

B. The director may enforce the requirements and restrictions of this chapter by one or a combination of the following by written order:

1. Requiring an informal administrative conference;

2. Prohibiting certain conduct or directing certain conduct;

3. Issuing a warning notice; and

4. Imposing a civil penalty of up to $1,000 that may be assessed against a producer or group of producers or drug wholesalers. Each day upon which a violation occurs or is permitted to continue constitutes a separate violation. In determining the appropriate penalty, the health department shall consider the extent of harm caused by the violation, the nature and persistence of the violation, the frequency of past violations, any action taken to mitigate the violation, the financial burden to the violator and the size of the violator’s business.

5. Assessing all costs of enforcement in accordance with Chapter 24.07 WCC.

C. The director shall send a written order and a copy of this chapter and any regulations adopted to implement this chapter to a producer who is not participating in the standard stewardship plan or an independent stewardship plan as required under this chapter. The director shall state that participation in a plan is required and warn of penalties for noncompliance, including all costs incurred for enforcement as provided in Chapter 24.07 WCC.

D. A producer not participating in the standard stewardship plan or an independent stewardship plan and whose covered drug continues to be sold in or into the county 60 days after receiving a written violation order may be assessed a penalty.

E. Failure to begin operation of an approved stewardship plan and provide the collection system for unwanted covered drugs required under this chapter within 90 days of health department approval of the stewardship plan may result in a fine. Each day of delayed implementation of the stewardship plan will constitute a new and separate offense.

F. If the director determines that a stewardship plan is not in compliance with this chapter or its plan approved or conditionally approved under WCC 24.15.110, the health department may send the producer or group of producers participating in the plan a notice of violation stating the plan is in noncompliance, providing notice of the compliance requirements and warning of penalties for noncompliance, including all costs incurred for enforcement of that violation, as provided in Chapter 24.07 WCC.

G. The producer or group of producers has 30 days after receipt of the notice to achieve compliance. This subsection does not preclude the health department from suspending an approved plan, in addition to other penalties, if a violation of this chapter or an approved plan creates a condition that, in the health department’s judgment, constitutes an immediate hazard.

H. The director is authorized to enforce the restrictions or requirements of this chapter against any person or entity, whether it be a producer, group of producers, or drug wholesaler who is not in compliance; assess all costs of enforcement against the person or entity, whether it be a producer, group of producers or drug wholesaler, who is in noncompliance in accordance with Chapter 24.07 WCC; and otherwise pursue compliance with this chapter.

I. The director is authorized to pursue civil penalties and costs including attorney fees by commencement of civil action in the name of Whatcom County health department independent of and/or as a means of enforcing the violations referenced above. (Ord. 2017-073 Exh. A).
24.15.140 Regulations, performance standards, and report.
A. The board of health may adopt regulations necessary to implement, administer and enforce this chapter.

B. The health department may work with the plan operator to define goals for collection amounts and public awareness for a stewardship plan.

1. Upon review of collection amounts in annual reports, the health department may direct a producer or group of producers participating in an approved stewardship plan to change the frequency of collection events or the provision of mail-back services to improve the plan’s performance in providing adequate and reasonably convenient service to all Whatcom County residents as required under WCC 24.15.050.

2. Upon review of annual reports or results of public awareness surveys, the health department may direct a producer or group of producers participating in an approved stewardship program to modify the plan’s promotion and outreach activities to better achieve widespread awareness and understanding among Whatcom County residents and healthcare providers about how to use collection options for unwanted covered drugs as required under WCC 24.15.060.

C. The director shall report annually to Whatcom County board of health concerning the status of the standard and independent stewardship plans and recommendations for changes to this chapter. The annual report shall include an evaluation of the secure medicine return system, a summary of available data on indicators and trends of abuse, poisonings and overdoses from prescription and nonprescription drugs and a review of comprehensive prevention strategies to reduce risks of drug abuse, overdoses and preventable poisonings. (Ord. 2017-073 Exh. A).

24.15.150 Plan review and annual operating fees.
A. A producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall pay to the health department plan review fees to be established under subsection D of this section for:

1. Review of a proposed stewardship plan;

2. Re-submittal of a proposed stewardship plan;

3. Submittal of revisions to a stewardship plan approved subject to conditions;

4. Review of changes to an approved stewardship plan;

5. Submittal of an updated stewardship plan at least every four years under WCC 24.15.030(D)(5) of this regulation; and

6. Review of any petition for approval to use alternative final disposal technologies under WCC 24.15.070(C).

B. In addition to plan review fees, a producer or group of producers participating in the standard stewardship plan or an independent stewardship plan shall pay to the health department annual operating fees and an evaluation fee to be established in accordance with subsection D of this section.

C. A plan operator or a stewardship organization may remit the fee on behalf of participating producers.

D. Fees shall be set by Whatcom County board of health and shall be subject to revision commensurate with the costs of delivering the service and to administering and enforcing this chapter. All fees collected under the provision of this chapter shall be payable to Whatcom County health department. (Ord. 2017-073 Exh. A).

24.15.160 Appeals.
Any person aggrieved by a decision or final order of the director shall have the right to appeal such decision or order in accordance with the appeal procedures set forth in WCC 24.07.090. (Ord. 2017-073 Exh. A).

24.15.170 Severability.
The provisions of this chapter are hereby declared to be separate and severable. If any section, sentence, clause or phrase of this chapter should be held to be invalid or unconstitutional by a court of competent jurisdiction, such invalidity or unconstitutionality shall not affect the validity of constitutionality of any other section, sentence, clause, or phrase of this regulation. (Ord. 2017-073 Exh. A).
AGENDA ITEM 5:  Solid Waste Voucher Compliance Program

PRESENTER:  Jennifer Hayden, Environmental Health Specialist II, Whatcom County Health Department

BOARD ACTION:  Action Item ☑ Discussion  FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

In May, 2000 the Skagit County Health Board approved a resolution to implement a solid waste voucher compliance program to support efforts to mitigate public health nuisances created by solid waste handling violations. The program provided funding to provide limited, one-time assistance for cleanup and disposal costs in problematic situations. The program has been a success in Skagit, and solid waste staff are in consideration of emulating the program in Whatcom County. Staff will present the program and seek input regarding use of the program as a compliance enforcement tool.

COMMITTEE ROLE / ACTION REQUESTED

Provide policy level and technical implementation input to waste management issue.

ATTACHMENT(S)

- Skagit County Resolution #17864, Adopting a Policy for the One-Time Assistance for the Cleanup of Private Property Where Accumulated Solid Waste is Causing a Public health Problem
- Exhibit A to Resolution #17864, Private Property Owner’s Agreement to Assist with Cleanup Accumulated Solid Waste Material
ADOPTING A POLICY FOR ONE-TIME ASSISTANCE FOR THE CLEANUP OF PRIVATE PROPERTY WHERE ACCUMULATED SOLID WASTE IS CAUSING A PUBLIC HEALTH PROBLEM

WHEREAS, Skagit County is responsible for making and enforcing sanitary regulations under RCW 36.32.120, and

WHEREAS the Skagit County Health Officer is responsible for enforcing the regulations set forth in Chapter 12.16 of the Skagit County Code (S.C.C.) regarding the management and disposal of solid waste, and

WHEREAS, property owners may be unable to resolve solid waste accumulation and disposal code violations in a timely manner, even after fines have been issued by the Health Department, and

WHEREAS, failure to resolve such code violations may endanger the health and well being of the public by attracting and providing harborage for rodents and other disease vectors, or by exposing the public to hazardous materials, and

WHEREAS, property owners can be encouraged to take steps to prevent future solid waste code violations on their property through an assistance agreement with the Health Department, and

WHEREAS, the Health Department has funding available to provide limited, one-time assistance for cleanup and disposal costs in problematic situations, and

WHEREAS, agreement to prevent future solid waste code violations on their property, and

WHEREAS, this assistance would be made contingent on the property owner signing an "Agreement to Assist with Cleanup of Accumulated Solid Waste Material" (Ex. A), which states the property owner will be held fully accountable for complying with Skagit County Solid Waste Code in the future, and

WHEREAS, the assistance would be provided at the discretion of the Health Department only in situations where a public health threat has been identified, and

NOW, THEREFORE BE IT RESOLVED AND IT IS HEREBY ORDERED that the Skagit County Board of Health directs the Skagit County Health Department to adopt a policy for providing one-time assistance, at the discretion of the Health Department, to owners of property where solid waste accumulation presents a public health concern, and enforcement actions are not applicable or have proven ineffective; and

BE IT FURTHER RESOLVED that the property owners shall be required to take steps acceptable to the Health Department to prevent future violations of Skagit County Solid Waste Code in exchange for the County's one time only assistance with the clean-up of accumulated solid waste; and

BE IT FURTHER RESOLVED that the property owner will be held accountable, under contract with the Health Department, for complying with Skagit County Solid Waste Code in the future.
WITNESS OUR HANDS AND THE OFFICIAL SEAL OF OUR OFFICE this 7th day of May 2000.

BOARD OF HEALTH,
SKAGIT COUNTY, WASHINGTON

Harvey Wolden, Chairman

Robert Hart, Commissioner

Ted Anderson, Commissioner

Patti Chambers, Clerk
Skagit County Board of Commissioners
Exhibit A to Resolution # 17864

Private Property Owner's Agreement to Assist with Cleanup Accumulated Solid Waste Material

Property Parcel #

Property Address

Property Owner or Representative

Mailing Address

For the purposes of this agreement, I, the owner of the above listed property, hereby acknowledge and understand that:

1. The Skagit County Health Department has no legal obligation to assist private property owners with the cleanup of accumulated solid waste materials.
2. The Skagit County Health Department is offering to assist in the cleanup of accumulated solid waste materials and will do so only one time per property.
3. Skagit County assumes no liability for any damage to property or contamination of property caused by removal of solid waste materials.
4. The Skagit County Health Department's assistance may be in the form of providing labor to load solid waste, and/or transporting solid waste for disposal, and/or paying solid waste disposal costs, and/or other forms of assistance deemed appropriate by the Skagit County Health Department.

In consideration of the Skagit County Health Department's assistance with the removal and/or disposal of accumulated solid waste materials from the above-listed property, I hereby agree to:

1. Follow through with a full cleanup of accumulated solid waste materials on the property, including that portion of the cleanup measures and costs not covered by the Skagit County Health Department.
2. Comply with Skagit County Solid Waste Code section 12.16.220 requiring garbage to be stored in water-tight, rodent-resistant containers with close fitting lids, and requires garbage be removed from the premises at least once every two weeks.
3. Take reasonable steps, which are lawful and acceptable to the Skagit County Health Department, to prevent future solid waste accumulation on the above property. These preventive steps may include but are not limited to beginning or increasing service by an approved municipal or commercial waste hauling service.

Name of Property Owner(s): ___________________________ Date ___________________________
AGENDA ITEM 6: Street Wastes Management

PRESENTER: Jeff Hegedus, Environmental Health Supervisor

BOARD ACTION: Action Item ☑ Discussion FYI - Only

SIGNIFICANT POINTS OR EXECUTIVE SUMMARY

Street Wastes are solid wastes that include liquid and solid wastes collected during the maintenance of stormwater catch basins, detention/retention ponds, ditches and similar storm water treatment and conveyance structures, and solid wastes collected during street and parking lot sweeping.

In Whatcom County, there is currently only one permitted solid waste handling facility that is designed and operated specifically to manage street wastes, which is a critical service to the many county entities managing compliance with water quality permits. This solid waste handling facility, owned and operated by the City of Bellingham, has recently experienced some changes. These changes will be discussed, along with the issues and consequences of having only one county facility, which is a public facility in a privatized solid waste system, to manage this important waste stream.

COMMITTEE ROLE / ACTION REQUESTED

- Provide input to the waste management issue.

ATTACHMENT(S)

Stormwater Management Manual for Western Washington

Volume I - Minimum Technical Requirements and Site Planning
Volume II - Construction Stormwater Pollution Prevention
Volume III - Hydrologic Analysis and Flow Control Design/BMPs
Volume IV - Source Control BMPs
Volume V - Runoff Treatment BMPs

Prepared by:
Washington State Department of Ecology
Water Quality Program

August 2001
Publication Numbers 99-11 through 99-15
(Replaces Publication Number 91-75)

Printed on Recycled Paper
Appendix IV-G
Recommendations for Management of Street Wastes

Introduction

This appendix is a summary, taken from the June 1999 draft Ecology publication titled Recommendations for Management of Street Waste (Publication W/Q 99-09). The guidance document addresses waste generated from stormwater maintenance activities such as street sweeping and the cleaning of catch basins, and to a limited extent, other stormwater conveyance and treatment facilities. Limited information is available on the characteristics of wastes from detention/retention ponds, bioswales, and similar stormwater treatment facilities. The recommendations provided here may be generally applicable to these facilities, with extra diligence given to waste characterization.

These recommendations do not constitute rules or regulations, but are suggestions for street waste handling, reuse, and disposal using current regulations and the present state of knowledge of street waste constituents. The recommendations are intended to address the liquid and solid wastes collected during routine maintenance of stormwater catch basins, detention/retention ponds and ditches and similar storm water treatment and conveyance structures, and street and parking lot sweeping. In addition to these recommendations, end users and other authorities may have their own requirements for street waste reuse and handling.

"Street Wastes" include liquid and solid wastes collected during maintenance of stormwater catch basins, detention/retention ponds and ditches and similar storm water treatment and conveyance structures, and solid wastes collected during street and parking lot sweeping.

"Street Wastes," as defined here, does not include solids and liquids from street washing using detergents, cleaning of electrical vaults, vehicle wash sediment traps, restaurant grease traps, industrial process waste, sanitary sewage, mixed process, or combined sewage/stormwater wastes. Wastes from oil/water separators at sites that load fuel are not included as street waste. Street waste also does not include flood debris, land slide debris, and chip seal gravel.

Street waste does not ordinarily classify as dangerous waste. The owner of the storm water facility and/or collector of street waste is considered the waste generator and is responsible for determining whether or not the waste designates as dangerous waste. Sampling to date has shown that material from routine maintenance of streets and stormwater facilities does not classify as dangerous waste (See Table G.6 below). However, it is possible that street waste from spill sites could classify as
dangerous waste. Street waste from areas with exceptionally high average daily traffic counts may contain contaminants - such as heavy metals, total petroleum hydrocarbons (TPH), and carcinogenic polycyclic aromatic hydrocarbons (c-PAH) - at levels that limit reuse options.

Street Waste Solids

Street waste is solid waste. While street waste from normal street and highway maintenance is not dangerous waste, it is solid waste, as defined under The Solid Waste Management Act (Chapter 70.95 RCW) and under Minimum Functional Standards for Solid Waste Handling (Chapter 173-304 WAC). Under the Solid Waste Management Act, local health departments have primary jurisdiction over solid waste management. Street waste solids may contain contaminants at levels too high to allow unrestricted reuse. At the time this document is being prepared, the Minimum Functional Standards are being revised. Chapter 173-304 WAC will be replaced with Chapter 173-350 WAC. There are currently no specific references in the Minimum Functional Standards to facilities managing street waste solids. These facilities will typically fit under the section dealing with Piles Used for Storage and Treatment (Section 320 of the proposed revisions). There are no specific references for reuse and disposal options for street wastes in the Minimum Functional Standards, although the Minimum Functional Standards do not apply to clean soils. In the proposed rule, clean soils are defined as ‘soils that do not contain contaminants at concentrations which could degrade the quality of air, waters of the state, soils, or sediments; or pose a threat to the health of humans or other living organisms’ (WAC 173-350-100). Whether or not a soil is a clean soil depends primarily upon the level of contaminants and, to a lesser degree, on the background level of contaminants at a particular location and the exposure potential to humans or other living organisms. Therefore, both the soil and potential land application sites must be evaluated to determine if a soil is a clean soil. Local health departments should be contacted to determine if a street waste meets the definition of "clean soil" when it will be reused as a soil.

There is no simple regulatory mechanism available to classify street waste solids as "clean" for uncontrolled reuse or disposal. Local health districts have historically used the Model Toxics Control Act Cleanup Regulation (MTCA) Method A residential soil cleanup levels to approximate "clean" and to make decisions on land application proposals. These regulations were amended in February 2001. The MTCA regulation is not intended to be directly applied to setting contaminant concentration levels for land application proposals. However, they may provide human health and environmental threat information and a useful framework for such decisions, when used in conjunction with other health and environmental considerations. The local health department should be contacted to determine local requirements for making this determination.
Using the old MTCA regulations, many local health departments have set a criteria of 200 mg/Kg Total Petroleum Hydrocarbons (TPH) for diesel and heavy fuel oils as a threshold level for clean soil. Using the new MTCA terrestrial ecological evaluation procedures, allowable TPH levels for land application could range from 200 – 460, depending on site characteristics and intended land use. Street waste sampling has historically yielded TPH values higher than 200 mg/kg for hydrocarbons in the diesel and heavy oil range. These values typically reflect interference from natural organic material and, to a lesser extent, relatively immobile petroleum hydrocarbons. The mobile hydrocarbons that are of concern for ground water protection are generally not retained with street waste solids.

Ecology's Manchester Lab has developed an analytical method to reduce the problem of natural organic material being included in the TPH analysis for diesel and heavier range hydrocarbons. This new method, called NWTPH-Dx, reduces the background interference associated with vegetative matter by as much as 85% to 95%. However, even with the new methodology, TPH test results for street waste may still be biased by the presence of natural vegetative material and may still exceed 200 mg/kg. Where the laboratory results report no ‘fingerprint’ or chromatographic match to known petroleum hydrocarbons, the soils should not be considered to be petroleum contaminated soils.

**Table G.1 - Typical TPH Levels in Street Sweeping and Catch Basin Solids**

<table>
<thead>
<tr>
<th>Reference:</th>
<th>Street Sweeping (mg/kg)</th>
<th>Catch Basin Solid (mg/kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snohomish County (1) (Landau 1995)</td>
<td>390 – 4300</td>
<td>123 – 11049</td>
</tr>
<tr>
<td>King County (1) (Herrera 1995)</td>
<td></td>
<td>(Median 1036)</td>
</tr>
<tr>
<td>Snohomish County &amp; Selected Cities (1) (W &amp; H Pacific, 1993)</td>
<td>163 – 1500 (Median 760)</td>
<td>163 – 1562 (Median 760)</td>
</tr>
<tr>
<td>City of Portland (2)) (Bresch)</td>
<td></td>
<td>MDL – 1830 (Median – 208)</td>
</tr>
<tr>
<td>Oregon (1) (Collins; ODOT 1998)</td>
<td>1600 – 2380</td>
<td></td>
</tr>
<tr>
<td>Oregon (3) (Collins; ODOT 1998)</td>
<td>98 – 125</td>
<td></td>
</tr>
</tbody>
</table>

(1) Method WTPH 418.1; does not incorporate new methods to reduce background interference due to vegetative material
(2) Method NWTPH-Dx
(3) Method WTPH – HCID

Street waste solids frequently contain levels of carcinogenic PAHs (c-PAH) that make unrestricted use inappropriate. This is complicated further by analytical interference caused by organic matter that raises practical quantitation or reporting limits. To greatly reduce the level of interference, the use of US EPA Test Method 8270, incorporating the
The calculated c-PAH value can vary greatly depending upon how non-detect values are handled. The new MTCA Method A criterion for c-PAH is 0.1 mg/kg (the sum of all seven c-PAH parameters multiplied by the appropriate toxicity equivalency factor) for unrestricted land uses. The MTCA criteria for soil cleanup levels for industrial properties is 2.0 mg/kg. Following this guidance, most sites where street wastes could be reused as soil will be commercial or industrial sites, or sites where public exposure will be limited or prevented.

**Table G.2 - Typical c-PAH Values in Street Waste Solids and Related Materials**

<table>
<thead>
<tr>
<th>Sample Source Analyte</th>
<th>City of Everett</th>
<th>WSDOT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Street Sweepings</td>
<td>Soil</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benzo(a)anthracene</td>
<td>0.1U</td>
<td>0.076U</td>
</tr>
<tr>
<td>Chrysene</td>
<td>0.14</td>
<td>0.09</td>
</tr>
<tr>
<td>Benzo(b)fluoranthene</td>
<td>0.11</td>
<td>0.076U</td>
</tr>
<tr>
<td>Benzo(k)fluoranthene</td>
<td>0.13</td>
<td>0.076U</td>
</tr>
<tr>
<td>Benzo(a)pyrene</td>
<td>0.13</td>
<td>0.076U</td>
</tr>
<tr>
<td>Indeno(1,2,3-cd)pyrene</td>
<td>0.1U</td>
<td>0.076U</td>
</tr>
<tr>
<td>Dibenzo(a,h)anthracene</td>
<td>0.1U</td>
<td>0.076U</td>
</tr>
<tr>
<td>Revised MTCA</td>
<td>0.215</td>
<td>0.134</td>
</tr>
<tr>
<td>Benzo(a)pyrene [ND=PQL]</td>
<td>0.185</td>
<td>0.069</td>
</tr>
<tr>
<td>Benzo(a)pyrene [ND=1/2 PQL]</td>
<td>0.185</td>
<td>0.069</td>
</tr>
<tr>
<td>Benzo(a)pyrene [See below]</td>
<td>0.155</td>
<td>0.001</td>
</tr>
</tbody>
</table>

*If the analyte was not detected for any PAH, then ND=0; If analyte was detected in at least 1 PAH, then ND=1/2PQL; If the average concentration (using ND=1/2 PQL) is greater than the maximum detected value, then ND=Maximum value.

The new Method A soil cleanup level for unrestricted land use is 0.1 mg/Kg for BAP. (WAC 173-340-900, Table 740-1)

The new Method A soil cleanup level for industrial properties is 2 mg/Kg for BAP. (WAC 173-340-900, Table 745-1)

**Table G.3 - Typical Metals Concentrations in Catch Basin Sediments**

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>Ecology 1993</th>
<th>Thurston 1993</th>
<th>King County 1995</th>
<th>King County 1995</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALS; TOTAL (mg/kg)</td>
<td>(Min – Max)</td>
<td>(Min – Max)</td>
<td>(Min - Max)</td>
<td>Mean</td>
</tr>
<tr>
<td>As</td>
<td>&lt;3 -- 24</td>
<td>.39 -- 5.4</td>
<td>4 -- 56</td>
<td>0.250</td>
</tr>
<tr>
<td>Cd</td>
<td>0.5 -- 2.0</td>
<td>&lt;0.22 -- 4.9</td>
<td>0.2 -- 5.0</td>
<td>0.5</td>
</tr>
<tr>
<td>Cr</td>
<td>19 -- 241</td>
<td>5.9 -- 71</td>
<td>13 -- 100</td>
<td>25.8</td>
</tr>
<tr>
<td>Cu</td>
<td>18 -- 560</td>
<td>25 -- 110</td>
<td>12 -- 730</td>
<td>29</td>
</tr>
<tr>
<td>Pb</td>
<td>24 -- 194</td>
<td>42 -- 640</td>
<td>4 -- 850</td>
<td>80</td>
</tr>
<tr>
<td>Ni</td>
<td>33 -- 86</td>
<td>23 -- 51</td>
<td>14 -- 41</td>
<td>23</td>
</tr>
<tr>
<td>Zn</td>
<td>90 -- 558</td>
<td>97 -- 580</td>
<td>50 -- 2000</td>
<td>130</td>
</tr>
<tr>
<td>Hg</td>
<td>.04 -- .16</td>
<td>.024 -- .193</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

G-4  
Volume IV - Source Control BMPs  
August 2001
Permitting of street waste treatment and storage facilities as solid waste handling facilities by the local health department is required. Under the Solid Waste Management Act, local health departments have primary jurisdiction over solid waste management.

Street waste handling facilities are subject to the requirements of the Minimal Functional Standards for Solid Waste Handling. The specific requirements will depend upon the manner in which the waste is managed. Most facilities will probably be permitted under the section dealing with Piles Used for Storage and Treatment (Section 320 of the proposed revisions).

For most facilities, permit requirements include a plan of operation, sampling, record keeping and reporting, inspections, and compliance with other state and local requirements. The plan of operation should include a procedure for characterization of the waste and appropriate reuse and disposal options, consistent with the recommendations in this document and applicable federal, state and local requirements.

A street waste site evaluation (see sample at end of this appendix) is suggested for all street waste as a method to identify spill sites or locations that are more polluted than normal. The disposal and reuse options listed below are based on characteristics of routine street waste and are not appropriate for more polluted wastes. The collector of street waste should evaluate it both for its potential to be classified as dangerous waste and to not meet end users requirements.

Street waste that is suspected to be dangerous waste should not be collected with other street waste. Material in catch basins with obvious contamination (unusual color, staining, corrosion, unusual odors, fumes, and oily sheen) should be left in place or segregated until tested. Testing should be based on probable contaminants. Street waste that is suspected to be dangerous waste should be collected and handled by someone experienced in handling dangerous waste. If potential dangerous waste must be collected because of emergency conditions, or if the waste becomes suspect after it is collected, it should be handled and stored separately until a determination as to proper disposal is made. Street waste treatment and storage facilities should have separate "hot load" storage areas for such waste. Dangerous Waste includes street waste known and suspected to be dangerous waste. This waste must be handled following the Dangerous Waste Regulations (Chapter 173-303 WAC) unless testing determines it is not dangerous waste.

Spills should be handled by trained specialists. Public works maintenance crews and private operators conducting street sweeping or cleaning catch basins should have written policies and procedures for
dealing with spills or suspected spill materials. Emergency Spill Response telephone numbers should be immediately available as part of these operating policies and procedures.

The end recipient of street waste must be informed of its source and may have additional requirements for its use or testing that are not listed here. This document is based primarily on average street waste’s chemical constituents and their potential affect on human health and the environment. There are physical constituents (for example, broken glass or hypodermic needles) or characteristics (for example, fine grain size) that could also limit reuse options. Additional treatment such as drying, sorting, or screening may also be required, depending on the needs and requirements of the end user.

Street waste treatment and storage facilities owned or operated by governmental agencies should be made available to private waste collectors and other governmental agencies on a cost recovery basis. Proper street waste collection and disposal reduces the amount of waste released to the environment. The operators of street waste facilities should restrict the use of their facilities to certified and/or licensed waste collectors who meet their training and liability requirements.

The use of street waste solids under this guidance should not lead to designation as a hazardous waste site, requiring cleanup under MTCA. Exceeding MTCA Method A unrestricted land use cleanup levels in street waste and products made from street waste, does not automatically make the site where street waste is reused a cleanup site. A site is reportable only if "a release poses a threat to human health or the environment." (Model Toxic Control Act). The reuse options proposed below are designed to meet the condition of not posing a threat to human health or the environment.

Testing of street waste solids will generally be required as part of a plan of operation that includes procedures for characterization of the waste. Testing frequency, numbers of samples, parameters to be analyzed, and contaminant limit criteria should all be provided as part of an approved plan of operation. Tables G.4 and G.5 below provide some recommended parameters and sampling frequencies for piles of street waste solids from routine street maintenance. These are provided as guidance only, and are intended to assist the utility and the local health department in determining appropriate requirements. Sampling requirements may be modified, over time, based on accumulated data. When the material is from a street waste facility or an area that has never been characterized by testing, the test should be conducted on a representative sample before co-mingling with other material. Testing in these instances would be to demonstrate that the waste does not designate as dangerous waste and to characterize the waste for reuse. At a minimum, the parameters in Table G.4 are recommended for these cases. Note that it will generally not be necessary to conduct TCLP analyses.
when the observed values do not exceed the recommended values in Table G.4. Table G.6 illustrates some observed relationships between total metals and TCLP metals values.

For further information on testing methods and sampling plans, refer to:

- SW 846 (US EPA, Office of Solid Waste, Test Methods for Evaluating Solid Wastes, 3rd Ed.) and

### Table G.4 - Recommended Parameters and Suggested Values for Determining Reuse & Disposal Options

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Suggested Maximum Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arsenic, Total</td>
<td>20.0 mg/kg (a)</td>
</tr>
<tr>
<td>Cadmium, Total</td>
<td>2.0 mg/kg (b)</td>
</tr>
<tr>
<td>Chromium, Total</td>
<td>42 mg/kg (c)</td>
</tr>
<tr>
<td>Lead, total</td>
<td>250 mg/kg (d)</td>
</tr>
<tr>
<td>Nickel</td>
<td>100 mg/kg (e)</td>
</tr>
<tr>
<td>Zinc</td>
<td>270 mg/kg (e)</td>
</tr>
<tr>
<td>Mercury (Inorganic)</td>
<td>2.0 mg/kg (f)</td>
</tr>
<tr>
<td>PAHs (Carcinogenic)</td>
<td>0.1 – 2.0 mg/kg (see Note at (g) below)</td>
</tr>
<tr>
<td>TPH (Heavy Fuel Oil)</td>
<td>200 - 460 mg/kg (see Note at (h) below)</td>
</tr>
<tr>
<td>TPH (Diesel)</td>
<td>200 - 460 mg/kg (see Note at (h) below)</td>
</tr>
<tr>
<td>TPH (Gasoline)</td>
<td>100 mg/kg (i)</td>
</tr>
<tr>
<td>Benzene</td>
<td>0.03 mg/kg (i)</td>
</tr>
<tr>
<td>Ethylbenzene</td>
<td>6 mg/kg (i)</td>
</tr>
<tr>
<td>Toluene</td>
<td>7 mg/kg (i)</td>
</tr>
<tr>
<td>Xylenes (Total)</td>
<td>9 mg/kg (i)</td>
</tr>
</tbody>
</table>

(a) Arsenic: from MTCA Method A - Table 740-1: Soil cleanup levels for unrestricted land uses
(b) Cadmium: from MTCA Method A – Table 740-1: Soil cleanup levels for unrestricted land uses
(c) Chromium: from MTCA Method A – Table 740-1: Soil cleanup levels for unrestricted land uses
(d) Lead; from MTCA Method A – Table 740-1: Soil cleanup levels for unrestricted land uses
(e) Nickel and Zinc; from MTCA Table 749-2: Protection of Terrestrial Plants and Animals
(f) Mercury; from MTCA Method A – Table 740-1: Soil cleanup levels for unrestricted land uses
(g) PAH-Carcinogenic; from MTCA Method A – Table 740-1: Soil cleanup levels for unrestricted land uses and Table 745-1, industrial properties, based on cancer risk via direct contact with contaminated soil (ingestion of soil) in residential land use situations and commercial/industrial land uses. Note: The local health department may permit higher levels as part of a Plan of Operation, where they determine that the proposed end use poses little risk of direct human contact or ingestion of soil.
(h) TPH: from MTCA Tables 749-2 & 749-3: Protection of Terrestrial Plants and Animals. Values up to 460 mg/kg may be acceptable where the soils are capped or covered to reduce or prevent exposure to terrestrial plants and animals. Where the laboratory results report no ‘fingerprint’ or chromatographic match to known petroleum hydrocarbons, the soils will not be considered to be petroleum contaminated soils.
(i) BETX; from MTCA Method A - Table 740-1: Soil cleanup levels for unrestricted land uses.
Table G.5 - Recommended Sampling Frequency for Street Waste Solids

<table>
<thead>
<tr>
<th>Cubic Yards of Solids</th>
<th>Minimum Number of Samples</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 100</td>
<td>3</td>
</tr>
<tr>
<td>101 – 500</td>
<td>5</td>
</tr>
<tr>
<td>501 – 1000</td>
<td>7</td>
</tr>
<tr>
<td>1001 – 2000</td>
<td>10</td>
</tr>
<tr>
<td>&gt;2000</td>
<td>10 + 1 for each additional 500 cubic yards</td>
</tr>
</tbody>
</table>

Modified from Ecology's Interim Compost Guidelines

Table G.6 - Pollutants in Catch Basin Solids – Comparison to Dangerous Waste Criteria

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>METALS</td>
<td>Total Metals (mg/kg)</td>
<td>TCLP Metals (mg/kg)</td>
<td>TCLP values (mg/l)</td>
</tr>
<tr>
<td>As</td>
<td>&lt;3 - 56</td>
<td>&lt;.02 - 0.5</td>
<td>5.0</td>
</tr>
<tr>
<td>Cd</td>
<td>&lt;.22 - 5</td>
<td>.0002 - .03</td>
<td>1.0</td>
</tr>
<tr>
<td>Cr</td>
<td>5.9 - 241</td>
<td>.0025 - .1</td>
<td>5.0</td>
</tr>
<tr>
<td>Cu</td>
<td>12 - 730</td>
<td>.002 -- .88</td>
<td>none</td>
</tr>
<tr>
<td>Pb</td>
<td>4 - 850</td>
<td>.015 -- 3.8</td>
<td>5.0</td>
</tr>
<tr>
<td>Ni</td>
<td>23 - 86</td>
<td>&lt;.01 -- .36</td>
<td>none</td>
</tr>
<tr>
<td>Zn</td>
<td>50 - 2000</td>
<td>.04 -- 6.7</td>
<td>none</td>
</tr>
<tr>
<td>Hg</td>
<td>.02 - .19</td>
<td>.0001 -- .0002</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Data from Thurston County (Thurston County 1993), King County (Herrera 1995) and Ecology (Serdar; Ecology 1993).

For street waste not exceeding the suggested maximum values in Table G.4, the following street waste solids reuse and disposal options are recommended:

- Street sweepings that consist primarily of leaves, pine needles and branches, and grass cuttings from mowing grassy swales can be composted. Litter and other foreign material must be removed prior to composting or the composting facility must provide for such removal as part of the process. The screened trash is solid waste and must be disposed of at an appropriate solid waste handling facility.

- Coarse sand screened from street sweeping after recent road sanding, may be reused for street sanding, providing there is no obvious contamination from spills. The screened trash is solid waste and must be disposed of at an appropriate solid waste handling facility.

- Roadside ditch cleanings, not contaminated by a spill or other release and not associated with a stormwater treatment system such as a bioswale, may be screened to remove litter and separated into soil and vegetative matter (leaves, grass, needles, branches, etc.). The soils from these activities are not generally regulated as solid waste.
Ditching material that may be contaminated must be stored, tested and handled in the same manner as other street waste solids. It is the generator’s responsibility to visually inspect and otherwise determine whether the materials may be contaminated.

- Construction street wastes - solids collected from sweeping or in storm water treatment systems at active construction sites - may be placed back onto the site that generated it, or managed by one on the methods listed below, provided that it has not been contaminated as a result of a spill. For concrete handling at construction site, refer to BMP C151 in Volume II, Construction Stormwater Pollution Prevention.

- Screened street waste soils may be used as feedstock materials for topsoil operations. This option should be reserved for street waste soils with very low levels of contaminants. Diluting street waste soils with clean soils or composted material must not be used as a substitute for treatment or disposal. There may be physical contaminants (for example, glass, metal, nails, etc.) in street waste that cannot be entirely screened from the waste. Where present, these contaminants in street waste could preclude its use as feedstock material for topsoil operations.

- Fill in parks, play fields, golf courses and other recreational settings, where direct exposure by the public is limited or prevented. One way to accomplish is to cover the fill with sod, grass or other capping material to reduce the risk of soil being ingested. The level of contaminants in the street waste must be evaluated to ensure that the soils meet the definition of clean soils when used in this manner.

- Fill in commercial and industrial areas, including soil or top dressing for use at industrial sites, roadway medians, airport infields and similar sites, where there is limited direct human contact with the soil, and the soils will be stabilized with vegetation or other means. The level of contaminants in the street waste must be evaluated to ensure that the soils meet the definition of clean soils when used in this manner.

- Top dressing on roadway slopes, road or parking lot construction material and road subgrade, parking lot subgrade, or other road fill. The level of contaminants in the street waste must be evaluated to ensure that the soils meet the definition of clean soils when used in this manner.

- Daily cover or fill in a permitted municipal solid waste landfill, provided the street waste solids have been dewatered. Street waste solids may be acceptable as final cover during a landfill closure. The local health department and landfill operator should be consulted to determine conditions of acceptance.

- Treatment at a permitted contaminated soil treatment facility.
- Recycling through incorporation into a manufactured product, such as Portland cement, prefab concrete, or asphalt. The facility operator should be consulted to determine conditions of acceptance.
- Other end-use as approved by the local health department
- Disposal at an appropriate solid waste handling facility.

For street waste that exceed the suggested maximum values in Table G.4, the following street waste solids reuse and disposal options are recommended:

- Treatment at a permitted contaminated soil treatment facility.
- Recycling through incorporation into a manufactured product, such as Portland cement, prefab concrete, or asphalt. The facility operator should be consulted to determine conditions of acceptance.
- Other end-use as approved by the local health department
- Disposal at an appropriate solid waste handling facility.

Street Waste Liquids

Street waste collection should emphasize solids in preference to liquids. Street waste solids are the principal objective in street waste collection and are substantially easier to store and treat than liquids.

Street waste liquids require treatment and/or must follow location limitations before their discharge. Street waste liquids usually contain high amounts of suspended and total solids and adsorbed metals. Treatment requirements depend on the discharge location.

Discharges to sanitary sewer and storm sewer systems must be approved by the entity responsible for operation and maintenance of the system. Ecology will not generally require waste discharge permits for discharge of stormwater decant to sanitary sewers or to stormwater treatment BMPs constructed and maintained in accordance with Ecology’s Stormwater Management Manual for Western Washington. (See Volume 5 for further detail).

The following disposal options are recommended, in order of preference, for catch basin decant liquid and for water removed from stormwater treatment facilities.

Under the Municipal General Permit, municipalities are required to use this guidance in determining appropriate means of dealing with street wastes from stormwater maintenance activities. Your regional
Department of Ecology water quality staff can help you with treatment standards and permit requirements for your particular situation.

**Discharge of catch basin decant liquids to a municipal sanitary sewer connected to a Public Owned Treatment Works (POTW) is the preferred disposal option.** Discharge to a municipal sanitary sewer requires the approval of the sewer authority. Street waste liquids discharged to a POTW may be treated at a combined street waste liquid and solid facility (decanter facility) or at separate liquids only facilities. These liquid only facilities may consist of modified type 2 catch basins (with a flow restrictor or oil/water separator) or water quality vaults, strategically located through the sanitary collection system. These should provide 24-hour detention for the expected volumes and should be constructed and operated to ensure that the decant discharge does not resuspend sediments. Sewer authorities should require periodic sampling and decant facility operators should test their waste effluent on a regular basis, but street waste decant liquid should meet the most restrictive local limits with 24 hours of undisturbed gravity settling. Overnight settling is more practical and will likely meet most local pretreatment requirements. (See Table G.9 Catch Basin Decant Values Following Settling for typical catch basin decant values from King County’s decant facility at Renton).

State and local regulations generally prohibit discharge of stormwater runoff into sanitary sewers, to avoid hydraulic overloads and treatment performance problems. The volume of storm water discharged from catch basins and small stormwater treatment facilities is generally not sufficient to be a problem, provided the discharge point is properly selected and designed.

**Stormwater removed from catch basins and stormwater treatment wetvaults may be discharged into a Basic or Enhanced Stormwater Treatment BMP.**

Decant liquid collected from cleaning catch basins and stormwater treatment wetvaults may be discharged back into the storm sewer system under the following conditions:

- The preferred disposal option of discharge to sanitary sewer is not reasonably available, and
- The discharge is to a Basic or Enhanced Stormwater Treatment Facility (See Volume V, Chapters 3 and 4), and
- The storm sewer system owner/operator has granted approval and has determined that the treatment facility will accommodate the increased loading. Pretreatment may be required to protect the treatment BMP.
Reasonably available will be determined by the stormwater utility and by the circumstances, including such factors as distance, time of travel, load restrictions, and capacity of the stormwater treatment facility. Some jurisdictions may choose not to allow discharge back to the storm sewer system. Currently King County does not allow such discharges, under King County Code 9.12 – Water Quality.

**Discharge back into the storm sewer is an acceptable option, under certain conditions:**

- Other practical means are not reasonably available, **and**
- Pretreatment is provided by discharging to a modified type 2 catch basin (with a flow restrictor or oil/water separator) or water quality vault, **and**
- The discharge is upstream of a basic or enhanced stormwater treatment BMP, **and**
- The storm sewer system owner/operator has granted approval.

Other practical means includes the use of decanting facilities and field decant sites that discharge to sanitary sewers or discharge to an approved stormwater treatment BMP.

Limited field testing of flocculent aids has been conducted. While the use of flocculent aids is promising, sufficient testing has not been conducted to allow approval of any specific product or process. In general, the following conditions must be met for flocculent use to be approved:

- The flocculent must be non-toxic under circumstances of use and approved for use by the Department of Ecology
- The decant must be discharged to an approved basic or enhanced stormwater treatment BMP, with sufficient capacity and appropriate design to handle the anticipated volume and pollutant loading
- The discharge must be approved by the storm sewer system owner/operator.

**Water removed from stormwater ponds, vaults and oversized catch basins may be returned to storm sewer system.** Stormwater ponds, vaults and oversized catch basins contain substantial amounts of liquid, which hampers the collection of solids and pose problems if the removed waste must be hauled away from the site. Water removed from these facilities may be discharged back into the pond, vault or catch basin provided:
• Clear water removed from a stormwater treatment structure may be discharged directly to a downgradient cell of a treatment pond or into the storm sewer system.

• Turbid water may be discharged back into the structure it was removed from if:
  – the removed water has been stored in a clean container (eductor truck, Baker tank or other appropriate container used specifically for handling stormwater or clean water) and
  – there will be no discharge from the treatment structure for at least 24 hours.

• The discharge must be approved by the storm sewer system owner/operator.

Vegetation management and structural integrity concerns sometimes require that the ponds be refilled as soon after solids removal as possible. For ponds and other systems relying on biological processes for waste treatment, it is often preferable to reuse at least some portion of the removed water.

### Table G.7 - Typical Catch Basin Decant Values Compared to Surface Water Quality Criteria

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>State Surface Water Quality Criteria</th>
<th>Range of Values Reported</th>
<th>Range of Values Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>METALS</td>
<td>Freshwater Acute (ug/l – dissolved metals)</td>
<td>Freshwater Chronic (ug/l – dissolved metals)</td>
<td>Total Metals (ug/l)</td>
</tr>
<tr>
<td>Arsenic</td>
<td>360</td>
<td>190</td>
<td>100 – 43000</td>
</tr>
<tr>
<td>Cadmium*</td>
<td>2.73</td>
<td>0.84</td>
<td>64 – 2400</td>
</tr>
<tr>
<td>Chromium (total)</td>
<td>435</td>
<td>141</td>
<td>13 – 90000</td>
</tr>
<tr>
<td>Chromium (III)*</td>
<td>0.5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Chromium (VI)</td>
<td>0.5</td>
<td>10</td>
<td></td>
</tr>
<tr>
<td>Copper*</td>
<td>13.04</td>
<td>8.92</td>
<td>81 – 200000</td>
</tr>
<tr>
<td>Lead*</td>
<td>47.3</td>
<td>1.85</td>
<td>255 – 230000</td>
</tr>
<tr>
<td>Nickel*</td>
<td>1114</td>
<td>124</td>
<td>40 – 330</td>
</tr>
<tr>
<td>Zinc*</td>
<td>90.1</td>
<td>82.3</td>
<td>401 – 440000</td>
</tr>
<tr>
<td>Mercury</td>
<td>2.10</td>
<td>.012</td>
<td>0.5 – 21.9</td>
</tr>
</tbody>
</table>

*Hardness dependent; hardness assumed to be 75 mg/l
### Table G.8 - Typical Values for Conventional Pollutants in Catch Basin Decant

<table>
<thead>
<tr>
<th>PARAMETER</th>
<th>Ecology 1993</th>
<th>(Min - Max)</th>
<th>King County 1995</th>
<th>(Min - Max)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Values as mg/l; except where stated</td>
<td>Mean</td>
<td></td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td>pH</td>
<td>6.94</td>
<td>6.18 - 7.98</td>
<td>8</td>
<td>6.18 - 11.25</td>
</tr>
<tr>
<td>Conductivity (umhos/cm)</td>
<td>364</td>
<td>184 - 1110</td>
<td>480</td>
<td>129 - 10,100</td>
</tr>
<tr>
<td>Hardness (mg/l CaCO3)</td>
<td>234</td>
<td>73 - 762</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fecal Coliform (MPN/100 ml)</td>
<td>3000</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BOD</td>
<td>151</td>
<td>28 - 1250</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COD</td>
<td>900</td>
<td>120 - 26,900</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oil &amp; Grease</td>
<td>11</td>
<td>7.0 - 40</td>
<td>471</td>
<td>15 - 6242</td>
</tr>
<tr>
<td>TOC</td>
<td>136</td>
<td>49 - 7880</td>
<td>3670</td>
<td>203 - 30,185</td>
</tr>
<tr>
<td>Total Solids</td>
<td>1930</td>
<td>586 - 70,400</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Dissolved Solids</td>
<td>212</td>
<td>95 - 550</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Suspended Solids</td>
<td>2960</td>
<td>265 - 111,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Settleable Solids (ml/l/hr)</td>
<td>27</td>
<td>2 - 234</td>
<td>57</td>
<td>1 - 740</td>
</tr>
<tr>
<td>Turbidity (ntu)</td>
<td>1000</td>
<td>55 - 52,000</td>
<td>4673</td>
<td>43 - 78,000</td>
</tr>
</tbody>
</table>

### Table G.9 - Catch Basin Decant Values Following Settling

<table>
<thead>
<tr>
<th>Parameter; Total Metals in mg/l</th>
<th>Portland – Inverness Site Min - Max</th>
<th>King County - Renton Min - Max</th>
<th>METRO Pretreatment Discharge Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arsenic</td>
<td>.0027 - .015</td>
<td>&lt; MDL – 0.12</td>
<td>4</td>
</tr>
<tr>
<td>Cadmium</td>
<td>.0009 - .015</td>
<td>&lt; MDL – 0.11</td>
<td>0.6</td>
</tr>
<tr>
<td>Chromium</td>
<td>.0046 - .0980</td>
<td>.017 – .189</td>
<td>5</td>
</tr>
<tr>
<td>Copper</td>
<td>.015 – .8600</td>
<td>.0501 – .408</td>
<td>8</td>
</tr>
<tr>
<td>Lead</td>
<td>.050 – 6.60</td>
<td>.152 – 2.83</td>
<td>4</td>
</tr>
<tr>
<td>Nickel</td>
<td>.0052 – .10</td>
<td>.056 – .187</td>
<td>5</td>
</tr>
<tr>
<td>Silver</td>
<td>.003 – .010</td>
<td>&lt; MDL</td>
<td>3</td>
</tr>
<tr>
<td>Zinc</td>
<td>.130 – 1.90</td>
<td>.152 – 3.10</td>
<td>10</td>
</tr>
<tr>
<td>Settleable Solids; ml/L</td>
<td>No Data</td>
<td>.02 – 2</td>
<td>7</td>
</tr>
<tr>
<td>Nonpolar FOG</td>
<td>5.7 – 25</td>
<td>5 – 22</td>
<td>100</td>
</tr>
<tr>
<td>Ph (std)</td>
<td>6.1 – 7.2</td>
<td>6.74 – 8.26</td>
<td>5.0 – 12.0</td>
</tr>
<tr>
<td>TSS</td>
<td>2.8 – 1310</td>
<td>Data not available</td>
<td>31,850 - 111,050</td>
</tr>
<tr>
<td>Recorded Total Monthly Flow; Gallons</td>
<td>Data not available</td>
<td>4,500 - 18,600</td>
<td>25,000 GPD</td>
</tr>
<tr>
<td>Recorded Max. Daily Flow; Gallons</td>
<td>Data not available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Calculated Average Daily Flow; GPD</td>
<td>Data not available</td>
<td>1517 – 5428</td>
<td></td>
</tr>
</tbody>
</table>

1) Data from King County’s Renton Facility (data from 1998 – 1999) and the City of Portland’s Inverness Site (data from 1999 – 2001); detention times not provided.
Site Evaluation

A site evaluation is suggested as method to identify spill sites or locations that are more polluted than normal.

The site evaluation will aid in determining if waste should be handled as dangerous waste and in determining what to test for if dangerous waste is suspected. The site evaluation will also help to determine if the waste does not meet the requirements of the end users.

There are three steps to a site evaluation:

1. An historical review of the site for spills, previous contamination and nearby toxic cleanup sites and dangerous waste and materials.

   The historical review will be easier if done on an area wide basis prior to scheduling any waste collection. The historical review should be more thorough for operators who never collected waste at a site before. At a minimum, the historical review should include operator knowledge of the area's collection history or records kept from previous waste collections.

   Private operators should ask the owner of the site for records of previous contamination and the timing of the most recent cleaning. Ecology’s Hazardous Substance Information Office maintains a Toxic Release Inventory and a “Facility Site” webpage, tracking more than 15,000 sites. This information is available through the Internet at http://www.wa.gov/ecology/iss/fsweb/fshome.html or by calling a toll-free telephone number (800-633-7585). The webpage allows anyone with web-access to search for facility information by address, facility name, town, zip code, and SIC code, etc. It lists why the Department of Ecology is tracking each one (NPDES, TSCA, RCRA, Clean Air Act, etc.), as well as who to call within Ecology to find out more about the given facility.

2. An area visual inspection for potential contaminant sources such as a past fire, leaking tanks and electrical transformers, and surface stains.

   The area around the site should be evaluated for contaminant sources prior to collection of the waste. The area visual inspection may be done either as part of multiple or as single site inspections. If a potential contaminant source is found, the waste collection should be delayed until the potential contaminant is assessed.
A second portion of the area visual inspection is a subjective good housekeeping evaluation of the area. Locations with poor housekeeping commonly cut corners in less obvious places and should be inspected in greater detail for illegal dumping and other contamination spreading practices.

3. **A waste and container inspection** before and during collection.

The inspection of the waste and catch basin or vault is the last and perhaps most critical step in the site evaluation.

For example, if the stormwater facility has an unusual color in or around it, then there is a strong possibility that something could have been dumped into it. Some colors to be particularly wary of are yellow-green from antifreeze dumping and black and/rainbow sheen from oil and/or grease dumping. In addition, if any staining or corrosion is observed, then a solvent may have been dumped.

Fumes are also good indicators of potential dangerous or dangerous waste. Deliberate smelling of catch basins should be avoided for worker safety, but suspicious odors may be encountered from catch basins thought to be safe. Some suspicious odors are rotten eggs (hydrogen sulfide is present), gasoline or diesel fumes, or solvent odors. If unusual odors are noted, contact a dangerous waste inspector before cleaning the basin.

*Finally, operator experience is the best guide to avoid collection of contaminated waste.*
Resource Materials – Management of Street Wastes

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