RECEIVED JULY 17, 2013 WA. UT. & TRANS. COMM. ORIGINAL TG-131328

12th Revised Page No. 1 Tariff No. 1 Cancels 11th Revised Page No. 1 Company Name: Stericycle of Washington, Inc. (G-244) **CHECK SHEET** All of the pages contained in this tariff are listed consecutively by number. The pages to the tariff and/or any supplements to the tariff listed on this page have issue dates which are the same as, or are prior to, the issue date of this page. "0" in the revision column indicates an original page. Page Current Page Current Number Revision Number Revision Title Page 2 12 1 2 7 3 3 4 4 5 4 3 5A 3 5B 2 5C 6 4 7 0 4 8 SUPPLEMENTS IN EFFECT, including tax supplements: Supplement No. 6 Supplement No. 7 Supplement No. 8 Supplement No. 9 Supplement No. 10 Supplement No. 11 Issued By: Michael S. Philpott, Regional Operations Director Issue Date: July 18, 2013 Effective Date: July 25, 2013 (This box for official use only)

Effective: Docket No. By:

Tariff No. 1

4th Revised Page No. 4 Cancels

Company Name: Stericycle of Washington, Inc.

3rd Revised Page No. 4

Item 30 Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) - Price per Container

Container Quantity		Small/Medium (21 gallon) Container	Medium/Large (31 gallon) Container	Large (43 gallon) Container	Large (48 gallon) Container
1		35.16	50.22	67.94	75.67
2		33.66	46.19	52.46	58.32
3		28.94	38.13	43.00	48.20
4		26.16	33.48	36.98	41.45
5		22.73	30.07	25.80	38.08
6		20.80	27.28	25.80	35.19
7	1	19.30	18.60	25.80	32.78
8		18.44	18.60	25.80	31.33
9		17.37	18.60	25.80	29.88
10		16.51	18.60	20.64	28.44
11		16.08	18.60	20.64	26.99
12		15.44	18.60	20.64	25.55
13		15.01	14.88	20.64	24.58
14		14.36	14.88	15.48	23.14
15		14.15	14.88	15.48	22.17
16		13.72	14.88	15.48	18.32
17		13.29	14.88	15.48	17.83
18		13.08	14.88	15.48	17.35
19		12.86	14.88	12.90	16.39
20		12.44	11.16	12.90	15.91
21		12.01	11.16	12.90	15.91
22		11.79	11.16	12.90	15.91
23		11.58	11.16	12.90	15.91
24		11.36	11.16	12.04	15.91
25		10.93	11.16	12.04	15.91
26		10.72	9.30	12.04	15.91
27		10.51	9.30	12.04	15.91
28		10.08	9.30	12.04	15.91
29		9.86	9.30	12.04	15.91
30		9.86	9.30	12.04	15.91

Note 1: Rates to be charged shall be based upon the total number of containers per pickup, including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.

Note 2: A minimum of \$20.00 will be charged per scheduled pickup.

Note 3: (C) The service limitation previously contained in this note has been deleted.

Note 4: A minimum of \$10.00 per month will be charged for on-call or less-than-monthly service per Item 80.

Note 5: A Reinstatement Charge will be assessed in accordance with Item 85, when applicable.

Issued By:	Michael S. Philpott, Regional Oper	rations Director
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Tariff No. 1

4th Revised Page No. 5

Cancels 3rd Revised Page No. 5

Company Name: Stericycle of Washington, Inc.

Item 30 <u>Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) - Price per Container</u>

Container Quantity	Small/Medium (21 gallon) Container	Medium/Large (31 gallon) Container	Large (43 gallon) Container	Large (48 gallon) Container
31	9.86	9.30	12.04	15.91
32	9.86	9.30	12.04	13.75
33	9.86	8.68	12.04	13.75
34	9.86	8.68	12.04	13.75
35	9.86	8.68	12.04	13.75
36	9.86	8.68	12.04	13.75
37	9.86	8.68	12.04	13.75
38	9.86	8.68	12.04	13.75
39	9.00	8.68	12.04	13.75
40	9.00	8.68	12.04	13.75
41	9.00	8.68	12.04	13.75
42	9.00	8.68	12.04	13.75
43	9.00	8.68	12.04	13.75
44	9.00	8,68	12.04	13.75
45	9.00	8.68	12.04	13.75
46	9.00	8.68	12.04	13.75
47	9.00	8.68	10.75	13.75
- 48	9.00	8.68	10.75	13.75
49	9.00	8.68	10.75	13.75
50	9.00	8.68	10.75	13.75
51	9.00	8.68	10.75	13.75
52	9.00	8.68	10.75	13.75
53	9.00	8.68	10.75	13.75
54	9.00	8.68	10.75	13.75
55	9.00	8.68	10.75	13.75
56	9.00	8.68	10.75	13.75
57	9.00	8.68	10.75	13.75
58	9.00	8.68	10.75	13.75
59	8.58	8.68	10.75	13.75
60+	8.58	7.75	10.75	13.75

Note 1: Rates to be charged shall be based upon the total number of containers per pickup, including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.

Note 2: A minimum of \$20.00 will be charged per scheduled pickup.

Note 3: (C) The service limitation previously contained in this note has been deleted.

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Tariff No. 1 3rd Revised Page No. 5A Cancels

Company Name: Stericycle of Washington, Inc.

2nd Revised Page No. 5A

ı	Item 30	Rate Schedule	(Biomedical	Waste except	Pathological,	Chemotherapy	and Pharmaceutical	Wastes) - Price
١		Conto						

per Container							
Containe	Small Tub	Small Box	Medium	Mediuim/Large	Medium/Large	Large Tub	
r	(10 gallon)	12"x12"x24"	Tub	Tub	Box	(40 gallon)	
Quantity		(Approx.	(20 gallon)	(28 gallon)	18"x18"x24"		
		15 gallon)			(Approx.		
					33 gallon)		
1	22.20	31.20	33.40	45.34	51.52	64.24	
2	16.38	23.03	31.98	41.68	47.36	59.05	
3	15.88	22.32	27.49	34.36	39.04	48.68	
4	15.68	22.04	24.85	30.13	34.24	42.69	
5	14.79	20.78	21.59	27.03	30.72	38.30	
6	13.49	18.95	19.76	24.50	27.84	34.71	
7	12.79	17.97	18.34	23.37	26.56	33.12	
8	12.19	17.13	17.52	22.25	25.28	31.52	
9	11.19	15.72	16.50	20.56	23.36	29.13	
10	10.59	14.88	15.68	19.99	22.72	28.33	
11	10.39	14.60	15.28	19.15	21.76	27.13	
12	9.69	13.62	14.67	18.59	21.12	26.33	
13	9.49	13.34	14.26	18.02	20.48	25.54	
14	8.99	12.64	13.64	17.46	19.84	24.74	
15	8.79	12.36	13.44	16.90	19.20	23.94	
16	8.59	12.07	13.03	16.61	18.88	23.54	
17	8.29	11.65	12.63	15.77	17.92	22.34	
18	7.99	11.23	12.43	15.49	17.60	21.95	
19	7.69	10.81	12.22	14.92	16.96	21.15	
20	7.59	10.67	11.82	14.64	16.64	20.75	
21	7.49	10.53	11.41	14.08	16.00	19.95	
22	7.39	10.39	11.20	13.80	15.68	19.55	
23	7.29	10.25	11.00	13.21	15.01	18.72	
24	7.19	10.11	10.79	12.11	13.76	17.16	
25	7.09	9.97	10.38	11.69	13.28	16.56	
26	6.99	9.83	10.18	11.55	13.12	16.36	
27	6.89	9.69	9.98	11.26	12.80	15.96	
28	6.79	9.55	9.58	10.84	12.32	15.37	
29	6.69	9.41	9.37	10.56	12.00	14.97	
30	6.59	9.27	9.37	9.57	10.88	13.57	

- Note 1: Rates to be charged shall be based upon the total number of containers per pickup, including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.
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Tariff No. 1 3rd Revised Page No. 5B
Cancels

Company Name: Stericycle of Washington, Inc. 2nd Revised Page No. 5B

Item 30 Rate Schedule (Biomedical Waste except Pathological, Chemotherapy and Pharmaceutical Wastes) - Price

per Container							
Containe	Small Tub	Small Box	Medium	Medium/Large	Medium/Large	Large Tub	
г	(10 gallon)	12"x12"x24"	Tub	Tub	Box	(40 gallon)	
Quantity		(Approx.	(20 gallon)	(28 gallon)	18"x18"x24"		
		15 gallon)			(Approx.		
					33 gallon)		
31	6.16	8.66	9.37	9.29	10.56	13.17	
32	6.39	8.99	9.37	9.29	10.56	13.17	
33	6.29	8.85	9.37	9.29	10.56	13.17	
34	6.19	8.70	9.37	9.29	10.56	13.17	
35	6.09	8.56	9.37	9.29	10.56	13.17	
36	5.99	8.42	9.37	9.29	10.56	13.17	
37	5.89	8.28	9.37	9.29	10.56	13.17	
38	5.89	8.28	9.37	9.29	10.56	13.17	
39	5.87	8.25	8.55	9.29	10.56	13.17	
40	5.85	8.22	8.55	9.29	10.56	13.17	
41	5.79	8.14	8.55	9.29	10.56	13.17	
42	5.69	8.00	8.55	9.29	10.56	13.17	
43	5.65	7.94	8.55	9.29	10.56	13.17	
44	5.59	7.86	8.55	9.29	10.56	13.17	
45	5.49	7.72	8.55	9.29	10.56	13.17	
46	5.45	7.66	8.55	9.29	10.56	13.17	
47	5.39	7.58	8.55	9.29	10.56	13.17	
48	5.35	7.52	8.55	9.29	10.56	13.17	
49	5.29	7.44	8.55	9.29	10.56	13.17	
50	5.19	7.30	8.55	9.29	10.56	13.17	
51	5.09	7.16	8.55	8.03	9.12	11.38	
52	5.00	7.02	8.55	8.03	9.12	11.38	
53	4.95	6.96	8.55	8.03	9.12	11.38	
54	4.90	6.88	8.55	8.03	9.12	11.38	
55	4.80	6.74	8.55	8.03	9.12	11.38	
56	4.75	6.68	8.55	8.03	9.12	11.38	
57	4.70	6.60	8.55	8.03	9.12	11.38	
58	4.60	6.46	8.55	8.03	9.12	11.38	
59	4.10	5.76	8.15	8.03	9.12	11.38	
60	4.10	5.76	8.15	8.03	9.12	11.38	

Note 1: Rates to be charged shall be based upon the total number of containers per pickup, including containers rated under Item 90. Rates stated in this Item are in addition to charges specified in Items 60, 70 and 80.

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Tariff No. 1

2nd Revised Page No. 5C

Cancels

Company Name: Stericycle of Washington, Inc.

1st Revised Page No. 5C

ı	Item 30 Rate Schedul	e (Biomedical	Waste except	t Pathological,	Chemotherapy	and Pharmaceutical	Wastes) - Price
ı	Per Conta	iner		-	• •		

Containe	Small Tub	Small Box	Medium	Medium/Large	Medium/Large	Large Tub
r	(10 gallon)	15"x15"x14"	Tub	Tub	Box	(40 gallon)
Quantity		(Approx.	(20 gallon)	(28 gallon)	18"x18"x24"	
		15 gallon)			(Approx.	
					33 gallon)	
61	4.10	5.76	8.15	8.03	9.12	11.38
62	4.00	5.62	8.15	8.03	9.12	11.38
63	3.80	5.34	8.15	8.03	9.12	11.38
64	3.80	5.34	8.15	8.03	9.12	11.38
65	3.80	5.34	8.15	8.03	9.12	11.38
66	3.80	5.34	8.15	8.03	9.12	11.38
67	3.70	5.19	8.15	8.03	9.12	11.38
68	3.60	5.05	8.15	8.03	9.12	11.38
69	3.60	5.05	8.15	8.03	9.12	11.38
70	3.60	5.05	8.15	8.03	9.12	11.38
71	3.60	5.05	8.15	8.03	9.12	11.38
72	3.60	5.05	8.15	8.03	9.12	11.38
73	3.50	4.91	8.15	8.03	9.12	11.38
74	3.30	4.63	8.15	8.03	9.12	11.38
75+	2.85	4.01	8.15	8.03	9.12	11.38

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