

Tariff No. 1

1<sup>st</sup> Revised Page No. 5A

Cancels

Company Name: Stericycle of Washington, Inc.

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

Container Quantity	Small Tub (10 gallon)	Small Box 12"x12"x24" (C)(Approx. 15 gallon)	Medium Tub (20 gallon)	Medium/Large Tub (28 gallon)	Medium/Large Box 18"x18"x24" (C)(Approx. 33 gallon)	Large Tub (40 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, (C)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)Tariff matter previously contained in Note 3 has been deleted.

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

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

(C)(\*\*\* indicates container size no longer available)

Issued By: Michael S. Philpott, District Manager

Issue Date: October 8, 2001

Effective Date: December 1, 2001

(FOR OFFICIAL USE ONLY)

Effective: 12-1-01 Docket TG- 011370 Other \_\_\_\_\_

LSN \_\_\_\_\_ IAA \_\_\_\_\_ Hearing \_\_\_\_\_ By NP

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