

Industrial Waste Program Discharge Application for Hospitals/Medical Laboratories

Fill out this form and make a photocopy for your records. Mail it to the King County Industrial Waste Program at 201 S. Jackson Street, Suite 513, Seattle, WA 98104-3855

Or email to: info.kciw@kingcounty.gov

Part I. General Information

Applicant (Hospital Name)		
Facility mailing address/P.O.	Вох	
City	State	Zip code
Facility physical address		
City	State	Zip code
Primary Person to Be Contac	ted About This Application	Title
Telephone		E-mail
Secondary Person to Be Con	Title	
 Telephone		E-mail
EPA WAD Number:		
Applicable SIC Code(s): 8062	2,	
Water/Sewer Agency:	Account Number:	
Number of employees: Number of Hospital Bed		l Reds

Part II. Process Information

Describe activities/processes (other than toilets, handwashing, showering, etc.) that use water and or produce wastewater that is discharged to the sewer. Add additional pages if necessary.

Process/Location	Chemical or Compound Used	Pretreatment or Best Management Practice employed (If any)	Estimated Total Daily Volume in gallons per day
Example: Radiology—	X-ray fixer (Silver)	Silver Recovery Unit (2 cartridges in series)	
X-Rays			

Part II. Process Information (continued)
Does your company dispose of liquid wastes by means other than discharge into the sanitary sewer? No Sewer Yes (specify waste types, source and disposal method):

Liquid Wa	ıste	Source/Location	Disposal Method
Example:	Ethanol	Stain lines in Pathology	Hauled off as ignitable hazardous waste

Part III. Certification Statement and Signatory Requirement

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. I further certify that all data requiring a laboratory analysis were analyzed by a Washington State Department of Ecology accredited laboratory for each parameter tested.

Signature	Date	
Name (please print)	Title	

Please include the Delegation of Signature Authority Form (enclosed) with this application

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If you have any questions or need assistance regarding this application, please call the King County Industrial Waste Program at 206-477-5300.