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. Box

City State Zip code

Facility physical address

City State Zip code

Primary Person to Be Contacted About This Application Title

Telephone E-mail

Secondary Person to Be Contacted About This Application Title

Telephone E-mail

EPA WAD Number:___________________________

Applicable SIC Code(s): 8062,_________

Water/Sewer Agency:______________________ Account Number:__________________________

Number of employees:______________________ Number of Hospital Beds__________________
## 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.

<table>
<thead>
<tr>
<th>Process/Location</th>
<th>Chemical or Compound Used</th>
<th>Pretreatment or Best Management Practice employed (If any)</th>
<th>Estimated Total Daily Volume in gallons per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiology—</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>X-Rays</td>
<td>X-ray fixer (Silver)</td>
<td>Silver Recovery Unit (2 cartridges in series)</td>
<td></td>
</tr>
</tbody>
</table>
Part II. Process Information (continued)

Does your company dispose of liquid wastes by means other than discharge into the sanitary sewer?  □ No  □ Yes (specify waste types, source and disposal method):

<table>
<thead>
<tr>
<th>Liquid Waste</th>
<th>Source/Location</th>
<th>Disposal Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example:</td>
<td>Ethanol</td>
<td>Stain lines in Pathology</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hauled off as ignitable hazardous waste</td>
</tr>
</tbody>
</table>


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

Mail to: King County Industrial Waste Program
        201 S. Jackson Street, Suite 513
        Seattle, WA  98104-3855

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