

**5-YEAR REVIEW FOR CONTINUED SEWER SERVICE:**

**MEDICAL FACILITIES**

Company Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Does this business have a connection to the sewer system?  Yes  No

**(If "No", Get Authorized Signature on the back, Stop Here, and Return Form in Envelope Provided)**

Name of environmental contact person: \_\_\_\_\_

*(Person empowered by authorized representative to represent the Company, or responsible for the proper completion of this form.)*

**Section A: Operation Description**

Days/Hours of Operation: \_\_\_\_\_

**Type of healthcare facility:**

Hospital  Clinic  Laboratory (Pathology/Histology)  Dialysis  Veterinary  Chemotherapy

Pharmacy  Dental  Research and Development  Radiology  Other(list)\_\_\_\_\_

**Section B: Water Use**

Does this facility have floor drains in work areas?  Yes  No

**Waste water from this facility goes to the following: (check all that apply)**

Sanitary Sewer  Storm Sewer  Ground (drain fields, dry well)  Open Waters  Waste Hauler

Evaporation  Other means of disposal:\_\_\_\_\_

**Does water from this facility undergo any treatment prior to discharge into sanitary sewer?**

pH adjustment:  Yes  No Type\_\_\_\_\_

Other:  Yes  No Type\_\_\_\_\_

**Section C: Mercury**

Has your facility conducted a Mercury inventory?  Yes  No

Areas where Mercury is used (please check ALL that apply):

Thermometers  Sphygmomanometers  Gastrointestinal diagnostic equipment

Dilators  Feeding tubes  Thermostats

Dental Clinic (amalgam)  Other (specify) \_\_\_\_\_

**Chemicals:**

Zenker's solution  Histological fixatives  Other (specify or attach list \_\_\_\_\_)

**Staining solution and preservatives:**

Mercury chloride  Mercury (II) oxide  Mercury (II) chloride  
 Mercury (II) sulfate  Mercury nitrate  Mercury iodide  Other (specify or attach list \_\_\_\_\_)

**Lamps:**

Fluorescent  Metal halide  High pressure sodium  Ultraviolet

**Equipment and Batteries:**

Barometers  Switches (relay, tilt, silent)  Mercuric oxide batteries  Button batteries

**Other known sources of Mercury:**

Specify or attach list: \_\_\_\_\_

**Please continue on the reverse.**

**Section D: Discharge Practices**

A. **Solvents, Alcohols and Aldehydes** used (please check ALL that apply):

Solvent/alcohol	Disposal method*	Solvent/alcohol	Disposal method*	Solvent/alcohol	Disposal method*
<input type="checkbox"/> Ethanol		<input type="checkbox"/> Xylene		<input type="checkbox"/> Acetone	
<input type="checkbox"/> Methanol		<input type="checkbox"/> Toluene		<input type="checkbox"/> Methylene chloride	
<input type="checkbox"/> Isopropanol		<input type="checkbox"/> Freon		<input type="checkbox"/> Trichloroethylene	
<input type="checkbox"/> Chloroform		<input type="checkbox"/> Trichloromethane		<input type="checkbox"/> Hexane	
<input type="checkbox"/> Formaldehyde		<input type="checkbox"/> Gluteraldehyde		<input type="checkbox"/> Orthophthaldehyde (e.g., Cidex OPA)	

Others, list \_\_\_\_\_

\* C = contained for off-site disposal    D = discharged to sanitary sewer (untreated)    T/R = treated and discharged or recycled

B. **Silver/Photographic Chemicals** used (please check ALL that apply and how many Silver Recovery Units installed)

Location	# of SRUs	Location	# of SRUs	Location	# of SRUs	Location	# of SRUs
<input type="checkbox"/> Laboratory		<input type="checkbox"/> Dental		<input type="checkbox"/> Radiology		<input type="checkbox"/> MRI	
<input type="checkbox"/> Fluoroscopy		<input type="checkbox"/> Clinics		<input type="checkbox"/> Oral Surgery		<input type="checkbox"/> CT Scan	

Other, list and specify number of SRUs at each location \_\_\_\_\_

Identify contractor used to maintain SRU's: \_\_\_\_\_

Identify frequency of maintenance and date of last service: \_\_\_\_\_

C. Does your facility discharge **Radionuclides** in accordance with an NRC permit?     Yes                       No

\*if yes, attach last annual NRC report documenting discharges to sanitary sewer.

If yes, is the waste held prior to discharge?     Yes                       No

If yes, how long is the waste held? \_\_\_\_\_

**Section E: Certification**

*I have personally examined and am familiar with the information submitted in this document and attachments. Based on my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate, and complete. I understand the responsibility to immediately contact City of Spokane Wastewater Management if any significant changes in any processes are anticipated and that failure to immediately contact the City of Spokane Wastewater Management could result in fines and/or imprisonment. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.*

\_\_\_\_\_    \_\_\_\_\_    \_\_\_\_\_  
**Printed name of Authorized Representative\***    **Signature**    **Date**

\_\_\_\_\_    \_\_\_\_\_  
**Job Title\***    **Telephone Number**

\*Form must be signed as follows: Corporations - By a principle executive officer of at least the level of Vice-President. Partnership - By a general partner. Sole Proprietorship - By the Proprietor. (Ref: CFR part 403.12(1)). Branch or franchise – Manager with decision making functions.

**Disclosure:** Title 40 of the Code of Federal Regulations Part 403 Section 403.14 requires information provided in this questionnaire identifying the nature and frequency of discharge to be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2 and applicable State Law. Should a discharge permit be required for your facility, the information in this questionnaire may be used to issue the permit.

Do you have any questions or comments?  
 \_\_\_\_\_  
 \_\_\_\_\_

For further information, contact the Riverside Park Water Reclamation Facility at (509) 625-4683.  
**City of Spokane Wastewater Management- Pretreatment 4401 N. A.L. White Parkway, 99205-3939**