Company Name: __________________________ Telephone Number: (_____) ____________________
Mailing Address: __________________________ Facility Address: ______________________________

Does this business have a connection to the City of Spokane 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 survey 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):

<table>
<thead>
<tr>
<th>Solvent/alcohol</th>
<th>Disposal method*</th>
<th>Solvent/alcohol</th>
<th>Disposal method*</th>
<th>Solvent/alcohol</th>
<th>Disposal method*</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Ethanol</td>
<td></td>
<td>☐ Xylene</td>
<td></td>
<td>☐ Acetone</td>
<td></td>
</tr>
<tr>
<td>☐ Methanol</td>
<td></td>
<td>☐ Toluene</td>
<td></td>
<td>☐ Methylene chloride</td>
<td></td>
</tr>
<tr>
<td>☐ Isopropanol</td>
<td></td>
<td>☐ Freon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Chloroform</td>
<td></td>
<td>☐ Trichloromethane</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Formaldehyde</td>
<td></td>
<td>☐ Glutaraldehyde</td>
<td></td>
<td>☐ Orthophthaldehyde (e.g., Cidex OPA)</td>
<td></td>
</tr>
<tr>
<td>☐ Others, list</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*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)

<table>
<thead>
<tr>
<th>Location</th>
<th># of SRUs</th>
<th>Location</th>
<th># of SRUs</th>
<th>Location</th>
<th># of SRUs</th>
<th>Location</th>
<th># of SRUs</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Laboratory</td>
<td></td>
<td>☐ Dental</td>
<td></td>
<td>☐ Radiology</td>
<td></td>
<td>☐ MRI</td>
<td></td>
</tr>
<tr>
<td>☐ Fluoroscopy</td>
<td></td>
<td>☐ Clinics</td>
<td></td>
<td>☐ Oral Surgery</td>
<td></td>
<td>☐ CT Scan</td>
<td></td>
</tr>
</tbody>
</table>

☐ 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 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 __________________________

*Surveys 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) 625-4639. FAX: 625-4605

City of Spokane Wastewater Management-Pretreatment 4401 N. A.L. White Parkway, 99205-3939