

MEDICAL FACILITY WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION 1 – APPLICANT AND LOCAL FACILITY DESCRIPTION

Name of Industry:	
Type of Business:	
Location Address:	
Phone Number:	
FAX Number:	
Company Representative (Local):	
Representative Title:	
Mailing Address: (if different from above)	
Phone Number & Extension:	
FAX Number:	
Email Address:	
Representative Signature & Date:	

SECTION 2 – CORPORATE OFFICE INFORMATION

Corporate Name:	
Mailing Address:	
Corporate Representative:	
Corporate Representative Title:	
Phone Number	
FAX Number:	
Email Address:	
Corporate Representative Signature & Date:	

MEDICAL FACILITY WASTEWATER DISCHARGE PERMIT APPLICATION

SECTION 3 – BILLING INFORMATION

Billing Address:	
Billing Company Representative:	
Phone Number	
FAX Number:	
Email Address:	

SECTION 4 – PROPERTY OWNER INFORMATION

Name of Property Owner:	
Mailing Address:	
Property Owner Representative:	
Phone Number	
FAX Number:	
Email Address:	
Signature of Property Owner & Date:	

SECTION 5 – MEDICAL INFORMATION

1. How many doctors are currently practicing at this facility?

Number of Doctors:	
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2. Does this facility have X-Ray capabilities?

Yes No |

If yes, is the system fully digital?

Yes No |

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3. Is this practice/facility film stored in lead foil containers?

Yes

No

If yes, what type of storage container, recycling procedures do they use?

If yes, specify how the lead is collected and stored.

4. Does this practice/facility have mercury wastes or mercury containing wastes stored on site?

Yes

No

If yes, describe how the waste is collected and stored.

5. Explain how the facility collects and disposes of sharps, medical waste, and infectious waste.

6. Explain how the facility collects and disposes unused and expired medication, including controlled substances, RRA hazardous material, legend drugs and OTC medication.

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SECTION 6 – OTHER WASTEWATER DISCHARGES

1. Does the facility have a food service?

Yes No

2. Does the facility have a laundry service?

Yes No

3. Does this facility perform any dental procedures?

Yes No

SECTION 7 – APPLICATION CERTIFICATION

“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 violation.”

Printed Name of Signing Official

Title

Signature of Signing Official

Date