

CITY OF POCA TELLO WATER POLLUTION CONTROL DEPARTMENT

10733 Rio Vista Road
P.O. Box 4169
Pocatello, Idaho 83205-4169
Phone 208-234-6256 fax 208-237-3927

WASTEWATER DISCHARGE PERMIT APPLICATION FOR MEDICAL and X-RAY SERVICES

I. COMMUNICATION INFORMATION

A. Name, address, and phone number of facility discharging wastewater:

Name: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

B. Name, mailing address and phone number of the business owner:

Name: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

D. Name, mailing address and phone number of the property owner:

Name: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

E. Name, title and phone number of the manager or person responsible for daily facility operations:

Name: _____

Title: _____ Work Phone: _____

II. BUSINESS & PROCESS INFORMATION

A. **Water Sources:** Indicate all water sources used by your facility.

- | | |
|-------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Pocatello Municipal Water | <input type="checkbox"/> Private Well |
| <input type="checkbox"/> Surface Water (stream, pond, etc.) | <input type="checkbox"/> Other Source |

B. **Waste Discharge**

Is your facility presently connected to the sewer system? Yes No

If "No", are there plans to connect to the system? Yes No

Do you or will you discharge into the City of Pocatello's storm drain system any wastewater or materials other than storm runoff? Yes No

Do you or will you discharge into any other body of water (river, canal, etc.) any wastewater or other material? Yes No

C. **Industrial Activity:** Provide a description of **all services** provided and operation processes performed. Describe the types of all wastes and wastewater generated.

D. Mercury containing materials.

1. Does your facility conduct a Mercury inventory? YES NO
2. Does your facility use materials that contain mercury? Check those items below used at your facility:

| √ | Equipment | √ | Lamps | √ | Chemicals |
|---|---------------------------------------|---|----------------------|---|------------------------|
| | Thermometers | | Fluorescent | | Zenker's Solution |
| | Sphygmomanometer | | Metal Halide | | Histological Fixatives |
| | Gastrointestinal Diagnostic Equipment | | High Pressure Sodium | | Mercury Chloride |
| | Thermostats | | Ultraviolet | | Mercury Oxide |
| | Dilators | | | | Mercury Sulfate |
| | Feeding Tubes | | | | Mercury Nitrate |
| | Barometers | | | | Mercury Iodide |
| | Switches | | | | |
| | Mercuric Oxide Batteries | | | | |
| | Button Batteries | | | | |
| | | | | | |

3. Are x-ray and or photo processing equipment located at your facility YES NO
If yes provide the following information:

The chemical quantities discharged to the sewer without treatment.

Fixer: _____ gallons/per day
 Developer: _____ gallons/per day
 Rinse/Wash: _____ gallons/per day

4. Are on-site treatment units located at your facility YES NO
If yes provide the following information about each unit used: (use additional paper if needed)

Brand Name of Unit(s): _____
Make of Unit: _____ Model of Unit: _____
How long has the unit been in use? _____
How often is the unit serviced, tested, and maintained? _____
What treatment does the unit provide? _____

Who performs the servicing, testing and maintenance of the unit? Provide the following information:

Company name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Company Phone Number: _____
Company Contact Name: _____

5. Provide the following information for all recyclers who pick-up spent chemical solutions:

Company name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Company Phone Number: _____
Company Contact Name: _____
Frequency waste is picked-up: _____

6. Are there any floor drains located in the room where the chemical are being used?
 YES NO

Are chemicals stored in this area secondary contained? YES NO

- E. Are there pharmaceuticals on site? YES NO

If YES, describe how unused and expired pharmaceuticals are disposed of?

Provide the following information for all companies who pick-up unused and expired pharmaceuticals:

Company name: _____
Company Address: _____
City: _____ State: _____ Zip: _____
Company Phone Number: _____
Company Contact Name: _____
Frequency waste is picked-up: _____

2. Do you use Chemiclave or autoclave? [] YES [] NO

Provide the chemical manufactures name of the chemical(s) used in the sterilization procedure. _____

Describe how the spent (used) and expired chemicals are disposed of?

F. Is any portion of this facility leased or rented to another business? [] Yes [] No

If YES, attach a separate sheet to this form listing the businesses and describe the types of service and or processes each business will perform. You will be notified if a separate application is required for any of the businesses you list.

G. Do you plan **any expansion, added services or process changes** in the next three years?

G YES G NO

If YES, attach a separate sheet to this form describing the nature of planned changes or expansions.

The City shall be notified, in person or in writing, 90 days prior to the introduction of new wastewater pollutants, changes in or addition to the services offered, or any substantial changes in the volume or characteristics of the wastewater.

III. WASTEWATER DISCHARGE INFORMATION

A. Sewer Connections:

Provide a floor plan showing all locations of fixtures discharging to the sewer. Include all sinks, dishwasher, toilets, floor drains, sumps, grease interceptors/traps, oil/sand separators, process tanks, and any other sewer accesses. If there is no floor plan is available, use Attachment B and C to sketch one.

B. Discharge standards

Do you have any local, state, or federal environmental control permits to store, treat, transport, or discharge waters or liquid wastes? (i.e., waste generator or hauler, air quality, National Pollutant Discharge Elimination System (NPDES) permit, etc.) Yes [] No []

If yes, list permits and dates of issue:

IV. CHEMICAL LIST

Complete Attachment "A" listing all chemicals that will be used and stored at your business.

V. CONFIDENTIALITY

Please indicate those sections of this questionnaire that you wish to remain confidential and your basis for requiring confidentiality: _____

"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 gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering 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."

Signature of Authorized representative


Date

Print Name

Title

ATTACHMENT A
Facility Layout

Business Name: _____



Include: all sinks, dishwashers, toilets, floor drains, oil/sand separators, grease traps, grease interceptors, and all other access to the sanitary sewer.

ATTACHMENT C
Treatment Process(s) Diagrams

Business Name: _____



Include: Flow diagrams of all treatment processes to include all treatment tanks, floor drains, etc. and the final discharge sampling location.

