



King County

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 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

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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.