

# Cedar City Regional Wastewater Treatment Facility

10 N. Main St • Cedar City, Utah • 84720  
Phone: 435-867-9426 • Fax: 435-867-9429

## HEALTH CARE FACILITIES WASTEWATER DISCHARGE QUESTIONNAIRE

Note: complete and return for compliance with the Federal Clean Water Act

Section 30a-4.1 of the Cedar City Pretreatment Ordinance requires that this Wastewater Discharge Questionnaire be completed and returned to CCRWTF for review. The completed and signed questionnaire is to be mailed to: Pretreatment Coordinator, 10 North Main St. Cedar City Utah 84720. Call (435) 867-9426 if you have questions regarding completion of this form.

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### **Part 1. General Information**

NAME OF OWNER \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
FACILITY \_\_\_\_\_  
PHONE (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
INDUSTRIAL CATEGORY \_\_\_\_\_  
SUBCATEGORY (IES) \_\_\_\_\_

Type of health care facility (please check ALL that apply):

- Hospital
- Clinic
- Laboratory (Pathology/Histology)
- Dialysis
- Morgue
- Other, list \_\_\_\_\_

### **Part 2. Pollution Prevention Activities/Programs:**

Does your facility have a Pollution Prevention (P2) Program?    Yes ( )    No ( )

If YES briefly describe you goals, objectives and accomplishments of your P2 Program and/or Activities.

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Provide a list of all chemicals or categories of chemicals that are collected and disposed as hazardous waste at your facility.

Has your facility conducted a Mercury inventory?

Yes ( )

No ( )

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

- Thermometers
- Dilators
- Feeding Tubes
- Gastrointestinal diagnostic equipment
- Other (specify) \_\_\_\_\_

***Chemicals:***

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

***Staining solution and preservatives:***

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

***Lamps:***

- Florescent
- Metal halide
- High pressure sodium
- Ultraviolet

***Equipment and Batteries:***

- Barometers
- Switches (relay, tilt, silent)
- Mercuric oxide batteries
- Other (specify or attach list. \_\_\_\_\_)

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## Part 3. Discharge Practices

### A. Solvent and Alcohols 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"/> Methylene Chloride	
<input type="checkbox"/> Methanol		<input type="checkbox"/> Toluene		<input type="checkbox"/> Hexane	
<input type="checkbox"/> Isopropanol		<input type="checkbox"/> Freon			
<input type="checkbox"/> Chloroform		<input type="checkbox"/> Acetone			

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

### B. Aldehydes used (please check ALL that apply):

Solvent/alcohol	Disposal method*	Solvent/alcohol	Disposal method*	Solvent/alcohol	Disposal method*
<input type="checkbox"/> Formaldehyde		<input type="checkbox"/> Gluteraldehyde		<input type="checkbox"/> Orthophthaldehyde	

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**C. 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"/> Laboratory	
<input type="checkbox"/> Fluoroscopy		<input type="checkbox"/> Clinics		<input type="checkbox"/> Oral Surgery		<input type="checkbox"/> Fluoroscopy	

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

Identify contractor used to maintain SRUs: \_\_\_\_\_.

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

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

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

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

**E. Does your facility have a decontamination shower?** ( ) Yes ( ) No

If yes, what type, how many showerheads, and what capacity containment?

- Connected to sanitary with NO containment  
 (# shower heads \_\_\_\_\_)
- Connected to sanitary with containment  
 (# shower heads \_\_\_\_\_; capacity of containment \_\_\_\_\_)
- Portable with NO containment  
 (# of shower heads \_\_\_\_\_)
- Portable with containment  
 (# shower heads \_\_\_\_\_; capacity of containment \_\_\_\_\_)

