

# NO DISCHARGE OF PHARMACEUTICALLY ACTIVE INGREDIENTS HEALTH CARE CERTIFICATION

Industrial Wastewater Control Program  
(858) 654-4100

Applicability: These instructions apply to any industry whose Industrial User Discharge Permit Attachment B, Self Monitoring and Reporting Requirements, includes "Certify no pharmaceutical active ingredients discharged – Health Care". To report compliance with this requirement, the following statement must be submitted, signed as required in the permit under STANDARD CONDITIONS, **Signatory Requirements**.

## Disposal

Pharmaceuticals are prescribed or over-the-counter human or veterinary drugs and medications used for medical treatment. The discharge to sewer of wastes that are pharmaceutically active, including unused pharmaceuticals, expired pharmaceuticals, returned pharmaceuticals, etc. in any prepared form (liquid, tablet, gel, ointment, etc.) is prohibited. This prohibition does not apply to IV nutrient or salt solutions. For more information on the proper disposal of pharmaceutical waste please contact the County of San Diego Department of Environmental Health.

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**Pharmaceutically Active Ingredient Health Care Certification:** The following statement must be certified and signed by an authorized representative of the industry and submitted with each self monitoring report:

“Based on my inquiry of the person(s) directly responsible for managing compliance with the permit requirements, I certify that to the best of my knowledge and belief, no discharge to sewer of wastes that are pharmaceutically active, including unused pharmaceuticals, expired pharmaceuticals, returned pharmaceuticals, etc. in any prepared form (liquid, tablet, gel, ointment, etc.), occurred during the monitoring period covered by this report. I am aware of the potential for significant penalties for submission of false information, including the possibility of fines and imprisonment for knowing violations. I will retain copies of all manifests and/or waste hauler receipts on-site for no less than 3 years and make them available to IWCP personnel upon request.”

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PMT-  
Permit Number

\_\_\_\_\_  
ISF-  
ISMF Number

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature  
(Attach to Industry Self-Monitoring Form)

\_\_\_\_\_  
Date