There are no categorical pretreatment effluent limits for hospitals and medical facilities as indirect point source dischargers. POTWs may develop site specific local limits for hospitals, medical facilities or any non-domestic dischargers into the public sewer systems depending on the nature and volume of wastewater.

The Sewer Use Ordinance (SUO) provides POTWs the legal authority to administer, implement, and enforce the state approved pretreatment program as authorized by N.C.G.S. 143-215.3(a)(14) in accordance with 40 CFR 403.11. The ordinance provides for the regulation of direct and indirect contributors to the municipal wastewater system, through the issuance of permits to certain non-domestic users and through enforcement of general requirements for the other users, authorizes monitoring and enforcement activities, requires user reporting and provides for the setting of fees for the equitable distribution of costs resulting from the program established herein. The ordinance shall apply to all users of the municipal wastewater system,as authorized by N.C.G.S. 160A-312 and/or 153A-275. It shall be unlawful for any person to connect or discharge to the municipal sewer systems without first obtaining the permission from the POTW.

Absolute prohibitions against the discharge of certain substances may appear in section **[2.1]** of the ordinance and are developed under the authority of 307(b) of the Act and 40 CFR, section 403.5. Discharge of radioactive and medical wastes are often prohibited except as authorized by the Director in a discharge permit and in compliance with State and Federal regulations.

The storage, treatment, and disposal of Medical Waste [NCGS 130A-290(a((17a)] and Regulated Medical Waste [15A NCAC 13B .1201(10)], generated in hospitals and medical facilities are regulated and enforced by Solid Waste Section of the Division of Waste Management (<http://www.wastenotnc.org/>). Any hazardous chemical wastes under 40 CFR Part 261, generated in labs or diagnostic procedures, are administered by the Hazardous Waste Section of the Division of Waste Management. Questions relating to specific chemicals or pharmaceuticals may be directed to DWM.

Radionuclide wastes are governed by the Radiation Protection Section of the Division of Environmental Health (<http://www.ncradiation.net/>). Medical isotopes excreted by patients are not regulated. A study on radionuclides in sewage sludge by the Department of Health, Washington State, (http://www.doh.wa.gov/ehp/rp/environmental/sludgqa2.doc) in the early 90s, stated that the radionuclides concentration found in sewage sludge are minimal and far from posing risk to human health. According to the study, there is no health threat from radionulides in sludge.

NCGS 130A‑290.  Definitions.

(17a)    "Medical waste" means any solid waste which is generated in the diagnosis, treatment, or immunization of human beings or animals, in research pertaining thereto, or in the production or testing of biologicals, but does not include any hazardous waste identified or listed pursuant to this Article, radioactive waste, household waste as defined in 40 Code of Federal Regulations § 261.4(b)(1) in effect on 1 July 1989, or those substances excluded from the definition of "solid waste" in this section.

15A NCAC 13B .1203 General requirements for Regulated Medical Wastes

1. Shall be treated prior to disposal
2. Blood & body fluids – incineration or sanitary sewer, as long as POTW notified
3. Microbiological – incineration, steam, microwave or chemical
4. Pathological - Incineration

15A NCAC 13B .1207

1. General – refrigeration, storage, plan to ensure proper management, records [including ultimate disposal facility]
2. Steam sterilization
3. Incineration
4. Chemical Treatment
5. Microwave treatment

15A NCAC 13B .1201(10), Regulated Medical Waste means blood and body fluids in individual containers in volumes greater than 20 mLs, microbiological waste and pathological waste that have not been treated pursuant to Rule .1207 of this Section.