

WASTEWATER SURVEY FOR NONRESIDENTIAL PHOTOPROCESSING ESTABLISHMENTS:
APPLICATION FOR WASTEWATER DISCHARGE PERMIT

SECTION A - GENERAL INFORMATION

A.1. Company name, address of production or manufacturing facility, and telephone number:

	APN:
Zip Code:	Telephone No.

A.2. Mailing address and telephone number: (If same as above, check [] .)

Zip Code:	Telephone No.

A.3. Person authorized to represent this firm in official dealings with the Sewer Authority and /or City:

Name:	Title:	Tel. No.
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A.4. Alternate person to contact concerning information provided herein

Name:	Title:	Tel. No.
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A.5. Identify the type of photo processing conducted (x-ray, black and white, color, professional photo studio, etc.)

Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this questionnaire which identifies the nature and frequency of wastewater discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this questionnaire will be used to issue the permit.

This is to be signed by an authorized official of your firm after adequate completion of this form and review of the information by the signing official.

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.

Date	Signature of Official (Seal if applicable)
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A.6. Provide a brief narrative of the manufacturing, production, or service activities your firm conducts.

A.7. Standard Industrial Classification Number(s) (SIC Code) for your facilities:

A.8. This facility generates the following types of wastewater (check all that apply):

		<u>Average gallons</u> <u>per day</u>				
1.	<input type="checkbox"/> Domestic wastewater (Restrooms, employee showers, etc.)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
2.	<input type="checkbox"/> Cooling water, non-contact	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
3.	<input type="checkbox"/> Boiler/Tower blowdown	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
4.	<input type="checkbox"/> Cooling water, contact	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
5.	<input type="checkbox"/> Process (i.e. silver recovery effluent, developer, and rinse water)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
6.	<input type="checkbox"/> Equipment/Facility Washdown	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
7.	<input type="checkbox"/> Air Pollution Control Unit	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
8.	<input type="checkbox"/> Storm water runoff to sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
9.	<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
Total A.8.1 - A.8.9		_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured

A.9. Wastewaters are discharged to (check all that apply)

		<u>Average gallons</u> <u>per day</u>				
<input type="checkbox"/>	Sanitary sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Storm sewer	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Surface water	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Groundwater	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Waste haulers	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Evaporation	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured
<input type="checkbox"/>	Other (describe)	_____	<input type="checkbox"/>	estimated	<input type="checkbox"/>	measured

If waste haulers are used, provide name, address, description of waste hauled, volume and frequency:

A.10. Is a Spill Prevention Control and Countermeasure Plan prepared for the facility?

yes no

Note: If your facility did not check any of the items listed in A.8.4 through A.8.9 above, then you do not need to complete any further sections in this survey/application. If any items A.8.4 through A.8.9 were checked, complete the remainder of this survey/application.

SECTION B - FACILITY OPERATION CHARACTERISTICS

B.1 Number of employee shifts worked per 24-hour day is ____.

Average number of employees per shift is _____.

B.2 Starting times of each shift: 1st_____ 2nd_____ 3rd_____

Note: The following information in this section must be completed for each product line.

B.3 Photochemicals and process additives used:

B.4 Please attach copies of MSDSs
Production process is:

Batch Continuous Both _____ % batch _____ % continuous

Average number of batches per 24-hour day _____.

B.5 Hours of operation: _____ a.m. to _____ p.m. continuous

B.6 Is production subject to seasonal variation? yes no
If yes, briefly describe seasonal production cycle.

B.7 Are any process changes or expansions planned during the next three years? yes no
If yes, attach a separate sheet to this form describing the nature of planned changes or expansions.

C.2 Pretreatment devices or processes used for treating wastewater (check as many as appropriate)

- Electrolytic Recovery
- Ion exchange
- Metallic replacement
- Neutralization, pH correction
- Sedimentation
- Septic tank
- Spill protection
- Other chemical treatment,
- Other physical treatment, type_____.
- Other, type_____.
- No pretreatment provided

C.3 If any chemical analyses have been performed on the wastewater discharge(s) from your facilities, attach a copy of the most recent data to this questionnaire. Be sure to include the date of the analysis, name of laboratory performing the analysis and location(s) from which sample(s) were taken (attach sketches, plans, etc. as necessary).

Note: Where silver recovery is performed, a baseline analysis for silver and pH of the influent and effluent are necessary in order to be issued the required wastewater discharge permit. Please attach baseline analytical reports to this application.

C.4 Priority Pollutant Information: Please indicate by filling in the appropriate box by each listed chemical whether it is(1) "Known to be Present",(2) "Suspected to be Present",(3) "Known to be Absent",(4) "Suspected to be Absent", (5) "Known or Suspected Concentration/day". Only the priority pollutants related to photo processing are listed here.

CHEMICAL COMPOUND	1	2	3	4	5
I. METALS & INORGANICS					
Cadmium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Selenium	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Silver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zinc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECTION D - OTHER WASTES

D.1 Are any liquid wastes or sludges from this firm disposed of by means other than discharge to the sewer system?
 yes no

If "no" skip remainder of Section D.
If "yes" complete items 2 and 3.

D.2 These wastes may best be described as:

Estimated Gallons or Pounds/Year

- Metallic Replacement Cartridges _____
- Spent photo chemicals containing selenium (certain toners) _____
- Rinse water from cleaning system with chromic acid containing cleaners _____
- Non recoverable bleach/fix _____
- Organic Compounds _____
- Pretreatment Sludges _____
- Other Hazardous Wastes _____
- Other wastes (specify) _____
- _____
- _____
- _____

D.3 For the above checked wastes, does your company practice:

- on-site storage
- off-site storage
- on-site disposal
- off-site disposal

Briefly describe the method(s) of storage or disposal checked above.
