



Public Works Department
Wastewater Division
6901 McCutchen Road
Bakersfield, CA 93313
(661) 326-3249

Application for INDUSTRIAL WASTEWATER DISCHARGE PERMIT Photoprocessing Services

- 1. Company Name _____ Tel. No (____) _____
- 2. Mailing Address _____ Zip Code _____
- 3. Facility Address _____ Zip Code _____
- 4. Name of Signing Official _____ Title _____
- 5. Name of Contact Official _____ Title _____
- 6. EPA ID No. _____ Business License No. _____

7. Photoprocessing Related Services. Check all that apply. (numbers represent SIC codes)

- 5043 Photoprocessing Equipment and Supplies
- 7384 Photofinishing Laboratories
- 7335 Commercial Photography
- 7389 Microfilm Recording & Developing Services
- 7336 Commercial Art and Graphic Design
- 7389 Printed Circuitry Graphic Design
- 7383 News Syndicates
- 7819 Services allied to Motion Picture Production
- 8071 Medical & Dental X-Ray Laboratories
- Other _____

8. Photoprocessing Materials & Production Rates

A. Check all photoprocessing material developed at your facility.

- Black & White Film
- Internegatives
- Black & White Prints
- Duplicate Slides
- Color Negatives
- CIBA Color/Chrome Slides
- Color Prints
- Amateur Movies Reversal
- Color Slides
- Medical/Dental X-Ray Film
- Color Prints from Slides
- Other: _____

B. How much does your facility process of the above photoprocessing material a day?

Comments _____

C. Average Volume of Process Chemicals purchased per Month.

(Volume must be reported at working strength concentration.)

- _____ Developers
- _____ Clearing/Reversal Baths
- _____ Stop Baths
- _____ Stabilizers
- _____ Fixer
- _____ Neutralizers
- _____ Bleach Fix
- _____ Other: _____

D. Number/Type of Processors/Name (i.e., automatic, washless, manual, etc.)

9. Please provide a detailed flow diagram showing your process equipment and any silver recovery equipment used in your facility. Also include accurate plumbing details including drain locations and any recirculated solutions.

10. Current Waste Management Practices)

| <u>Waste Materials</u> | <u>Estimate pounds or gallons per month</u> | <u>Disposal Method</u> |
|-------------------------|---|------------------------|
| Developer: | _____ | _____ |
| Fixer: | _____ | _____ |
| Bleach or Blix: | _____ | _____ |
| Stabilizer: | _____ | _____ |
| Scrap Print Paper/Film: | _____ | _____ |
| Contaminated Solutions: | _____ | _____ |
| Other: _____ | _____ | _____ |

11. Provide name, address and phone number of waste hauler(s), if used. Please submit copies of recent receipts/manifests.

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 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