



Public Works Department
Wastewater Division
8101 Ashe 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. E.P.A. ID No. _____ Business Lic. No. _____

7. Photoprocessing Related Services. Check all that apply. (numbers represent SIC codes)
- | | |
|--|--|
| <input type="checkbox"/> 5043 Photoprocessing Equipment and Supplies | <input type="checkbox"/> 7384 Photofinishing Laboratories |
| <input type="checkbox"/> 7335 Commercial Photography | <input type="checkbox"/> 7389 Microfilm Recording & Developing Services |
| <input type="checkbox"/> 7336 Commercial Art and Graphic Design | <input type="checkbox"/> 7389 Printed Circuitry Graphic Design |
| <input type="checkbox"/> 7383 News Syndicates | <input type="checkbox"/> 7819 Services allied to Motion Picture Production |
| <input type="checkbox"/> 8071 Medical & Dental X-Ray Laboratories | <input type="checkbox"/> Other _____ |

8. Photoprocessing Materials & Production Rates
- A. Check all photoprocessing material developed at your facility.
- | | | |
|--|---|---|
| <input type="checkbox"/> Black & White Film | <input type="checkbox"/> Internegatives | <input type="checkbox"/> Black & White Prints |
| <input type="checkbox"/> Duplicate Slides | <input type="checkbox"/> Color Negatives | <input type="checkbox"/> CIBA Color/Chrome Slides |
| <input type="checkbox"/> Color Prints | <input type="checkbox"/> Amateur Movies Reversal | <input type="checkbox"/> Color Slides |
| <input type="checkbox"/> Medical/Dental X-Ray Film | <input type="checkbox"/> Color Prints from Slides | <input type="checkbox"/> 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 (ie. 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 (Please check the boxes below adjacent to the appropriate waste with the code for your waste management method)

<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