

## Wastewater Discharge Permit Application Photo Processors Part A - Business Information

INSTRUCTIONS: Return completed application to 101 W. Jack London Boulevard Livermore, CA 94551. Incomplete applications will not be processed. A copy of this application will be returned when the permit is issued.

A1.	Applicant Business Name:					
A2.	Address of Facility Discharging Wast	tewater:				
	Street					
	City		Zip			
A3.	Business Mailing Address:					
	Street					
	City	State	Zip			
A4.	Chief Executive Officer:					
	Name		Title			
	Mailing Address					
	City	State	Zip			
A5.	Person to be contacted about this application:					
	Name		Title			
	Phone					
A6.	Person to be contacted in case of ar	n emergency:				
	Name		Title			
	Day Phone		Night Phone			
A7.	The "responsible corporate officer"	<sup>1</sup> must sign the follo	owing certification statement:			
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.					
	Signature		Date			
	Print Name		Title			

<sup>&</sup>lt;sup>1</sup> A "responsible corporate officer" is a president, secretary, treasurer or vice president of the corporation in charge of a principle business function, or any other person who performs similar policy, or decision-making functions for the corporation.<sup>1</sup>



## Wastewater Discharge Permit Application Photo Processors Part B - Operation Information

. ,	. 01 1 111111	Developing Operation, chec	K all that ap	pry.	
C	Commerc	ial / On-site Drop-off		Commer	rcial / Off-site Drop-off
	Ooctor / [	Dentist		Hospital	
P	rinter (S	pecify type of operation):			_
☐ C	Other (Sp	ecify):			
Phot	o Proces	sing Equipment			
Desc	ribe all v	vastewater generating film-	processing (	equipment, p	provide vendor name and model:
Phot	cochemic	al Inventory List			
		of the chemicals used in S) for those listed. Attach in	•	_	clude copies of Material Safety Date completed application.
Wastewater Pretreatment Equipment (Silver Recovery System), check all that apply:					
☐ Electrolytic Unit					
		or:			
		el:			<del></del>
		nge Cartridges or:			
		::			
☐ C	Other (Sp	ecify):			
Phot		cals are hauled by a recycler complete the following:	:	Yes	No
	B4.1	EPA Hazardous Waste Ge			
	B4.2	Attach copies of hauling v	vaste manif	est for the pr	revious year.
Maintenance Schedule for Equipment Identified in Section B4					
Main	ntenance	service provider information	on:		
		Name			Phone Number
				ماديام الا	e. ion exchange cartridges replaced b



## Wastewater Discharge Permit Application Photo Processors Part B – Operation Information

Identify facility's source of water (check one):						
Identify facility's source of water (check one):  California Water Service  Livermore Municipal Water						
Provide approximate daily discharge volumes (in gallons) of the following:						
Daily treated fixer discharge volume:	gallons					
Daily developer discharge volume:	gallons					
Daily rinse water discharge volume:	gallons					
Attach a copy of most recent water bill for this facility.						
Discharge Period						
Check the days of the week that photo processing related discharges occur:						
☐M ☐T ☐W ☐Th ☐F ☐S ☐Su	I					
Discharge occurs: From	To					
Normal hours of operation:						
Other Discharges						
Are there any other operations at this location that gene sanitary sewage: Yes No  If yes, please describe:						
Other Information - Use this space to provide any other operational information relative to the discharge of wastewater from your business:						
	Provide approximate daily discharge volumes (in gallons) or Daily treated fixer discharge volume:  Daily developer discharge volume:  Daily rinse water discharge volume:  Attach a copy of most recent water bill for this facility.  Discharge Period  Check the days of the week that photo processing related  MTTWTTHFSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS					



## Wastewater Discharge Permit Application Photo Processors Part C - Schematic Flow Diagram

Submit a block diagram depicting the flow of chemicals through your processing equipment. Show which chemicals are treated and which go directly to the drain. Include pretreatment equipment, effluent sampling location, and all sanitary sewer drain (floor drains, sinks, etc.) locations.

Check if diagram is included as an attachment.				