



City of Annapolis

Department of Neighborhood & Environmental Programs
Pretreatment Program
160 Duke of Gloucester St.
Annapolis, Maryland 21401

Wastewater Discharge Pretreatment Application Non-Residential: Photo Processing Establishments

NOTE: Chapter 16.16, Article II regulates the discharge of wastewater to the City's Sanitary Sewer System. All users that discharge into the City's Sanitary Sewer System are required to complete the appropriate forms. If you are deemed to be a non-residential user the information requested in this application will be used to determine the wastewater discharge permit requirements.

Directions: Complete the entire survey form in as much detail as possible. Mail this Application in to the City of Annapolis, Department of Neighborhood and Environmental Programs, Pretreatment Program, 160 Duke of Gloucester St., Annapolis, Maryland 21401.

SECTION A - GENERAL INFORMATION

1. Company Name: _____
2. Division Name: (If applicable) _____
3. Mailing Address: _____

4. Facility Address: _____

5. Facility Representative:
 - a. Name _____
 - b. Title _____
 - c. Telephone Number _____
6. Name/ Title of Signing Official: _____
7. Check One: _____ Existing Wastewater Discharge _____ Proposed Wastewater Discharge
Give anticipated date _____

SECTION B - USER FACILITY INFORMATION

Film Processing

- 1. Manual film processing YES NO
 Automatic film processing YES NO

- 2. List chemicals used in the above process(es):

Name of Chemical Used	Amount of Chemical Used per month (gallons)	Disposal of Used Chemicals	Does chemical contain Silver?
		Sewer Co. Rendering	
		Sewer Co. Rendering	
		Sewer Co. Rendering	
		Sewer Co. Rendering	

- 3. If using a Rendering Company include:

Name

Address

- 4. Is silver recovery practiced YES NO
 If yes: What type of Unit?
 Limit unit can recover to?

- 5. Who maintains the silver recovery unit?
 How often are these units maintained?

- 6. List number of sinks and intended use?

Labs

1. List all equipment that is connected to the Water or Sewer Utility.

2. List any chemical used in the laboratory procedures or process equipment.

Chemicals Used	Volume Generated (gallons)	Disposal Method	Any waste generated in this process?
		Sewer Co. Rendering	
		Sewer Co. Rendering	
		Sewer Co. Rendering	

3. If using a Rendering Company include:

Name

Address

Printing

1. Check Type of Printing done at Facility and Percent of Total:

a. Offset _____%	c. Letterpress _____%
b. Silkscreen _____%	d. Other _____%

- 2.

Chemicals Used in the above Processes	Amount Used (gallons)	Disposal Method	Any Waste Generated? Indicated Type
		Sewer Co. Rendering	
		Sewer Co. Rendering	
		Sewer Co. Rendering	

3. If using a Rendering Company include:

Name

Address

SECTION C - OPERATION INFORMATION

1. Hours of Operation: _____

2. Scheduled Shutdown Periods: _____

CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and attachment, and that based on my inquiry of those individuals immediately responsible for obtaining the information herein, I believe that the submitted information is true, accurate and complete.

Signature of Owner or Authorized Owner's
Representative

Date

Print Name

Date

Title