



EI DORADO IRRIGATION DISTRICT

APPLICATION FOR WASTEWATER DISCHARGE PERMIT (PHOTO PROCESSING/X-RAY FACILITY)

Name of Facility			
Facility Address			
Name of Owner		Phone	
Name of Manager		Phone	
Mailing Address			
EID Account Number: From water/sewer bill. May be obtained from property owner/manager if they pay the water bill			
Property Owner/Manager Name and Phone			
Type of Facility			
<input type="checkbox"/>	Medical	<input type="checkbox"/>	Chiropractic
<input type="checkbox"/>		<input type="checkbox"/>	Veterinary
<input type="checkbox"/>		<input type="checkbox"/>	Retail/Photo Process
<input type="checkbox"/>		<input type="checkbox"/>	Other:
Does this facility discharge to EID's sanitary sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes		Are floor drains or floor sinks located within your facility? <input type="checkbox"/> No <input type="checkbox"/> Yes (Describe location):	
Hours of Operations:			
Photo Processing Information (check all that apply)			
<input type="checkbox"/>	Black and White Film	<input type="checkbox"/>	Black and White Prints
<input type="checkbox"/>		<input type="checkbox"/>	Black/White or Color Reversal
<input type="checkbox"/>		<input type="checkbox"/>	Other (Describe):
<input type="checkbox"/>	Color Film	<input type="checkbox"/>	Color Prints
<input type="checkbox"/>		<input type="checkbox"/>	X-ray
<input type="checkbox"/>		<input type="checkbox"/>	No Photo Processing performed on site. (If checked, proceed to the Material Handling section)
Does this facility perform digital processing only? <input type="checkbox"/> No <input type="checkbox"/> Yes (If checked yes, proceed to the Material Handling section)			
How many rolls/x-rays are developed per day?			
Describe photographic developing Process:			
Manual		Automatic	
<input type="checkbox"/>	Tray processing	<input type="checkbox"/>	X-ray developing unit
<input type="checkbox"/>	Tank processing	<input type="checkbox"/>	Conventional mini lab
<input type="checkbox"/>	Other (Describe):	<input type="checkbox"/>	Plumbing mini lab (Identify process): _____
		<input type="checkbox"/>	Other (Describe): _____
Make and model number of unit: _____			
Unit is serviced by:			
<input type="checkbox"/>	Staff	<input type="checkbox"/>	Daily
<input type="checkbox"/>	Outside Service	<input type="checkbox"/>	Weekly
		<input type="checkbox"/>	Monthly
		<input type="checkbox"/>	Other _____
If outside service, Name, Address and Phone Number:			
Does this unit discharge to the sanitary sewer? <input type="checkbox"/> No <input type="checkbox"/> Yes			
If yes, describe the discharge and volume:			

Photographic Waste Management

Describe how photographic processing wastes are disposed of (Check all that apply):

Disposal Method	Developer	Fixer	Fixer Rinse	Bleach-fix	Other (Describe):
Placed in a container for pick up by a recycling company.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placed in container and taken to a hazardous waste facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Treated on-site.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharged to the sanitary sewer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placed in the trash.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Describe):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequency of disposal (daily, monthly, ect.).					
Volume (gallons)					

Is silver recovery/pretreatment practiced on-site? No Yes (If yes, what method is used?):
 Metallic (Silver recovery canister) Ion exchange Electrolytic Other (Describe):
 (Include Make and Model number):

Material Handling

Describe other waste materials generated at your facility requiring special handling, disposal or recycling:

Are secondary containment and/or berms used for stored drums and pails containing raw or waste liquids? No Yes

Are raw or waste liquids stored adjacent to floor drains or areas which might flow into the sanitary sewer?

No Yes (Describe material and location):

When a raw or waste liquid spill occurs at your facility, how is the material cleaned up? Where is the resulting waste disposed?

Describe how employees are trained in the proper disposal of photographic waste and the clean-up and handling of spilled raw or waste materials?

Name, address, and phone number of your hazardous waste hauler:

Your facility EPA generator number:

Provide a copy of a plot/plumbing plan in the format described in Attachment A. If no professional drawing exists, a hand-drawn copy is acceptable. A blueprint of the facility showing the required information may also be attached. This is **NOT** required for renewal applications unless specifically requested.

I solemnly affirm under the penalties of perjury, and to the best of my knowledge, information and belief, that the contents of this application are true, accurate and complete.

Owner/Authorized Representative (**print**):

Title:

Signature:

Date:

If you have any questions while completing this form, please call El Dorado Irrigation District's (EID or District) Environmental Division at 530-295-6867.