



**WASTEWATER DISCHARGE PERMIT APPLICATION  
GRAPHICS / PHOTO PROCESSING**

**PART A – BASIC INFORMATION**

**A1. Business Discharging Wastewater** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone # \_\_\_\_\_ Business Fax # \_\_\_\_\_

Business Emergency Phone # \_\_\_\_\_

**A2. Business Mailing Contact** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**A3. Owner/ Responsible Party** \_\_\_\_\_

Title \_\_\_\_\_

Office Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**A4. On Site Contact Person** \_\_\_\_\_

Title \_\_\_\_\_

Office Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Email Address \_\_\_\_\_

**CONTINUE TO NEXT PAGE**



**SEBASTOPOL**  
Local Flavor. Global Vision.



**PART B - BUSINESS DESCRIPTION**

**B1. Type of Business:**

- Plate Making     General Photography     Photo Developing   
Publishing / Printing     Graphics     Other \_\_\_\_\_

**B2. Hours of Operation: \_\_\_\_\_**

**B3. Wastewater Pretreatment:**

- a. Silver Recovery in Use? Yes  No   
Served by: Self  Recycler   
Equipment Manufacturer / Model \_\_\_\_\_
- b. Recycler Name & Address: \_\_\_\_\_
- c. If no Pretreatment, explain:  
\_\_\_\_\_
- d. pH Neutralization? Yes  No

**PART C - BUILDING LAYOUT**

**BUILDING LAYOUT REQUIRED FOR ALL NEW BUSINESSES OR TENNANT IMPROVEMENTS**

Indicate location of all process discharges to sanitary sewer. Include lab sinks, floor drains, photo processing and developing equipment and pH neutralization points. Building plumbing plans with equipment locations indicated are acceptable. Also include location and type of chemical storage.

**CONTINUE TO NEXT PAGE**

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This document and any 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.

**I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

_____	_____
<b>Responsible Person</b>	<b>Date</b>
_____	_____
<b>Print Name</b>	<b>Title</b>

**This document must be signed by the most responsible person of the organization applying for the discharge permit. This includes the owner, president, corporate officer, or any other representative of the organization in a decision-making capacity. The person signing this document is legally responsible for all information contained herein, and becomes liable for any and all future enforcement actions.**

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**Submit To:**  
**City of Santa Rosa**  
**Environmental Compliance Section**  
**4300 Llano Road, Santa Rosa, CA 95407**  
**Phone: (707) 543-3369**  
**Fax: (707) 543-3398**  
**envcompliance@srcity.org**