



CITY OF SANFORD  
UTILITY DEPARTMENT

**PHOTO PROCESSING & XRAY MANAGEMENT PROGRAM APPLICATION**

Please make sure to complete all the information requested in this application. Incomplete and unsigned application will be consider in noncompliance with the City of Sanford Code of Ordinance and will delay the evaluation process. It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge on characteristics of the water discharged to the City sewer system. The application/evaluation fee is \$50.

An additional fee will be required if the applicant qualifies for a “Wastewater Discharge Permit”. The operational cost of the City’s Pretreatment Section for activities required under this program will be supplemented by the sewerage system user.

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*"I certify under penalty of law that I have personally examined and I am familiar with the information in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment". (See 1/28/81 Federal Register; Section 403.12(k) for information on signatory.)*

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OFFICIAL TITLE

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TELEPHONE NUMBER

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NAME PRINTED OR TYPED

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SIGNATURE

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DATE

This form shall be completed and returned to:

PRETREATMENT COORDINATOR  
CITY OF SANFORD  
UTILITY PLANT  
P.O. BOX 1788  
SANFORD, FL 32772-1788

*Please call (407) 688-5000 ext 5513 for information in reference to this form.*

**I. General information**

Company Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

**2. Name, title and telephone number of person(s) authorized to represent this firm in official dealings with the City.**

Name \_\_\_\_\_ Title \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_

**3. List any Environmental Control Permit held and/or under the process of being obtained by or for the facility.**

A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_

**4. Fully Describe Manufacturing or Service Activities and processes Conducted and the Final products. Use additional sheets to elaborate, if necessary**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

**5. Facility Operations Characteristics**

- A. Number of employee shifts worked per 24-hr day is:
- B. Average number of employee per shift is:


Starting and ending times of each shift:

1<sup>st</sup> \_\_\_\_\_  
2<sup>nd</sup> \_\_\_\_\_  
3<sup>rd</sup> \_\_\_\_\_

**6. List all equipment that requires the use of chemicals or water for its operation (Attach on additional sheet).**

Name of the equipment	Name of chemical solutions/ specify if water is also used
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**7. Number of rolls of film processed each day:**

- Count all the films disregarding the size.
- Use roll counts from the busiest time of the year.
  - For reprints, enlargements or second set of prints add an additional 20%.

**8. How much silver-rich effluent does your lab produce each day:**

- To obtain this number use one of this methods:
- Track the number of batches put through the silver recovery unit;
  - Track the volume of bleach-fix, fix, and washless stabilizer mixed;
  - Add the number of waste tanks emptied each day into the silver recovery unit; or
  - Use replenishment rates for bleach-fix, fix and washless stabilizer multiplied by the average roll/day.

**9. How much total process effluent does your facility produce each day?**

- To obtain this number use one of this methods:
- Track the volume of chemicals mixed and wash water used;
  - Add the number of waste tanks emptied each day; or
  - Use replenishment rates multiplied by average rolls/day

**10. Describe configuration and type of silver recovery equipment installed at the location.**

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