

FOR OFFICE USE ONLY
RECORD
ENTERED

PHOTO DEVELOPERS SURVEY

Business Address	:
Mailing Address:	
Contact Informat	on:
Name:	Phone Number:
Title:	
	ion:
·	
YES NO If YES, estimate of	discharge in gallons per day
Does this busines	s store any chemicals other than domestic cleaning supplies?
	s store any chemicals other than domestic cleaning supplies?
YES NO If YES, itemize be	s store any chemicals other than domestic cleaning supplies?
YES NO If YES, itemize be	s store any chemicals other than domestic cleaning supplies? ——elow:
YES NO If YES, itemize be	s store any chemicals other than domestic cleaning supplies? ——elow:
YES NO If YES, itemize be	s store any chemicals other than domestic cleaning supplies? ——elow:
YES NO If YES, itemize be	s store any chemicals other than domestic cleaning supplies? ——elow:

8.	Do you process your own photographic materials?			
	YES NO			
	If YES skip to question # 9, if NO, indicate who does your processing:			
	Business Name:			
	Address:			
	Mailing Address:			
9.	Indicate the photographic processes you employ:			
9.	mulcate the photographic processes you employ.			
	X-Ray Color Film Color Prints B/W Film B/W Prints			
	Other(specify)			
10.	Indicate volumes of the following spent solutions generated each month:			
	Solution Gal/Month pH How Disposed Of(sewer,garbage,recycled,etc.)			
	Fixer			
	Bleach Fix			
	Stabilizer			
	Other			
11.	Is silver recovery done off-site? YES NO			
	If NO skip to question # 12, if YES indicate who does your silver recovery.			
	Business Name:			
	Address:			

12.	Describe any silver recovery equipment and applicable diagrams.	procedures you use. Attach any
13.	Describe any pH neutralization equipment as applicable diagrams.	nd procedures you use. Attach any
14.	Do you plan any growth and/or expansion of If so, please describe below:	f your facility in the next two years?
Signa	ature of Person Completing This Form	Date
Title		