



City of Annapolis
Department of Public Works
 145 Gorman Street Fl 2
 Annapolis, MD 21401-2529

FOR CITY USE ONLY	
PERMIT #	_____
ISSUED	_____
EXPIRES	_____

Waste@annapolis.gov • 410-263-7949 • Fax 410-263-3322 • TDD use MD Relay or 711 • www.annapolis.gov

Wastewater Discharge Pretreatment Application Non-Residential: Photo Processing Establishment

Annapolis City Code [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 application. All required attachments shall be submitted with the application in order for the application to be considered complete. Incomplete or unsigned forms will be returned.

Mail the completed application to the office address above. Should you require assistance in completing this form, please call 410-263-7949.

I. General Information

Request for:

New wastewater discharge permit

Proposed discharge

Renewal wastewater discharge permit

Location being renovated or new equipment added

Existing Discharge

New owner (permits are not transferable)

Company name _____

Facility address _____

Trading/Restaurant name _____

Mailing address _____

Facility Representative/On-site Manager

Name _____ Phone _____

Title _____ Fax _____

E-mail _____

Owner/Legal Representative

Enter below the name and title of the owner or authorized agent designated as the representative and signatory authority who can be served with notices and is responsible for the signing of all correspondence and reports. All correspondence, including certified mail, will be sent to this representative at the mailing address listed.

Name _____ Phone _____

Title _____ Fax _____

E-mail _____

II. Operation Information

Hours of Operation

	Start	Stop	24 Hours	Closed
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Scheduled Shutdown Periods: _____

III. User Facility Information

A. Film Processing

1. Method: Manual Automatic
2. List chemicals used in the above process(es):

Name of Chemical Used	Amount of Chemical (in gallons per month)	Method of Disposal	Does the chemical contain silver?

3. If using a rendering company, please include:

Name _____ Phone _____

Address _____

City _____ ST _____ Zip _____

4. Is silver recovery practiced? Yes No

If yes, describe type of recovery unit _____

What limit can the unit recover to? _____

5. Who maintains the silver recovery unit and how often?

B. Labs

1. List all equipment that is connected to the water or sewer utility:

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

Name of Chemical Used	Amount of Chemical (in gallons per month)	Method of Disposal	Type of waste generated in process

3. If using a rendering company, please include:

Name _____ Phone _____
 Address _____
 City _____ ST _____ Zip _____

C. Printing

1. Check type of printing processes at your facility and indicate percent of total:

Offset _____ % Letterpress _____ %
 Silkscreen _____ % Other (specify): _____ %

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

Name of Chemical Used	Amount of Chemical (in gallons per month)	Method of Disposal	Type of waste generated in process

3. If using a rendering company, please include:

Name _____ Phone _____
 Address _____
 City _____ ST _____ Zip _____

D. Estimated water usage per year (from water bill): _____

E. Where is your solid waste/refuse and/or recycling stored? (e.g. "dumpster in enclosure in the back parking lot" or "96 gallon rolling container stored in the trash room"):

F. What company collects your solid waste/refuse?

Name _____ Phone _____

G. Volume of solid waste/refuse collected per week:

Volume of container(s) _____ X # times collected/week _____ = Total Volume: _____

H. What company collects your recyclables?

Name _____ Phone _____

I. Volume of recyclables collected per week:

Volume of container(s) _____ X # times collected/week _____ = Total Volume: _____

J. Describe the location of the 4" sewer cleanout which represents the discharge from your facility.

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.

Print Name _____ Title _____

Signature of Owner of Authorized Owner's Representative _____ Date _____

Attachment reminder

Be sure to submit the following attachments to complete your application:

- Application Fee & Annual Fee for renewal permits. An invoice will be mailed upon application review for new facilities or facilities with new owners.
- Material Safety Data Sheet (MSDS) for all enzymes, bacteria or chemicals used to clean traps, floor drains or sewer lines. (MSDS are available from the manufacturer or sales representative).

Please note that your completed application and all attachments will become a part of your permit. Make sure to keep copies.