



City of Casselberry
95 Triplet Lake Dr
Casselberry, FL 32707

Public Works Department

"X-Rays and Photo Processing" Registration and Certification Form

In order to administer and improve the Wastewater Pretreatment Program, the City of Casselberry (City) is requesting non-residential establishments to complete the attached questionnaire. This program sets forth uniform requirements for users of the sewerage system of the City of Casselberry, and enables the City to comply with all applicable State and Federal Pretreatment Regulations.

It is important to understand that this questionnaire shall be completed and signed by an authorized person with knowledge of the business proposing discharged to the City's sewer system. The Certification Application/Evaluation fee is \$60.00.

An additional \$190.00 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. This permit fee will be used to cover for laboratory analyses, (only the first analysis event) instrumentation/equipment, field inspections, administration papers, personnel hours, etc.

Should you need any assistance to complete this survey, please contact the Environmental Analyst, at (407) 262-7725 x 1716.

TO BE SIGNED UPON COMPLETION OF THE QUESTIONNAIRE BY AN AUTHORIZED REPRESENTATIVE OF THE FACILITY		
I have personally examined and I am familiar with the information submitted in this document. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that all submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and/or imprisonment.		
_____ Signature of Authorized Facility Representative	_____ Title	_____ Date

INACCURATE INFORMATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO THE USER FOR REVISION

X-RAY & PHOTO PROCESSING APPLICATION

FACILITY INFORMATION

Business Name: _____
Business Address: _____
Contact Person: _____ Title or Position: _____
Phone Number: _____ Fax Number: _____
Email: _____

CORPORATE INFORMATION

(Complete only if applicable)

Corporation Name: _____
Corporation Address: _____
Contact Person: _____ Title or Position: _____
Phone Number: _____ Fax Number: _____
Email: _____

CONTACT INFORMATION

(Persons authorized to represent this firm)

Name: _____ Title: _____
Name: _____ Title: _____

BUILDING INFORMATION

Free standing: Yes No Expansion: Yes No
New construction: Yes No Building remodel: Yes No

Are any process changes or expansions planned during the next two years? Yes No
(If Yes, attach a separate sheet to this form detailing the nature of the planned changes or expansion.)

HOURS OF OPERATION

Weekdays: _____
Weekends: _____

Number of employees:
1st shift: _____ 2nd shift: _____ 3rd shift: _____

FACILITY TYPE:

(Check all that apply)

- Dental (With X-Ray) Photo Processing
 Medical Facility (With X-ray) Other _____

PROVIDE A BRIEF NARRATIVE OR THE SERVICES OR ACTIVITIES CONDUCTED AT THIS FACILITY:

SIC DESIGNATION:

Enter the appropriate Standard Industrial Classification code if known: _____

DISCHARGE INFORMATION:

Provide the number of rolls of film or x-rays processed each day: _____

- Count all rolls of film or x-rays regardless of size.
- Use counts taken during the busiest time of the year.
- For reprints, enlargements or second set prints add an additional 20%.

How much silver-rich effluent does your lab produce each day: _____

(Use one of the following methods to determine the above requested information.)

- Track the number of batches put through the silver recovery unit,
- Track the volume of the bleach-fix and washless stabilizer mix,
- Add the number of waste tanks emptied each day into the silver recovery unit, or
- Use replenishment rates for bleach-fix and washless stabilizer multiplied by the average roll/day.

How much total process effluent does your lab produce each day: _____

(Use one of the following methods to determine the above requested information.)

- 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.