1. **What is this form and why is it necessary?**

This form, when completed and submitted, requests Massachusetts Water Resources Authority (MWRA) to issue, revise, or renew a permit for a photo processing or printing facility. This form also helps to determine whether you need a permit and are eligible for a permit, and the type of permit you need.

If you are eligible, MWRA will send you a Group Permit for Photo Processing and Printing Operations or a notice that you are covered by the General Permit for Low Flow and Low Pollutant Dischargers. Only photo processors and printers that do not discharge fixer are eligible for the General Permit. If you are eligible for both the General and Group Permits because you have a non-photography and printing discharge eligible for the General Permit, you will receive coverage by both. If MWRA denies your request for a permit, it will inform you in writing. **Submitting this form is not an authorization to discharge to the sewer system.**

2. **Who must complete this form?**

You must complete and submit this form to MWRA to apply for the MWRA Group Permit for Photo Processing and Printing Operations or for the MWRA General Permit for Low Flow and Low Pollutant Dischargers if:

- You perform photo processing or printing; AND
- You discharge, or intend to discharge, waste or wastewater from photo processing or printing to the MWRA sewer system and you do not have a current MWRA permit for your sewer discharge; OR
- You must reapply for a permit because your permit will soon expire; OR
- Your discharge will change, or has changed, and you will need an MWRA Group Permit for Photo Processing and Printing Operations or are eligible for the General Permit for Low Flow and Low Pollutant Dischargers.
3. Who must not complete this form?

Do not use this form, but instead obtain an MWRA Sewer Use Discharge Permit Application, if:

- You are not a photo processor or printer; OR
- You discharge from: a) processing motion picture film; b) processing black and white slides or transparencies using a reverse dichromate bleach processing solution; c) screen printing, flexographic or gravure/rotogravure printing, plate developing using a petroleum based additive process, or engraving plate manufacture; d) manufacturing or distributing chemicals; e) reprocessing, recycling, or treating another person’s wastes; or, f) an industrial process in addition to photo processing and printing.

4. How to complete and submit this form:

Please print legibly in black or dark blue ink or type your answers. Answer all the questions unless the form specifically instructs you to skip a question or section of the form. If a question does not apply to your facility, write “not applicable” or “n/a” and explain why it is not applicable. Keep a copy of the completed form for your records.

Send the original signed and completed form to:

Massachusetts Water Resources Authority
Toxic Reduction and Control
2 Griffin Way
Chelsea, MA 02150-3334

5. What is the application fee?

There is no fee to apply for a permit. If this is the first permit for your facility or you will be covered by the General Permit, you will be invoiced and required to pay a charge before you receive your permit. The amount of your charge depends on the type of permit. The amount of charge for each type of permit is found in 360 C.M.R. 10.101-10.103 and will be on your invoice.

6. Questions and answers:

For answers to questions about this form or MWRA permits, contact the MWRA Toxic Reduction and Control at 617-242-6000.

Please turn to the next page to begin. Thank you.
The boxes on this page and the next page request information we need about your facility’s business name and corporate name, street address, mailing address, contact persons, telephone numbers, and related information. Please complete the first box. Complete any other box where the information is different than the information you put in the first box.

**Facility location** (where your facility is located and a contact person on the premises):

- BUSINESS NAME:
- CORPORATE NAME (if different):
- ADDRESS:
- CITY/TOWN:
- STATE AND ZIP CODE:
- CONTACT NAME:
- CONTACT TITLE:
- PHONE (INCLUDE AREA CODE):
- FAX:
- E-MAIL:

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**Permit address** (where and to whom your permit and correspondence should be sent):

- BUSINESS NAME:
- CORPORATE NAME (if different):
- ADDRESS:
- CITY/TOWN:
- STATE AND ZIP CODE:
- CONTACT NAME:
- CONTACT TITLE:
- PHONE (INCLUDE AREA CODE):
- FAX:
- E-MAIL:
Monitoring location (where your watershed can be sampled):

- BUSINESS NAME:
- CORPORATE NAME (if different):
- ADDRESS:
- CITY/TOWN:
- STATE:
- CONTACT NAME:
- CONTACT TITLE:
- PHONE (INCLUDE AREA CODE):
- FAX:
- E-MAIL:

Billing address (where and to whom bills and invoices should be sent):

- BUSINESS NAME:
- CORPORATE NAME (if different):
- ADDRESS:
- CITY/TOWN:
- STATE AND ZIP CODE:
- CONTACT NAME:
- CONTACT TITLE:
- PHONE (INCLUDE AREA CODE):
- FAX:
- E-MAIL:
PLEASE ANSWER ALL QUESTIONS UNLESS OTHERWISE INDICATED.

1. Type of Notification:

   Check one: □ Existing Discharge. Discharge began ___________ (month/year).
   □ Proposed Discharge as of ____________ (date) In completing the Notice of Intent to Discharge, please indicate what will be in place at the time of discharge.

   Check one: □ Discharge to sewer
   □ Discharge to holding tank

2. Existing MWRA Permit No. (if any):

3. Nature of your facility’s operations that discharge to the sewer (check all that apply):

   □ Photo processing from processing color and black and white prints and slides, including x-rays and negative microfilm.

   □ Printing from lithography using presensitized plates, specifically from: 1) the offset lithographic plate making process; 2) fountain solution mixture; 3) photo processing; 4) cleaning operations; and 5) prepress operations, including proofing systems and image setting equipment.

   • IMPORTANT! If your facility does not do photo processing or printing, or you discharge from a type of photo processing or printing not listed above, you are completing the wrong form. Telephone the MWRA at 617-242-6000 and ask for Toxic Reduction and Control to request a Sewer Use Discharge Permit Application.

4. Is your facility located in a non-commercial space (for example, in your home)?
   □ yes □ no

5. Is your facility a dental office that discharges only dental and x-ray wastes?
   □ yes □ no

6. Does your facility perform only hand tray processing? □ yes □ no

   • IMPORTANT! If you answered question 4, 5, or 6 "yes," your facility does not require an MWRA permit to discharge to the sewer system. Please skip the remainder of the questions, sign the signature page, and send the entire document to the MWRA. Please note that if your facility changes so that you can no longer answer "yes" to question 4, 5, or 6, you must complete and submit an application form and obtain an MWRA permit before you begin to discharge to the MWRA sewer system.
7. Does your facility discharge any industrial wastewater to the sewer in addition to photo processing or printing wastes (for example, solvents or laboratory wastes)? □ yes □ no

8. On average, does your facility discharge 25,000 gallons per day or more of industrial wastewater to the sewer? □ yes □ no

9. Has your facility been notified by the MWRA that it is a Significant Industrial User (as defined in 40 C.F.R. 403.3)? □ yes □ no

10. Does your facility discharge to the MWRA sewer system from any of the following types of processes? (Check yes or no for each.)

□ yes □ no Motion picture film
□ yes □ no Black and white slides or transparencies or positive microfilm using a reversal dichromate bleach processing solution
□ yes □ no Screen printing
□ yes □ no Flexographic or gravure/rotogravure printing processes
□ yes □ no Plate developing using a petroleum-based additive process
□ yes □ no Engraving plate manufacturing

11. Does your facility discharge to the MWRA sewer system from any of the following activities? (Check yes or no for each.)

□ yes □ no Manufacture or distribution of photographic or printing chemicals.
□ yes □ no Recovery of materials from, or from the reprocessing or recycling of, photo processing or printing wastes (except as part of your silver treatment of wastes generated from your own photo processing and printing operations).

**IMPORTANT!** If you answered any part of questions 7, 8, 9, 10, or 11 "yes," your facility requires an MWRA Sewer Use Discharge Permit to discharge to the sewer system and this is not the appropriate form to complete. Please skip the remainder of the questions on this form, sign the signature page, and send the entire document to the MWRA. The MWRA will send you a Sewer Use Discharge Permit Application (SUDPA) to complete and submit. If you already have a SUDPA, please complete and submit it with this form (please sign both this form and the SUDPA).

If you answered questions 4 through 11 “no,” please complete the remainder of this document and submit it to the MWRA at the address on the second page of the instructions.

12. Check below each photo process that you perform which results in a discharge from
your facility to the MWRA sewer system:

- Color prints or slides
- Black and White prints or slides
- Other (describe) _______________________________________
- Negative Microfilm
- X-Ray

13. Check each waste listed below that your facility discharges to the MWRA sewer system:

- Treated fixer
- Bleach-fix
- Developer
- Activator
- Other (describe) _______________________________________
- Untreated fixer
- Bleach
- Rinse water
- Cleaning water

If your photo processing or printing wastes go to a holding tank for later discharge to the MWRA sewer system by a waste hauler that is not a silver reclaimer, list the name and address of the hauler, the location of the discharge, and the average amount hauled for discharge each month:

14. Check below each type of waste that is hauled from your facility for silver treatment before discharge:

- Treated fixer
- Bleach-fix
- Developer
- Activator
- Other (describe) _______________________________________
- Untreated fixer
- Bleach
- Rinse water
- Cleaning water

List the name and address of the company that hauls and treats your waste before discharge and the average amount hauled each month:
15. Are any wastes not listed in questions 13 and 14 other than recovered ("harvested") silver hauled from your facility? □ yes □ no. If "yes," please check all that apply:

□ Photo processing and/or printing waste liquids or sludges are hauled from my facility. List waste type(s) and estimated quantities per year:

□ Non-photo processing and/or non-printing wastes are hauled from my facility. List waste type(s) and estimated quantities per year:

□ The following waste haulers are used by my facility for the wastes listed in answer to this question (list name and address of each):

16. Fountain Solution Mixture (for printers only) Check all that apply:

□ Fountain solution mixture is not used at my facility

□ Spent fountain solution mixture is discharged from my facility to the MWRA sewer system at the following volume and frequency ________________________________

□ Spent fountain solution is hauled from my facility and is not discharged to the sewer system. List the name and address of the hauler:

**IMPORTANT NOTE FOR PRINTERS:** If you generate up to 55 gallons per month of spent fountain solution mixture, you may discharge that spent fountain solution to the sewer if you have an MWRA permit. If you generate more than 55 gallons per month of spent fountain solution mixture, you must request and receive advance written authorization from the MWRA to discharge any amount of spent fountain solution to the sewer. Make your request below by checking the “yes” box and completing the remainder of the requirement.

yes □ My facility generates more than 55 gallons per month of spent fountain solution mixture and I request permission to discharge up to _______ gallons of spent fountain solution to the sewer system per month. (You must submit with this form monitoring results from an analytical laboratory showing the constituents of your spent fountain solution).
17. **Operational Characteristics:**

   Number of processors used at your facility _____________
   Number of processing: hours/day _________ days/week _________
   Number of employees: ________
   Shut down periods (if applicable) __________________________________________
   Volume of water used during the past calendar year in 100 cubic feet or gallons (100 cubic feet = 748 gallons) _______ gallons or _______ 100 cubic feet

18. **What volume of photo chemicals and rinsewater do you use per month:**

<table>
<thead>
<tr>
<th>CHEMISTRY</th>
<th>AVERAGE MONTHLY VOLUME (in gallons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixer</td>
<td></td>
</tr>
<tr>
<td>Bleach-Fix</td>
<td></td>
</tr>
<tr>
<td>Stabilizer (washless systems)</td>
<td></td>
</tr>
<tr>
<td>Bleach</td>
<td></td>
</tr>
<tr>
<td>Developer</td>
<td></td>
</tr>
<tr>
<td>Rinsewater</td>
<td></td>
</tr>
<tr>
<td>Other (describe):</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
</tr>
</tbody>
</table>

19. **What is your average industrial wastewater discharge, including rinsewater, in gallons per day:**

20. **How did you determine the amount of your industrial wastewater discharge?**

   - ☐ Water supply meter readings
   - ☐ Manufacturers’ processing specs
   - ☐ Wastewater flow meter readings
   - ☐ Calculated or estimated (describe method) _________________________
21. Where are your wastes discharged?
   - ☐ Floor drain
   - ☐ Sink
   - ☐ Stand pipe
   - ☐ Other __________________________

22. What silver recovery (pretreatment) is used at your facility (check all that apply and list how many of each):

<table>
<thead>
<tr>
<th>Type</th>
<th>How many</th>
<th>Type</th>
<th>How many</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Electrolytic</td>
<td>_____</td>
<td>☐ Metallic Replacement</td>
<td>_____</td>
</tr>
<tr>
<td>☐ Ion Exchange</td>
<td>_____</td>
<td>☐ Evaporation/Distillation</td>
<td>_____</td>
</tr>
<tr>
<td>☐ Chemical Precipitation</td>
<td>_____</td>
<td>☐ Other</td>
<td>_____</td>
</tr>
</tbody>
</table>

23. If you use chemical precipitation silver recovery, list the manufacturer, brand name, and model of your system:

24. If you use chemical precipitation silver recovery, is it series with any other pretreatment? ☐ yes ☐ no. If yes, describe the arrangement of your pretreatment equipment:

25. If you use metallic replacement silver recovery, is it in series with an electrolytic unit? ☐ yes ☐ no. If yes, describe the arrangement of your pretreatment equipment:

26. What is the total treatment capacity of your silver recovery system (in gallons per day):

27. What is the servicing schedule for the silver pretreatment system at your facility? (check one):
   - ☐ Monthly
   - ☐ Quarterly
   - ☐ Yearly
   - ☐ Other (describe)______________________

28. What non-silver pretreatment systems do you use (check all that apply):
   - ☐ Neutralization/pH adjustment (describe):
   - ☐ Other (describe):
29. What is your facility’s hazardous waste generator I.D. Number (if any):

30. What is your facility’s Standard Industrial Classification (SIC) Code (check all that apply):

Photographic:

- ☐ 7384 Photofinishing Laboratory
- ☐ 7384B Photofinishing Retail
- ☐ 5946 Photographic Equipment and Supplies
- ☐ 7221 Photographic Portrait Studio
- ☐ 7335 Commercial Photography
- ☐ 7335A Aerial Photography
- ☐ 8249A Commercial Art and Photography School
- ☐ Other (write in SIC code and describe)_________________________

Medical Offices:

- ☐ 8071 Medical Laboratories, Clinical; X-Ray Laboratories (including dental)

Printing and Publishing:

- ☐ 2711 Newspaper
- ☐ 2721 Periodicals
- ☐ 2731 Book Publishing
- ☐ 2732 Book Printing
- ☐ 2741 Miscellaneous Publishing
- ☐ 2752 Commercial Printing, Lithographic
- ☐ 2754 Commercial Printing, Gravure
- ☐ 2759 Commercial Printing, Nee
- ☐ 2761 Manifold Business Forms
- ☐ 2771 Greeting Cards
- ☐ 2782 Blankbooks and Looseleaf Binders
- ☐ 2789 Bookbinding and Related Work
- ☐ 2791 Typesetting - Photo
- ☐ 2796 Plate Making Services
- ☐ Other (write in SIC code and describe)_________________________
31. Other Filings:

There are circumstances when the MWRA cannot issue a permit to you until you fulfill the requirements of another agency. This page asks for information about whether you are required to file with the Massachusetts Historical Commission (MHC) or under the Massachusetts Environmental Policy Act (MEPA) and the status of your filing, if any. If you have any questions about the requirements of those agencies, please contact them for information: MHC may be reached at 617-727-8470; the MEPA office may be reached at 617-727-5830.

A. Is the activity for which you require an MWRA permit a part of a project that is likely to impact a geographic area and affect or cause a change in the historical, architectural, archeological, or cultural qualities of a property as defined by the Massachusetts Historical Commission (MHC)? (Answer “no” if this notice is for an existing permit or you are not doing new construction. MHC defines “new construction” as a modification to the land or any existing structure.) □ yes □ no If “no,” skip question B.

B. If your answer to question A is “yes:”

(1) Have you provided the required project notification form (950 CMR 71, Appendix A) to the MHC? □ yes □ no

(2) Briefly describe the status of the project with MHC. Provide documentation (see 950 CMR 71.07) allowing the MWRA to act on this application. If you have not provided notice to the MHC, explain why you have not provided notice and when you will provide notice.

C. Is the activity for which you require an MWRA permit a part of a project that is subject to review under the Massachusetts Environmental Policy Act (MEPA)? (Answer “no” if this notice is for an existing permit or not part of a larger project. The MEPA review thresholds are found in 301 CMR 11.03.) □ yes □ no If “no,” skip question D.

D. If your answer to question C is “yes”:

(1) Have you made the required MEPA filing? □ yes □ no

(2) Briefly describe the status of the MEPA review. Provide documentation (see 301 CMR 11.12) allowing the MWRA to act on this application. If you have not filed with MEPA, explain why you have not filed and when you will file.
32. Please attach the following materials:

a. System Diagram showing all processors and silver pretreatment components; connections between system components and the sanitary sewer or holding tank(s); and point(s) where treated silver bearing waste(s) combine with other photo processing or printing wastes prior to mixing with sanitary wastes.

b. Copy of a manifest for each type of regulated hazardous waste hauled from your facility.

c. A list of the catalog numbers, brand names, and product descriptions of all photo chemicals used in the facility.

d. Copies of any wastewater analyses recently performed on the wastewater discharge(s) from your facility to the sanitary sewer or holding tank(s).

e. Copy of photo processor silver recovery servicing records for the past 12 months.

f. Copy of water bills for the past 12 months. (If not available, explain why.)

33. Remember:

a. If you are a printer requesting permission to discharge spent fountain solution to the sewer because you generate more than 55 gallons per month of spent fountain solution, you must include with this form the laboratory analytical results showing the constituents of your spent fountain solution mixture.

b. If you have written authorization to sign this form, attach the written authorization (see the explanation on the next page for who can sign this form and when written authorization is required).

c. Sign the form on the next page.

d. Submit the original signed form and other required documents to:

   Massachusetts Water Resources Authority  
   Toxic Reduction and Control Department  
   2 Griffin Way  
   Chelsea, MA 02150-3334
34. Certification

**IMPORTANT! Only certain persons may sign the certification of this form**

The Applicant shall submit the Certification Form required by this NOI. This certification form shall be signed and dated by an Authorized Representative. An Authorized Representative is a

(a) Responsible corporate officer, if the applicant is a corporation. For the purpose of this requirement, a responsible corporate officer means a president, secretary, treasurer, or vice president of the corporation in charge of a principal business function, or any other person who performs similar policy or decision-making functions for the corporation, or the manager of one or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiate and direct other comprehensive measures to assure long-term environmental compliance with environmental laws and regulations; can ensure that the necessary systems are established or actions taken to gather complete and accurate information for the permit requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.

(b) General partner or proprietor if the applicant is a partnership or sole proprietorship respectively.

(c) Duly authorized representative of the individual designated in (a) or (b) of this section if:

   i) the authorization is made in writing by the individual described in (a) or (b);
   ii) the authorization specifies either an individual or a position having responsibility for the overall operation of the facility from which the industrial discharge originates, such as the position of plant manager, operator of a well, or well field superintendent, or a position of equivalent responsibility, or having overall responsibility for environmental matters for the company;
   iii) the written authorization is submitted to the MWRA.

If an authorization is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, or overall responsibility for environmental matters for the applicant, a new authorization satisfying the requirements of this section must be submitted to the MWRA prior to or together with the next report required of the applicant.

_________________________________________________________________________________

I certify under penalty of law that this document and all 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.

Signature: _____________________________________________

Print the name of the person whose signature is above: __________________________________

Title: ___________________________________  Date: ____________________________

END OF NOI