

ANNUAL PHOTO WASTE DISPOSAL REPORT

(covering January 2002 through December 2002)

THANK YOU FOR YOUR ASSISTANCE IN REDUCING POLLUTANTS REACHING OUR WATERWAYS.

Please answer the questions and correct facility information as necessary. If you have comments or additional information, please attach a second sheet.

Sign and return to our office, postmarked by February 21, 2003.

RWQCP ID NUMBER:

MAILING ADDRESS

FACILITY ADDRESS (if different)

CONTACT PERSON:

PHONE NUMBER:

FAX NUMBER:

ADDITIONAL PERSONS CONTRIBUTING TO PHOTO WASTESTREAM (list): _____

1. How many gallons of photo waste solutions are currently stored at your facility? ____ gallons
2. Has photo waste been hauled from your facility? **YES / NO** If yes, please fill out table below.

DATE	VOLUME HAULED (Data can be found on invoices or manifests)	HAULER	MANIFEST NUMBER (Required if average is more than 27 gal/mo)
	gal		
	gal		
	gal		
	gal		
	TOTAL _____ gal		

I have reviewed the information submitted in this report and believe it to be true, accurate, and complete. In addition, our facility currently meets all applicable photo processing waste requirements imposed by the Regional Water Quality Control Plant.

Name/Title of Responsible Person (Print)

Signature

Date