



MASSACHUSETTS WATER RESOURCES AUTHORITY

Chelsea Facility
2 Griffin Way
Chelsea, Massachusetts 02150

Telephone: (617) 242-6000
Facsimile: (617) 371-1604

SENT ELECTRONICALLY

TO: Holders of MWRA Group Permit for Photo Processing and Printing Operations
FROM: MWRA, Toxic Reduction and Control (TRAC)
DATE: February 9, 2021
SUBJECT: MWRA Annual Compliance Report for Photo Processing and Printing Operations
Due March 31, 2021

Attached, is your MWRA Annual Compliance Report for calendar year 2020. **Complete the report based upon your operations during calendar year 2020.** The MWRA requires the submittal of the Annual Compliance Report for Photo Processing and Printing Operations both by standard mail and electronically by **March 31, 2021.**

- 1) The completed **original "WET" signed Annual Compliance Report**, hardcopy, must be received by MWRA's Toxic Reduction and Control (TRAC) by March 31, 2021, and the mailing address is: MWRA, TRAC, 2 Griffin Way, Chelsea, MA 02150; and,
- 2) The completed signed (PDF) Annual Compliance Report must be received electronically via email by March 31, 2021, and the MWRA email address is: TRACPermits@mwra.com.

Important Reminders:

- **Your lab must submit your silver sample result(s) electronically at this website <http://websmr.mwra.com>. MWRA will only accept sample results that are submitted electronically.**
- Also, you must submit a paper copy of your silver sample result including the chain of custody form (attached to your MWRA G1 or C1 Permit) for samples taken in 2020, and submit them with the Annual Compliance Report.
- Your report must be signed by a responsible individual capable of certifying that the information submitted is true, accurate, and complete.
- You must submit contact information for the Facility, Permit, and Billing questions on Page 1.
- Completion and submittal of the report constitutes only partial compliance with your Group Permit for Photo Processing and Printing Operations (for instance, you must notify the MWRA in writing at least thirty (30) days before you close or move your facility or substantially change your operations).
- To maintain MWRA authorization to discharge more than 55 gallons per month of spent fountain solution mixture to the sewer, you must have this discharge analyze each calendar year as required by the Group Permit for Photo Processing and Printing Operations. The analytical results must be submitted electronically and as hardcopy annually with your Annual Compliance Report.

- Failure to submit a completed Compliance Report by March 31, 2021, may result in financial penalties and other enforcement. TRAC may issue Penalty Assessment Notices, to companies that failed to submit the annual G1 Compliance Report or annual silver sample result (or both) as required by the Group Permit for Photo Processing and Printing Operations.

If you have any questions about completing the form, please contact Keary Simmerman, MWRA Industrial Coordinator, Toxic Reduction and Control, at (617) 305-5638, or keary.simmerman@mwra.com . An electronic version of this form can be found on MWRA's website <https://www.mwra.com/03sewer/html/trac.htm>



MASSACHUSETTS WATER RESOURCES AUTHORITY
GROUP PERMIT ANNUAL COMPLIANCE REPORT
For Photo Processing and/or Printing Operations
(for calendar year 2020)

Due Date: March 31, 2021

You must submit the signed original "wet" report form to: Massachusetts Water Resources Authority
2 Griffin Way
Chelsea, MA 02150
ATTN: TRAC - G1/C1 Permit

And you must submit the signed report form electronically via Email to: TRACPermits@mwra.com

Complete this form to update information you reported in your last Group Permit Compliance Report. Complete the report based upon your operations during calendar year 2020. Answer all the questions. If a question does not apply, please indicate N/A. The signed report (hardcopy) and supporting documentation must be received by the MWRA by **March 31, 2021**, by standard mail and electronically. **If MWRA does not receive your completed report by March 31, 2021, you may be subject to financial penalties and other enforcement action.**

If you have any questions about completing this form, please contact Keary Simmerman, MWRA Industrial Coordinator, Toxic Reduction and Control, at (617) 305-5638, or keary.simmerman@mwra.com

1. General Information (please complete this information directly on this form)

MWRA Permit Number: _____

Company Name: _____

Facility Address:

Facility Contact: _____

Title: _____

Telephone: _____

Fax number: _____

E-mail Address: _____

Permit/Mailing Address:

Permit Contact: _____

Title: _____

Telephone: _____

Fax number: _____

E-mail Address: _____

Billing Address:

Billing Contact: _____

Title: _____

Telephone: _____

Fax number: _____

E-mail Address: _____

Nature of Operations at Your Facility

The following questions are designed to determine if your facility has the appropriate MWRA permit. Please answer all of the questions below.

2. What does your facility do?

- Printer:** including lithography using presensitized plates, specifically from: 1) the offset lithographic plate making process, including direct to plate (DTP) and/or computer to plate (CTP) processes; 2) fountain solution mixture; 3) photo processing (as part of printer's operations); 4) cleaning operations; and 5) prepress operations, including proofing systems and image setting equipment. (**Prepress houses and service bureaus are considered printers**).

Does your facility conduct direct to plate (DTP) or computer to plate (CTP) processes? Yes No

- Photo Processor:** processing from color and black and white film, prints and slides, x-rays, and negative microfilm.

2a. Does your facility conduct only digital photo processing on site? Yes No

If yes,

Did you stop discharging all wastewater from the facility to the sewer? Yes No

Did you stop discharging all spent fixer solution from the facility to the sewer?

Yes No.

Indicate the date you stopped discharging all wastewater and spent fixer solution to the sewer from the photo processing operation. **Date:** _____

3. Is your facility located in a residence? Yes No

4. Do you perform only hand tray processing? Yes No

5. On average, does your facility discharge 25,000 gallons or more per day of wastewater from photoprocessing or printing operations? Yes No

6. Indicate how your facility disposes of its fixer solution:

Fixer solution is hauled from the facility.

Fixer solution is treated and discharged to the sewer.

Other (please describe) _____

Nature of Operations at Your Facility

7. For printing facilities that generate wastes from lithography using presensitized plates:
(check the one, which applies)

- Fountain solution mixture is not used at the facility.
- Spent fountain solution mixture is hauled from the facility or evaporated and is not discharged to the sewer system.
- Spent fountain solution mixture is discharged from the facility to the sewer system at the following volume and frequency. (average gallons per month): _____

NOTE:

- **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 your Compliance Report, monitoring results from an analytical laboratory showing the characteristics of your spent fountain solution).

If you have received written authorization from the MWRA to discharge greater than 55 gallons per month of spent fountain solution, provide the date of the authorization here: _____.

You are not required to request authorization again unless the volume or characteristics of your discharge changes.

To maintain MWRA authorization to discharge more than 55 gallons per month of spent fountain solution mixture to the sewer, you must have this discharge analyzed each calendar year. The analytical results must be submitted annually with your Annual Compliance Report.

For The Spent Fountain Solution Mixture Sampling. The sampling and analysis shall be performed by a DEP certified independent laboratory that is fully certified for the pollutants being analyzed. Use the chain of custody form and sample location number provided with permit. The samples shall be analyzed as described in the permit. *A copy of this form is attached to this Compliance Report for your use.*

Operations and Discharge Information

The purpose of this section is to describe all discharges to the MWRA sewer system from your facility. (Check Yes or No for each discharge or activity listed below).

8. What does your facility discharge to MWRA Sewer?

Types of Solutions	Yes	No
Fixer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rinsewater	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Developer	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Activator	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Water from cleaning equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solvents	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory Waste	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fountain Solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No

8a. Does your facility discharge wastewater to the MWRA sewer from any of the following activities? (Please check Yes or No)

Types of Activities	Yes	No
Processing Color film, prints or slides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processing negative microfilm	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processing black and white film, prints or slides	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processing x-rays	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processing Motion Picture film	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Processing black and white slides or transparencies or positive microfilm using a reversal dichromate bleach processing solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Screen printing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flexographic or gravure/rotogravure printing process	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Plate developing using a petroleum-based additive process	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Engraving plate manufacturing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The manufacture or distribution of photographic or printing chemicals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The recovery of materials 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. How many film, paper, or slide processors are used at your facility? _____

10. On average, how many days per week does your facility discharge photo or printing wastewater? _____ days/week

11. On average, how many hours per day do you discharge photo or printing wastewater? _____ hours/day

12. What was the average volume discharged from your photo processing and printing processes, including rinsewater, in gallons per day? _____ gpd

12a. How did you determine this flow?

- Water supply meter readings
- Manufacturers' processing specifications
- Wastewater flow meter readings
- Estimated (describe method): _____

13. Estimate the percentage of daily flow from your silver recovery unit(s): _____ %

14. Where is the wastewater from your photo processing and printing processes, including rinsewater, discharged? (check all that apply)

- Floor drain
- Standpipe
- Sink
- Other _____

15. For Calendar Year 2020, provide in the following table the average monthly volume of photo or printing chemicals and rinsewater used in processing per month:

Chemistry (Solutions)	Average Monthly Volumes (In Gallons)	Check Here If Annual Sample Included This Solution
Fixer		
Bleach-Fix		
Stabilizer (washless systems)		
Bleach		
Developer (photo and/or plate)		
Equipment Washdown		
Rinsewater (photo and/or plate)		
Conditioner		
Other (e.g., reversal, fountain solution, cleaner, etc.)		
TOTAL		

Hauled Wastes

16. If wastes were hauled from your facility during Calendar Year 2020, please provide the following information:

Waste Type	Estimated Quantity (include units)	Name/Address Of Waste Hauler
Fixer		
Developer		
Ink		
Silver Harvested from Silver Recovery		
Other (describe)		
Hazardous Waste (describe)		

Provide your facility's Hazardous Waste Generator I.D. Number (if applicable) _____

Pretreatment Information

17. For Calendar Year 2020, indicate the silver recovery (pretreatment) used at your facility and the total treatment capacity of each unit (in volume, supplied from your manufacturer). (If None are used, indicate N/A in the Number of Units column)

Type of Unit	Number of Units	Treatment Capacity (gallons per day)
Electrolytic		
Metallic Replacement (Steel Wool Canisters)		
Ion Exchange		
Evaporation/Distillation		
Self-contained automated chemical precipitation system (e.g., Kodak SR 2000)		
Other Chemical Precipitation		
EPAN		
Other:		

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

If you use chemical precipitation silver recovery, is it in series with an electrolytic unit?

Yes No If yes, describe the arrangement of your pretreatment equipment:

If you use metallic replacement silver recovery, is it in series with an electrolytic unit?

Yes No

19. Did you install a new silver recovery system in 2020?

Yes No If yes, date new system installed: _____

20. Other Wastewater Pretreatment Systems used at your facility (other than silver recovery):

(check all that applies)

pH Neutralization by chemical addition (describe) _____

limestone chip tank

Other (describe) _____

Wastewater Sampling and Analysis Information

Please enter the results of silver sample(s) taken during Calendar Year 2020.

Sample Date	Sample Location Number	Silver Analysis Result
_____	_____	_____
_____	_____	_____
_____	_____	_____

Was the sample collected immediately after the silver recovery system?

If:

- You took a sample only of the discharge from your silver recovery unit, AND
- The analytical result was > 2 mg/l

Then:

You must do a mathematical calculation to determine if your equipment is effectively removing silver to achieve compliance with the MWRA limit of 2 mg/l.

The mathematical calculation is done in two steps:

- Step 1: Determine the percentage that the silver recovery system is to the total discharge of fixer, rinsewater, developer, etc.
- Step 2: Multiply the result from Step 1 by the silver sample analytical result you received.

Example:

You took a sample only of your silver recovery system without rinsewater

- You discharge 4 gallons of rinsewater and developer for each 1 gallon you discharge from silver recovery.
- Silver sample analytical result received = 5.0 mg/l

Step 1: 1 (silver recovery discharge in gallons per day) \div 5 (total of rinsewater + developer + silver recovery discharge in gallons per day) = **.20**

Step 2: **.20** (result from Step 1) \times **5.0** mg/l (silver sample analytical result received) = **1.00 mg/l**.
Result is in compliance with the silver discharge limit of 2.0 mg/l.

Please complete the following for your facility:

Step 1: (silver recovery discharge in gallons per day) \div (total of rinsewater + developer + silver recovery discharge in gallons per day) =

Step 2: (result from Step 1) \times silver sample analytical result received) = mg/l.

The following questions have been added from the Massachusetts Department of Environmental Protection's (DEP's) Compliance Certification for Photo Processors.

Is your photo processing operation directly piped to the silver recovery system?

Yes No If no, please answer the following:

Are you in compliance with the basic requirements for storing untreated wastewater in appropriate tanks and containers as defined in DEP's Workbook: Yes No

Please refer to DEP's Photo Processor Environmental Certification Workbook.

How many gallons of silver bearing wastewater did you treat through your silver recovery system?
_____ gallons/year (2020)

What Should You Submit With Your Compliance Report?

1) Silver Sample Result

Please attach a paper copy of your silver sample result(s) to your completed Compliance Report.

Your result(s) must include a completed sample chain of custody form (a copy of the chain of custody form is attached to your G1 or C1 Permit).

Important Reminder: Your lab must submit your silver sample result(s) electronically over the Internet at <http://websmr.mwra.com>. If your result(s) are not submitted electronically, MWRA will consider the report as not submitted. Missing reports are subject to enforcement action.

2) Copy of the Maintenance and Sample Log

For your log to be considered complete it should include the following information:

- Sampling dates and results of the annual silver sample
- If your silver sample result was greater than 2 mg/l, the log must include a description of the steps you took to return to compliance. For example, the log should indicate when you changed your equipment or took other steps to return the equipment to its effectiveness. The log should also contain analytical results of a silver sample taken to demonstrate that the steps you took to return to compliance were successful.
- Dates of installation and replacement of metallic replacement cartridges, silver harvesting dates, and cleaning and servicing dates.
- The amount of spent fountain solution mixture discharged each month. (This requirement applies to printing facilities)

3) Sample Analyses and Reporting Certification Form (Attached to Compliance Report)

All G1 or C1 permit holders complete the attached form and return it to MWRA along with your Compliance Report.

- 4) **A list of catalog numbers, brand names, and product descriptions of all photo chemicals used in your facility for the first time.**
- 5) **Copies of water bills. (Only if you discharge an average of at least 10,000 gallons per day)**
- 6) **Copy of pH Logs. (Only if you discharge from a DTP or CTP process). A copy of the pH Log Form is attached to your G1 Permit.**

Who May Sign This Compliance Report?

Certification Form/Authorized Representative

The permittee shall submit the Sample Analyses and Reporting Certification Form required by this permit. Each certification form shall be signed and dated by an Authorized Representative of the permittee. An Authorized Representative is a:

- (a) Responsible corporate officer, if the permittee 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 permittee 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 permittee, 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 permittee.

Certification:

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

Date

Print the name of the person whose signature is above

Title

SAMPLE ANALYSES AND REPORTING CERTIFICATION FORM

FOR SUBMISSION DIRECTLY FROM THE LABORATORY

The permittee must have a current signed and dated copy of this form on file with the MWRA.

Industry Name: _____

Permit #: _____

I hereby certify that I have engaged an independent laboratory (which is certified by the Massachusetts Department of Environmental Protection to perform wastewater analyses) to submit to the MWRA, via its Pretreatment Information Management System Web Self-Monitoring Report (Web SMR) available at <http://websmr.mwra.com/>, the reports of the analyses of sampling required by the MWRA. I certify under penalty of law that the information submitted through the MWRA's web-based program, and accompanying chain of custody forms, provided to the MWRA by the laboratory, were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel 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 to be submitted by the laboratory will be, 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.

I certify that I have instructed the laboratory to provide me with a copy of each report it submits to the MWRA on my behalf, no later than the day it submits the report to the MWRA. I understand that I am responsible to assure that such reports are timely submitted to me and to the MWRA.

I understand that this certification applies to the laboratory I now use and to any laboratory, I may use in the future.

Signature of Authorized Representative

Date

Print name of Authorized Representative

Title of Authorized Representative

GROUP PERMIT FOR PHOTO PROCESSING AND PRINTING OPERATIONS

Request to Discharge Spent Fountain Solution Mixture Form

For Offset Lithographic Printers Only

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. To request authorization, you must complete and submit this Form, have your fountain solution mixture analyzed, and submit the analytical results to the MWRA. Also, please use the Chain of Custody/Field Form provided in the back of the permit. A copy of this Form is attached to this Compliance Report for your use.

FACILITY NAME: _____ PERMIT NO: _____

FACILITY ADDRESS: _____

1. What is the average volume (gallons) of spent fountain solution you discharge to the sewer per month? _____
2. How many days per month do you discharge the spent fountain solution? _____
3. Do you discharge any other industrial wastewater to the sewer? yes no
If yes, specify the type of waste: _____

(If your answer to question #3 above is no, skip questions #4, #5, and #6.)

4. What is the average volume of the other industrial wastewater you discharge to the sewer per month? _____ gallons per month.
5. How many days per month do you discharge the other industrial wastewater? _____
6. List process(es) resulting in the other industrial wastewater discharge(s):

7. How is the spent fountain solution discharged to the sewer?
 Hard Pipe Sink Floor Drain
 Stand Pipe Other (specify) _____

8. Please have an independent DEP certified laboratory collect a grab sample of your spent fountain solution, representing the spent fountain solution you are discharging, and have the sample analyzed for the following, using EPA Methods approved in 40 C.F.R. Part 136: EPA Test Method 200.7: Antimony (total); Arsenic (total); Cadmium (total); Chromium (total); Copper (total); Lead (total); Nickel (total); Selenium (total); Silver (total); Zinc (total). EPA Test Method 245.1: Mercury (total). EPA Test Method SM 4500H+B: pH. EPA Test Method 625.1: Extractable Organics, and Flow. In addition, if you use an *alcohol-based* fountain solution, please have the sample analyzed for closed-cup flash point.
9. You must provide the results of the analysis for the spent fountain solution grab sample to the MWRA.
10. What colors of ink and their brand names were in contact with the analyzed spent fountain solution?

11. Certification:

I certify under penalty of law that this document was prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated 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.

Name: _____ **Signature:** _____

Title of Responsible Person: _____ **Date:** _____

12. Return this form to the MWRA:

Massachusetts Water Resources Authority
Toxic Reduction and Control
Chelsea Facility
Two Griffin Way
Chelsea, MA 02150-3334
Attention: G1/C1 Permits

MWRA Industrial User Sampling Chain of Custody/Field Form

SAMPLE TYPE: GRAB For Spent Fountain Solution Mixture Sampling Only

Industry Name: _____ MWRA Permit Number: _____

Facility Address: _____

Sampling Location Number: **7001**

Description: Spent fountain solution discharge stream.

Briefly describe the process(es) discharging during sample time: _____

DISCHARGE TYPE BATCH or CONTINUOUS

FLOW on sampling day: _____ GPD The FLOW was: MEASURED ESTIMATED

Method used to measure/estimate flow: _____

FIELD pH: _____ s.u. (pH must be measured on-site)

FIELD TEMPERATURE: _____ FIELD COLOR: _____ FIELD ODOR: _____

SAMPLE Date (mm/dd/yy): ____/____/____

GRAB SAMPLE Time (military, hh:mm): ____/____/____

* Preserved=P Field Preserved=F Preserved When Sample Delivered to Lab=L

PARAMETERS Sampled: () ABN (Extractables Organics)	Type of Preservative Added	Preserved to What pH?	When Was Preservative Added? *	Comments: (Y=Yes, N=No) Cl ₂ Detected? Amt Na ₂ S ₂ O ₃ Added:
() Metals**				
**List Metals:				

SAMPLED BY (print name): _____

(sign name): _____

Sampling Company Name: _____

RELINQUISHED BY: _____ **COMPANY NAME:** _____

DATE: _____ **TIME:** _____

RECEIVED BY: _____ **COMPANY NAME:** _____

DATE: _____ **TIME:** _____

RELINQUISHED BY: _____ **OMPANY NAME:** _____

TO BE COMPLETED BY LABORATORY:

NAME AND TITLE OF THE PERSON RECEIVING THE SAMPLE: NAME: _____ **TITLE:** _____

SIGANTURE OF PERSON RECEIVING SAMPLE: _____

DATE AND TIME RECEIVED BY LABORATORY: DATE: _____ **TIME:** _____

DATE ANALYSIS PERFORMED: _____

LABORATORY NAME: _____ **LABORATORY DEP ID #:** _____

MAINTENANCE AND SAMPLE LOG FOR PHOTOPROCESSING AND PRINTING OPERATIONS

INDUSTRY NAME: _____

MWRA Permit No.: _____

PERIOD COVERED BY LOG: _____ THROUGH _____ (each log should cover no more than one calendar year) PROCESSOR

NUMBER: _____ (use separate log for each processor)

CARTRIDGE INSTALLATION AND REPLACEMENT (use letters to indicate more than one cartridge in a series):

CARTRIDGE: A Installation Date: _____
 Replacement Date: _____

CARTRIDGE: B Installation Date: _____
 Replacement Date: _____

SILVER HARVESTING DATES:

CLEANING AND SERVICING DATES:

ANNUAL SAMPLE:
Date: _____
Result: _____
Corrective Action: _____

RESAMPLE (IF NECESSARY)
Date: _____
Result: _____

MONTHLY FOUNTAIN SOLUTION MIXTURE DISCHARGES:

Month/Year	Volume	Month/Year	Volume	Month/Year	Volume
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**pH Log for
Permit holders that discharge from a silver based direct to plate (DTP) and/or computer to plate (CTP) processes
Through a pH neutralization system or via batch discharge**

Date	Violations? (Yes or No) <5.5 s.u. or >12.0 s.u.	Most Extreme pH of Each Excursion	Duration of Each Excursion (military time)	Comments	Initials
Examples: 9/1/20	Yes	12.8	0910 to 1000	Malfunction of caustic feed; valve repaired	A.B.
9/2/20	No		1100 to 1120	Calibration of meter	A.B.

Notes: