



VICTOR VALLEY WASTEWATER RECLAMATION AUTHORITY  
20111 SHAY ROAD  
VICTORVILLE, CA 92394  
(760) 246-8638

CERTIFICATION STATEMENT FOR PHOTOGRAPHIC AND X-RAY PROCESSING FACILITIES

This form must be filled out completely, signed and dated, and submitted to the VVWRA Industrial Waste Department within 30 days of receipt. If you have questions on completion of the form, call VVWRA at the above telephone number.

Anticipated Opening Date \_\_\_\_\_

1. Business Name, mailing address, and telephone number:

\_\_\_\_\_

\_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

2. Street address of facility (Check if same \_\_\_\_\_)

\_\_\_\_\_

Zip Code \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

3. Person authorized to represent above named business in official dealings with VVWRA\*:

4. Type of business (retail/wholesale photo finishing, hospital, clinic, medical office, dental office, chiropractor, etc.):

\_\_\_\_\_

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

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

Notes:

1 An authorized representative is: a corporate official (i.e. president, senior vice president, vice president in charge of the principal business function, secretary-treasurer; manager of one or more manufacturing, production or operational facilities if the authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedure; or a general partner or proprietor if the business is a partnership or sole proprietorship.

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**FOR VVWRA USE ONLY**

Send Class I App

Send Class II APP

Send Class III App

Send Waiver Ltr     INSP

5. Number of photographic/x-ray processing units on site: \_\_\_\_\_
  
6. Total average wastewater discharge from photographic/x-ray processing units: \_\_\_\_\_ gallon(s) per day.
  
7. Is any photographic/x-ray processing wastewater discharged to the VVWRA's public sewerage System? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, complete Items 8-13. If no, complete only Items 11, 12 and 13.
  
8. Describe the silver recovery unit(s) currently being operated on site. Include type (electrostatic, cartridge, etc.), make, model and capacity, and number of each.  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
9. Describe any silver recovery units you propose to install in the future. Include type, make, model, and capacity. Number of each, and proposed date(s) of installation:  
  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
10. How often is your silver recovery unit(s) serviced?  
  
\_\_\_\_\_
  
11. Treatment and/or disposal of photographic/x-ray processing waste requires a Hazardous Waste Generator Permit from the San Bernardino County Department of Environmental Health Services, (909) 387-3080. Please attach a copy of your Permit or, if the Permit has not yet been issued, attach a copy of your letter requesting the Permit.
  
12. Attach a copy of the service contract with the firm(s) you use to service your silver recovery unit(s) or to remove your photographic/x-ray processing wastes from your facility.
  
13. Attach a simple schematic diagram showing your photographic/x-ray processing facilities, wastewater holding tanks, silver recovery unit(s) and sewer connections.

**PHOTO PROCESSING WASTE**

Note: This is for information only and does not constitute and endorsement by VVWRA of any of the firms listed.

Commodity Resource & Environmental, Inc. . . . . (818) 843-2811  
116 E. Prospect Avenue  
Burbank, CA 91502

Diagnostic Imaging Corporation . . . . . (909) 360-4000  
302 Alabama Street, Suite 8  
Redlands, CA 92373

Inter-Met . . . . . (714) 528-1600  
729 Dunn Way  
Placentia, CA 92670

TSM Recovery and Recycling Company, Inc. . . . . (323) 735-9443