



**City of Annapolis**  
 Department of Public Works  
 145 Gorman Street, Fl 2  
 Annapolis, MD 21401-2529

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## Photographic and X-Ray Chemical Usage Form

This form is to be completed and submitted by businesses developing photographs or x-rays (not digital) only. Please keep a copy for your records

Forms are to be completed and submitted to the Department address above (see part 3 – Reporting Requirements of your permit).

Facility name \_\_\_\_\_

Address \_\_\_\_\_

### Reporting Period

Reports are due by the 5<sup>th</sup> of the following month.

Jan-Mar

Apr-Jun

Jul-Sep

Oct-Dec

### Changed Chemicals in processor

Date	Amount Replaced	Disposal Sewer/Hauler
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Hauler name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

### Maintenance on Silver Recovery Unit

Date(s) \_\_\_\_\_

Description:

### Certification

I certify that I am familiar with the data reported herein and it is correct to the best of my knowledge.

Name (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_