



**Colorado Springs Utilities**  
*It's how we're all connected*

701 East Las Vegas Street  
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## SILVER SOURCE CONTROL PROGRAM CERTIFICATION

**Complete the certification below. A response is required on all statements. Return the completed and signed form via U.S. mail. An original ink signature is required, photocopies will not be accepted.**

### Section 1 – Business Name and Addresses

Business Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Website: \_\_\_\_\_

Site Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Primary Contact or  
 Owner (Name and Title): \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

### Section 2 – Silver Program Applicability

Does this facility perform traditional photo or x-ray development?      Yes       No

Does this facility generate any waste silver-rich photochemical solutions?      Yes       No

If waste silver-rich photochemical solutions are generated, is it disposed of to the sanitary sewer?      Yes       No

If waste silver-rich photochemical solutions are collected for offsite recovery or disposal, describe the process:

\_\_\_\_\_

\_\_\_\_\_

Contact Name and telephone number for service provider: \_\_\_\_\_

If no silver wastewater is generated or discharged to the sanitary sewer skip to Section 6(a), sign the certification statement, and return this survey to Colorado Springs Utilities. If waste silver-rich photochemical solution is discharged, please continue to Section 3.

### Section 3 – Operating Information

How many days per week is silver-bearing wastewater generated at this facility: \_\_\_\_\_

Does this facility develop traditional radiographs: Yes  No

Does this facility develop traditional film for photographs: Yes  No

What is the maximum volume of silver-bearing wastewater generated per month: \_\_\_\_\_

### Section 4 – Treatment and Disposal

Does this facility collect silver-bearing wastewater for offsite recovery or disposal: Yes  No

Does this facility treat silver-bearing wastewater and discharge it to the sanitary sewer: Yes  No

Does this facility discharge silver-bearing wastewater to the sanitary sewer without treatment: Yes  No

If silver-bearing wastewater is discharged to the sanitary sewer after treatment, please describe the treatment

methods: \_\_\_\_\_

If silver-bearing wastewater is collected for offsite recovery or disposal, please describe the process and provide information on the service provider: \_\_\_\_\_

\_ If silver-bearing wastewater is shipped offsite list the last 2 shipment dates and the volumes: \_\_\_\_\_

### Section 5 – Best Management Practices

Does this facility have an Operations and Maintenance Plan for process equipment? Yes  No

Are employees trained to operate processing equipment and in chemical handling? Yes  No

Does this facility prevent untreated wastewater discharge to the sanitary sewer? Yes  No

Does this facility have a plan if silver-bearing wastewater is spilled onsite? Yes  No

Is treatment used prior to discharging silver wastewater to the sanitary sewer? Yes  No

I understand that my facility may be subject to an inspection. Yes  No

Does this facility perform periodic inspections of the silver treatment equipment? Yes  No  N/A

Does this facility maintain records for off-site disposal/recovery of wastewater? Yes  No  N/A

## Section 6 - Certification Statements

This certification must be signed by an Authorized Representative of the facility. Select (a) or (b) and then sign.

Waiver (must qualify)

- (a) I certify under penalty of law that this facility does not dispose of any silver-bearing wastewater to the sanitary sewer before or after treatment. I certify that if any silver-bearing wastewater is generated, it is stored for off-site disposal or recovery. I understand that this certification will serve as an exemption to further requirements of the Silver Reduction Program with Colorado Springs Utilities. I understand that, if at any time, the practices and procedures of the facility change to include the creation of silver-bearing wastewater and the need to discharge to the sanitary sewer, I will be required to submit a new Silver Source Control Program Certification to Colorado Springs Utilities and this exemption is considered void. I acknowledge that my facility will be required to develop an Operations and Maintenance Plan as described in the Silver Source Control Policies and Procedures Manual. I understand and certify to these requirements:

Yes  No

Standard Certification

- (b) I certify under penalty of law that this facility has implemented and is complying with all the BMPs in this certification. I certify that no silver-bearing wastewater will be discharged to the sanitary sewer without appropriate treatment meeting the limits described in the Silver Source Control Policies and Procedures Manual. I understand that this facility may be inspected to verify the information in this certification:

Yes  No

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 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 fines and imprisonment for knowing violations.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Position or Title