

Required sections must be filled out completely to be considered compliant.

SECTION 1*Please complete file information below*

Facility Name & Contact Name: _____

Mailing Address: _____

Location Address: _____

City, State Zip: _____

Location phone #: _____

Contact E-mail: _____

SECTION 2**ON-SITE SILVER RECOVERY**For purposes of the CMP program we have determined that we are a:
MEDIUM _____ OR SMALL FACILITY _____☐ **YES**, this facility has elected to comply with the Code of Management Practice for Silver Dischargers (CMP) and is conducting on-site silver recovery this facility also has performed weekly silver strip tests on our effluent to verify that the silver recovery equipment is operating properly.

AND

☐ **YES**, this facility has submitted samples of our wastewater to a certified laboratory for analytical testing. **The results of the analytical test(s) are (Results must be reported in percent):** _____Percent recovery: _____ (SMALL - 1 test/year)
(Small must be ≥ 90% for small)Percent recovery: _____ (MEDIUM = 2 tests/year fill in
the "SMALL" result for first test)
(Medium must be ≥ 95%)

* Please use ONE Certification form for each recovery unit.

Use the following Calculation to determine Percent Recovery:

$$\left(\frac{\text{Influent Result} - \text{Effluent Result}}{\text{Influent Result}} \right) \times 100 = \% \text{ recovery}$$

If a sample was below required % recovery, what action was taken to correct? _____

All records for either onsite or offsite management must be maintained onsite.

Or

SECTION 3**OFF-SITE SILVER MANAGEMENT**☐ I certify that this facility has not discharged silver-rich solutions from the photographic, radiographic, or micrographic development process to the wastewater treatment facility. All silver-rich solutions have been legally transported off-site for proper treatment and disposal.**LIST NAME and ADDRESS OF WASTE HAULER(S)**_____
Name of hauling company_____
Address of hauling company_____
City of hauling company_____
State of hauling company_____
Zip Code of hauling company_____
Phone number of hauling company_____
Hauling Company contact name**SECTION 4**This facility ☐ has switched to digital processing (note if you still have old equipment on site you still must continue to comply with the Silver CMP program) ☐ has closed, or ☐ has moved to: _____**SECTION 5**I am aware that ☐ participation in the Silver Code of Management Practices or compliance with the existing numerical limit for silver dischargers is mandatory. I certify that the above information is accurate to the best of my knowledge._____
Name of Authorized Representative (Type or Print)_____
Title_____
Date_____
Signature of Authorized Representative_____
Contact Email_____
Contact PhoneReturn this form to:
JEA – Environmental Services
225 North Pearl Street
Jacksonville, FL 32202
or IP@jea.com**Failure to complete and return this form
to JEA – Environmental Services may lead to
enforcement actions including a compliance inspection
and an inspection fee of \$100.00.**

**JEA Annual Silver CMP Certification Form
Instruction Guide**

