Highlands Ranch Metro District Silver and/or Mercury Waste Discharge Questionnaire

(To be completed by tenants who plan to process photo/x-ray film or perform dental work)

Business name:
Address:
Phone #:
Individual providing information:
Type of Business: (Check and complete all that apply)
() Medical Office
• Do you use x-ray equipment?
How are the developer and fixer currently disposed?
If these wastes are being put down the drain, how many gallons per week are being disposed?
• Do you use any type of silver recovery device?
If yes, who provides the equipment or services the units?
If you use a silver reclamation or disposal service, who provides these services for you?
() <u>Dental Office</u>
• Do you have a system to collect dental filling waste?
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•	Manufacturer of system:
•	Make and Model of system:
•	Who services system?
•	Do you use x-ray equipment?
•	How are the developer and fixer currently disposed?
•	If these wastes are being put down the drain, how many gallons per week are being disposed?
•	Do you use any type of silver recovery device?
•	If yes, who provides the equipment or services the units?
•	If you use a silver reclamation or disposal service, who provides these services for you?
() <u>Photo</u>	<u>Lab</u>
•	Do you use photo-developing equipment?
•	How are process chemicals currently disposed?
•	If these wastes are being put down the drain, how many gallons per week are being disposed?

•	Do you use any type of silver recovery device?
•	If yes, who provides the equipment or services the units?
•	If you use a silver reclamation or disposal service, who provides these services for you?
Signature:	
Date:	